

# MEMORANDUM

DATE: July 29, 2016

TO: NPAIHB Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, , Executive Director, RPH, MHA

RE: WEEKLY MAILOUT

- July 29, 2016 – NPAIHB Funding Opportunities
- HNB Outreach Stipend Application
- SAVE THE DATE – NPAIHB Health Data Literacy Workshop, Suquamish Clearwater Casino and Resort, August 24-25, 2016

## **Delegates and Tribal Health Directors**

- Draft Policy – Community Health Aide Program
- Request for Comments – Health Aide Program
- Fact Sheets, Reports and Links - DHAT
- Good Health and Wellness in Indian Country Tribal Resource Digest, Issue 79



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



\$\$\$ ~ Weekly Funding Opportunities Report ~\$\$\$

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**To:** Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements that we are made aware of, received and researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. Every Friday, new posts will be available (unless there is nothing **"New"** **Funding Opportunity Information (is provided in this color code)**).

If you have a specific targeted goal, or urgent community needs and find yourself not knowing where to start looking our assistance is available anytime, and we would be very excited to assist you. Also, at the end of this announcement there are several funding organizations that do not have deadlines and do accept proposals all year round. Thank you for your time, please do not hesitate to contact me:

**Tara Fox, Grant Specialist**  
E-mail: [tfox@npaihb.org](mailto:tfox@npaihb.org)  
Office Phone: (503) 416-3274



### **Gordon and Betty Moore Foundation Issues RFP for Patient, Family Engagement Program**

**DEADLINE:** **Letters of Intent** must be received no later than **August 1, 2016**. Upon review selected applicants will be invited to submit a full proposal.

For complete program guidelines, application instructions, and information about grant recipients from previous years, see the Moore Foundation website.

**AMOUNT:** Through its Patient Care Program, the foundation will award four grants of up to \$150,000 each over three years for projects at every level of care — from community-based safety, chronic disease management, and preference sensitive decision-making to approaches specific to serious illness.

**DESCRIPTION:** The Gordon and Betty Moore Foundation has issued a Call for Submissions from early-career investigators to build capacity within the field of patient and family engagement. The foundation also will consider policy reform efforts and scalable approaches aimed at encouraging and enabling the engagement of patients and their loved ones in their care. To overcome barriers inhibiting adoption of strategies and interventions in patient and family engagement, the foundation sees early-career investigators who are participating in innovative, translational research as catalysts for change.

To be eligible, applicants must be conducting work that has the potential to demonstrate the value of patient and family engagement and remove roadblocks in the field. Prospective candidates should identify a project concept that will advance the field and identify a senior mentor to advise them during the duration of the award. Projects varying in scope and area



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of interest within patient and family engagement will be considered and are not limited to any single healthcare setting.

**WEBSITE:** [www.moore.org/article-detail?newsUrlName=moore-foundation-announces-call-for-early-career-investigators-in-patient-and-family-engagement](http://www.moore.org/article-detail?newsUrlName=moore-foundation-announces-call-for-early-career-investigators-in-patient-and-family-engagement)

### Rural Policy Analysis Program -HRSA

**DEADLINE:** 07/12/2016 to 11/14/2016

**AMOUNT:** N/A

**DESCRIPTION:** This funding opportunity announcement solicits applications for the Rural Policy Analysis Program. The purpose of this program is to support research and analysis of key policy issues affecting rural communities that informs policy makers. The program is national in scope and looks at cross-cutting rural health and human services issues in order to identify trends and challenges. Funded projects should focus on the changing rural environment and products should achieve the following: facilitate public dialogue on key rural policy issues by tracking emerging rural health and human services policy issues and quickly synthesizing them in a manner that provides for easy consumption by rural community leaders, with particular emphasis on rural health care providers and systems; identify opportunities for integrating health and human services in rural policy, program, and evaluation in a local community context; identify opportunities to demonstrate broad community impact of policies and programs in rural health and human services, consistent with policy goals related to rural revitalization and sustainability of rural regions; and provide timely analysis of policies and regulations that helps optimize positive impacts on rural health systems and communities in the form of policy briefs, reports, and oral presentations. These activities should educate and inform rural decision makers and policy leaders, including the National Advisory Committee on Rural Health and Human Services (NACRHHS) and organizations focused on improving health and human services in rural communities, such as State Offices of Rural Health, State Rural Health Associations.

**WEBSITE:** <http://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=6d41f599-9e7b-4b75-9773-664b7bcde2e0>

### Kent Richard Hofmann Foundation Accepting LOIs for Community-Based HIV/AIDS Efforts

**DEADLINE:** Letters of Intent must be received no later than September 2, 2016. Upon review, selected applicants will be invited to submit a full application by September 23, 2016.

**AMOUNT:** Grant amounts are determined on a project-by-project basis.

**DESCRIPTION:** The Kent Richard Hofmann Foundation is a private foundation dedicated to the fight against HIV and AIDS. The foundation is accepting Letters of Intent from community-based organizations working in the areas of HIV/AIDS care and direct services, education, and research. Grants will be awarded in support of developing or established programs, with an emphasis on direct benefit to clients or target audiences.



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Priority will be given to requests from locations with a scarcity of available funding; requests for seed money for new projects, programs, or structures; and/or innovative ideas for meeting standard needs.

Grants are made semi-annually, to community-based organizations, in support of:

- Care and direct services
- Education
- Research

Grants are made to support developing or established programs, with emphasis on direct benefit to clients or target audiences. Requests from throughout the US are considered, with particular interest in smaller communities and rural areas.

Previous requests receiving serious consideration have included:

Requests from locations with a scarcity of available funding;

Requests for seed money for new projects, programs, or structures;

Innovative ideas for meeting standard needs.

Applying organizations should have a 501(c)(3) tax-exempt status. In each grant cycle, a relatively brief grant request is submitted by the applicant. For requests receiving serious consideration in that cycle, a site visit to the organization may be made by one of the Foundation's directors. This approach avoids excessive paperwork and provides the Foundation's directors with a better understanding of the applicant organization.

In addition to considering current grant requests, the Foundation utilizes requests to establish relationships for future grant consideration.

Requests for information should be directed to:

Kent Richard Hofmann Foundation

P.O. Box 27617

Austin, TX 78755-2617

Phone: (917) 573-0486

Email: Eliza McAllister

**WEBSITE:** <http://www.krhofmann.org/application.html>

### **Future of Nursing Scholars**

#### **DEADLINE:**

August 12, 2016 (2 to 3 p.m. ET)

Informational applicant webinar for interested schools.



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**Register:** <https://cc.readytalk.com/r/fw1grqceefqf&eom>

September 15, 2016 (3 p.m. ET)

Deadline for receipt of applications.\*

November 2016

The national advisory committee selects finalist schools.

December 2016

Schools receive notification of awards.

August 2017

Awards begin.

**AMOUNT:** For the 2017 cohort, the program will support up to 75 scholars across the selected schools. Each scholar will receive \$75,000 to be used over the three years of the program. This award must be matched by \$50,000 in support from the school (which may be in-kind).

**DESCRIPTION:** The goal of the Robert Wood Johnson Foundation Future of Nursing Scholars program (FNS) is to develop the next generation of PhD-prepared nurse leaders who are committed to long-term careers that advance science and discovery, strengthen nursing education, and bring transformational change to nursing and health care.

The Future of Nursing Scholars program is part of the Foundation's Leadership for Better Health theme, which aims to ensure that the nation has a diverse, well-trained leadership and workforce to build a Culture of Health across this country, in which good health flourishes across all demographics and where being as healthy as possible and staying that way are esteemed social values, and where everyone has access to affordable, quality health care.

### **Eligibility and Selection Criteria**

Schools with research-focused PhD programs in nursing are eligible to apply for the program. As described by the American Association of Colleges of Nursing and the U.S. Council of Graduate Schools, "the purposes of the research-focused doctoral degree are to prepare for a lifetime of intellectual inquiry, creative scholarship, and research; provide preparation that leads to careers in government, business, and industry as well as academia; and result in extension of knowledge." After receiving the award, selected schools will then choose the PhD students to be designated as Future of Nursing Scholars.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations or Type III supporting organizations. The Foundation may require additional documentation.

Applicant organizations must be based in the United States or its territories.



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Individual candidates for receipt of award funds must be U.S. citizens or permanent residents\* at the time of award or individuals granted Deferred Action for Childhood Arrivals (DACA) status by the U.S. Citizenship and Immigration Services.

Additionally, individual candidates for receipt of award funds cannot be related by blood or marriage to any Officer\*\* or Trustee of the Robert Wood Johnson Foundation, or be a descendant of its founder, Robert Wood Johnson.

**WEBSITE:** <http://www.rwjf.org/en/library/funding-opportunities/2016/future-of-nursing-scholars.html>

### **Finish Line Youth Foundation Invites Applications for Youth Athletic Programs and Camps**

**DEADLINE:** Jul. 1 - Sept. 30

**AMOUNT:** Grants of up to \$5,000 will be awarded to nonprofit organizations for community-based athletic programs and camps that teach active lifestyle and team-building skills. Preference will be given to organizations that provide opportunities for participation for children and young adults age 18 and under and whose activities provide direct services to individuals with tangible results.

**DESCRIPTION:** The Finish Line Youth Foundation, the charitable arm of athletic products retailer Finish Line, provides funding to support youth athletic programs and sports-based camps, especially those serving disadvantaged children and those with special needs.

**WEBSITE:** <http://www.finishline.com/store/youthfoundation/guidelines.jsp>

### **2016 - AUGUST**

#### **MSPI Funding Announcement 2016**

**DEADLINE:** August 1, 2016

**AMOUNT:** \$300,000 X 25

**DESCRIPTION:** The funding opportunity announcement (FOA) for the MSPI Fiscal Year 2016 is now available. This FOA is specific to MSPI Purpose Area #4: Generation Indigenous (GEN-I) Initiative Support, whereby projects would focus work on Native youth and families by focusing on promoting early intervention strategies and implementation of positive youth development programming to reduce risk factors for suicidal behavior and substance abuse. This funding opportunity is open to Tribes, Tribal organizations, urban Indian organizations (UIOs), and IHS Federal facilities.

**WEBSITE:** <https://www.ihs.gov/mspi/index.cfm/fundingannouncement2016/>

#### **OHSU Knight Cancer Institute -Community Partnership Program grant**

**DEADLINE:** Submit an intent to apply form by noon, August 8, 2016. Receive an email with a link to your proposal submission form by 5 PM, Aug. 9, 2016. Submit the proposal via the



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online submission form by noon, Sept. 6, 2016. Receive notification of awards late November 2016.

#### **AMOUNT:**

##### **Tier 1 - Early stage awards**

Amount: Up to \$10,000

Program implementation time period: 12 months

Description: early stage awards offer initial funding to applicants interested in identifying a pressing cancer-related need that can be addressed through a community-based effort.

They can be used to:

Collect and assess baseline data on local cancer issues

Assess how specific cancer topics impact target Oregon communities

Conduct a needs assessment to identify local gaps and opportunities related to priority cancer issues

Build stakeholder and community capacity to establish local commitment around a cancer topic for which there is common interest

Engage key stakeholders in cancer prevention and control planning efforts

Work with community partners develop project plan, based on needs assessment and/or local evidence

Example projects:

Conduct a needs assessment of a target population to better understand their unique needs to develop a customized program

Establish a team of local stakeholders to develop a community-based program to prevent cancer

Develop a targeted registry to collect local cancer data

##### **Tier 2 - Developmental awards**

Amount: Up to \$25,000

Program implementation time period: 12 months

Description: Developmental awards invest in the development and maturation of collaborations and may also support the development of a small-scale project to be evaluated. Resources for finding and implementing public health evidence-based approaches are available on our Applicant resources page.

They can be used to:



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Conduct a feasibility or small pilot study to test the effectiveness of a cancer-related resource or evidence-based approach

Fund focus groups, strategic planning, in-depth interviews, surveys or other information-gathering tools to assist in the design and adaptation of the cancer-related resource or evidence-based approach

Utilize project development tools designed to build project implementation and evaluation capacity within the community

Example projects:

Design and evaluate a program plan for increasing access to cancer treatment in underserved areas

Conduct a small study to determine efficacy of an evidence-based approach or a new approach for improving screening rates

Train key stakeholders to learn a project implementation and evaluation tool that may be useful for developing plans to address their cancer topic

Conduct a feasibility study to adapt an outreach plan to serve communities using an evidence-based approach

### **Tier 3 - Program advancement awards**

Amount: Up to \$50,000

Program implementation time period: 12 months

Description: Program advancement awards will allow established community collaborations and programs to build on previous implementation and evaluation activities aiming to address a defined cancer-related issue. Resources for finding and implementing public health evidence-based approaches are available on our Applicant resources page.

They can be used to:

Implement and evaluate an adapted evidence-based approach (intervention and/or program) to improve effectiveness of intended outcomes.

Expand an existing program to reach new target populations or address additional cancer topics

Evaluate a tested intervention/program to assess efficacy of program adaptation

Expand collaborations with partners to enhance impact and outcomes and ensure sustainability of efforts

Example projects/programs:

Partner with a local agency to implement an adapted evidence-based cancer-screening program and evaluate for an increase in patient screening rates





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Adapt a previously tested and/or evidence-based cancer survivorship program to serve needs of local Latina/Hispanic populations

Expand a previously tested and/or evidence-based program to reach participants in surrounding counties

### **DESCRIPTION:**

Working together, we can do something revolutionary

The vision of the OHSU Knight Cancer Institute is to reduce the cancer mortality rate in our region to the lowest in the nation. Our Community Outreach efforts bring the best health information, education, and treatments into our communities. Because county and state boundaries do not define where people find care, our community includes all of Oregon and eight counties in southern Washington.

At the OHSU Knight Cancer Institute, our outreach program provides leadership for the cancer community. Together, we can reduce the burden of cancer. When we collaborate with other healthcare providers, governmental agencies, not-for-profit organizations and concerned citizens, we can overcome the barriers to good cancer outcomes.

“The national President’s Cancer Panel estimates that cancer deaths could be decreased by one-third if we simply implement what is already known about cancer prevention and treatment. Imagine – one-third fewer deaths just by using the knowledge and discoveries that already exist. We simply must do a better job of harnessing this knowledge and putting it into practice across our region, while continuing to ask – and answer – new questions about our region’s cancer risk.”

-Brian Druker, M.D., Director, OHSU Knight Cancer Institute

**WEBSITE:** <http://www.ohsu.edu/xd/health/services/cancer/outreach-programs/community-grants/index.cfm>

### **Health Services Research on Minority Health and Health Disparities (R01) - Department of Health and Human Services/National Institutes of Health**

**DEADLINE:** August 9, 2016 by 5:00 PM local time of applicant organization. Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

**AMOUNT:** (See Announcement)

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to encourage innovative health services research that can directly and demonstrably contribute to the improvement of minority health and/or the reduction of health disparities at the health care system-level as well as within clinical settings.



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WEBSITE: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=283498>

**Ageing Research to Address Health Disparities (Admin Supplement) - Department of Health and Human Services/National Institutes of Health**

DEADLINE: Aug 10, 2016

AMOUNT: \$250,000 (4 awards)

DESCRIPTION: This Funding Opportunity Announcement (FOA) announces the availability of administrative supplements to support aging research that addresses disparities in health, including preclinical, clinical, social and behavioral studies.

WEBSITE: <http://grants.nih.gov/grants/guide/pa-files/PA-16-225.html>

**2016 - SEPTEMBER**

**Health Promotion Among Racial and Ethnic Minority Males (R01)**

DEADLINE: Sep 7, 2016

AMOUNT: SEE AMOUNT

DESCRIPTION: This initiative seeks applications from applicants that propose to stimulate and expand research in the health of minority men. Specifically, this initiative is intended to: 1) enhance our understanding of the numerous factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) encourage applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and their subpopulations age 21 and older.

WEBSITE: <http://www.grants.gov/web/grants/view-opportunity.html?oppId=239793>

**COMMUNITY**

**FY 2016 Countering Violent Extremism Grants - Department of Homeland Security - FEMA**

DEADLINE: Sep 06, 2016

AMOUNT: \$20,000

DESCRIPTION: The Department of Homeland Security Fiscal Year 2016 CVE Grant Program addresses the evolving landscape of international and domestic terrorism. Foreign terrorist organizations continue to encourage travel to conflict zones outside the United States. However, they are also increasingly encouraging individuals to commit violence wherever they happen to be in the name of their cause. Additionally, domestic organizations that span the ideological spectrum are recruiting and influencing individuals to engage in violence to advance their causes. Foreign terrorist organizations and domestic



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terrorists are increasingly using social media and other on-line tools to recruit and inspire individuals to action. The FY 2016 CVE Grant Program supports programs, projects and activities that prevent recruitment or radicalization to violence by interrupting those efforts, building community-level resilience to them, and identifying the early signs of radicalization to violence and providing appropriate interventions through civic organizations, law enforcement or other entities. Community resilience in the CVE context means those communities where violent extremists routinely meet disinterest and opposition, recruitment attempts routinely fail, and communities know what tools and support are available to assist individuals that may be on a path towards violence. The Homeland Security Act of 2002 instructs the Secretary of Homeland Security to "prevent terrorist attacks in the United States." DHS has made CVE a key element of its strategic vision: the 2014 Quadrennial Homeland Security Review reflected the importance of CVE by identifying CVE as a "Priority Area of Emphasis" within DHS's Mission 1: Prevent Terrorism and Enhance Security. Furthermore, Goal 1.1 of the FY 2014-2018 DHS Strategic Plan identifies CVE as one of four strategies to prevent terrorist attacks. Program Objectives The FY2016 CVE Grant Program seeks to develop new efforts and expand existing efforts at the community level to counter violent extremist recruitment and radicalization to violence by funding activities that enhance the resilience of communities being targeted by violent extremists for recruitment, provide alternatives to individuals who have started down a road to violent extremism, and that create or amplify alternative messages to terrorist/violent extremist recruitment and radicalization efforts. In addition, the CVE Grant Program seeks to develop and support efforts by U.S.-based entities that are broadly countering violent extremists' on-line recruitment efforts aimed at U.S.-based individuals. DHS seeks to support innovative and cost effective programs, projects, and activities which establishes or uses existing effectiveness measures. Awardees will collect data on their chosen performance measures so that evaluations of the program can be conducted, either by the organization or independently. Additionally, DHS will assess funded projects for promising practices and make them available in a replicable form for other communities or sectors. DHS is seeking to fund activities in geographically diverse communities across the country and see awards made to multiple different eligible applicant types. Program Priorities The FY 2016 CVE Grant Program has five focus areas for eligible activities that current research (See Appendix A) has shown is likely to be the most effective in countering violent extremism:- Developing resilience;- Training and engaging with community members;- Managing intervention activities; - Challenging the narrative; and - Building capacity of community-level non-profit organizations active in CVE."

**WEBSITE:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=285773>

### **2016-OCTOBER**

**Detecting and Preventing Suicide Behavior, Ideation and Self-Harm in Youth in Contact with the Juvenile Justice System (R01) –DHHS/NIH**

**DEADLINE:** October 5, 2016

**AMOUNT:** \$500,000



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**DESCRIPTION:** This initiative supports research to test the effectiveness of combined strategies to both detect and intervene to reduce the risk of suicide behavior, suicide ideation, and non-suicidal self-harm (NSSI) by youth in contact with the juvenile justice system. Opportunities for detection and prevention start at early points of contact (e.g., police interaction, the intake interview) and continue through many juvenile justice settings (e.g., pre-trial detention, juvenile or family court activities, court disposition, placement and on-going care in either residential or multiple community settings.) This FOA invites intervention strategies that are designed to be delivered in typical service settings using typically available personnel and resources, to enhance the implementation of interventions that prove effective, enhance their future uptake in diverse settings, and thereby reduce risk of suicide and self-harm in this population.

**WEBSITE:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284224>

### **Factors Underlying Differences in Female and Male Presentation for Dental, Oral, and Craniofacial Diseases and Conditions (R01) – DHHS/NIH**

**DEADLINE:** October 5, 2016

**AMOUNT:** See instructions

**DESCRIPTION:** The purpose of this funding opportunity announcement (FOA) is to encourage research on mechanisms underlying the manifestations of sex-based differences in Dental, Oral, and Craniofacial (DOC)-related diseases and conditions. Specifically, this initiative encourages studies aimed at understanding immune reactivity, genetic variation, environmental triggers, aging, and hormonal changes as they affect sex-based differences in DOC-related diseases and conditions including, but not limited to, Sjgrens Syndrome (SS), orofacial pain, temporomandibular joint (TMJ) disorder (TMD), salivary gland tumors, and human papillomavirus (HPV)-associated oropharyngeal cancers.

**WEBSITE:** <http://www.grants.gov/web/grants/view-opportunity.html?oppId=284201>

### **WILD ONE LORRIE OTTO SEEDS FOR EDUCATION GRANT PROGRAM**

**DEADLINE:** Grant applications due October 15th.

**AMOUNT:** Cash grants under \$500 are available for plants and seeds, and in-kind donations from Nursery Partners can help stretch these dollars.

**DESCRIPTION:** Would you like to Attract songbirds and butterflies to your schoolyard with wildflowers and native grasses. Add opportunities for hands-on science in biology, ecology and earth science. Reduce energy consumption and improve storm water management; enhance sustainability and green-school certification. Teachers and students across the US are expanding learning opportunities by enhancing their schoolyards with butterfly gardens, nature trails, prairies, woodland wildflower preserves, and similar projects. These projects enrich the learning environment and provide aesthetic and environmental benefits.

By planning, establishing and maintaining such projects, students learn valuable life skills – including patience and teamwork. They can engage parents and the wider community in a project they can point to with pride for years to come.



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WEBSITE: <http://www.wildones.org/seeds-for-education/sfe/>

**The Role of Health Policy and Health Insurance in Improving Access to and Performance of Cancer Prevention, Early Detection, and Treatment Services**

**DEADLINE:** Application Deadline: April 1 and October 15

**AMOUNT:** This RFA will use the Research Scholar Grant mechanism budget instructions.\*

\*See the Research Scholar Grants Policies and Instructions for a detailed description of the Society’s priority focus on health equity research in the Cancer Control and Prevention Research Grants Program and budget instructions.

**Award Period**

Direct Cost Cap Per Year	Indirect Cost Cap Per Year
Less than 4 years \$200,000	20%
4 years \$165,000	20%
5 years \$200,000	20%

**DESCRIPTION:** A call for research that evaluates the impact of the many changes now occurring in the healthcare system with a particular focus on cancer prevention, control, and treatment. Efforts focusing on improving access to care may also impact inequities that contribute to health disparities. New health public policy initiatives such as the new federal and state marketplaces that have expanded insurance coverage, as well as Medicaid expansion in some states, create natural experiments ripe for evaluation. Research to be funded by this RFA should focus on the changes in national, state, and/or local policy and the response to these changes by healthcare systems, insurers, payers, communities, practices, and patients.

A clear understanding of these changes can help clinicians, health systems, public health and public policy professionals, patient and consumer advocates and providers to identify and guide needed improvements in cancer prevention and control and health care and health more broadly. Findings from this research may also inform advocacy and policy development by the American Cancer Society Cancer Action Network (ASC CAN) in the context of meaningful health care reform by assessing outcomes related to the structure of the health system on availability, administrative simplicity, adequacy, and affordability of coverage, referred to as the 4 A’s, which make up the Society and ACS CAN’s framework for reform.

We are keenly interested in supporting rapid learning research to study the effects of health policy changes on patients, providers, and health systems. This includes but is not limited to:

- Facilitators and barriers to care;
- Unintended consequences;



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- Differential experiences and outcomes of patients seeking or receiving care;
- Best practice models for quality care; and,
- Economic Impact

Specific examples of potential research areas that may be applicable include the following, organized by the 4 A's of meaningful healthcare reform:

#### 1. Availability

- Investigate factors impacting equity in cancer prevention, diagnostic, treatment, and survivorship services across populations based on availability of health insurance coverage, type of coverage, affordability, and health care setting.
- Compare and contrast access and outcomes by state to provide new knowledge pertaining to how insurance coverage or lack of coverage (including lack of expanded Medicaid coverage) impacts cancer screening, diagnostic, treatment, or palliative care services.
- Evaluate the impact of expanding health insurance coverage for previously uninsured or underinsured persons.

#### 2. Affordability

- Compare and contrast variations in health insurance benefit packages (including services, Rx formularies, and cost-sharing) on health care costs and the resulting impact on cancer prevention, diagnosis, treatment, and palliative and support care services.
- Examine how tobacco rating is impacting the affordability of and access to insurance coverage.
- Compare and contrast changes in health risk pool distribution and their impact on health care costs, health insurance enrollment and access pre- and post-implementation of the Affordable Care Act of 2010.
- Test methods to improve the efficiency of health insurance coverage and utilization.
- Compare and contrast models for improving high quality patient-centered care such as Patient Centered Medical Homes, Accountable Care Organizations, and patient and provider incentives to encourage guideline-concordant care.

#### 3. Adequacy

- Compare and contrast the implementation of health insurance marketplaces to assess their impact to access to needed services and choice of providers, and on the adoption and completion of cancer screening, diagnostic, treatment, and palliative and supportive care services.



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- Compare and contrast the transparency of key information (e.g., network providers, formularies, etc.) and the extent to which this information is provided in a consumer-friendly manner.

#### 4. Administrative simplicity

- Assess the effectiveness of strategies to educate consumers about healthcare benefits and their impact on the adoption and completion of cancer screening, diagnostics and treatment services.
- Conduct dissemination and implementation research of evidence-based strategies supporting patients in overcoming administrative barriers related to health insurance to facilitate the adoption and completion of cancer screening, diagnostic, treatment or palliative and supportive care services.

Acceptable study designs: We encourage investigators to submit innovative proposals using an array of study designs which may include interventional or non-interventional research such as case control studies, cohort studies, clinical trials, comparative effectiveness research, dissemination and implementation research, cross-sectional studies, ecological, or mixed methods research. For example:

- Mixed-method studies utilizing secondary analysis and original data collection.
- Conduct primary data collection in the form of surveys, key informant interviews, focus groups or other methods to capture patient level experiences and their perceived solutions.
- Make creative use of primary and secondary data sources (such as CMS data) to capture both demographic and outcome data, establish robust data bases, and create registries or methods for data standardization across large data sources

**WEBSITE:** <http://www.cancer.org/research/applyforaresearchgrant/granttypes/rfa-role-healthcare-insurance-cancer>

#### ~ COMMUNITY ~

#### **The Donald Samull Classroom Herb Garden Grant**

**DEADLINE:** Application deadline for 2016-17 academic year: October 1, 2016 with awards announced December 1, 2016.

**AMOUNT:** The Herb Society of America will select ten (10) schools/classrooms to receive \$200 "Seed Money" to establish an herb garden (indoor or outdoor). The funds may be used for supplies such as soil, plant trays, containers, child or youth sized tools, etc. The school may need to seek additional funding and support from other sources. The Herb Society of America will provide the educational materials and herb seeds.

**DESCRIPTION:** The Herb Society of America, as a recipient of a bequest from the estate of Donald Samull, has established herb garden grants for teachers in grades 3 through 6. Mr. Samull was an elementary school teacher who used his love of herbs in the classroom with his 3rd-6th grade students. These grants will ensure that his tradition of using herbs with students will continue for years to come.



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Public and/or private 3rd through 6th grade teachers, with classes of a minimum of 15 students may apply for an herb garden grant.

The Herb Society of America will select ten (10) schools/classrooms to receive \$200 "Seed Money" to establish an herb garden (indoor or outdoor). The funds may be used for supplies such as soil, plant trays, containers, child or youth sized tools, etc. The school may need to seek additional funding and support from other sources. The Herb Society of America will provide the educational materials and herb seeds.

**WEBSITE:** <http://herbsociety.org/resources/samull-grant.html>

### **2016 -NOVEMBER**

#### **FAHS-BECK FUND FOR RESEARCH AND EXPERIMENTATION -A Fund Established with The New York Community Trust: FACULTY/POST-DOCTORAL RESEARCH GRANT PROGRAM**

**DEADLINE:** The Fund observes two funding cycles annually. The deadlines are 5 p.m. Eastern Time April 1 and November 1, unless the deadline falls on a weekend, in which case the deadline will be the following Monday at 5 p.m. Applications must be received (not postmarked) by the deadline.

**AMOUNT & DESCRIPTION:** Grants of up to \$20,000 are available to help support the research of faculty members or post-doctoral researchers affiliated with non-profit human service organizations in the United States and Canada. Areas of interest to the Fund are: studies to develop, refine, evaluate, or disseminate innovative interventions designed to prevent or ameliorate major social, psychological, behavioral or public health problems affecting children, adults, couples, families, or communities, or studies that have the potential for adding significantly to knowledge about such problems. The research for which funding is requested must focus on the United States and/or Canada or on a comparison between the United States and/or Canada and one or more other countries.

**WEBSITE:** [http://www.fahsbeckfund.org/pdf files/CURRENT Post Doctoral Guidelines 01.12.15.pdf](http://www.fahsbeckfund.org/pdf_files/CURRENT%20Post%20Doctoral%20Guidelines%2001.12.15.pdf)

#### **NIOSH Centers of Excellence for Total Worker Health® (U19)**

**DEADLINE:** November 30, 2016

**AMOUNT:** The maximum amount (total cost) for each application is \$1.3 million for the first 12-month project period. For 5 years.

**DESCRIPTION:** The purpose of this Funding Opportunity Announcement (FOA) is to provide funding for Centers of Excellence for Total Worker Health®. Support of this program will further advance an emerging field of science and practice and address the needs of the 21st century workforce by means of research, intervention, and outreach activities.

**WEBSITE:** <http://grants.nih.gov/grants/guide/pa-files/PA-15-361.html>





Friday, July 29, 2016

**COMMUNITY**

**Using Music to Teach Mathematics Grants –National Council of Teachers of Mathematics**

**DEADLINE:** The application packet must be postmarked by November 4, 2016 . Faxed copies will not be accepted. Duplicate applications will not be considered. Lack of an applicant's signature will automatically disqualify the proposal.

**AMOUNT:** For 2017-18, grants with a maximum of \$3,000 each will be awarded to persons currently teaching mathematics in grades Pre-K-2 level.

**DESCRIPTION:** The purpose of this grant is to incorporate music into the elementary school classroom to help young students learn mathematics. This award is for individual classroom teachers\* or small groups of teachers collaborating in one grade or across grade levels. Any acquisition of equipment must support the proposed plan but not be the primary focus of the grant. Proposals must address the following: the combining of mathematics and music; the plan for improving students' learning of mathematics; and the anticipated impact on students' achievement. (\*The definition of a classroom teacher is an individual who spends half or more of his/her work time teaching in the classroom.)

The applicant must be a current (on or before October 14, 2016) Full Individual or E-Member of NCTM or teach in a school with a current (on or before October 14, 2016) NCTM PreK-8 school membership and currently teach mathematics or collaborate with teachers of mathematics in grades PreK-2. Activities are to be completed between June 1, 2017, and May 31, 2018. Past recipients of this grant are ineligible to reapply. No person(s) may receive more than one award administered by the Mathematics Education Trust in the same academic year.

**WEBSITE:** <http://www.nctm.org/Grants-and-Awards/Grants/Using-Music-to-Teach-Mathematics-Grants/>

**2016 - DECEMBER**

**Pearson Early Career Grant - The American Psychological Foundation (APF) and Pearson**

**DEADLINE:** December 31, 2016

**AMOUNT:** \$12,000 to support early career psychologists to work in an area of critical social need.

**DESCRIPTION:** The Pearson Early Career Grant encourages early career clinicians to work in an area of critical societal need. Pearson partnered with APF to ensure psychology addresses critical needs in society. The program's goals are to support psychology's efforts to improve areas of critical need in society, including but not limited to innovative scientifically based clinical work with serious mental illness, serious emotional disturbance, incarcerated or homeless individuals, children with serious emotional disturbance (SED) and adults with serious mental illness (SMI); and to encourage early career psychologists to devote their careers to under-served populations.

**WEBSITE:** <http://www.apa.org/apf/funding/pearson.aspx?tab=1>



*NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD*



*\$\$\$ ~ Weekly Funding Opportunities Report ~ \$\$\$*

*Friday, July 29, 2016*

**NO DEADLINE - GRANT RESOURCE INFORMATION:**

**Evidence for Action: Investigator-Initiated Research to Build a Culture of Health**

**DEADLINE:**

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015  
Recordings for both events are now available.

June 3, 2015 web conference recording available [here](#).

July 22, 2015 web conference recording available [here](#).

Timing: **Since applications are accepted on a rolling basis**, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

**AMOUNT:** Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

**DESCRIPTION:** Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

**WEBSITE:** [http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et\\_cid=469879](http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3uOaFeLLcJROtLce2ecBeg&et_cid=469879)



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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Friday, July 29, 2016

### Changes in Health Care Financing and Organization: Small Grants

**DEADLINE:** Grants are awarded on a rolling basis; proposals may be submitted at any time.

**AMOUNT:** This solicitation is for small grants of \$100,000 or less.

**DESCRIPTION:** Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

#### Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

**WEBSITE:** <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

#### The National Children's Alliance

**Deadline:** <http://www.nationalchildrensalliance.org/>

**Amount:** See website

**Description:** The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.



Friday, July 29, 2016

➤ **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**

➤ **Health System Performance Assessment and Tracking**

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

➤ **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

**Deadline:** KaBOOM! is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

**Amount:** Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

**Description:** Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

[http://kaboom.org/about\\_kaboom/programs/grants?utm\\_source=direct&utm\\_medium=surl](http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl)

➤ **Meyer Memorial Trust**

**Deadline:** Monthly (Except January, April and August)

**Amount:** Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.



*Friday, July 29, 2016*

**Description:** Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

**Deadline:** No Deadline

**Amount:** No Amount Specified

**Description:** The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

**Educated Kids:** To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.

**Healthy Kids:** The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

**Secure Families:** The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

**Civic Engagement:** The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines. [http://foundationcenter.org/pnd/rfp/rfp\\_item.jhtml?id=411900024#sth.ash.8WbcfIRk.dpuf](http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sth.ash.8WbcfIRk.dpuf)

• **W.K. Kellogg Foundation**

**Deadline:** The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

**Amount:** NO LIMIT (Please read restrictions/What they won't fund.)



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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**Description:** What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

### **AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives**

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>

#### **Community Grant Program- WALMART**

**DEADLINE:** The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**

**AMOUNT:** Awarded grants range from \$250 to \$2,500.

**DESCRIPTION:** Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

**WEBSITE:** <http://giving.walmart.com/apply-for-grants/local-giving>

#### **SCHOLARSHIP:**

##### **The Meyerhoff Adaptation Project -**

**The Meyerhoff Scholars Program** is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.



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Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics\*: three years

Science: three years

Language other than English: two years

\*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

### **Eligibility Criteria**

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a "B" average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

### **WEBSITE:**

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

**~ONLY FOR WASHINGTON STATE UNIVERSITY~**

### **First Scholars – The Suder Foundation**

#### **DEADLINE:**

**AMOUNT:** The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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**DESCRIPTION:** The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.

First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

**WEBSITE:** <http://firstscholars.wsu.edu/>

### **Education Award Applications -The American College of Psychiatrists**

**DEADLINE:** June 30

**AMOUNT:** (SEE WEBSITE)

**DESCRIPTION:** The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

**WEBSITE:** <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

### **VETERANS**

#### **VFW Accepting Applications From Veterans for Emergency Financial Assistance**

**DEADLINE:** Open

**AMOUNT:** Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



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**DESCRIPTION:** As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

**WEBSITE:** [http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSjADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK\\_PRoCB4Hw\\_wcB](http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSjADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK_PRoCB4Hw_wcB)

### **IDAHO & WASHINGTON - ONLY**

#### **ASPCA Northern Tier Shelter Initiative Coalition Grants**

**DEADLINE:** No Deadline

**AMOUNT:** Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

#### **DESCRIPTION:**

Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:

Fee-waived adoption programs and policies



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*Friday, July 29, 2016*

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

**WEBSITE:** <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>

## HNB Outreach Stipend Application

Dear *Healthy Native Babies Project* Friends and Colleagues:

The *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD) is pleased to announce that outreach stipends are available for Tribes and organizations serving American Indian and Alaska Native communities to have customized materials with safe infant sleep messages printed by NICHD, utilizing the *Healthy Native Babies Project* Toolkit Disk. The Toolkit Disk allows individuals to design culturally appropriate and regionally specific materials with phrases translated into Native languages as well as photographs of Native families taken across the country. These outreach materials provide helpful hints to parents and caregivers about placing infants on their back to sleep and using other safe sleep practices.

Please [CLICK HERE](#) for the outreach stipend application and more details about eligibility criteria.

Decisions regarding awards will be made within 4 weeks of receiving your application.

If you do not wish to apply for an outreach stipend, you may still order national flyers, brochures, a Workbook Packet (which includes the Toolkit Disk), and a Facilitator's Packet. National materials may be ordered free of charge via the toll-free line 1-800-370-2943 or online at <http://safetosleep.nichd.nih.gov>.

Please let us know if you have any questions or need additional information by contacting 1-888-996-9916 or [largo@namsinc.org](mailto:largo@namsinc.org). We encourage you to take advantage of these free resources to spread the word about safe infant sleep!

Native American Management Services, Inc.  
1800 Robert Fulton Drive, Suite 100C  
Reston, VA 20191



# SAVE THE DATE!

## NPAIHB Health Data Literacy Workshop

NPAIHB is excited to present our second Health Data Literacy Workshop! This training provides an excellent opportunity to gain (or refresh) skills in reading, understanding and presenting health data. If you need to interpret, present and make use of epidemiologic data but don't have a statistics background, this is the training for you! This workshop is a collaboration of the IDEA-NW and WEAVE-NW Projects.

**WHEN: August 24-25, 2016**

**WHERE: Suquamish Clearwater Casino & Resort**

**WHO:** This will be a very practical skill building session for grant writers, data analysts, health professionals, tribal leaders, policy makers and students.

**WHAT:** The workshop will cover:

- Epidemiology 101 - descriptive statistics, inferential statistics, sampling, bias, disease frequency measures, age-adjustment, confidence intervals and p-values.
- How to interpret data and be sure the results are reliable.
- Where to find public health data for AI/AN communities, including opportunities to meet with state partners.
- How to get started with collecting and mapping data using Geographic Information System (GIS) software.
- Best practices for presenting data effectively for grant proposals, policy papers, and more.
- Putting data to use effectively for planning, evaluation, and policy development in your community.

**COST: Free!** There is no registration fee for this workshop, and travel scholarships are available for those who are members of or working with NW Tribes (apply during registration). *Travel scholarships are limited, so register as soon as you can!*

**To register please visit:** <https://www.surveymonkey.com/r/HealthDataReg>

**QUESTIONS?** Contact Sujata Joshi at [ideanw@npaihb.org](mailto:ideanw@npaihb.org) or 503-416-3261



**NORTHWEST  
PORTLAND  
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BOARD**

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

2121 SW Broadway  
Suite 300  
Portland, OR 97201  
(503) 228-4185  
(503) 228-8182 FAX  
www.npaihb.org

July 21, 2016

*Submitted via email to: [consultation@ihs.gov](mailto:consultation@ihs.gov)*

Alec Thundercloud, M.D.  
Director, Office of Clinical and Preventative Services  
Indian Health Service  
5600 Fishers Lane, Mail Stop: 08N34-A  
Rockville, MD 20857

**Re: IHS Expansion of Community Health Aide Program Draft Policy  
Statement Consultation**

Dear Dr. Thundercloud:

The Northwest Portland Area Indian Health Board (NPAIHB) is a Public Law 93-638 Tribal organization that advocates on health care issues for the forty-three federally-recognized Tribes in the states of Idaho, Oregon, and Washington<sup>1</sup>. Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare.

Thank you for the opportunity to consult on the draft policy statement that proposes an expansion in the use of community health aides at Indian Health Service (IHS) facilities across the country. The Northwest Portland Area Indian Health Board is in full support of expanding health care opportunities under the new draft policy for these aides, and strongly supports the inclusion of the Dental Health Aide Therapist and Behavioral Health Aides as part of the expansion. We submit these comments along with a request for an in-person consultation to further discuss strategic pathways for moving forward with this draft policy statement.

**1. Expansion of the Community Health Aide Programs Would Benefit the Tribes in the Lower 48**

NPAIHB welcomes the IHS draft policy as a recognition of the value of community-recruited paraprofessionals and mid-level providers in all aspects of healthcare in the Indian Health System. The Community Health Aide Program (CHAP) is a model that was Tribally created, Tribally driven and for those reasons has unique features that resonates with Tribes. Creating a workforce that comes from our communities and respects that we are sovereign and have authority to determine how to answer issues of access has proven benefits:

<sup>1</sup> A "Tribal organization" is recognized under the Indian Self-Determination Education Assistance Act (P.L. 93-638; 25 U.S.C. § 450b(1)) as follows: "[T]he recognized governing body of any Indian Tribe; 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."

- Provides routine, preventive, and emergent care within the community;
- Respects the knowledge and resources in the Tribal community and grows providers from that source through accessible and achievable training programs;
- Involves community participation in the selection of the individual who will become a CHA provider;
- Delivers patient-centered quality care that comes from providers that understand the history, culture, and language of their patients;
- Fosters a team approach to delivering health care services;
- Increases the efficiency of the entire healthcare team, allowing each member to practice at the top of their scope;
- Provides continuity of care in communities that face recruitment and retention challenges;
- Results in cost savings to Tribes and individuals that no longer have to travel long distances or receive care outside of the IHS system.

Alaska CHA/Ps are the frontline of healthcare in their communities-- nearly 500 providers are responsible for over 300,000 encounters per year. The Alaska CHAP is community driven and noted for its role in both providing care in remote villages, and increasing access to care at their Tribally managed hospitals and clinics.

a. Dental Health Aide Therapists Are Critical to CHAP Expansion

One of the greatest areas of need in our Tribal communities is access to reliable, high quality, affordable dental care. That is why inclusion of the Dental Health Aide Therapist in this proposed CHAP expansion is a necessary element for NPAIHB to support the policy.

It is well documented that American Indians and Alaska Natives (AI/AN) carry a disproportionate burden of oral disease. According to the IHS 2014 Oral Health Survey, the majority of AI/AN children have tooth decay. Most adults have lost teeth because of dental disease, periodontal disease is a significant problem for adults, and there is limited access to both preventive and restorative dental care. Profound health disparities exist between the oral health status of AI/ANs compared to non-AI/ANs across the country.

It does not have to be this way. More than 40,000 Alaska Natives across 81 communities have gained access to dental care through the DHAT model in Alaska, and Alaska Native children are now being seen with no cavities. The DHAT model also builds community health care delivery capacity and creates jobs by training community members to become DHATs.

DHATs are a Tribal-led solution that adopts an evidence-based, culturally –competent care model with over a decade of demonstrated oral health quality outcomes in Tribal communities. The DHAT program is also economically efficient for Indian health programs because it increases access and lowers costs, while maintaining the same quality of care as that provided by a dentist.

Even though Tribes do not need the expansion of CHAP in order to move forward with integrating DHATs into their dental programs, they currently need *state authorization* in order to

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use their Indian Health Service funding once DHATs are practicing. This funding is particularly important for Tribes with fewer resources and the least access to care. The state authorization pathway has been blocked in most states by the American Dental Association (ADA) at tremendous costs to Tribes. The longer we are faced with this route as the only option, the longer our members will endure lack of access to care. This new draft policy and any required change of federal legislation or administrative rules could offer a more reliable and expedited pathway to proven oral health care solutions.

b. Behavioral Health Aides Could Play a Key Role in Addressing Mental Health and Substance Abuse Issues

NPAlHB also strongly supports the inclusion of Behavioral Health Aides in the expansion of the CHAP program. The high rates of alcohol and substance abuse, mental health disorders, suicide, violence, and behavior-related chronic diseases in our communities are well documented. Each of these serious behavioral health issues has a profound impact on the health of individuals, families, and communities. AI/ANs are significantly more likely to report past-year alcohol and substance use disorders than any other race, and suicide rates for AI/AN people are 1.7 times higher than the U.S. all-races rate. Domestic violence rates are also alarming, with 39 percent of AI/AN women experiencing intimate partner violence-the highest rate in the U.S.

Native communities face service delivery issues that are complicated by personnel shortages, limited health care resources, and distances to obtain services. There also are other issues that inhibit access to appropriate behavioral health services. These include referrals from school, detention, court, housing, primary care, child welfare, and other systems. Tribal communities throughout Indian country are struggling under the weight of providing behavioral health care to their members.

We strongly support the expansion of Behavioral Health Aides as part of the CHAP expansion.

**2. Legislative Fix Needed to Expand DHATs in Lower 48**

We strongly urge the IHS to address legislative barriers to carrying out a full expansion of the CHAP program, particularly in regards to the expansion of mid-level providers and to eliminate those barriers. For example, there is language in the Indian Health Care Improvement Act (IHCIA) that limits the ability of Tribes outside of Alaska to use DHAT services unless such services are authorized under state law.

**3. Regional Federal CHAP Certification Boards Should Be Established**

IHS should not adopt a national certification board. Instead, IHS must consult and work with each Area to establish regional Federal CHAP Certification Boards. Tribes in the Area should then have the option to participate in CHAP or not. It is suggested that IHS look closely at the existing certification board in Alaska and licensing board at Swinomish when considering strategies and options for the nationalization of the CHAP program. It would be

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counterproductive to create national licensing processes, rules, regulations, and/or laws that would hinder, prohibit or make irrelevant the existing Tribal infrastructure and successful licensing and certification entities in Alaska and Washington. Any nationalization of the CHAP program should respect the sovereignty of Tribes currently using one or all of the providers in the CHAP program. The IHS should also consider whether Area specific certification boards would be more appropriate as it would allow Areas to tailor their CHAP programs to best meet their current needs. It would also ensure that successful programs like Alaska would not be adversely affected by changes made at the federal level in the program.

#### **4. National Convening and Workgroup Should Be Established for CHAP Expansion**

Due to the magnitude of the proposed transformation of the health care delivery system in Indian country in the lower 48, we suggest that IHS kicks off the national dialogue with a **2-3 day national conference** to discuss with Tribes this program expansion. The CHAP program is well known in Alaska but less understood in the rest of Indian country. Tribal leaders and providers all over Indian country need adequate time to become educated in order to foster meaningful participation.

Finally, we believe that having the right expertise in the room through the nationalization process is of paramount importance. We suggest a nationalization workgroup be immediately formed that includes at a minimum the following individuals and/or expertise:

- Indian Health Law experts familiar with the CHAP program
- National Indian Health Policy experts familiar with the CHAP program
- Indian Health Policy experts from each of the IHS Areas
- Providers or individual representing different provider disciplines, including a Community Health Practitioner, a Dental Health Aide Therapist, and a Behavioral Health Practitioner, alongside a doctor, dentist, and behavioral health provider.
- A representative from the Alaska CHAP board
- A representative from the Alaska Native Tribal Health Consortium
- A representative from the Swinomish licensing board
- A representative from the National Congress of American Indians
- A representative from the National Indian Health Board

We reiterate our strong support for the national expansion of the CHAP program. The CHAP program is a model that is:

- Created by Tribes;
- Tribally driven;
- Being improved and honed in Tribal settings;
- Educating and building native providers from within Tribal communities;
- Providing consistent results in Tribal communities;
- Increasing the availability of native providers and culturally competent care;
- Ensuring continuity of care for Tribal/community members.



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And therefore, has unique features that may resonate with Tribes. This model respects that Tribes are sovereign and have the authority and the responsibility to determine how to answer issues of access for their people.

#### **5. IHS Must Foster an Internal Culture that Supports Mid-Level Providers to Ensure the Success of an Expansion**

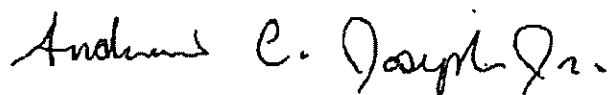
As with any significant change to the health care delivery system, there are professions with a vested interest in maintaining the status quo. The expansion of the CHAP program to the lower 48 will upset that status quo. It will be of paramount importance that the culture of professionals within the agency and serving Tribal communities throughout the country be one of acceptance. Without the support and advocacy of providers within the IHS, any expansion will be vulnerable to failure, obstructed, and potentially unsuccessful. The IHS leadership must begin to lay the groundwork now to change the culture of providers within the agency and insist that they accept and embrace new ideas to foster reformation of the health care delivery system in Indian country.

#### **6. Conclusion**

We submit these comments with the anticipation that we will work in partnership with the Indian Health Service to increase access to healthcare for our members through the successful implementation of this draft policy.

Please contact Laura Platero, Policy Analyst, Northwest Portland Area Indian Health Board at (503) 416-3276 or lplatero@npaih.org if you have any questions or to discuss these comments.

Sincerely,



Andy Joseph, Jr., Chairperson  
NW Portland Area Indian Health Board

Colville Tribal Council Member



## Creation of a National Indian Health Service Community Health Aide Program

### IHS's Request for Comments: Due July 29th

On June 1, 2016, the Indian Health Service (IHS) released a [Dear Tribal Leader Letter](#) and a [policy statement](#) titled, "Creating a National Indian Health Service Community Health Aide Program." IHS is "exploring necessary steps to create a national Community Health Aide Program, including the creation of a national certification board." IHS's goal is to "see community health aides utilized to the fullest extent permissible in IHS and tribally run hospitals and clinics. "

Community health aide programs (CHAP) are not new to the Indian health system. Within the Indian health system, CHAP programs include the Alaska CHAP program and the IHS community health representative program (CHRP). CHAP services have proven to be a sustainable, effective, and culturally acceptable method for delivering health care. Poor recruitment and retention of providers at IHS facilities support national expansion of CHAP. Community health aides include workers in health education, communicable disease control, maternal and child health, dental health, behavioral health, family planning, environmental health, and other areas.

The purpose of this briefing paper is to provide Tribal leaders with background information on these programs, including the historical barriers to mid-level providers, for the comment making process. We strongly encourage Tribes and Tribal organizations to submit comments, as this is an excellent opportunity to work with the Indian Health Service to shape the proposed expansion in such a way that is truly beneficial to American Indians and Alaska Natives.

The National Indian Health Board and Northwest Portland Area Indian Health Board will work collaboratively to develop a template comment letter to assist Tribes in making their own comments. **Please join us on a Tribal Only Call on July 7, 2016 to discuss the proposed comments and to provide input on the CHAP program expansion.** Email Devin Delrow, National Indian Health Board, [ddelrow@nihb.org](mailto:ddelrow@nihb.org) to receive conference line information.

As Tribes and Tribal organizations work on developing their comments to this proposed expansion, it is important to consider how a national program would affect those programs already in effect in Alaska and Washington. Careful consideration must be given to what a national program would look like, what kind of oversight would such a program have over the different Areas? Would it be appropriate to have a national certification board or are Area specific certification boards more appropriate? In addition, what certification levels do we want for the CHA/Ps? Is there legislative language that we want to add or be changed to support the new program? Ideas around funding and implementation are extremely important to include in your comments.

# Background

## ALASKA COMMUNITY HEALTH AIDE PROGRAM

### What is the Alaska Community Health Aide Program?

The Community Health Aide Program (CHAP) emerged from a 1960s program of the Indian Health Service (IHS) that successfully employed local, Alaska Native village workers to distribute medicines in response to a number of health concerns, including: the tuberculosis epidemic, high infant mortality and high rates of injury in rural Alaska. For the past 50 years, CHAP has proved an effective method for diminishing the health disparities of Alaska Natives by promoting access to health services for Alaska natives residing in rural and remote communities. These communities are generally too sparsely populated to sustain a physician, dentist or mid-level provider. CHAP trains local residents to provide basic health care, assuring that health services are available in the local community from culturally competent providers who speak the native language.

Formalized curriculum and training were developed in the 70s to assure Community Health Aides/Practitioners (CHA/Ps) could receive training with minimal time away from the communities and families. There is a CHAP Certification Board in Alaska that sets standards for all providers in the CHAP program and provides oversight of the program.

CHAP has evolved over time to accommodate advances in medicine and the health needs of the population, and doing so at a comparatively low cost. CHAP provides patient-centered primary care, as opposed to specialty care, and delivers more care in the community rather than in the acute care setting. CHAP now consists of a network of approximately 550 (CHA/Ps) in more than 170 rural Alaska villages. CHA/Ps work within the guidelines of the 2006 Alaska Community Health Aide/Practitioner Manual, which outlines assessment and treatment protocols. There is an established referral relationship which includes midlevel providers, physicians, regional hospitals and the Alaska Native Medical Center. In addition, providers such as public health nurses, physicians and dentists make visits to villages to see clients in collaboration with the CHA/Ps

### Benefits of a CHAP program

The current healthcare delivery system is failing tribal communities in many ways. Not only is access often a challenge due to expense and location, but there is a significant lack of AI/AN providers. The Alaska CHAP program:

- Provides routine, preventative, and emergent care;
- Respects the knowledge and resources in the tribal community and grows providers from that source. Community Health Aides are selected by their communities to receive training;
- Trains AI/AN community members who speak the native languages and can provide culturally appropriate care;
- Breaks down barriers to care and barriers to training;
- Creates an accessible entry point for AI/AN people wishing to become health care providers;
- Utilizes a training program that emphasizes not just skill and proficiency but also ensure Aides could receive training with a minimal time away from communities and families.

- Brings care to communities;
- Fosters a team approach to delivering health care services.

### **Community Health Aide Program Certification Board**

The Community Health Aide Program Certification Board sets standards for the Alaska CHAP and certifies individuals as community health aides and practitioners, dental health aides (including primary dental health aides, dental health aide hygienists, expanded function dental health aides, and dental health aide therapists), and behavioral health aides and practitioners. These individuals are subject to specific requirements and engage in specific scope of practices.

### **Providers in the Alaska CHAP program**

The Alaska CHAP program includes Community Health Aides (CHA/Ps), Behavioral Health Aides (BHA/Ps) and Dental Health Aides (DHA/Ts). The CHAP program provides needed health, oral health, and behavioral health services while also emphasizing wellness and healthy choices.

There is an established referral relationship which includes midlevel providers, physicians, regional hospitals and the Alaska Native Medical Center. In addition, providers such as public health nurses, physicians and dentists make visits to villages to see clients in collaboration with the CHA/Ps, DHA/Ts, and BHA/Ps.

### **Community Health Aide**

Alaska has 5 levels of Community Health Aides that build upon each other.

Community Health Aid level 1-4 (CHA I, CHA II, CHA III, CHA IV) and the top level, Community Health Practitioner (CHP). The scope of practice for each provider is different and encompasses all of the scope of practice for the levels below the highest level of training reached by the individual. Depending on their level of certification, CHAs can provide services such as:

- Emergency first aid
- Patient examinations
- Follow up (in collaboration with treating physician or mid-level provider)
- Carrying out treatment recommendations
- Patient and family focused education and instruction
- Preventive health programs
- Infection and disease control
- Immunizations
- Store and dispense prescription drugs (with physician instructions)

### **Dental Health Aide**

Dental Health Aides are primary oral health care professionals. They provide basic clinical dental treatment and preventive services. They are multidisciplinary team members and advocate for the needs of patients.

There are 3 levels of Dental Health Aides that build upon each other.

Dental Health Aide level 1-2 (DHA I, DHA II) and the top level, Dental Health Aide Therapist (DHAT). The scope of practice for each provider is different and encompasses all of the scope of practice for the levels below the highest level of training reached by the provider. Depending on their level of certification, DHAs can provide services such as:

- Diagnosis and Treatment
- Planning, Prevention
- Basic Hygiene
- Radiographs
- Infection Control
- Restorative
- Pediatric
- Urgent Care
- Extractions
- Community Projects
- Clinic Management
- Equipment Repair and Maintenance

### **Behavioral Health Aide**

The Alaska Behavioral Health Aide (BHA) Program is designed to promote behavioral health and wellness in Alaska Native individuals, families and communities through culturally relevant training and education for village-based counselors.

There are 4 levels of Behavioral Health Aides that build upon each other.

Behavioral Health Aide level 1-3 (BHA I, BHA II, BHA III) and the top level, Behavioral Health Practitioner (BHP).

Depending on their level of certification, a BHA:

- Is a counselor, health educator, and advocate.
- Helps address individual and community-based behavioral health needs, including:
  - those related to alcohol, drug and tobacco abuse
  - mental health problems
  - grief
  - depression
  - suicide
- BHAs seek to achieve balance in the community by integrating their sensitivity to cultural needs with specialized training in behavioral health concerns and approaches to treatment.

## **IHS COMMUNITY HEALTH REPRESENTATIVE PROGRAM**

### **What is the IHS Community Health Representative Program?**

The IHS Community Health Representative Program (CHRP) aims to create a workforce that improves health across the communities they serve. CHRP is a unique community-based outreach program, staffed by a cadre of well-trained, medically-guided, tribal and Native community people who provide a variety of health services within AI/AN communities.

### **Benefits of CHRP**

CHRs are important because they are experts in the dialects and the unique cultural aspects of their patients' lives. CHRs are a role model for the communities they serve; they are the ones people can go to when they need guidance, an advocate their needs, and help. The daily roles of CHRs vary as do the clients they serve. The following are examples of typical duties a CHR might perform.

- Visiting clients at home and referring those in need of care to the proper facility.
- Explaining available health programs, the health policies and procedures that the community members must follow when seeking health care
- Organizing community health promotion and disease prevention events and facilitate learning.
- Offering transportation to health promotion facilities for those in need
- Entering diagnostic patient-specific data into official patient medical records through the use of the CHR component of the RPMS (Resource and Patient Management System)
- Arranging for police/ambulance transport during accidents or emergency situations

## **HISTORICAL BARRIERS TO COMMUNITY-BASED AND MID-LEVEL HEALTH CARE PROVIDERS**

Transforming the health care system to meet the demand for safe, quality, and affordable care may require a fundamental rethinking of the roles of many health care professionals. A variety of historical, cultural, regulatory, and policy barriers often limit the ability of allied professionals to contribute to widespread and meaningful change. Organized medicine and dentistry have often challenged expanding the scope of practice for other allied and mid-level providers. Much of this work has invited genuine debate and has aided in the definition of strong practices for other health professions. As Nurse Practitioners, Nurses, Dental Therapists and Physicians Assistants have proven over the last 60 years, mid-level and allied health professionals can provide safe, affordable, high quality, patient-centered care.

There were early struggles to define the role of the Nurse Practitioner in medicine. Some physicians, especially those practicing in rural areas of the country, welcomed the Nurse Practitioner's help, while organized medicine guarded their profession's traditional roles. Legal challenges to the Nurse Practitioner's role followed, as they began to practice at the full extent of

their certification and licensure. In a 1980 landmark case, *Sermchief v. Gonzales* (1983), the Missouri medical board charged two women's healthcare Nurse Practitioners with practicing medicine without a license (Doyle & Meurer, 1983). The Missouri Supreme Court ruled that the scope of practice of advanced practice nurses (APNs) could evolve without statutory constraints (Wolff, 1984). Similar struggles are anticipated as the role of other health professionals is expanded and created.

The expansion of duties for Dental Health Aide Therapists has been as intensely fought as the expansion of Nurse Practitioners and Physicians Assistants. The American Dental Association and state dental associations have taken a strong position against dental therapy under the pretext of patient safety and quality. The ADA believes it is in the best interests of the public that only dentists diagnose dental disease and perform surgical and irreversible procedures. This position, however, is not evidence based, and has no peer reviewed literature to validate the position.

Similar to the legal challenges to the Nurse Practitioner's role, in 2006, the American Dental Association and Alaska Dental Society filed a suit against the Alaska Native Tribal Health Consortium (ANTHC), the State of Alaska, and eight Dental Health Aide Therapists (DHAT), claiming that DHATs were practicing dentistry without a license (*The Alaska Dental Society, et al v. SOA, et al.* (2006)). Ultimately, the ADA lost the court battle and were ordered to pay a settlement. DHATs, ANTHC, and the Corporations continued to grow the DHAT portion of the CHAP program. That has not stopped the ADA from continuing to oppose the DHAT program. The ADA lobbied successfully to include language in the Indian Health Care Improvement Act (IHCIA) that limits the ability of Tribes outside of Alaska to use DHAT services unless such services are authorized under state law.

IHS's request for comments on expansion of CHAP provides an opportunity for Tribes to express the need within their communities for every type of mid-level provider and propose how such providers could be incorporated into the Indian health system nationally.

For more information, please contact:

**Devin Delrow, Director of Federal Relations, National Indian Health Board, 202-507-4072, [ddelrow@nihb.org](mailto:ddelrow@nihb.org)**

**Laura Bird, Policy Director, Northwest Portland Area Indian Health Board, 503-228-4185 ext. 276, [lbird@npaihb.org](mailto:lbird@npaihb.org)**

Online Resources:

Alaska CHAP Program: <http://www.akchap.org/html/home-page.html>

IHS Community Health Representative Program (CHRP): <https://www.ihs.gov/chr/>

IHS Dear Tribal Leader Letter on CHAP: <http://www.npaihb.org/download/policy/fedpolicy/Dear-Tribal-Leader-Letter-CHAP-Expansion.pdf>

IHS Policy Statement on the Expansion of CHAP: <http://www.npaihb.org/download/policy/fedpolicy/IHS-Draft-Policy-Statement-on-the-Expansion-of-CHAP.pdf>

# Additional Resources: Dental Therapy Facts, Reports and Studies

## Native Dental Therapy Initiative Fact Sheets

[Native Dental Therapy Facts](#)  
[Oral Health in Indian Country](#)

## Additional Fact Sheets, Reports and Studies

[Building Momentum for Dental Therapists Map](#), WKKF June 2016

Journal of Health Care for the Poor and Underserved, January 2016. [American Indian and Alaska Native Access to Oral Health Care: A Potential Solution \(Terrence C. Batliner DDS, MBA\)](#)

Indian Health Service, 2015. [The Oral Health of American Indian and Alaska Native Children Aged 1-5 Years: Results of the 2014 IHS Oral Health Survey](#)

American Journal of Public Health, September 2015. [Safety Net Care and Midlevel Dental Practitioners: A Case Study of the Portion of Care That Might Be Performed Under Various Setting and Scope-of-Practice Assumptions,](#)

Pew Charitable Trusts, June 2014. [Expanding the Dental Team: Increasing Access to Care in Public Settings](#)

Pew Charitable Trusts, February 2014. [Expanding the Dental Team: Studies of Two Private Practices](#)

Community Catalyst, May 2013. [Economic Viability of Dental Therapists.](#)

W.K. Kellogg Foundation, October 2010. [Alaska Dental Therapist Program: RTI Evaluation Report](#)



For more information contact:

Christina Peters, Native Dental Therapy Initiative Project Director,  
[cpeters@npaihb.org](mailto:cpeters@npaihb.org), 206-349-4364

<http://www.npaihb.org/home/native-dental-therapy-initiative/>



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TRIBAL RESOURCE DIGEST

2016 - Issue 79



Welcome to the Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of July 25, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked

from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Hannah Cain at [kzq3@cdc.gov](mailto:kzq3@cdc.gov) with the words "TRIBAL DIGEST" in the subject line.

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**I. REQUEST FOR PHOTOS!**

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Hannah Cain, [kzq3@cdc.gov](mailto:kzq3@cdc.gov) with a short description of the photo!

**II. ANNOUNCEMENTS**

**The Community Outreach and Patient Empowerment (COPE) Program in Gallup, NM is looking for new team members!**

From the REACH Program Manager at COPE:

Our team has been going through a transition phase as some of our staff members and year-long interns have moved on to pursue new educational and employment opportunities. This has resulted in some staffing shortages within our FVRx and Healthy Store program teams, as well as our Admin/Finance team. That said, a number of exciting new employment opportunities have opened up at the COPE Program!

We are currently hiring for the following roles:

- COPE Chief Operating Officer
- Finance Assistant
- Food Access Manager
- FVRx Specialist

If you or someone you know is interested in applying for one or more of these positions, please feel free to apply online on the Partners In Health website at <http://www.pih.org/pages/employment>. Under "Sites", click on "Navajo Nation" and it will take you to the open positions here at COPE.

If you have any questions, please feel free to reach out to Emilie Ellis, [emilie@copeproject.org](mailto:emilie@copeproject.org).

**National Indian Health Board (NIHB): Call for nominations for the NIHB Outstanding Service Award.**

Awardees will be recognized during the 33rd Annual Tribal Health Conference National Awards Gala. Deadline is August 15, 2016. [Learn more.](#)

**III. ARTICLES**

**Study of the Food Distribution Program on Indian Reservations (FDPIR)**

[Final Report, June 2016](#)

The U.S. Department of Agriculture (USDA) has been providing nutrition assistance to Tribal communities in different forms for over 60 years. The current program, the Food Distribution Program on Indian

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Reservations (FDPIR), which has been operating since 1977, provides income-eligible families with a monthly package of foods referred to by the USDA as “USDA Foods.” Few studies have been conducted on FDPIR, and the only one that provides nationally representative data on FDPIR participants and local programs was conducted in the late 1980s (Usher et. al 1990). Over the life of the program, there have been many changes in FDPIR affecting eligibility, warehouse operations and distribution, customer service, allocation of Federal funds among ITOs and State agencies, and improvements in the types and variety of products offered in the food package.

This report provides an update on participant characteristics and program operations that is based on a nationally representative sample of participants served by 23 ITOs and site visits to 17 of those local programs. The program continues to evolve at both the Federal and local levels. Nationally, the Food and Nutrition Service (FNS) establishes program eligibility requirements and benefit levels, and makes administrative changes. Locally, ITOs and State agencies implement these changes, issue benefits, and work continuously to improve their local programs.

## IV. RESOURCES

### **Water First: A Toolkit for Promoting Water Intake in Community Settings**

A new toolkit, [Water First: A Toolkit for Promoting Water Intake in Community Settings](#), provides evidence-based strategies to help communities promote the consumption of water instead of sugary drinks in schools, child care facilities, parks, clinics, and other community-based sites. When schools and community organizations promote the intake of water as an alternative to sugary beverages, they can help prevent obesity and tooth decay and improve overall well-being. A related [Fact Sheet](#) informs program implementation.

### **Introducing the Alliance’s Smart Food Planner**

You’re invited to explore the Alliance for a Healthier Generation’s [Smart Food Planner](#), a new tool that allows you to view interactive sample menus and recipes and exchange comments or suggestions with your peers in real time. The Smart Food Planner also provides information on upcoming trainings, hot topics and breaking news in school nutrition—and seamlessly integrates the Alliance’s Smart Snacks Product Calculator.

## V. WEBINARS

### **Public Health Accreditation: Organizing for Success! Webinar**

Preparing for public health accreditation is no small feat. It is a complex process that includes many steps and requires a significant investment of time and resources. Once a Tribal Health Department makes the decision to pursue accreditation, the department then needs to determine how to plan and organize the effort. Some of the first steps are to:

1. Identify an accreditation coordinator to oversee the process

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2. Form a multi-disciplinary team to monitor readiness activities
3. Conduct an organizational self-assessment to identify areas of strength and growth to prepare for public health accreditation

This webinar features a brief description of strategies and considerations when taking these first steps, followed by a presentation by representatives from the Ho Chunk Nation Health Department who will share the approach they used, as well as lessons learned along the way.

Date: Thursday July 28, 2016, 2:30 PM CDT, 1 hour

Click the link below to register: <https://cc.readytalk.com/favicon.ico>

### **Medicare Diabetes Prevention Program Webinar Announced**

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) will host a webinar to discuss various aspects of the Medicare Diabetes Prevention Program proposal on:

Wednesday, August 9, 2016 from 12:00-1:00pm EDT.

[Registration for this webinar is now open.](#)

CMS will accept comments on the proposed rule until September 6, 2016, and will respond to comments in a final rule. The proposed rule can be found on the Federal Register at:

<https://www.federalregister.gov/public-inspection>.

To learn more about these efforts to support and improve access to primary care please review the [Fact Sheet](#) and [Press Release](#) or visit the CMS blog at <https://blog.cms.gov/2016/06/30/focusing-on-primary-care-for-better-health/>.

For more information, please visit <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-07-2.html>.

## **VI. TRAININGS AND CONFERENCES**

### **National Tribal Forum for excellence in Community Health Practice**

August 30-31, 2016 in Spokane, Washington

Two Weeks Left for Priority Registration : Have you registered for the National Tribal Forum? Secure your spot before priority registration closes on *Monday, August 1*. Rooms at the Northern Quest Resort and Casino are available on a first-come first-served basis with rates starting at \$96 per night. [Register](#) today and [book your room](#) to lock in the conference rate.

[Register Here!](#)

### **Nike Native Fitness Training hosted by NPAIHB's Western Tribal Diabetes Project**

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Participants learn skills from the Native American Fitness Council in basic aerobic training, creative fitness training techniques, and culturally specific approaches to health & wellness. People who are encouraged to attend are Diabetes Coordinators, Tribal Fitness Coordinators, Community Wellness Trainers, Youth Coordinators, and Tribal Leaders. To register please follow the link below.

When: August 30-31<sup>st</sup>, 2016

Where: Nike World Headquarters, Beaverton, Oregon

Online registration: <https://www.surveymonkey.com/r/NativeFitnessXIII>

For questions please contact: [wtdp@npaihb.org](mailto:wtdp@npaihb.org)

**NHLBI Forum on Heart, Lung, and Sleep Disorders in American Indian/Alaska Native/Native Hawaiian (AI/AN/NH) Youth**

The goal of this forum is to bring together experts to identify knowledge gaps and research opportunities that can facilitate the prevention and future treatment interventions of HLS disease outcomes among AI/AN/NH youth. The forum will focus on modifiable risk factors that contribute to morbidity and mortality due to HLS diseases among this minority demographic. Evidence of epidemiological risk exists in older AI/AN/NH populations, but not the younger populations. AI/AN/NH children exhibit a poor health trajectory entering adulthood and these disease pathways remain unknown. The causes must be elucidated **to provide the evidence base on which medicine and policy can “bend the curve”**. The working group will provide a forum for discussion of research gaps and promising opportunities/recommendations for future research in AI/AN/NH youth. Interventions and approaches for the prevention, diagnosis, and treatment of cardiovascular, pulmonary, and sleep disorders in AI/AN children and adolescents will be explored. Mechanisms and pathways of disease (e.g. genetics, gene-environment interactions) and targeted interventions will also be discussed.

Learn more about the Forum here: [NHLBI Forum on Heart, Lung, and Sleep Disorders in American Indian/Alaska Native/Native Hawaiian \(AI/AN/NH\) Youth - NHLBI, NIH](#)

**First Annual Conference on Native American Nutrition**

This conference will be a first-of-its-kind forum to share and advance knowledge related to the dietary health of Native communities. It represents a commitment by the Shakopee Mdewakanton Sioux Community and the University of Minnesota to co-organize a series of annual national conferences focused on the nutrition of Native peoples.

Tribal leaders, Native and non-Native practitioners, researchers, public health experts, and others are invited to exchange Indigenous and academic scientific knowledge; discuss current practices; listen to, connect with, and learn from each other; and candidly explore ways to overcome the existing obstacles to greater understanding. Additionally, the conference aims to identify areas of needed research, discuss practical applications, and foster new collaborations.

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Abstracts for oral and poster presentations may be submitted online until August 15. The full agenda, registration, abstract submission, and other information are available at

[SeedsOfNativeHealth.org/Conference](http://SeedsOfNativeHealth.org/Conference). There is an early bird registration discount until July 31. Register soon, as space will be limited!

When: September 26-27 in Prior Lake, Minnesota

**Cross Cultural Health Care Program (CCHCP) Training: Closing the Gap, Cultural Competency Training of Trainers Institute**

This Institute provides a 5-day intensive course for organizations to meet mandates and recommendations for culturally and linguistically appropriate services.

October 31-November 4, 2016 in Seattle, WA. [Learn more.](#)

**VII. FUNDING OPPORTUNITIES**

**Food Sovereignty Assessment Grants**

Grants for Native communities to conduct community food assessments in order to better understand the historical, current, and future state of their local food systems. The assessment results should be used in developing plans to reclaim control over local food systems and promote healthy Native communities.

Geographic coverage: Nationwide

Application Deadline: Aug 10, 2016

Sponsor: First Nations Development Institute

Learn more by clicking [here](#).

**VIII. CONTACT INFORMATION**

**National Center for Chronic Disease Prevention and Health Promotion**

Office of the Medical Director

4770 Buford Highway, MS F80

Atlanta, GA 30341

(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

For Tribal Digest related questions, comments, or concerns please contact:

Hannah Cain, Public Health Associate

KZQ3@cdc.gov

505-232-9908

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