Save the Date!

Tribal Public Health Emergency Preparedness Training

Week of May 14-18, 2018
Suquamish Clearwater Resort
Suquamish, WA

More Information: www.surveymonkey.com/r/TPHEP2018

Questions?? Contact Taylor Ellis, NPAIHB, tellis@npaihb.org

Conference funded by:

Northwest Portland Area Indian Health Board
Oregon Health Authority Public Health Division
Washington State Department of Health

In collaboration with:

American Indian Health Commission for Washington State
Indian Health Service Portland Area Office
Northwest Center for Public Health Practice
Northwest Tribal Emergency Management Council

SAVE-THE-DATE
8th Annual THRIVE Conference
June 25-29, 2018

WHO: For American Indian and Alaska Native Youth 13-19 years old

- 1 Chaperone for every 4 youth attending. **Background checks are required for all adults facilitating or attending who did not attend in 2017.
- Activities, materials, lunch and snacks Mon-Thurs. will be provided.
- Travel, parking, lodging, breakfast and dinners are not included.

NEW WORKSHOPS IN 2018!!

Registration (free) will open the first week in April!!

WHERE: To be determined in Portland, Oregon

LODGING: Once a location is set we will circulate group rates for a local hotel.

WHY: Build protective factors and increase your skills and self-esteem, connect with other young Natives, learn about healthy behaviors (suicide prevention, healthy relationships, etc.) and how to strengthen your nation through culture, prevention, connections, and empowerment!

WHAT: This conference will be made up of FIVE (or six) workshop tracks and at registration each youth will need to rank their preference for which workshop they want to be in. Tracks may include: digital storytelling, movement, nutrition, art creation, physical activity, beats lyrics leaders (song writing and production), We Are Native youth ambassador leadership (additional application required), or a science and medical track sponsored by the Oregon Health and Science University.

#WeNeedYouHere

Contact Information:
Northwest Portland Area Indian Health Board's project THRIVE
Celena McCray, project coordinator
Ph. 503-228-4185 x 270
Email. cmccray@npaihb.org
Website. http://www.npaihb.org/epicenter/project/thrive

THRIVE

Indian Health Service - November 28 Letter The Acting Director writes to Tribal Leaders and Urban Indian Organization Leaders to share progress to date on the Indian Health Service draft Strategic Plan 2018-
2022.<https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/58653-2_DTLL_DUIOLL_11282017.pdf>

For a copy of the letter, please visit the IHS website at:
https://www.ihs.gov/newsroom/triballeaderletters/

https://www.ihs.gov/newsroom/urbanleaderletters/

Jennifer Cooper
Acting Director
Office of Tribal Self-Governance
Indian Health Service
5600 Fishers Lane
Rockville, MD 20857

Direct Line: (301) 443-5035
OTSG Main Line: (301) 443-7821
E-mail: jennifer.cooper@ihs.gov<mailto:jennifer.cooper@ihs.gov>

Please take the time to explore this opportunity with OYA and feel free to share with your professional network!

Principal Executive/Manager D – Office of Inclusion and Intercultural Relations Manager

JOB CODE:	OYA17-0073oc
OPENING DATE/TIME:	12/01/17 12:00 AM
CLOSING DATE/TIME:	12/17/17 11:59 PM
SALARY:	$5,231.00 - $7,714.00 Monthly $62,772.00 - $92,568.00 Annually
JOB TYPE:	Permanent
LOCATION:	Salem, Oregon

This position evaluates effectiveness and efficiency of program and statewide agency operations aligned with culturally responsive and culturally specific services to OYA youth. This position also develops and implements strategic priorities, goals and objectives. Reviews and recommends changes to current OYA policies, procedures and processes in alignment with OIIR strategic priorities, goals and objectives. In addition this role leads public policy task forces and workgroups, comprised of agency staff, external stakeholders, and local and state government entities, to address programmatic improvement, policy and legislative changes with a focus on marginalized youth populations within OYA.

Laura DeLeon

Recruitment Program Coordinator

Human Resources, Oregon Youth Authority

W: 503.373.7383 | C: 503.871.7733 | F: 503.373.7623 |

Follow us on Twitter!

We are hiring! Check out our jobs page here.

Region 10 serving Alaska, Idaho, Oregon and Washington

Greetings

There will not be a Biweekly Tribal Update this week. Instead, look for the Tribal Newsletter next week. Meanwhile, please see the notice below about DOJ's Office on Violence Against Women seeking nominees for a Tribal Task Force.

Office of Violence Against Women – Nominees for a Tribal Task Force

https://www.justice.gov/ovw

Office on Violence Against Women | Department of Justice
www.justice.gov
The Office on Violence Against Women consistently gives priority to proven strategies that further the common goal of ending domestic and sexual violence. Every two ...

Announcements
►**Call for Nominees for a Tribal Task Force.** DEADLINE EXTENDED to December 15.
OVW is seeking nominations for the federal advisory task force that supports the Department's Research on Violence Against American Native and Alaska Native Women. Nominees must be representatives of tribal governments, tribal domestic violence and sexual assault nonprofits, or national tribal organizations.
Learn more about the Task Force. **Nominations are due December 15.**

Thanks!

Nicki

Nicholson (Nicki) J. Massie
Regional Outreach Specialist
US Dept. of Health & Human Services, Region 10
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Region 10 serving Alaska, Idaho, Oregon and Washington
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Bureau of Health Workforce
Division of Medicine and Dentistry

Primary Care Training and Enhancement: Training Primary Care Champions

Funding Opportunity Number: HRSA-18-013
Funding Opportunity Type: Initial: New

Catalog of Federal Domestic Assistance (CFDA) Number 93.884

NOTICE OF FUNDING OPPORTUNITY

Fiscal Year 2018

Application Due Date: January 30, 2018

Ensure your SAM.gov and Grants.gov registrations and passwords are current immediately!
Deadline extensions are not granted for lack of registration.
Registration in all systems, including SAM.gov and Grants.gov,
may take up to one month to complete.

Issuance Date: November 13, 2017

Anthony Anyanwu, MD, MHA, MSc
Project Officer
Division of Medicine and Dentistry
Telephone: 301-443-8437
Fax: 301-443-0162
Email: aanyanwu@hrsa.gov

Authority: Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(a))

EXECUTIVE SUMMARY

The Health Resources and Services Administration (HRSA), Bureau of Health Workforce, Division of Medicine and Dentistry is accepting applications for the fiscal year (FY) 2018 Primary Care Training and Enhancement (PCTE): Training Primary Care Champions program. The purpose of this program is to strengthen primary care and the workforce by establishing fellowship programs to train community-based practicing primary care physician and/or physician assistant champions to lead health care transformation and enhance teaching in community–based settings. The FY 2018 President's Budget does not request funding for this program. This notice is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. Applicants should note that this program may be cancelled prior to award recommendations.

Funding Opportunity Title:	Primary Care Training and Enhancement: Training Primary Care Champions
Funding Opportunity Number:	HRSA-18-013
Due Date for Applications:	January 30, 2018
Anticipated Total Annual Available FY18 Funding:	$4,000,000
Estimated Number and Type of Award(s):	Up to 10 grants
Estimated Award Amount:	Up to $400,000 per year
Cost Sharing/Match Required:	No
Project Period/Period of Performance:	September 1, 2018 through August 31, 2023 (5 years)
Eligible Applicants:	Eligible applicants must be accredited schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. See Section III-1 of this notice of funding opportunity (NOFO), formerly known as the funding opportunity announcement (FOA), for complete eligibility information.

Application Guide

You (the applicant organization/agency) are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide*, available online at http://www.hrsa.gov/grants/apply/applicationguide/sf424rrguidev2.pdf, except where instructed in this NOFO to do otherwise. A short video for applicants explaining the *Application Guide* is available at http://www.hrsa.gov/grants/apply/applicationguide/.

Technical Assistance

The following technical assistance webinar and conference call have been scheduled:

Webinar #1

Day and Date: Tuesday, November 28, 2017
Time: 2:00 to 3:30 p.m. ET
Call-In Number: 1-888-972-6410
Participant Code: 8968481
Web link: https://hrsa.connectsolutions.com/fy18pctenofo/

TA session #2 Conference Call - Frequently Asked Questions

Day and Date: Monday, December 18, 2017
Time: 2:00 pm to 3:30 p.m. ET
Conference Number: 1-888-972-6410
Participant Passcode: 8968481
Playback Number: 1-866-475-8046

Table of Contents

I. Program Funding Opportunity Description

1. Purpose

This notice solicits applications for the Primary Care Training and Enhancement (PCTE): Training Primary Care Champions program authorized by Section 747(a) of the Public Health Service (PHS) Act (42.U.S.C. 293k(a.)

Program Purpose

The purpose of this program is to strengthen primary care and the workforce by establishing fellowship programs to train community-based practicing primary care physician and/or physician assistant champions to lead health care transformation and enhance teaching in community-based settings. Characteristics of transformed health care delivery systems identified by the Centers for Medicare and Medicaid Services (CMS) include:

- Providers across the care continuum participate in integrated or virtually integrated delivery models,
- Care is coordinated across all providers and settings,
- High level of patient engagement and quantifiable results on patient experience,
- Providers leverage the use of health information technology to improve quality,
- Providers perform at the top of their license and board certification,
- Population health measures are integrated into the delivery system, and
- Data are used to drive health system processes.[1]

HRSA also recognizes addressing social determinants of health as a characteristic of transformed health care delivery systems.

Program Requirements

In FY 2018, applicants for the PCTE: Training Primary Care Champions program must develop academic-community partnerships to train and support primary care physician and/or physician assistant champions to lead health care transformation in community-based settings and enhance teaching in community-based settings.

The applicant organization must include or partner with the following organizations:

1. An academic medical school or physician assistant school; and
2. One or more community-based primary care sites. Applicants are encouraged to partner with National Health Service Corps-approved sites. Sites also can be health centers, rural health clinics, and Indian Health Service sites.

If the applicant organization is a medical school or physician assistant school they are not required to partner with another medical school or physician assistant school.

[1] CMS State Innovation Models Cooperative Agreement Announcement (May 2014). Available at: http://innovation.cms.gov/Files/x/StateInnovationRdTwoFOA.pdf

Applicants must identify community-based primary care partners at the time of application, and are expected to expand these partnerships over the 5-year grant period. For example, the applicant may add partnerships with additional community health centers, other community-based primary care organizations, or other sites in the second , third, fourth, and fifth years of the project. They would then be able to recruit Fellows from the additional partner sites.

HRSA also encourages partnerships with other health and community-based organizations, including local departments of health, Department of Veterans Affairs medical facilities, Area Health Education Centers, AIDS Education and Training Centers, and Public Health Training Centers.

Applicants must develop and operate a program for the training of physicians and physician assistants who will teach in community-based settings and provide training in new competencies, consistent with health care transformation principles. Applicants may provide financial assistance in the form of fellowships to the participants of these programs. Applicants must:

1. **Develop and implement these fellowship programs through academic-community partnerships.** Community-based primary care sites must be committed to identifying and supporting physicians and/or physician assistants from their organizations to participate in the PCTE: Training Primary Care Champions program. Fellows must continue to provide clinical services at the primary care site through the course of the fellowship program. Understanding of and commitment to these requirements should be delineated in a letter of agreement from each partnering primary care site (see Attachment 2).
2. **Train fellows in the areas of leadership, health care transformation, and education.** Training must include content to address competencies in the areas of leadership,[2] team-based integrated health care, quality improvement, population health, social determinants of health, health policy, and education.[3]
3. **Support fellows in the selection and implementation of a health care transformation project in their community-based primary care site.** These projects must match the needs of the primary care site, have clearly defined goals, objectives, and expected outcomes, and have clear evaluation plans to determine the impact of these projects on improving health among the community served by the primary care site. Fellows must receive appropriate mentorship and support for these projects, and evaluation outcomes should be matched to relevant quality outcomes, for example Uniform Data Systems (UDS) quality outcomes for Health Centers and CMS Clinical Quality Measures for EHR Incentive Programs quality measures.

[2] Examples of relevant leadership competencies can be found (but not limited to) at:
- http://www.ahaphysicianforum.org/files/pdf/LeadershipEducation.pdf
- http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint292_Leadership.pdf

[3] Examples of relevant education competencies can be found (but not limited to) at:
- https://www.stfm.org/fmhub/fm2007/May/Dona343.pdf

The fellowship training program must be at least one year and not longer than two years. The minimum number of fellows per training period is four physicians or physician assistants for one-year programs and eight for two-year programs. HRSA will convene grant recipients and fellows annually for an in-person meeting; applicants should include the cost of this travel in their budget request.

Applicants are encouraged to address the Department of Health and Human Services (HHS) clinical priorities of opioid abuse, mental health, and childhood obesity through their training and fellows' health care transformation projects.

Applicants should be committed to increasing the diversity of the health workforce. This commitment helps to ensure, to the extent possible, that the workforce addresses the diversity of the Nation. Training programs should develop the competencies and skills needed for intercultural understanding and expanded cultural fluency, recognizing that bringing people of diverse backgrounds and experiences together facilitates innovative and strategic practices that enhance the health of all people.

Additional Program Information

The PCTE program is partnering with the National Health Service Corps (NHSC), per the recommendation of the Advisory Committee on Training in Primary Care Medicine and Dentistry "to leverage funding streams to reduce barriers and foster programmatic collaboration."[4] The NHSC Loan Repayment Program (LRP) is authorized under section 338B of the Public Health Service (PHS) Act (42 U.S.C. § 2541-1) to provide loan repayment assistance to primary health care professionals in exchange for a commitment to serve in a Health Professional Shortage Area (HPSA).

The NHSC is committed to strengthening the primary care workforce through the recruitment and retention of high quality primary care providers at NHSC-approved sites. Studies show that Title VII funding of departments of family medicine at U.S. medical schools is significantly associated with expansion of the primary care physician workforce and increased accessibility to physicians for the residents of rural and underserved areas.[5] For example, a recent study found that physicians who have trained in Title VII-funded programs are more likely to work with the underserved in community health center and NHSC sites than those who do not.[6]

Acknowledging the importance of these Title VII programs, and their impact on the preparation and training of health professionals that serve in underserved areas, HRSA designed the PCTE: Training Primary Care Champion program to give PCTE fellows experience and competency in areas that make them more likely to serve in underserved areas. Therefore, HRSA intends to provide physicians and physician assistants who have completed PCTE fellowships with priority status when applying for

[4] Advisory Committee on Training in Primary Care Medicine and Dentistry. Training Health Professionals in Community Settings During a Time of Transformation: Building and Learning in Integrated Systems of Care. December, 2014.

[5] Meyers, D., Fryer G., Krol, D., Phillips R., Green L., & Dovey, S. (2002). Title VII funding is associated with more family physicians and more physicians serving the underserved. *American Family Physician, 66*(4), 554.

[6] Harrison, B., Rittenhouse, D., Phillips R., Grumbach, K., Bazemore, A., & Dodoo, M. (2010). Title VII Is critical to the community health center and national health service corps Workforce. *American Family Physician, 81*(2), 132. Retrieved from http://www.aafp.org/afp/2010/0115/p132.html#afp20100115p132-f1

NHSC LRP awards and continuation awards consistent with PHS Act section 338B(d)(2)(B), which provides a priority to NHSC LRP applicants who have "characteristics that increase the probability that the individual will continue to serve in a health professional shortage area after the period of obligated service …is completed."

Participants in the NHSC LRP, NHSC Scholarship Program (SP), and NHSC Students to Service (S2S) LRP interested in participating in a PCTE primary care leadership fellowship program may convert to a half-time contract and continue satisfying their service obligation.

Funding Preference

This notice includes a funding preference (section 791(a)(1) of the PHS Act). The funding preference is for applicants that:

a) demonstrate a high rate for placing graduates in practice settings having the principal focus of serving residents of Medically Underserved Communities or demonstrate a significant increase in the rate of placing graduates in Medically Underserved Communities settings over the preceding two years; or
b) are new programs as defined by PHS Act section 791(c).

In order to receive the funding preference, applicants must clearly indicate the funding preference for which they are applying in the Abstract as well as the school and discipline they are applying for (i.e., medical or physician assistant school), provide all required information, and meet the designated targets. Applicants may apply for this notice of funding opportunity without requesting a funding preference; applicants receiving a funding preference will be placed in a more competitive position among applications that can be funded. Refer to *Section V.2* of this NOFO for detailed information on qualifying for a funding preference. Requested information to apply for the funding preference must be submitted in **Attachment 6**.

2. Background

This program is authorized by Title VII of the Public Health Service Act, Section 747(a) (42.U.S.C. 293k(a)). The focus of this authority is on improving the Nation's access to well-trained primary care physicians and physician assistants by supporting enhanced primary care training for physician and physician assistant students, residents, faculty, and practicing providers.

Research shows that a strong primary care foundation is critical for health care system performance and improved health.[7,8] Recent evidence also suggests that expanding primary care workforce and availability of primary care services is associated with

[7] Starfield B, Shi l, Macinko J. Contributions of primary care to health systems and health. Millbank Quarterly 2005;83:457-502.
[8] Chang C, Stukel TA, Flood AB, Goodman DC. Primary care physician workforce and Medicare beneficiaries' health outcomes. JAMA. 2011;305(20):2096-2104.

higher quality care at lower spending.[9] Despite this evidence, the U.S. primary care workforce shortages limit access to high quality health care for the Nation. The demand for primary care services is projected to increase largely due to population aging and growth. However, increases in supply are not expected to meet the increases in demands for primary care providers, and shortages are magnified for underserved communities.[10] Substantial disparities exist in the distribution of primary care providers, and shortages of health care providers impact rural areas disproportionately.[11]

Evidence suggests that a number of strategies are effective in promoting primary care and rural and underserved career choices. Role model, health professional school culture, and positive training experiences in rural and underserved communities can drive primary care career choices, as well as practice location.[12,13] Medical schools where students report positive experiences in primary care increased the likelihood of practicing primary care. In contrast, students who attended schools with high levels of negative reinforcement for primary care were less likely to practice in primary care.

In order to have positive role models, cultural changes, and community-based training, it is necessary to support and develop future community-based primary care physician and physician assistant champions. Calls for transformed health care systems to achieve the vision of patient-centered primary care also highlight the need for champions – particularly primary care leaders.[14,15] Primary care leadership requires training and support in specific knowledge and skills. Programs to develop primary care leaders for underserved practice have demonstrated early success in retaining individuals in community health, placing individuals into leadership positions, and positioning individuals to obtain grants to support ongoing projects.[16] Graduates from these programs have also reported benefits for community-based teaching and preceptors as a result of these programs, including increased financial support, faculty development for community preceptors, and enhanced community-based curriculum for students. [17]

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[9] Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. Health Affairs. 2004. Available at: http://content.healthaffairs.org/content/early/2004/04/07/hlthaff.w4.184.full.pdf+html.

[10] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

[11] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Distribution of U.S. Health Care Providers Residing in Rural and Urban Areas. Available at: https://bhw.hrsa.gov/sites/default/files/bhw/nchwa/nchwafactsheet.pdf

[12] Connelly MT, et al. Variation in Predictors of Primary Care Career Choice by Year and Stage of Training. JGIM. 2003; 18(3):159-69.

[13] Goodfellow A, et al. Predictors of Primary Care Physician Practice Location in Underserved Urban or Rural Areas in the United States: A Systematic Literature Review. Acad Med. 2016; 91(9):1313-21.

[14] Davis, K, et al. A 2020 Vision of Patient-Centered Primary Care. JGIM. 2005; 20(10): 953-7.

[15] Markuns, J, et al. Commentary: A Need for Leadership in Primary Health Care for the Underserved: A Call to Action. Academic Medicine. 2009; 84(10): 1325-7.

[16] Shtasel, D., Hobbs-Knutson, K., Tolpin H., Weinstein, D., Gottlieb, G., Developing a Pipeline for the Community-Based Primary Care Workforce and Its Leadership: The Kraft Center for Community Health Leadership's Fellowship and Practitioner Programs. Academic Medicine. 2015; 90(9): 1272-1277.

[17] DeWitt, T, Cheng, T. The Role of Title VII Funding in Academic General Pediatrics Fellowships and Leadership. Academic Medicine. 2008; 83(11): 1103-6.

The goal of the PCTE: Training Primary Care Champions program is to train community-based primary care champions to lead health care transformation, enhance recruitment and retention in community-based settings, and grow academic-community partnerships to support enhanced teaching in community-based settings.

Program Definitions
The following definitions apply to the PCTE: Training Primary Care Champions program for FY 2018.

Accredited – a hospital, school, or program, officially recognized by a national body or state agency, and approved by the Secretary of Education. In general, the relevant accrediting bodies are the Liaison Committee on Medical Education (LCME) for allopathic medical schools, the American Osteopathic Association (AOA) for osteopathic medical schools, and the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) for physician assistant programs. A new school or program that is not eligible for accreditation when they apply for a grant/contract, due to an insufficient period of operation can become accredited by the Secretary of Education. The Secretary must be reasonably assured that the program will meet the accreditation standards prior to the beginning of the academic year following the normal graduation date of students of the first entering class in such a school or program.

Diversity – a multiplicity of human differences among groups of people or individuals. To increase diversity is to enhance an individual/group/organization's cultural competence—the ability to recognize, understand, and respect the differences that may exist between groups and individuals. Increasing diversity in the health care workforce requires recognition of many other dimensions, e.g. sex, sexual orientation and gender identity, race, ethnicity, nationality, religion, age, cultural background, socio-economic status, disability, and language.

Fellowship – a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Medically Underserved Communities (MUC) - a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA), medically underserved area (MUA), and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Primary Care Setting – For the purpose of this NOFO, a primary care setting is "one in which there is provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. Emergency departments, inpatient hospital settings, ambulatory surgical centers, independent diagnostic testing facilities, skilled nursing facilities, inpatient rehabilitation facilities, and hospices are not considered primary care settings

under this definition." Note: NHSC participants must continue to meet the service site requirements established under the NHSC program.

Social Determinants of Health - the circumstances in which people are born, grow up, live, work, and age, as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

A glossary containing general definitions for terms used throughout the Bureau of Health Workforce can be located at the Health Workforce Glossary.

II. Award Information

1. Type of Application and Award

Type(s) of applications sought: New

Funding will be provided in the form of a grant.

2. Summary of Funding

Approximately $4,000,000 is expected to be available annually to fund up to 10 awards. Applicants may apply for a ceiling amount of up to $400,000 total cost (includes both direct and indirect, facilities, and administrative costs) per year. The actual amount available will not be determined until enactment of the final FY 2018 Federal appropriation. The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds can be awarded in a timely manner. The project period is September 1, 2018 through August 31, 2023 (5 years). Funding beyond the first year is dependent on the availability of appropriated funds for the PCTE: Training Primary Care Champions program in subsequent fiscal years, satisfactory recipient performance, and a decision that continued funding is in the best interest of the Federal Government.

All HRSA awards are subject to the Uniform Administrative Requirements, Cost Principles and Audit Requirements at 45 CFR part 75.

Indirect costs under training awards to organizations other than state, local, or Indian tribal governments will be budgeted and reimbursed at eight (8) percent of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment. Direct cost amounts for equipment and capital expenditures, tuition and fees, and sub-awards and subcontracts in excess of $25,000 are excluded from the direct cost base for purposes of this calculation.

III. Eligibility Information

1. Eligible Applicants

Eligible applicants must be accredited schools of allopathic or osteopathic medicine, academically affiliated physician assistant training programs, accredited public or nonprofit private hospitals, or a public or nonprofit private entity that the Secretary has determined is capable of carrying out such grants. Faith-based and community-based organizations, tribes and tribal organizations may apply for these funds, if otherwise eligible.

The applicant must submit accreditation documentation for the medical or physician assistant school partner(s) in **Attachment 7**.

Required Accreditation Documentation The applicant organization must provide:

(1) a statement that the medical or physician assistant school holds continuing accreditation from the relevant accrediting body and is not on probation,
(2) the name of the accrediting body,
(3) the date of initial accreditation, or provisional accreditation or evidence that they have started the accreditation process from the accreditation agency and
(4) the date of the next expected accrediting body review (or expiration date of current accreditation). The full letter of accreditation is not required. Award recipients must immediately inform the HRSA project officer of any change in accreditation status. HRSA staff will verify this information. Information that cannot be verified and applications that do not include the required accreditation documentation as specified in this NOFO **will be considered non-responsive and will not be considered for funding under this notice**.

If a partner organization holds the accreditation for a training program, a letter of agreement must be provided in **Attachment 2**.

2. Cost Sharing/Matching

Cost sharing/matching is not required for this program.

3. Other

Ceiling Amount
Applications that exceed the ceiling amount of $400,000 total cost per year **will be considered non-responsive and will not be considered for funding under this notice**.

Deadline
Any application that fails to satisfy the deadline requirements referenced in *Section IV.4* **will be considered non-responsive and will not be considered for funding under this notice**.

Maintenance of Effort (MoE)
The recipient must agree to maintain non-Federal funding for award activities at a level which is not less than expenditures for such activities during the fiscal year prior to receiving the award as required by Section 797(b) of the Public Health Service Act. Complete the Maintenance of Effort document and submit as **Attachment 5**.

Multiple Applications

NOTE: Multiple applications from an organization **are not allowable.** Separate organizations are those entities that have unique DUNS numbers.

If for any reason (including submitting to the wrong funding opportunity number or making corrections/updates), an application is submitted more than once prior to the application due date, HRSA will only accept your **last** validated electronic submission, under the correct funding opportunity number, prior to the Grants.gov application due date as the final and only acceptable application.

Failure to include all required documents as part of the application may result in an application being considered incomplete or non-responsive.

Every trainee receiving support from award funds must be a citizen of the United States or a foreign national having in his/her possession a visa permitting permanent residence in the United States.

IV. Application and Submission Information

1. Address to Request Application Package

HRSA ***requires*** you to apply electronically through Grants.gov. You must download the SF-424 Research and Related (R&R) application package associated with this NOFO following the directions provided at http://www.grants.gov/applicants/apply-for-grants.html.

Effective December 31, 2017 - You **must** use the Grants.gov Workspace to complete the workspace forms and submit your application workspace package. After this date, you will no longer be able to use PDF Application Packages.

HRSA recommends that you supply an email address to Grants.gov on the Grant Opportunity Synopsis page and when accessing the NOFO (also known as "Instructions" on Grants.gov) or application package. This allows Grants.gov to email organizations that supply an email address in the event the NOFO is changed and/or republished on Grants.gov before its closing date. Responding to an earlier version of a modified notice may result in a less competitive or ineligible application. *Please note you are ultimately responsible for reviewing the Find Grant Opportunities page for all information relevant to desired opportunities.*

2. Content and Form of Application Submission

Section 4 of HRSA's *SF-424 R&R Application Guide* provides instructions for the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract. You must submit the information outlined in the *SF-424 R&R Application Guide* in addition to the program specific information below. You are responsible for reading and complying with the instructions included in HRSA's *SF-424 R&R Application Guide* except where instructed in the NOFO to do otherwise. Applications must be submitted in the English language and must be in terms of U.S. dollars (45 CFR § 75.111(a)).

See Section 8.5 of the *SF-424 R&R Application Guide* for the Application Completeness Checklist.

Application Page Limit
The total size of all uploaded files may not exceed the equivalent of **65 pages** when printed by HRSA. The page limit includes the abstract, project and budget narratives, attachments including biographical sketches (biosketches), and letters of commitment and support required in HRSA's *SF-424 R&R Application Guide* and this NOFO. Standard OMB-approved forms that are included in the application package do NOT count in the page limitation. Biographical Sketches **do** count in the page limitation. The Indirect Cost Rate Agreement and proof of non-profit status (if applicable) will not be counted in the page limit. **We strongly urge you to take appropriate measures to ensure your application does not exceed the specified page limit.**

Applications must be complete, within the specified page limit, and validated by Grants.gov under the correct funding opportunity number prior to the deadline to be considered under this notice.

Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

1) The prospective recipient certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2) Failure to make required disclosures can result in any of the remedies described in 45 CFR § 75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).
3) Where the prospective recipient is unable to attest to any of the statements in this certification, an explanation shall be included in **Attachment 10**: Other Relevant Documents.

See Section 4.1 viii of HRSA's *SF-424 R&R Application Guide* for additional information on all certifications.

Program-Specific Instructions
In addition to application requirements and instructions in Section 4 of HRSA's *SF-424 R&R Application Guide* (including the budget, budget justification, staffing plan and personnel requirements, assurances, certifications, and abstract), please include the following:

i. Project Abstract

See Section 4.1.ix of HRSA's *SF-424 R&R Application Guide*.

The Abstract must include:

1. A brief overview of the project as a whole,
2. Specific, measurable objectives that the project will accomplish,
3. How the proposed project will be accomplished, i.e., the "who, what, when, where, why and how" of a project, including the length of the proposed training program (e.g. 1 or 2 years), and
4. A clear statement about which Funding Preference is being requested as well as the school and discipline being applied for, if applicable. Justification is to be provided in **Attachment 6**.

ii. Project Narrative

This section provides a comprehensive framework and description of all aspects of the proposed project. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

Successful applications will contain the information below. Please use the following section headers for the Narrative:

- *PURPOSE AND NEED -- Corresponds to Section V's Review Criterion #1*

  First, briefly describe the purpose of the proposed project consistent with the program requirements in the NOFO. Describe the current need for primary care physician and physician assistant champions in your community, any challenges faced in the recruitment and retention of these individuals, and any gaps in the current training and support for primary care providers.

  Second, clearly describe the partnering community-based primary care sites and the populations and communities served by these sites, particularly any vulnerable populations served, including rural, underserved, and veterans. Describe the demographics, social determinants of health, and health disparities impacting the population or communities served. Clearly indicate if any of these sites are NHSC-approved. You can confirm if a site is NHSC-approved by using the Health Workforce Connector. Use and cite demographic data whenever possible to support the information provided.

- *RESPONSE TO PROGRAM PURPOSE -- This section includes three sub-sections — (a) Methodology/Approach; (b) Work Plan; and (c) Resolution of Challenges—all of which correspond to Section V's Review Criteria #2 (a), (b), and (c).*

- *(a) METHODOLOGY/APPROACH -- Corresponds to Section V's Review Criterion #2 (a).*

You must describe your objectives and proposed activities, and provide evidence for how they link to the project purpose and stated needs. Proposed methods must meet the program requirements described in this NOFO: Describe how the fellowship program will train the individuals to teach in their primary care setting and serve as leaders in primary care and healthcare transformation.

1. **Develop and implement these fellowship programs through academic-community partnerships.** Community-based primary care sites must be committed to identifying and supporting physicians and/ or physician assistants from their organizations to participate in the PCTE: Training Primary Care Champions program. Fellows must continue to provide clinical services at the primary care site through the course of the fellowship program. Understanding and commitment to these requirements should be delineated in a letter of agreement from each partnering primary care site.
2. **Train fellows in the areas of leadership, health care transformation, and education.** Training should include content to address competencies in the areas of leadership,[18] team-based integrated health care, quality improvement, population health, social determinants of health, health policy, and education.[19]
3. **Support fellows in the selection and implementation of a health care transformation project in their community-based primary care site.** These projects should be matched with the needs of the primary care site, have clearly defined goals, objectives, and expected outcomes, and have clear evaluation plans to determine the impact of these projects on improving health in the primary care site. Fellows must receive appropriate mentorship and support for these projects and evaluation outcomes should be matched to relevant quality outcomes, for example Uniform Data Systems (UDS) quality outcomes for Health Centers and CMS Clinical Quality Measures for EHR Incentive Programs quality measures.

The fellowship training must be at least one year and not longer than two years. HRSA will convene grant recipients and fellows annually for an in-person meeting.

Applicants are encouraged to address the HHS clinical priorities of opioid abuse, mental health, and childhood obesity through their training and fellows' health care transformation projects.

Logic Model

You must submit a logic model for designing and managing the project. A logic model is a one-page diagram that presents the conceptual framework for a proposed project and explains the links among program elements to achieve the relevant outcomes. While there are many versions of logic models, for the purposes of this notice the logic model should summarize the connections between the:

[18] Examples of relevant leadership competencies can be found at:
- http://www.ahaphysicianforum.org/files/pdf/LeadershipEducation.pdf
- http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint292_Leadership.pdf

[19] Examples of relevant education competencies can be found at:
- https://www.stfm.org/fmhub/fm2007/May/Dona343.pdf

- Goals of the project (e.g., objectives, reasons for proposing the intervention, if applicable);
- Assumptions (e.g., beliefs about how the program will work and support resources. Base assumptions on research, best practices, and experience);
- Inputs (e.g., organizational profile, collaborative partners, key staff, budget, other resources);
- Target population (e.g., the individuals to be served);
- Activities (e.g., approach, listing key intervention, if applicable);
- Outputs (i.e., the direct products or deliverables of program activities); and
- Outcomes (i.e., the results of a program, typically describing a change in people or systems).

The logic model should be provided in **Attachment 9**.

(b) WORK PLAN -- Corresponds to Section V's Review Criterion #2 (b).

You must provide a detailed work plan narrative and chart that demonstrates your experience implementing a project of the proposed scope (a sample work plan can be found here: https://bhw.hrsa.gov/sites/default/files/bhw/grants/workplantemplate.pdf.

You must:

- Provide a detailed description of the activities or steps you will use to achieve each of the objectives proposed during the entire period of performance.
- Describe the timeframes, deliverables, and key partners required during the grant period of performance, including a training chart with the expected number of fellows to be recruited, trained, and graduated for each year of the grant period.
- Explain how the work plan is appropriate for the project design and how the targets fit into the overall timeline of grant implementation.
- Identify meaningful support and collaboration with key stakeholders, particularly required partners for this NOFO, in planning, designing and implementing all activities, including development of the application and how the community-based primary care sites will be involved in the selection and ongoing support of individual primary care fellowship candidate(s).
- Describe any plans to leverage the NHSC LRP, as described in section 1, to support your proposed project and fellows.
- If funds will be sub-awarded or expended on contracts, describe how your organization will ensure the funds are properly documented.
- Describe dissemination activities for each year of the project.
- Describe evaluation activities for each year of the project.
- Attach the work plan, tables, and charts as appropriate in **Attachment 4**.

The minimum number of fellows per training period is four physicians and/or physician assistants for one-year programs and eight for two-year programs. To meet the minimum number of fellows required, fellows must meet all of the following criteria:

A. Have a medicine or physician assistant degree (MD/DO or PA);
B. Be board certified or board eligible in family medicine, general internal medicine, or general pediatrics; or be certified as a physician assistant;
C. Have a position in a community-based primary care site; and
D. Have a record of practice in a primary care discipline field for at least two years.

Beyond the minimum number of required physician and/or physician assistant fellows, you may choose to train additional primary care fellows in other health professions and/or recruit interprofessional fellowship teams.

- *(c) RESOLUTION OF CHALLENGES -- Corresponds to Section V's Review Criterion #2 (c)*

  Discuss challenges that you are likely to encounter in designing and implementing the activities described in the work plan, and approaches that you will use to resolve such challenges.

  IMPACT -- This section includes 2 sub-sections— (a) Evaluation and Technical Support Capacity; and (b) Project Sustainability—both of which correspond to Section V's Review Criteria #3 (a) and (b).

  (a) EVALUATION AND TECHNICAL SUPPORT CAPACITY -- Corresponds to Section V's Review Criterion #3 (a)

  You must describe the plan for program performance evaluation. The program performance evaluation must monitor ongoing processes and progress toward meeting goals and objectives of the project. Include descriptions of the inputs (e.g., key evaluation staff and organizational support, collaborative partners, budget, and other resources); key processes; variables to be measured; expected outcomes of the funded activities; and a description of how all key evaluative measures will be reported. You must specifically include a plan for evaluating any improvements in patient access, quality of care, and cost effectiveness as a result of training and health care transformation projects.

  Programs will be required to report on their evaluation progress and findings in their annual Progress Report. In addition, a summary brief of each fellow's health care transformation project will be required to be submitted with the annual Progress Report.

  You also must describe the systems and processes that will support your organization's collection of HRSA's performance measurement requirements for this program. At the following link, you will find the required data forms for this program: https://bhw.hrsa.gov/grants/reportonyourgrant. Describe the data collection strategy to collect, manage, analyze and track data (e.g., assigned skilled staff, data management software) to measure process and impact/outcomes, and explain how

the data will be used to inform program development and service delivery in a way that allows for accurate and timely reporting of performance outcomes.

For implementation of the program performance evaluation and HRSA's performance measures requirements, describe current experience, skills, and knowledge, including individuals on staff, materials published, and previous work of a similar nature. Describe any potential obstacles and your plan to address those obstacles. The evaluation and reporting plan also should indicate the feasibility and effectiveness of plans for dissemination of project results, the extent to which project results may be national in scope, and the degree to which the project activities are replicable.

- *(b) PROJECT SUSTAINABILITY -- Corresponds to Section V's Review Criterion #3 (b)*

  You must provide a clear plan for project sustainability after the period of federal funding ends, including a description of specific actions you will take to (a) highlight key elements of your grant projects, e.g., training methods or strategies, which have been effective in improving practices; (b) obtain future sources of potential funding, as well as (c) provide a timetable for becoming self-sufficient. Recipients are expected to sustain key elements of their projects, e.g., strategies or services and interventions, which have been effective in improving practices and those that have led to improved outcomes for the target population. You must discuss challenges that are likely to be encountered in sustaining the program and approaches that will be used to resolve such challenges.

- *ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES – Corresponds to Section V's Review Criterion #4*

  Succinctly describe your capacity to effectively manage the programmatic, fiscal, and administrative aspects of the proposed project. Provide information on your organization's current mission and structure, including an organizational chart, relevant experience, and scope of current activities, and describe how these elements all contribute to the organization's ability to conduct the program requirements and meet program expectations. Discuss how the organization will follow the approved plan, as outlined in the application, properly account for the federal funds, and document all costs so as to avoid audit findings. Describe how the unique needs of target populations of the communities served are routinely assessed and improved.

A project organizational chart is requested in Section IV.2.v, **Attachment 3.** This chart should delineate the relationship, roles, and responsibilities of all partner organizations. Letters of agreement from required partners outside of the applying organization (e.g. medical or physician assistant school and community-based primary care sites) must be submitted in **Attachment 2**.

The staffing plan and job descriptions for key faculty/staff must be included in **Attachment 1** (Staffing Plan and Job Descriptions for Key Personnel). However, the biographical sketches must be uploaded in the SF-424 RESEARCH & RELATED Senior/Key Person Profile form, which can be accessed in the Application Package under "Mandatory." Include biographical sketches for persons occupying the key positions, not to exceed TWO pages in length each. In the event that a biographical sketch is included for an identified individual who is not yet hired, please include a letter of commitment from that person with the biographical sketch.

Biographical sketches, not exceeding two pages per person, should include the following information:

- Senior/key personnel name
- Position Title
- Education/Training - beginning with baccalaureate or other initial professional education, such as nursing, including postdoctoral training and residency training if applicable:
    - Institution and location
    - Degree (if applicable)
    - Date of degree (MM/YY)
    - Field of study
- *Section A (required)* **Personal Statement.** Briefly describe why the individual's experience and qualifications make him/her particularly well-suited for his/her role (e.g., Program Director/Principle Investigator) in the project that is the subject of the award.
- Section B (*required*) **Positions and Honors.** List in chronological order previous positions, concluding with the present position. List any honors. Include present membership on any Federal government public advisory committee.
- Section C *(optional)* **Peer-reviewed publications or manuscripts in press (in chronological order).** You are encouraged to limit the list of selected peer-reviewed publications or manuscripts in press to no more than 15. Do not include manuscripts submitted or in preparation. The individual may choose to include selected publications based on date, importance to the field, and/or relevance to the proposed research. Citations that are publicly available in a free, online format may include URLs along with the full reference (note that copies of publicly available publications are not acceptable as appendix material).
- Section D (*optional)* **Other Support.** List both selected ongoing and completed (during the last three years) projects (Federal or non-Federal support). Begin with

any projects relevant to the project proposed in this application. Briefly indicate the overall goals of the projects and responsibilities of the Senior/Key Person identified on the Biographical Sketch.

NARRATIVE GUIDANCE In order to ensure that the Review Criteria are fully addressed, this table provides a crosswalk between the narrative language and where each section falls within the review criteria.	
Narrative Section	**Review Criteria**
Purpose and Need	(1) Purpose and Need
Response to Program Purpose: (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges	(2) Response to Program Purpose (a) Methodology/Approach (b) Work Plan (c) Resolution of Challenges
Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability	(3) Impact: (a) Evaluation and Technical Support Capacity (b) Project Sustainability
Organizational Information, Resources and Capabilities	(4) Organizational Information, Resources and Capabilities
Budget and Budget Narrative (below)	(5) Support Requested – the budget section should include sufficient justification to allow reviewers to determine the reasonableness of the support requested.

iii. Budget

See Section 4.1.iv of HRSA's *SF-424 R&R Application Guide*. Please note: the directions offered in the *SF-424 R&R Application Guide* may differ from those offered by Grants.gov. Please follow the instructions included in the *R&R Application Guide* and, *if applicable*, the additional budget instructions provided below. A budget that follows the *R&R Application Guide* will ensure that, if the application is selected for funding, you will have a well-organized plan, and by carefully following the approved plan can avoid audit issues during the implementation phase.

Reminder: The Total Project or Program Costs are the total allowable costs (inclusive of direct **and** indirect costs) incurred by the recipient to carry out a HRSA-supported project or activity. Total project or program costs include costs charged to the award and costs borne by the recipient to satisfy a matching or cost-sharing requirement, as applicable.

The Consolidated Appropriations Act, 2017 (P.L. 115-31), Division H, § 202, states "None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of

Executive Level II." Please see Section 4.1.iv Budget – Salary Limitation of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other salary limitations may apply in FY 2018, as required by law.

The indirect cost is limited to 8 percent of the modified total direct cost. Provide a line item budget and budget justification for all planned sub awards. For any sub awards, the line item budget form to be used is the "R & R Sub award Budget Attachments Form" that should be included in the application package. The budget justification should be included with the recipient's budget justification.

You should not provide line item details on proposed contracts, rather you should provide the basis for your cost estimate for the contract. Provide the details of their sub award budget to support their line item budget requested in the section above. Also include information about where to put the sub awards budget justification. Put the line item budget and justification for the sub awards in the budget section.

iv. Budget Justification Narrative

See Section 4.1.v. of HRSA's *SF-424 R&R Application Guide*. In addition, the PCTE: Training Primary Care Champions program requires the following:

Participant/Trainee Support Costs: For applicants with participant/trainee support costs, list tuition/fees/health insurance, stipends, travel, subsistence, other, and the number of participants/trainees. Ensure that your budget breakdown separates these trainee costs, and includes a separate sub-total entitled "total Participant/Trainee Support Costs" which includes the summation of all trainee costs. Fringe benefits are not allowed for fellows receiving stipend support. Health insurance is allowable, but no other fringe benefits, such as FICA, workers compensation, and unemployment insurance are allowable. Refer to page 11-112 of the HHS Grants Policy Statement.

Travel: Include annual travel support for the project director and fellows to attend a grantee meeting to be held over 2 days in the Washington, D.C. area. Include this for each year of the project period.

Consultant Services: For applicants that are using consultant services, list the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, the total number of days, travel costs, and the total estimated costs.

Applicants **must** also summarize any other Federal funding currently being received to conduct activities with a primary care leadership focus and provide a narrative description as to how funding requested through the PCTE: Training Primary Care Champions program is not duplicative of other funding sources.

v. Attachments

Please provide the following items in the order specified below to complete the content of the application. **Unless otherwise noted, attachments count toward**

the application page limit. Indirect cost rate agreements and proof of non-profit status (if applicable) will not count toward the page limit. **Each attachment must be clearly labeled**.

Attachment 1: *Staffing Plan and Job Descriptions for Key Personnel-Required (*See Section 4.1.vi. of HRSA's *SF-424 R&R Application Guide)*

Keep each job description to one page in length as much as is possible. Include the role, responsibilities, and qualifications of proposed project staff. Also, please include a description of your organization's time keeping process to ensure that you will comply with the federal standards related to documenting personnel costs.

Attachment 2*: Letters of Agreement, Memoranda of Understanding, and/or Description(s) of Proposed/Existing Contracts (project-specific)*

Provide any documents that describe working relationships between your organization and other entities and programs cited in the proposal. Documents that confirm actual or pending contractual or other agreements should clearly describe the roles of the contractors and any deliverable. Letters of agreement must be signed and dated. Letters of agreement from the clinical training site must be included.

Attachment 3: *Project Organizational Chart*

Provide a one-page figure that depicts the organizational structure of *the project (not the applicant organization)*.

Attachment 4*: Work Plan Tables, Charts, etc.*

To give further details about the proposal (e.g., Work Plan, flow charts, etc.).

Attachment 5: *Maintenance of Effort Documentation.*

Applicants must provide a baseline aggregate expenditure for the prior fiscal year and an estimate for the next fiscal year using a chart similar to the one below. HRSA will enforce statutory MOE requirements through all available mechanisms.

NON-FEDERAL EXPENDITURES

FY 2017 (Actual) Actual FY17 non-federal funds, including in-kind, expended for activities proposed in this application. Amount: $_____	FY 2018 (Estimated) Estimated FY 18 non-federal funds, including in-kind, designated for activities proposed in this application. Amount: $_____

***Attachment 6**: Request for Funding Preference*

To receive a funding preference, include a statement that the applicant is eligible for a funding preference and identify the preference. Include documentation of this qualification. See Section V.2.

***Attachment 7:** Documentation of Accreditation*

Refer to *Section III.1* for specific accreditation documentation requirements. The documentation of accreditation must be provided for the required medical and/or physician assistant school partner.

Attachment 8: Letters of Support

Provide a letter of support for each organization or department involved in your proposed project. You must include letters of support from:

- An academic medical school or physician assistant school; and
- One or more community-based primary care sites (e.g., National Health Service Corps sites, health centers, rural health clinics, and Indian Health Services sites). Letters of support must be from someone who holds the authority to speak for the organization or department (e.g., CEO, Chair), must be signed and dated, and must specifically indicate understanding of the project and a commitment to the project, including any resource commitments (e.g., in-kind services, dollars, staff, space, equipment).

***Attachment 9**: Logic Model – required.*

Attach a logic model for the primary care leadership fellowship program. More information on logic models is provided in *Section VIII*.

***Attachment 10**: Other Relevant Documents*

Include here any other document that is relevant to the application.

3. Dun and Bradstreet Data Universal Numbering System (DUNS) Number and System for Award Management

You must obtain a valid DUNS number, also known as the Unique Entity Identifier for your organization/agency and provide that number in your application. You must also register with the System for Award Management (SAM) and continue to maintain active SAM registration with current information at all times during which you have an active federal award or an application or plan under consideration by an agency (unless the applicant is an individual or Federal agency that is exempted from those requirements under 2 CFR § 25.110(b) or (c), or has an exception approved by the agency under 2 CFR § 25.110(d))**.**

HRSA may not make an award to an applicant until the applicant has complied with all applicable DUNS and SAM requirements and, if an applicant has not fully complied with the requirements by the time HRSA is ready to make an award, HRSA may determine that the applicant is not qualified to receive an award and use that determination as the basis for making an award to another applicant.

If you have already completed Grants.gov registration for HRSA or another Federal agency, confirm that the registration is still active and that the Authorized Organization Representative (AOR) has been approved.

The Grants.gov registration process requires information in three separate systems:

- Dun and Bradstreet (http://www.dnb.com/duns-number.html)
- System for Award Management (SAM) (https://www.sam.gov)
- Grants.gov (https://www.grants.gov/)

For further details, see Section 3.1 of HRSA's *SF-424 R&R Application Guide*.

If you fail to allow ample time to complete registration with SAM or Grants.gov, you will not be eligible for a deadline extension or waiver of the electronic submission requirement.

4. Submission Dates and Times

Application Due Date

The due date for applications under this NOFO is *January 30, 2018 at 11:59 p.m. Eastern Time*.

See Section 8.2.5 – Summary of emails from Grants.gov in HRSA's *SF-424 R&R Application Guide* for additional information.

5. Intergovernmental Review

The PCTE: Training Primary Care Champions program is not a program subject to the provisions of Executive Order 12372, as implemented by 45 CFR part 100.

See Section 4.1 ii of HRSA's *SF-424 R&R Application Guide* or additional information.

6. Funding Restrictions

You may request funding for a project period of 5 years, at no more than $400,000 per year (inclusive of direct **and** indirect costs). The FY 2018 President's Budget does not request funding for this program. This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, applications can be processed, and funds awarded in a timely manner. If funds become available, awards to support projects beyond the first budget year will be contingent upon Congressional appropriation, satisfactory progress in meeting the project's objectives, and a determination that continued funding would be in the best interest of the Federal government.

You may not use funds under this notice for purposes specified in HRSA's *SF-424 R&R Application Guide*. In addition, funds may not be used for construction or major renovation activities, international training or travel, or specialty board certification exam fees.

The General Provisions in Division H of the Consolidated Appropriations Act, 2017 (P.L. 115-31) apply to this program. Please see Section 4.1 of HRSA's *SF-424 R&R Application Guide* for additional information. Note that these or other restrictions will apply in FY 2018, as required by law.

You are required to have the necessary policies, procedures, and financial controls in place to ensure that your organization complies with all legal requirements and restrictions applicable to the receipt of Federal funding, including statutory restrictions on use of funds for lobbying, executive salaries, gun control, abortion, etc. Like those for all other applicable grants requirements, the effectiveness of these policies, procedures and controls is subject to audit.

All program income generated as a result of awarded funds must be used for approved project-related activities. The program income alternative(s) applied to the award(s) under the program will be: addition. Post-award requirements for program income can be found at 45 CFR § 75.307.

V. Application Review Information

1. Review Criteria

Procedures for assessing the technical merit of applications have been instituted to provide for an objective review of applications and to assist you in understanding the standards against which your application will be judged. Critical indicators have been developed for each review criterion to assist you in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific detail and scoring points.

These criteria are the basis upon which the reviewers will evaluate and score the merit of the application. The entire proposal will be considered during objective review.

Review criteria are used to review and rank applications. The PCTE: Training Primary Care Champions program has five review criteria:

Criterion 1: PURPOSE AND NEED (15 points) – Corresponds to Section IV's Purpose and Need

The application will be evaluated on:

- The extent to which the proposed program addresses the need for primary care champions, the challenges faced in the recruitment and retention of these individuals, and the gaps in training and support for these primary care providers.
- The extent to which the community-based primary care partners serve the highest need populations, particularly rural, underserved, and veteran populations and communities facing significant health disparities.
- The extent to which the needs for quality leadership and teaching in the community-based primary care organization is addressed and how this will lead to healthcare transformation.

Criterion 2: RESPONSE TO PROGRAM PURPOSE (35 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach, Sub-section (b) Work Plan and Sub-section (c) Resolution of Challenges

Criterion 2 (a): METHODOLOGY/APPROACH (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Methodology/Approach

The application will be evaluated on:

- The strength of the proposed goals and objectives and their relationship to the purpose of this program to strengthen primary care and the workforce by training community-based practicing primary care physicians and/or physician assistants to lead health care transformation and academic-community partnerships for training.
- The extent to which the activities described are likely to address and attain the project's goals and objectives.
- The extent to which the proposed project responds to the program requirements listed in *Section IV's Methodology/Approach*.
- The extent to which the proposed project aims to address the HHS clinical priorities of opioid abuse, mental health, and childhood obesity through their training and fellows' health care transformation projects.
- The extent to which the goals of the project, inputs, activities, outputs, and outcomes (provided in the logic model) are logical, feasible within the timeframe and scope of the proposed project, and address the purpose of this program.

Criterion 2 (b): WORK PLAN (15 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (a) Work Plan

The application will be evaluated on:

- The extent to which goals and objectives are clear, comprehensive, specific, and measurable; and concrete and feasible steps are proposed to achieve those goals and objectives. The description must include a timeline.
- The extent to which the project proposes to train the required number of fellows from the appropriate disciplines and proposes to train additional health professionals and/or interprofessional teams above the required minimum number of fellows.
- The extent to which key stakeholders, particularly required partners for this NOFO, are meaningfully engaged in the planning, design, and implementation of the project activities.
    - The extent to which the proposed project plans to leverage academic-community partnership to support fellows.

Criterion 2 (c): RESOLUTION OF CHALLENGES (5 points) – Corresponds to Section IV's Response to Program Purpose Sub-section (c) Resolution of Challenges.

The application will be evaluated on the extent to which the applicant demonstrates an understanding of potential obstacles and challenges during the design, implementation, and evaluation of the project, and includes a plan for resolving the identified challenges within their focus area and training environment.

Criterion 3: IMPACT (20 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity, and Sub-section (b) Project Sustainability

Criterion 3(a): EVALUATION AND TECHNICAL SUPPORT CAPACITY (15 points) – Corresponds to Section IV's Impact Sub-section (a) Evaluation and Technical Support Capacity

The application will be evaluated on the extent to which the evaluation plan will adequately evaluate the extent to which stated goals and objectives are met, and expectations of the NOFO including:

- The extent to which evaluative measures and plan will effectively assess whether project objectives have been met, as well as the applicant's ability to effectively report on measurable outcomes. This includes both the applicant's internal program performance evaluation plan and HRSA's required performance measures, as outlined in the corresponding Project Narrative Section IV's Impact Sub-section (a).
- Evidence that the evaluative measures will be able to assess: 1) to what extent the program objectives have been met, and 2) to what extent these can be attributed to the project.
- The extent to which the evaluation plan for the project assesses patient access, quality of care, and cost effectiveness outcomes.
- The strength of the organization's plan to collect and report on HRSA's required performance measures, including systems, processes, and adequate staff to collect, manage, analyze, and report data.
- The extent to which the applicant anticipates obstacles to the evaluation and proposes how to address those obstacles.
- The strength of the dissemination plan and the likelihood the project results will be replicable and generalizable.
- The extent to which the project faculty/staff demonstrate the technical capacity to conduct the evaluation of the project and mentor and support the evaluation of the fellow's health care transformation projects, including evaluation of outcomes matches to prevailing quality measures relevant to the primary care sites.

Criterion 3 (b): PROJECT SUSTAINIBILITY (5 points) – Corresponds to Section IV's Impact Sub-section (b) Project Sustainability

The extent to which the applicant describes a solid plan to sustain key elements of the project after the period of federal funding ends, clearly articulates likely challenges to be encountered in sustaining the program, and describes logical approaches to resolving such challenges.

Criterion 4: ORGANIZATIONAL INFORMATION, RESOURCES AND CAPABILITIES (15 points) – Corresponds to Section IV's Organizational Information, Resources and Capabilities

The application will be evaluated on:

- The extent to which the organization demonstrates the capacity to effectively implement the programmatic aspects of the proposed project, including faculty and staff with the necessary knowledge, skills, and experience to implement the training and mentorship of primary care champion fellows.
- The extent to which the organization demonstrates the capacity to administer the proposed project, including managing the required partnerships for this NOFO.
- The extent to which partner organizations demonstrate their commitment to the proposed project and required letters of agreement delineate roles and responsibilities consistent with the program requirements of this NOFO.

Criterion 5: SUPPORT REQUESTED (15 points) – Corresponds to Section IV's Budget Justification Narrative and SF-424 R&R budget forms

Applications will be reviewed for the adequacy and reasonableness of the proposed budget for each year of the five-year project period in relation to the objectives, the complexity of the project activities, and the anticipated results, including:

- The extent to which the budget narrative provides sufficient detail to determine for what the funds requested will be used.
- The extent to which the budget is accurate and has broken down all costs for each year of the five-year project.
- The extent to which trainee/fellowship stipends and costs are reasonable and supportive of the project objectives.
- The extent to which key personnel have adequate time devoted to the project to achieve project objectives.

2. Review and Selection Process

The independent review process provides an objective evaluation to the individuals responsible for making award decisions. The highest ranked applications receive consideration for award within available funding ranges. In addition to the ranking based on merit criteria, HRSA approving officials may also apply other factors in award selection, (e.g., geographical distribution), if specified below in this NOFO. HRSA may also consider assessment of risk and the other pre-award activities described in Section 3 below.

Please see Section 5.3 of HRSA's *SF-424 R&R Application Guide* for more details.

For this program, HRSA will use a funding preference.

This program provides a funding preference for some applicants as authorized by Section 791(a)(1) of the PHS Act. Applicants receiving the preference will be placed in a more competitive position among other eligible applications that can be funded. Applications that do not receive a funding preference will be given full and equitable consideration during the review process. HRSA staff will determine the funding factor. For the purposes of this funding preference, the Secretary may not give an applicant preference if the proposal is ranked at or below the 20th percentile of proposals that have been recommended for approval by peer review groups.

Funding preference will be granted to any qualified applicant that demonstrates that they meet the qualification for the preference as follows:

The applicant must provide the required data for the medical or physician assistant school. If the medical school or physician assistant school is not the applying organization, a letter of agreement must be submitted in **Attachment 2**. "Tracks," such as primary care or rural tracks, or regional campuses within existing organizations, DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification.

A total of one funding preference will be granted to any qualified applicant that demonstrates that they meet the criteria for the preference via one of the following qualifications:

Qualification 1: Medically Underserved Community (MUC) Funding Preference
This preference focuses on the number of graduates from your medical school or physician assistant school that were placed in MUCs. To apply, you must provide and clearly label in **Attachment 6** that you are requesting consideration for the **MUC Funding Preference**. You must provide all of the requested data shown below and you must include a description of how you determined graduate practice in an MUC. For this NOFO, an MUC is defined as a geographic location or population of individuals that is designated by the federal government as a Health Professional Shortage Area (HPSA) or Medically Underserved Area and Population (MUA/P). More information on HRSA shortage designations, including a link to find HPSAs and MUAs/Ps by address, is available at: https://bhw.hrsa.gov/shortage-designation. Failure to provide all required information will result in not meeting the funding preference. There are two ways to qualify, as outlined below.

A) High Rate

To qualify under **High Rate,** you must demonstrate that the percentage of graduates placed in practice settings serving an MUC for the two academic years (AY) indicated below is greater than or equal to **30 percent** for medical students or physician assistant students, as appropriate for your application.

To calculate the MUC Preference by demonstrating High Rate for **physician assistant graduates** use the following formula:

$N_{2015\text{-}2016}$ = the number of AY 2015-2016 graduates currently in practice in an MUC

$N_{2016\text{-}2017}$ = the number of AY 2016-2017 graduates currently in practice in an MUC

$D_{2015\text{-}2016}$ = the TOTAL number of graduates in AY 2015-2016

$D_{2016\text{-}2017}$ = the TOTAL number of graduates in AY 2016-2017

$$\text{High Rate} = \frac{N_{2015\text{-}2016} + N_{2016\text{-}2017}}{D_{2015\text{-}2016} + D_{2016\text{-}2017}} \times 100$$

To calculate the MUC Preference by demonstrating **High Rate** with **medical school graduates**, apply the above formula for AY 2012-2013 and AY 2013-2014.

The applicant must report all graduates of the medical school or physician assistant program regardless of their training program's source of funding. Any graduates that are currently in further training programs, such as residency programs or fellowships are not considered in practice and must not be included in the numerators.

B) Significant Increase

To qualify under **Significant Increase** you must demonstrate a **Percentage Point Increase** of 25 percent in the rate of placing program completers in practice in an MUC for the academic years indicated below.

To calculate this MUC Preference by demonstrating significant increase for physician assistant graduates calculate the difference between the percent of graduates from AY 2016-2017 and AY 2014-2015 respectively who are currently practicing in an MUC using the following formula:

$N_{2016\text{-}2017}$ = the number of AY 2016-2017 graduates currently in practice in an MUC

$D_{2016\text{-}2017}$ = the TOTAL number of graduates in AY 2016-2017.

$N_{2014\text{-}2015}$ = the number of AY 2014-2015 graduates currently in practice in an MUC

$D_{2014\text{-}2015}$ = the TOTAL number of graduates in AY 2014-2015.

Percentage Point Increase = $((N_{2016\text{-}2017}/D_{2016\text{-}2017}) – (N_{2014\text{-}2015}/D_{2014\text{-}2015})) \times 100$

To calculate the MUC Preference by demonstrating a **Significant Increase** with **medical school graduates**, use the above formula for graduates between AY 2013-2014 and AY 2011-2012 who are currently practicing in a MUC.

The applicant must report all graduates of the medical school or physician assistant program regardless of their training program's source of funding. Any graduates that are currently in further training programs, such as residency programs or fellowships, are not considered in practice and must not be included in the numerators.

Qualification 2: New Program Funding Preference

New programs for the purpose of this NOFO means those medical schools or physician assistant schools that have graduated less than three classes. Upon graduating at least three classes, a program shall have the capability to provide the information necessary to qualify the program for the general funding preferences described in subsection (a).

New programs can qualify for the New Program funding preference if they meet **at least four** of the following criteria, and have completed training for less than three consecutive classes as mentioned above:

1. The training organization's mission statement identifies a specific purpose of the program as being the preparation of health professionals to serve underserved populations.
2. The curriculum of the program includes content which will help to prepare practitioners to serve underserved populations.
3. Substantial clinical training in MUCs is require under the program.
4. A minimum of 20 percent of the clinical faculty of the program spend at least 50 percent of their time providing or supervising care in MUCs.
5. The entire program or a substantial portion of the program is physically located in a MUC.
6. Student assistance, which is linked to service in MUCs, is available to students through the program. Federal and state student assistance programs do not qualify.
7. The program provides a placement mechanism for helping graduates find positions in MUCs.

To apply for the MUC Preference as a New Program, an applicant must submit the Request and Documentation for Preferences (Attachment 6) and provide a brief narrative entitled "New Program MUC Preference Request" that will:

- Describe how their program meets at least four of the seven criteria mentioned above.
- State the year the program was established.
- Provide the total number of graduates for each year, including the current year, since the training program began.

As mentioned above, new "tracks," such as primary care or rural tracks within existing institutions DO NOT qualify under either the Medical Underserved Community or the New Program funding preference qualification. Programs that have been significantly changed or improved with a new focus also DO NOT qualify for the New Program qualification.

Funding Special Considerations and Other Factors

In making final award decisions, HRSA will take into consideration the geographic distribution of applicants. HRSA anticipates funding at least one awardee in each of the ten HHS regions. Applications that do not receive special consideration will be given full and equitable consideration during the review process.

3. Assessment of Risk and Other Pre-Award Activities

HRSA may elect not to fund applicants with management or financial instability that directly relates to the organization's ability to implement statutory, regulatory or other requirements (45 CFR § 75.205).

Applications receiving a favorable objective review are reviewed for other considerations that include past performance, as applicable, cost analysis of the project/program budget, assessment of your management systems, ensuring continued applicant eligibility, and compliance with any public policy requirements, including those requiring just-in-time submissions. You may be asked to submit additional programmatic or administrative information (such as an updated budget or "other support" information) or to undertake certain activities (such as negotiation of an indirect cost rate) in anticipation of an award. However, even at this point in the process, such requests do not guarantee that an award will be made. Following review of all applicable information, HRSA's approving and business management officials will determine whether an award can be made, if special conditions are required, and what level of funding is appropriate.

Award decisions are discretionary and are not subject to appeal to any HRSA or HHS official or board.

Effective January 1, 2016, HRSA is required to review and consider any information about your organization that is in the Federal Awardee Performance and Integrity Information System (FAPIIS). You may review and comment on any information about your organization that a Federal awarding agency previously entered. HRSA will

consider any of your comments, in addition to other information in FAPIIS in making a judgment about your organization's integrity, business ethics, and record of performance under Federal awards when completing the review of risk posed by applicants as described in 45 CFR § 75.205 HHS Awarding Agency Review of Risk Posed by Applicants.

A determination that an applicant is not qualified will be reported by HRSA to FAPIIS (45 CFR § 75.212).

4. Anticipated Announcement and Award Dates

HRSA anticipates issuing/announcing awards prior to the start date of September 1, 2018.

VI. Award Administration Information

1. Award Notices

HRSA will issue the Notice of Award prior to the start date of September 1, 2018. See Section 5.4 of HRSA's *SF-424 R&R Application Guide* for additional information.

2. Administrative and National Policy Requirements

See Section 2.2 of HRSA's *SF-424 R&R Application Guide*.

3. Reporting

Award recipients must comply with Section 6 of HRSA's *SF-424 R&R Application Guide* **and** the following reporting and review activities:

1) **Progress Report(s).** The recipient must submit a progress report to HRSA on an **annual** basis. HRSA will verify whether proposed objectives are accomplished during each year of the project.

   The Progress Report has two parts. The first part demonstrates recipient progress on program-specific goals. Recipients will provide performance information on project objectives and accomplishments, and project barriers and resolutions, and will identify any technical assistance needs.

   The second part collects information providing a comprehensive overview of recipient overall progress in meeting the approved and funded objectives of the project, as well as plans for continuation of the project in the coming budget period. The recipient should also plan to report on dissemination activities in the annual Progress Report. The annual report also should include a summary brief of each fellow's healthcare transformation project.

   Further information will be provided in the award notice.

2) **Performance Reports.** The recipient must submit a Performance Report to HRSA via the EHBs on an annual basis. All recipients are required to collect and report performance data so that HRSA can meet its obligations under the Government Performance and Results Modernization Act of 2010 (GPRA). The required performance measures for this program are outlined in the Project Narrative Section IV's Impact Sub-section (a). Further information will be provided in the award notice.

   The annual Performance Report will address all academic year activities from July 1 to June 30, and will be due to HRSA on July 31 each year. If award activity extends beyond June 30 in the final year of the project period, a Final Performance Report (FPR) may be required to collect the remaining performance data. The FPR is due within 90 days after the project period ends.

3) **Final Report.** A Final Report is due within 90 days after the project period ends. The Final Report must be submitted online by recipients in the EHB system at https://grants.hrsa.gov/webexternal/home.asp.

   The Final Report is designed to provide HRSA with information required to close out a grant after completion of project activities. Recipients are required to submit a Final Report at the end of their project. The Final Report includes the following sections:

   - Project Objectives and Accomplishments - Description of major accomplishments on project objectives.
   - Project Barriers and Resolutions - Description of barriers/problems that impeded project's ability to implement the approved plan.
   - Summary Information:
     - Project overview.
     - Project impact.
     - Prospects for continuing the project and/or replicating this project elsewhere.
     - Publications produced through this grant activity.
     - Changes to the objectives from the initially approved grant.

   Further information will be provided in the award notice.

4) **Federal Financial Report.** A Federal Financial Report (SF-425) is required according to the schedule in the *SF-424 R&R Application Guide*. The report is an accounting of expenditures under the project that year. Financial Reports must be submitted electronically through the EHB system. More specific information will be included in the award notice.

5) **Integrity and Performance Reporting.** The Notice of Award will contain a provision for integrity and performance reporting in FAPIIS, as required in 45 CFR part 75 Appendix XII.

VII. Agency Contacts

You may request additional information regarding business, administrative, or fiscal issues related to this NOFO by contacting:

Kimberly Ross
Grants Management Specialist
HRSA Division of Grants Management Operations, OFAM
5600 Fishers Lane, Mailstop 10NWH04
Rockville, MD 20857
Telephone: (301) 443-2353
Fax: (301) 443-6343
Email: kross@hrsa.gov

You may request additional information regarding program issues and/or technical assistance related to this NOFO by contacting:

Anthony Anyanwu
Project Officer, Division of Medicine and Dentistry
Bureau of Health Workforce, HRSA
5600 Fishers Lane, Room 15N-186B
Rockville, MD 20857
Telephone: 301-443-8437
Fax: 301-443-0162
Email: aanyanwu@hrsa.gov

You may need assistance when working online to submit your application forms electronically. Always obtain a case number when calling for support. For assistance with submitting the application in Grants.gov, contact Grants.gov 24 hours a day, 7 days a week, excluding federal holidays at:

Grants.gov Contact Center
Telephone: 1-800-518-4726 (International Callers, please dial 606-545-5035)
Email: support@hrsa.gov
Self-Service Knowledge Base: https://grants-portal.psc.gov/Welcome.aspx?pt=Grants

Successful applicants/recipients may need assistance when working online to submit information and reports electronically through HRSA's Electronic Handbooks (EHBs). For assistance with submitting information in HRSA's EHBs, contact the HRSA Contact Center, Monday-Friday, 8:00 a.m. to 8:00 p.m. ET, excluding federal holidays, at:

HRSA Contact Center
Telephone: (877) 464-4772
TTY: (877) 897-9910
Web: https://www.hrsa.gov/about/contact/ehbhelp.aspx

VIII. Other Information

Logic Models:

Additional information on developing logic models can be found at the following website:https://www.cdc.gov/oralhealth/state_programs/pdf/logic_models.pdf.

Although there are similarities, a logic model is not a work plan. A work plan is an "action" guide with a timeline used during program implementation; the work plan provides the "how to" steps. A logic model is a visual diagram that demonstrates an overview of the relationships between the 1) resources and inputs, 2) implementation strategies and activities, and 3) desired outputs and outcomes in a project. Information on how to distinguish between a logic model and work plan can be found at the following website: http://www.cdc.gov/healthyyouth/evaluation/pdf/brief5.pdf.

Technical Assistance:

The following technical assistance webinar and conference call have been scheduled:

Webinar #1 TA Session:

Webinar #1

Day and Date: Tuesday, November 28, 2017
Time: 2:00 to 3:30 p.m. ET
Call-In Number: 1-888-972-6410
Participant Code: 8968481
Web link: https://hrsa.connectsolutions.com/fy18pctenofo/

TA session #2 Conference Call - Frequently Asked Questions

Day and Date: Monday, December 18, 2017
Time: 2:00 pm to 3:30 p.m. ET
Conference Number: 1-888-972-6410
Participant Passcode: 8968481
Playback Number: 1-866-475-8046

IX. Tips for Writing a Strong Application

See Section 4.7 of HRSA's *SF-424 R&R Application Guide*.

Frequently Asked Questions (FAQs) can be found on the program website, and are often updated during the application process.

In addition, a number of recorded webcasts have been developed with information that may assist you in preparing a competitive application. These webcasts can be accessed at http://www.hrsa.gov/grants/apply/write-strong/.

"New hepatitis C videos and education materials are now available. The videos and print materials highlight the rare opportunity we have at our IHS, Tribal and Urban primary care clinics to eliminate a potentially life threatening disease."

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

QUARTERLY BOARD MEETING

JANUARY 16-18, 2018

AT

Embassy Suites by Hilton Portland Airport

7900 NE 82nd Avenue
Portland OR 97220

RESERVATIONS: 1.503.460.3000

Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board"**. Hotel rooms are $149 per night plus 15.3% occupancy taxes. Please call by **December 16, 2017** to receive the group rate. Reservations received after this date will be accepted on a space available basis and at the regular room rate.

If you have any questions, please contact Lisa Griggs, Executive Administrative Assistant at (503) 416-3269 or email lgriggs@npaihb.org

QUARTERLY BOARD MEETING
Embassy Suites by Hilton Portland Airport
7900 NE 82nd Avenue Portland OR 97220

January 16-18, 2018

AGENDA

MONDAY JANUARY 15, 2018

2:00-5:00 PM	**MLK Holiday** NO Tribal Health Director's Meeting

TUESDAY, JANUARY 16, 2016

7:30 AM	**Executive Committee Meeting**
9:00 AM	Call to Order Invocation Welcome Posting of Flags Roll Call
9:15-12:00 PM	PAO Area Directors Report NPAIHB Executive Directors Report Legislative Updates Election of Officers • Chairman • Secretary General Session
	LUNCH
12:00 PM	Committee Meetings *(working lunch)* 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Legislative/Resolution 7. Youth
1:45 – 4:30 PM	General Session
4:30 PM	Executive Session

WEDNESDAY JANUARY 17, 2018

9:00 AM	Call to Order Invocation
9:15 – 12:00 PM	General Session
12:00 PM	**LUNCH – On your own**
1:30 – 5:00 PM	General Session

THURSDAY, JANUARY 18, 2018

8:30 AM	Call to Order Invocation
8:45 AM	Chairman's Report
9:00 AM	Committee Reports: 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Legislative/Resolution 7. Youth
10:00 -12:00 PM	Unfinished/New Business 1. Approval of Minutes 2. Finance Report 3. Resolutions 4. Future Board Meeting Sites: • *April 17-19, 2018 – Pendleton, OR* • *July 17-19, 2018 – Bellingham, WA (Lummi)* • *October 16-18, 2018 (TBD)* • *January 2019 (TBD)*
12:00 PM	Adjourn

SEVEN DIRECTIONS

INDIGENOUS VOICES FOR PUBLIC HEALTH

Call for Proposals

Do you want to join a growing network of Tribal Health Department staff preparing for public health accreditation?

Seven Directions is pleased to announce a call for proposals for Support for Tribal Accreditation Readiness and Success (STARS) in Public Health. Up to six Tribal Health Departments will be awarded grants up to $20,000 to support public health accreditation readiness and will receive targeted capacity building assistance from Seven Directions.

Tribal Health Departments interested in submitting an application should review the instructions, which outlines eligibility and submission guidelines. There will be an informational call on Dec. 14, 2017, at 12 pm Central to provide an overview of the project, the application, and respond to questions from those interested in applying.

- Call for Proposals Instructions
- Grantee Application
- Informational call – Register today

Questions?
Contact Keisha Musonda, Senior Program Manager, at kmusonda@indigenousphi.org.

Who We Are

Seven Directions, A Center for Indigenous Public Health (Seven Directions) is the first national public health institute in the United States to focus solely on Indigenous health and wellness. We are committed to cultivating and sharing knowledge, connecting communities and resources, and working to achieve shared goals for future generations. Learn more: indigenousphi.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date: 12/29/17

Job Title: NARCH Cancer Prevention Research Assistant
Reports To: NARCH Principal Investigator

Starting Wage: $15-19/hr
Status: Non-Exempt, Hourly
Classification: .5 FTE, Regular
Location: Portland, OR
Duration: Funded through July, 2021

Job Summary:

The NARCH Cancer Prevention Research Assistant will have the day-to-day responsibility of ensuring that the program moves forward, and is supportive to participants' needs and requests. He/she will be responsible for sending out advertisements to the potential trainees and will update consultant faculty and collaborators to inform them about the program and upcoming deadlines.

The NARCH Cancer Prevention Research Assistant will be responsible for making all of the arrangements for travel, conference calls and video conferencing, and for putting together meeting and training materials. Furthermore, he/she will serve as the central point of contact for all faculty, consultants, and students that are part of the program. He/she will help their supervisor to prepare progress reports and documents for review by the evaluation committee. He/she will also coordinate use of the meeting spaces with NPAIHB staff, and with appropriate officials at OHSU and PSU.

Essential Functions:

1. Respond to requests for information from program participants and act as a liaison for the NARCH funding.
2. Make arrangements for travel for participants and for staff associated with the project.
3. Coordinate the use of NPAIHB conference rooms and meeting spaces for classroom use.
4. Coordinate conference calls and video conferences as needed.
5. Conduct literature searches for recent articles on cancer prevention and control research in special populations.
6. Provide technical assistance to trainees with their grant and manuscript submissions.
7. Provide project reports and updates to NIH program officials, and monthly activity reports to the PI and EpiCenter director.
8. Perform all other project related duties as requested by supervisor.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date: 12/29/17

Standards of Conduct:

- Consistently exhibit professional behavior and the high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours.
- Effectively plan, organize workload, and schedule time to meet workload demands.
- Maintain a clean and well-organized workstation and office environment.
- Exercise judgment and initiative in performance of duties and responsibilities.
- Work in a cooperative manner with all levels of management and with all NPAIHB staff.
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.
- Participate willingly in NPAIHB activities.
- Abide by NPAIHB policies, procedures, and structure.
- Research and with the approval of supervisor, attend trainings as needed to improve skills that enhance overall capabilities related to job performance.

Qualifications:

- Bachelor's level degree in associated field required.
- Two years of experience in providing assistance to a project.
- Two to four years of experience working with tribal communities or tribal organizations.
- Intermediate user in Microsoft Office package. (Access, Excel, Word, Publisher, PowerPoint)
- Excellent writing skills
- Excellent communication skills
- Must be highly organized and motivated, and be able manage complex projects and carry out all responsibilities of the job requirements with minimal day-to-day supervision
- Must demonstrate discretion, tact, knowledge, judgment, and overall ability in working effectively with federal, tribal, and other professionals and facilitating participation and partnership in the activities of the program
- Must be sensitive to cross-cultural differences, and able to work effectively within their context
- Must be able to travel, as requested.

Typical Physical Activity:

Physical Demands: Frequently involves sedentary work: exerting up to 10 pounds of force and/or a negligible amount of force to lift, carry, push, pull or otherwise move

objects, including the human body.

Physical Requirements: Constantly requires the ability to receive detailed information through oral communications, and to make fine discrimination in sound. Constantly requires verbally expressing or exchanging ideas or important instructions accurately, loudly, or quickly. Constantly requires working with fingers rather than the whole hand or arm. Constantly requires repetitive movement of the wrists, hands and/or fingers. Often requires walking or moving about to accomplish tasks. Occasionally requires standing and/or sitting for sustained periods of time. Occasionally requires ascending or descending stairs or ramps using feet and legs and/or hand and arms. Occasionally requires stooping which entails the use of the lower extremities and back muscles. Infrequently requires crouching.

Typical Environmental Conditions: The worker is frequently subject to inside environmental conditions which provide protection from weather conditions, but not necessarily from temperature changes, and is occasionally subject to outside environmental conditions.

Travel Requirements: Infrequent travel, occasionally out of state, no more than 10% of the FTE.

Disclaimer: The individual must perform the essential duties and responsibilities with or without reasonable accommodation efficiently and accurately without causing a significant safety threat to self or others. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and or skills required of all personnel so classified.

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, creed, age, sex, national origin, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

Applications can be found online at www.npaihb.org

SEND RESUME AND APPLICATION TO:

Human Resources Coordinator
2121 SW Broadway, Suite 300
Portland, Oregon 97201
FAX: (503) 228-8182
Email: HR@npaihb.org

2017-ISSUE 146

N C C D P H P
GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY
TRIBAL RESOURCE DIGEST

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of November 27, 2017. 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.

"Diverse Partnerships To Reduce Chronic Diseases in Native Communities: Snapshot of the GHWIC Program"

APHA 2017

From Left to Right: Jennifer Probert (TCC), Kimberly Blood (TCC), Heather Hemming (SSM), Lisa Myers (SSM), Christy Duke (USET), Janeva Sorenson (CRIHB), Alexis Kaigler (CDC), David Espey (CDC)

Photo courtesy of Erin Peterson

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Request for Photos

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Anisha Quiroz, AQUIROZ@cdc.gov with a short description of the photo.

Funding Opportunities

FY18 FINI Request for Applications

The Food Insecurity Nutrition Incentive (FINI) Program supports projects to increase the purchase of fruits and vegetables among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. The program will test strategies that could contribute to our understanding of how best to increase the purchase of fruits and vegetables by Supplemental Nutrition Assistance Program (SNAP) participants that would inform future efforts, and develop effective and efficient benefit redemption technologies. Access grant here.

Deadline: December 13, 2017

SMSC and AHA Grant Program

The Shakopee Mdewakanton Sioux Community (SMSC) and the American Heart Association (AHA) have announced the creation of a $200,000 grant program to support innovative nutrition-based, health-focused advocacy efforts in Native American communities. The American Indian Cancer Foundation (AICAF) will serve as the intermediary partner for the new Fertile Ground Grant Program, administering the program and providing technical assistance to grantees. Read more here. Full RFP here.

Webinars

Great Plains Tribal Chairmen's Health Board Community Health Webinar Series

The Community Health Department will be hosting monthly webinars for tribal partners. Contact information below regarding times and dial-in information.

Jennifer Williams
Program Manager, GPGHW
Great Plains Tribal Chairmen's Health Board
Jennifer.Williams@gptchb.org
1770 Rand Road, Rapid City, SD 57702
(P) 605.721.1922 ext. 144 (F) 605.721.1932

Date	Topic	Presenter(s)
12/13/17	***REVISED TOPIC*** Components of a Tribal Policy Toolkit	Northwest Portland Area Indian Health Board & National Indian Child Welfare Association

NNN & UIHS HP/DP Webinar: "Traditional Tobacco"

The Inter-Tribal Council of Michigan's National Native Network, in conjunction with the Indian Health Service Health Promotion and Disease Prevention present a webinar series: Cancer Risk Reduction in Indian Country. You will examine the cultural and spiritual importance of traditional tobacco employed by the Lakota/Dakota. Differentiate between traditional tobacco and commercial tobacco health effects. Educate tribal communities on the harmful health effects of commercial tobacco use and assist with identifying resources for prevention and control. Register here.

When: November 29, 2017—3:00pm ET

Announcements

Native Strong: Healthy Kids, Healthy Futures Program

The Social Determinants of Health of Type 2 Diabetes and Obesity, published for the Notah Begay III Foundation's Native Strong: Healthy Kids, Healthy Futures Program, examines the root causes of obesity and type 2 diabetes in Native American children. In addition to reflecting on common factors such as the lack of access high quality food or safe places to exercise, the research framework also recognizes the effect of certain determinants on Native American populations, such as historical trauma and unstable living conditions. The report also explores gaps that generally occur in data collection. Read more here.

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

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 Anisha Quiroz at AQUIROZ@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

2017-ISSUE 147

N C C D P H P
GOOD HEALTH AND WELLNESS IN INDIAN COUNTRY
TRIBAL RESOURCE DIGEST

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of December 4, 2017. 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.

Janeva Sorenson (CRIHB)

Photo courtesy of Shawna Howell

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Funding Opportunities

FY18 FINI Request for Applications

The Food Insecurity Nutrition Incentive (FINI) Program supports projects to increase the purchase of fruits and vegetables among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase. Access grant here.

Deadline: December 13, 2017

Webinars

Great Plains Tribal Chairmen's Health Board Community Health Webinar Series

The Community Health Department will be hosting monthly webinars for tribal partners. Contact information below regarding times and dial-in information.

Jennifer Williams
Program Manager, GPGHW
Great Plains Tribal Chairmen's Health Board
Jennifer.Williams@gptchb.org
1770 Rand Road, Rapid City, SD 57702
(P) 605.721.1922 ext. 144 (F) 605.721.1932

Date	Topic	Presenter(s)
12/13/17	***REVISED TOPIC*** Components of a Tribal Policy Toolkit	Northwest Portland Area Indian Health Board & National Indian Child Welfare Association

Upcoming Webinars

The Medicare Diabetes Prevention Program (MDPP) and the CDC Diabetes Prevention Recognition Program Standards will discuss:

- Opportunity to Learn More About the 2018 Diabetes Prevention Recognition Standards. December 11, 2017 2:00-3:30. To register, please click the link below. Register.
- Medicare Diabetes Prevention Program Model Expansion Call (Register Now) December 5 1:30-3:00
- MDPP Orientation Webinar (Register Now) December 13 1:00-2:30

Announcements

Health Justice: Empowering Public Health and Advancing Health Equity

We are accepting abstracts for proposed panels and individual presentations for the 2018 National Public Health Law Conference. Preference will be given to panel submissions, but individual abstracts will also be considered and ultimately be placed in a panel of related presentations. Read more here.

Submission Deadline: December 31, 2017
When: October 4-6, 2018
Where: Phoenix, AZ

Save the Date — National Rural Grocery Summit VI Strengthen Community; Strengthening Health: The Rural Grocery Store

Millions of rural residents now face limited choice and low quality in their retail food choices. Eight percent of the U.S. rural population—approximately 4.75 million people—live in communities lacking access to healthy foods. Registration will open early 2018. Read more here.

When: June 25-26, 2018
Where: Manhattan, KS

13th Annual Tribal Leader/Scholar Forum

The NCAI Policy Research Center's (PRC) Annual Tribal Leader Scholar Forum provides an opportunity for researchers, practitioners, community members, and others to present research and data findings to tribal leaders, policymakers, and tribal members during the NCAI Mid Year Conference. Presenters are asked to submit proposals that provide data and research that is relevant to tribal leaders. Read more here.

Submission Deadline: December 15, 2017
When: June 5, 2018
Where: Kansas City, MO

CDC Calls for Stories

Tribal nations are active and important contributors to public health, and tribal cultures have long fostered health and wellness among American Indians/Alaska Natives (AI/AN). The Centers for Disease Control and Prevention (CDC) invites you to share stories that show how you do *just that*, so they can be a part of an exciting new exhibit at the David J. Sencer CDC Museum in Atlanta. Read more here.

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

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 Anisha Quiroz at AQUIROZ@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RUSSELL S. BARRON – Director

MATT WIMMER - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
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November 28, 2017

Dear Tribal Representative:

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment or waiver likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare's Division of Medicaid (Idaho Medicaid) provides notice on the following matter.

Purpose

Idaho Medicaid intends to submit waiver amendments to the Centers for Medicare and Medicaid Services (CMS) to revise the residential habilitation service rate methodology in Idaho's Adult Developmental Disabilities §1915(c) Home and Community-Based Services Waiver (Adult DD Waiver) and in Idaho's Aged and Disabled §1915(c) Home and Community-Based Services Waiver (A&D Waiver) to revise the method for setting certain residential habilitation service payment rates.

Idaho Medicaid proposes that the method for setting Residential Habilitation Agencies' payment rates for providing residential habilitation services be derived using a combination of four cost components – direct care staff wages, employer related expenditures, program related costs, and indirect general and administrative costs.

The rate was developed as a result of a cost survey conducted in 2016 (2016 Cost Survey) and a ratio survey conducted in 2017 (2017 Ratio Survey) and was calculated using the following combination of components:

i. Direct Care Staff Wages

The Department determined the Direct Care Staff Wages component using the Bureau of Labor and Statistics (BLS) May 2016 State Occupational Employment and Wage Estimates – Idaho, Occupation Code 39-9021, Personal Care Aides, median hourly wage. The median hourly wage was then inflated by 7.03% from May 1, 2016 to December 1, 2018 using the IHS Markit Healthcare Cost Review - Wages & Salaries - West, Table 7, 2017 Quarter 2.

ii. Employer Related Expenditures

The Department determined the Employer Related Expenses component by multiplying the inflated Direct Care Staff Wage by 36.86%, the cumulative percentage of employer costs for employee compensation from BLS, December 2016 Employer Costs for Employee Compensation, West Region, Mountain Division (Table 7) and IRS Publication 15.

iii. Program Related Costs (Including Costs for Program Operations)

The Department determined the Program Related Costs component by identifying the 75th percentile of the 2016 Cost Survey dollar rate. The 75th percentile of the 2016 Cost Survey dollar rate was then inflated by 9.51% from July 1, 2015 to December 1, 2018 using the IHS Markit Healthcare Cost Review - Wages & Salaries - West, Table 7, 2017 Quarter 2.

iv. General and Administrative Costs

The Department determined the General and Administrative Costs component by identifying the 75th percentile of the 2016 Cost Survey dollar rate. The 75th percentile of the 2016 Cost Survey

dollar rate was then inflated by 9.51% from July 1, 2015 to December 1, 2018 using the IHS Markit Healthcare Cost Review - Wages & Salaries - West, Table 7, 2017 Quarter 2.

All cost components were added together and divided by four to generate a 15-minute unit. The Individual Supported Living payment rate, the Intense Supported Living daily (24-hour) payment rate and the Intense School-Based Supported Living daily (19-hour) payment rate were set using the 15-minute unit. Based on the results of the 2017 Ratio Survey, the Group Supported Living payment rate was set using a 1:1.96 ratio of the 15-minute unit. Based on the results of the 2017 Ratio Survey, the High Supported Living daily (24-hour) payment rate and the High School-Based Supported Living daily (19-hour) payment rate were set using a 1:1.84 ratio of the 15-minute unit.

Contingent upon prior budget approval by the state legislature and prior CMS approval of these waiver amendments, reimbursement rates for Residential Habilitation Agencies providing residential habilitation services with dates of service on or after May 1, 2018 will be as follows:

- H2015 / Individual Supported Living (1 Unit = 15 Minutes) – $5.31
- H2015-HQ / Group Supported Living (1 Unit =15 Minutes) – $2.71
- H2022 / High Supported Living (1 Unit = 1 Day) – $277.04
- H2016 / School-Based High Supported Living (1 Unit = 1 Day) – $219.33
- H2016 / Intense Supported Living (1 Unit = 1 Day) – $509.76
- H2016 / School-Based Intense Supported Living (1 Unit = 1 Day) – $403.56

There is an estimated increase of $4,648,300 in annual aggregate expenditures. This change is being made to be consistent with Idaho State Plan, Idaho Administrative Code, and Medicaid Policy.

Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations

Indians receiving waiver services may be impacted by these changes. There is no anticipated impact on Indian Health Programs, or Urban Indian Organizations.

Availability for Review

Copies of the proposed waiver amendments are available on the Department's website at: http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx.

Unless otherwise specified, copies of the proposed waiver amendments are also available for public review during regular business hours at any Regional Medicaid Services office of the Idaho Department of Health and Welfare.

Comments and Questions

Idaho Medicaid would appreciate any input or concerns that Tribal Representatives wish to share regarding these waiver amendments. Please return any comments to Idaho Medicaid at 1-855-249-5024 or by email at HCBSWaivers@dhw.idaho.gov on or before **Friday, December 29, 2017 at 11:59 p.m.**

Idaho Medicaid's proposed waiver amendments will be reviewed as part of the Policy Update at the next quarterly Tribal meeting.

Sincerely,

Matt Wimmer

MATT WIMMER
Administrator
MW/kw

Washington Tribal Environmental Health Summit

"Emerging Roles for Tribal Governments: Promoting Health Through Healthy Communities"

SAVE THE DATE!

Dates: **January 7th—9th, 2018**

Location: **Great Wolf Lodge, Grand Mound, WA**

The environment impacts the health of Tribal communities. Tribes have increasing responsibilities for such issues as food safety, air quality, disease outbreaks, and environmental change impacts on community health. The Summit will bring together Tribes, the State Department of Health and other key partners to begin identifying environmental health priorities of Washington Tribes, learn from each other, and discuss strategies for building and strengthening partnerships.

Registration information is open. Please take a moment to register online.

SOME TRAVEL REIMBURSEMENT AND HOTEL ACCOMMODATIONS AVAILABLE PER TRIBE.

For more information, contact: Kris Hafey, **Kris.Hafey@doh.wa.gov**

Sponsored By:

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NPAIHB Indian Leadership for Indian Health

ATSDR AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

NCSL National Conference of State Legislatures

Washington State Department of Health

This meeting is supported by the Cooperative Agreement Numbers, 5 NU38SO000076-03-00 and CDC-RFA-OT13-1302 , funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Tribal Environmental Public Health Summit

Emerging Roles for Tribal Governments:
"Promoting Health through Healthy Environments"

January 7–9, 2018
Great Wolf Lodge
Centralia, WA

Sunday, January 7, 2018

5:30 – 7:30 pm	**Reception and Networking**

Monday, January 8, 2018

7:30 am	**Registration**
7:30 – 8:30 am	**Breakfast**
8:30 – 9:15 am	**Color Posting/Blessing/Welcome**
9:15 – 9:45 am	**Opening Statements: Tribal Perspectives on Environmental Health**
9:45 – 10:15 am	**Washington's Governmental Public Health System and Tribes** - *Secretary John Wiesman, Washington State Department of Health*
10:15 – 10:30 am	**Break**
10:30 – 12:30 pm	**What is Environmental Public Health?**
12:30 – 1:30 pm	**Lunch: Keynote Speaker: A Tribal Agenda for Environmental Health** - *Celeste Davis, Northwest Portland Area Indian Health Board (NPAIHB)*
1:30 – 2:45 pm	**Washington State Indigenous Perspectives: Integration of Environmental Health in Tribal Communities**
2:45 – 3:00 pm	**Break**
3:00 – 4:30 pm	**Tribal Environmental Health: Successes, Challenges, and Priorities**
4:30 pm	**Adjourn/Drawing**
5:30 pm	**Dinner/Cultural Program**

Tuesday, January 9, 2018

7:30 – 8:30 am	**Breakfast**
8:30 – 8:45 am	**Welcome**
8:45 – 10:15 am	**Addressing Environmental Impacts on Traditional Food Sources**
10:15 – 10:30 am	**Break**
10:30 – Noon	**Built Environments and Health**
12:00 – 1:00 pm	**Lunch**
1:00 – 2:30 pm	**All One Water: Clean Water, Drinking, and Waste Water**
2:30 – 4:00 pm	**Environmental Health Emergency Preparedness and Response**
4:00 – 4:30 pm	**Partnering for the Future: Lessons Learned and Next Steps**
4:30 pm	**Closing/Adjourn/Drawing**

Tribal EPH Summit Planning Committee

Councilman Willie Frank, Nisqually Tribe
Councilwoman Marilyn Scott, Upper Skagit Tribe
Richard Bly, Quinault Nation
Barbara Juarez, Northwest WA Indian Health Board
Jan Olmstead, American Indian Health Commission
Clark Halvorson, WA Department of Health
Kathy Dolan, ASTHO
Emma Talkington, ASTHO
Celeste Davis, NW Portland Area Indian Health Board
Bridget Canniff, NW Portland Area Indian Health Board
Lou Schmitz, American Indian Health Commission
Chairman Leonard Forsman, Suquamish Tribe
Chairwoman Charlene Nelson, Shoalwater Bay
Jamie Donatuto, Swinomish Tribe
Jenna Bowman, Tulalip Tribes
Matthew Ellis, Indian Health Service
Sheryl Lowe, WA Department of Health
Abe Kulungara, ASTHO
Karmen Hansen, NCSL
Donna Hanson, WA Department of Health
Kris Hafey, WA Department of Health

Thanks to our Sponsors

Association of State and Territorial Health Officials
National Conference of State Legislatures
Washington State Department of Health
Northwest Portland Area Indian Health Board
American Indian Health Commission for Washington State

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