NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Funding Opportunities
March 2018

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

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announces we are made aware of, have received and/or researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. New posts will be available Friday/Monday **(unless there are no "New" grant announcements). Please see the "New" Funding Opportunity Information provided in this "color code".**

If you have a specific targeted goal or urgent community need and find yourself not knowing where to start --"looking for a grant", our assistance is available anytime, and we would be very excited to assist you. In addition, at the end of this announcement several funding organizations do not have deadlines and do accept proposals all year round.

THE PADDLE NATION PROJECT

DEADLINE: Proposals must be submitted by April 13, 2018.

AMOUNT: $5,000

DESCRIPTION: The Outdoor Foundation is pleased to announce that it is accepting applications from 501c3 non-profit organizations who are interested in connecting young Americans with their waterways through recreational paddling.

The Paddle Nation Project is made possible by support and funding from the Outdoor Foundation and Outdoor Retailer.

WEBSITE/LINK:
http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=4494&x_quiz_id=5170&x_order_by=1

NIJ - Investigator-Initiated Research and Evaluation on Firearms Violence

DEADLINE: May 14, 2018

AMOUNT: $500,000 x 3 years

DESCRIPTION: With this solicitation, NIJ seeks applications for investigator-initiated research and evaluation projects to improve the understanding, prevention, and deterrence of firearms violence, in general, and public mass shooting incidents, in particular. This solicitation aims to strengthen the knowledge base and improve public safety by producing findings with practical implications. This solicitation is focused specifically on producing research related to intentional, interpersonal firearms violence.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=301600

Administrative Supplements for Research on Sexual and Gender Minority (SGM) Populations (Admin Supp Clinical Trial Optional)

DEADLINE: May 7, 2018, by 5:00 PM local time of applicant organization.

AMOUNT: Application budgets are limited to no more than the amount of the current parent award and must reflect the actual needs of the proposed project but must not exceed $100,000 in total costs.

DESCRIPTION: The mission of the NIH is to seek fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. The NIH is committed to supporting research that will increase scientific understanding of the health and wellbeing of various population and subpopulation groups and study the effectiveness of evidence-based health interventions and services for individuals within those groups. NIH places high priority on research with populations that appear to have distinctive health risk profiles but have received insufficient attention from investigators. This Supplement provides administrative support to expanding existing research to focus on sexual and gender minority (SGM) populations, which include (but are not limited to) lesbian, gay, bisexual, and transgender people, and individuals with differences or disorders of sex development (DSD) (sometimes referred to as "intersex"). Basic, social, behavioral, clinical, translational, and health services research relevant to the missions of the sponsoring Institutes, Centers and Offices may be proposed. Potential applicants are also encouraged to review recent portfolio analyses of NIH-funded SGM research (found at https://dpcpsi.nih.gov/sgmro/reports) to identify gaps in research that may be relevant to this Funding Opportunity Announcement (FOA).

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PA-18-713.html#_Section_II._Award_1**

Research Grants for the Primary or Secondary Prevention of Opioid Overdose (R01)

Department of Health and Human Services, Centers for Disease Control and Prevention – ERA

DEADLINE: May 15, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: $750,000

DESCRIPTION: The awards pursuant to this Notice of Funding Opportunity are contingent upon the availability of funds. The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent overdose from prescription and illicit opioids by developing and piloting, or rigorously evaluating novel primary or secondary prevention interventions. The intent of this Notice of Funding Opportunity (NOFO) is to: (1) build the scientific base for the primary or secondary prevention of opioid overdose, and (2) encourage collaboration of scientists from a spectrum of disciplines including public health, epidemiology, law enforcement, social work, economics, and criminal justice to perform research that can identify ways to prevent opioid overdose more effectively. Interventions can be strategies, programs, or policies. Ultimately, this research is intended to improve state and local health departments’ ability to implement and improve interventions focused on preventing opioid-related deaths. Researchers are expected to develop and pilot, or

rigorously evaluate novel primary or secondary prevention interventions that address prescription or illicit opioid overdose. Primary prevention approaches are expected to aim to prevent opioid misuse, abuse, and overdose before it occurs. Secondary prevention approaches are expected to focus on the more immediate responses to opioid overdose, such as emergency department services and linkage to treatment immediately following a nonfatal overdose. Clinical examinations of the treatment effectiveness for opioid use disorder are outside the scope of the objectives and will not be considered (e.g., studies that solely test the effectiveness of buprenorphine, methadone, or naltrexone). It is anticipated that funded applicants will collaborate and partner with community and/or governmental organizations from multiple sectors (e.g., health, social services, law enforcement, criminal justice) that can provide access to populations at highest risk for opioid misuse and overdose and provide access to critical data systems. Investigators must provide information in the application demonstrating that they have an established relationship with each partner and a written agreement describing each partner’s role in the proposed research.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=299896**

BJA FY 18 National Sexual Assault Kit Initiative (SAKI)

Department of Justice - Bureau of Justice Assistance

DEADLINE: Apr 30, 2018

AMOUNT: $3,000,000

DESCRIPTION: The purpose of this grant program is to provide funding to test untested sexual assault kits, prevent sexual assaults, and improve the criminal justice system's response to sexual assaults.

WEBSITE/LINK:

https://www.grants.gov/web/grants/view-opportunity.html?oppId=301599

Advancing Exceptional Research on HIV/AIDS and Substance Abuse (R01 Clinical Trial Optional)

DEADLINE: August 22, 2018

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope proposed should determine the project period. The maximum project period is five years.

DESCRIPTION: This FOA supports highly innovative R01 applications on HIV/AIDS and drug abuse and complements the Avant-Garde Award Program for HIV/AIDS and Drug Use Research and the Avenir Award Program for Research on Substance Abuse and HIV/AIDS. The Avant-Garde award supports individuals who conduct high-risk, high-reward research and does not require a detailed research plan. The Avenir award is similar to the Avant-Garde award but focuses on support for early stage investigators. Applications submitted under this FOA are required to have a detailed research plan and preliminary data. This FOA focuses on innovative research projects that have the potential to open new areas of HIV/AIDS research and/or lead to new avenues for prevention and treatment of HIV/AIDS among substance abusers. The nexus with drug abuse should be clearly described. This FOA is open to both individual researchers and research teams and is not limited to any

one area of research on HIV and substance use, but all studies must focus on NIH HIV/AIDS Research Priorities **https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html**.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=301634**

Evidence for Action: Matching Service

DEADLINE: April 26, 2018, 3:00 p.m. ET

AMOUNT: one $700,000 grant for an initial 24-month period

DESCRIPTION: The goal of this effort is to catalyze research partnerships that result in rigorously designed studies that could be funded by Evidence for Action (E4A), another Robert Wood Johnson Foundation (RWJF) program, or other funding source. We are particularly interested in matching organizations that do not have a track record of RWJF funding. To achieve this goal, E4A will support a "matching team" overseen by a grantee organization that meets the eligibility criteria noted below. The grantee's primary role will be to link organizations working in and with communities with strong research partners to rigorously evaluate the health impacts of program or policy interventions. Organizations working in and with communities may include health care providers, nonprofits, community-based organizations, and social service or government agencies, which have the infrastructure to implement initiatives but limited research capacity for scientifically rigorous evaluation of their impact.

WEBSITE/LINK: **https://www.rwjf.org/en/library/funding-opportunities/2018/evidence-for-action--matching-service.html?rid=0034400001rluooAAA&et_cid=1189534**

(Forecast 1) - WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)

Department of Health and Human Services, Centers for Disease Control - NCCDPHP

DEADLINE: Jun 23, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: $2,500,000

DESCRIPTION: The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, announces the opportunity to apply for funds to implement the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. The WISEWOMAN program extends preventive health services to women who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These extended preventive health services include assessment of cardiovascular risk factors and provision of services to reduce those risks through improved diet, physical activity, tobacco cessation, and medication adherence support. A focus on the health systems and community-clinical links that are supportive of these preventive health services is required.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=301358**

MARCH 2018

Tribal Health Systems Enhancement for Cancer Screening - National Indian Health Board

DEADLINE: Mar 30, 2018

AMOUNT: $5,000

DESCRIPTION: This program provides funding to pilot test a toolkit developed by NIHB with a focus on increasing high quality, population-based breast, cervical, and colorectal cancer screenings.

WEBSITE/LINK: **https://www.ruralhealthinfo.org/funding/4335**

April 2018

Wildhorse Foundation Grants (OREGON AND WASHINGTON)

DEADLINE: Apr 1, 2018

AMOUNT: Up to $20,000. The Foundation awards approximately $800,000 each year.

DESCRIPTION: Wildhorse Foundation provides grants to tribes and national, regional, or local Native American organizations that serve individuals in the Cayuse, Umatilla, and Walla Walla tribes of Oregon and Washington.

The Foundation funds projects in the areas of:

Public health

Public safety

Environmental protection

Education

Gambling addiction prevention, education, and treatment

Arts

Cultural activities

Historic preservation

Salmon restoration

Eligibility

Eligible applicants include:

Morrow, Umatilla, Union, and Wallowa counties in Oregon

The Tribes Ceded Territory in Washington, which is most of Benton, Columbia, and Walla Walla Counties

Confederated Tribes of the Umatilla Indian Reservation

Any Native American Tribal government agency or Native American charitable organization with its principal office and base of operations within the State of Oregon

Any national or regional Indian organization

Geographic coverage Parts of Washington and all of Oregon

WEBSITE/LINK: https://www.ruralhealthinfo.org/funding/4227

School for Healthy Kids Issues RFP for School Breakfast Program Grants

DEADLINE: April 6, 2018

AMOUNT: 1) School Breakfast Grants: Up to two hundred and fifty schools will receive grant awards ranging from $500 to $3,000 to support increased participation in school breakfast programs. Eligible schools may apply to pilot or expand their programs, including alternative or universal alternative.

2) Game On Grants: Up to five hundred schools will be awarded grants for physical activity and nutrition initiatives that support their efforts to become nationally recognized as a health-promoting school. Grant awards will range between $500 and $1,000.

DESCRIPTION: Action for Healthy Kids combats childhood obesity, undernourishment, and physical inactivity by helping schools become healthier places so that kids can live healthier lives. The organization partners with dedicated volunteers — teachers, students, moms, dads, school wellness experts, and more — from within the ranks of its more than sixty-thousand-strong network to create healthful school changes.

To that end, the organization has issued a Request for Proposals for its 2018-19 Breakfast for Healthy Kids and Game on Grants programs. Award amounts will be based on building enrollment, project type, potential impact, and a school's ability to mobilize parents and students around school wellness initiatives.

For complete program guidelines and application instructions, see the Action for Healthy Kids website.

WEBSITE/LINK: http://www.actionforhealthykids.org/tools-for-schools/apply-for-grants

SAMHSA - Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families

DEADLINE: Tuesday, April 10, 2018

AMOUNT: Anticipated Total Available Funding: $14,616,450 (At least $5 million will be awarded to federally recognized American Indian/Alaska Native (AI/AN) tribes/tribal organizations...)

Anticipated Number of Awards: 27 awards

Anticipated Award Amount: Up to $541,350 per year

Length of Project: Up to 5 years

Cost Sharing/Match Required?: No

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2018 Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families grant program (Short Title: Youth and Family TREE). The purpose of this program is to enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12-18), transitional aged youth (ages 16-25), and their families/primary caregivers with substance use disorders (SUD) and/or co-occurring substance use and mental disorders.

The population of focus is adolescents and/or transitional aged youth and their families/primary caregivers with SUD and/or co-occurring substance use and mental disorders (hereafter known as "the population of focus"). Based on need and identification of traditionally underserved populations, applicants may choose to provide services to adolescents and their families/primary caregivers, transitional aged youth and their families/primary caregivers, or both populations and their families/primary caregivers. Applicants that select transitional aged youth may choose a subset of this population of focus (e.g., ages 16-18, ages 18-21, ages 21-25). Applicants will be expected to identify and reduce differences in access, service use, and outcomes of services among females and racial and ethnic minority populations to address health disparities.

SAMHSA recognizes that effective and quality treatment for adolescent and transitional aged youth includes age and developmentally appropriate evidence-based assessments and practices. In addition, SAMHSA recognizes that family/primary caregiver involvement in the adolescent and transitional aged youth's treatment is a key factor in effective treatment and recovery programs. The recipient will be expected to provide a coordinated multi-system family centered approach that will enhance and expand comprehensive evidence-based treatment, including early intervention, and recovery support services to the population of focus.

WEBSITE/LINK: **https://www.samhsa.gov/grants/grant-announcements/ti-18-010**

RWJF - Integrative Action for Resilience: Progress Through Community-Research Partnerships

DEADLINE: April 11, 2018, 3:00 p.m. ET

AMOUNT: (See announcement has a Phase 1 and Phase 2 level funding.)

DESCRIPTION: The Integrative Action for Resilience initiative is a two-phase opportunity for local community leaders—who are interested in designing and implementing rigorous resilience research to generate evidence that can inform their own decision-making about policies and projects needed to build resilience in their community, and for researchers—who are interested in partnering in new ways with community-based organizations to apply their analytic capabilities to community-identified challenges. This is a unique opportunity to connect community leaders and researchers who have not worked together before but may be interested and well-suited to pursue resilience research together. Current community-research partnerships are important, but this call is for new partnerships to develop between community leaders and researchers who have not previously worked together but will find complementary benefits from engagement.

WEBSITE/LINK: https://www.rwjf.org/en/library/funding-opportunities/2018/integrative-action-for-resilience.html?rid=0034400001rluooAAA&et_cid=1184486

Research on the Health of Women of Understudied, Underrepresented and Underreported (U3) Populations An ORWH FY18 Administrative Supplement (Admin Supp - Clinical Trial Optional) Department of Health and Human Services-National Institutes of Health

DEADLINE: April 16, 2018

AMOUNT: $200,000

DESCRIPTION: The Office of Research on Womens Health (ORWH) announces the availability of administrative supplements to support interdisciplinary, transdisciplinary and multidisciplinary research focused on the effect of sex/gender influences at the intersection of a number of social determinants, including but not limited to: race/ethnicity, socioeconomic status, education, health literacy and other social determinants in human health and illness. This research includes preclinical, clinical and behavioral studies with the specific purpose to provide Administrative Supplements to active NIH parent grants for one year to address health disparities among women of populations in the US who are understudied, underrepresented and underreported in biomedical research. The proposed research must address an area specified within Objective 3.9 (Goal 3.0) of the NIH Strategic Plan for Research on Womens Health (http://orwh.od.nih.gov/research/strategicplan/index.asp) which states: Examine health disparities among women stemming from differences in such factors as race and ethnicity, socioeconomic status, gender identity, and urban-rural living, as they influence health, health behaviors, and access to screening and therapeutic interventions. Projects must include a focus on one or more NIH-designated health disparities populations, which include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities (SGM). Combinations of one or more populations is also encouraged, e.g. socioeconomically disadvantaged sexual and gender minorities.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=300970

Society of Family Planning Invites Applications for Emerging Scholars Program

DEADLINE: April 16, 2018

AMOUNT: Through the program, grants of up to $7,500 will be awarded in support of efforts to diversify the pipeline of family planning scholars and provide more opportunities for integrating emerging scholars into the family planning community.

DESCRIPTION: The Society of Family Planning Research Fund and the Society of Family Planning promote programs and grants that center diversity, equity, and inclusion and contribute to the academic success, retention, and persistence of emerging scholars from all backgrounds. SFP/SFPRF strives to actively build a community whose members have diverse cultures, backgrounds, and life experiences.

To that end, the society is accepting applications for its Emerging Scholars in Family Planning program. Grants also will underwrite attendance at the 2018 North American Forum on Family Planning, support the publication of one open-access publication, cover

SFP membership dues for 2018, and facilitate efforts to match scholars lacking internal institutional or mentor support with an external mentor.

To be eligible, applicants must be enrolled in a graduate-level program at the time of application and the award. Medical students, nursing students, residents, and master's or doctoral-level students are eligible. Scholars must reside in the United States, and the proposed research must be focused on research in the United States that advances access to safe abortion or prevents unintended pregnancy.

For complete program guidelines and application instructions, see the Society of Family Planning website.

WEBSITE/LINK: **http://philanthropynewsdigest.org/rfps/rfp8569-society-of-family-planning-invites-applications-for-emerging-scholars-program?utm_campaign=rfps%7C2018-02-24&utm_source=pnd&utm_medium=email**

Food Distribution Program on Indian Reservations Nutrition Education Grant

DEADLINE: Apr 16, 2018

AMOUNT: $200,000

DESCRIPTION: Grants for projects to provide nutrition education to participants in the Food Distribution Program on Indian Reservations (FDPIR) program.

Desired outcomes include:

Improve nutrition-related knowledge among FDPIR participants, resulting in healthier food choices and a better understanding of healthy food preparation methods

Foster tribal capacity to provide nutrition education through the development of nutrition education resources, such as lesson materials and videos, and facilities, such as food demonstration spaces and educational gardens

Develop skills among FDPIR participants, such as canning, preparing fresh produce, and using lower fat cooking methods, leading to greater self-sufficiency and providing participants with greater flexibility in how they utilize healthy foods

Projects should use the FY 2018 SNAP Education Plan Guidance as the basis for educational activities.

WEBSITE/LINK:
https://www.ruralhealthinfo.org/funding/1688?utm_source=racupdate&utm_medium=email&utm_campaign=update022118

NIJ FY18 Tribal-Researcher Capacity Building Grants - Department of Justice National Institute of Justice

DEADLINE: Apr 23, 2018

AMOUNT: $500,000

DESCRIPTION: NIJ wants to encourage new, exploratory, and developmental research projects by providing support for the early stages of study development. To help facilitate this process and ensure these projects result in tangible and mutually beneficial studies, NIJ

will provide small grants to scientists or technologists who wish to facilitate a new tribal-researcher investigator partnership.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=300400

Youth Violence Prevention Interventions that Incorporate Racism/Discrimination Prevention (R01-Clinical Trial Required)

DEADLINE: Letter of Intent Due Date(s): April 25, 2018 May 25, 2018, by 5:00 PM. local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to $500,000 direct costs annually.

DESCRIPTION: The purpose of this initiative is to support research to develop and test youth violence prevention interventions that incorporate R/D prevention strategies for one or more health disparity populations in the US. NIH-designated health disparity populations include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. The target age range includes middle school to high school-aged youth, corresponding to an approximate age range of 11 to 18.

Research under this initiative may involve examination of (a) the combination of existing violence prevention and R/D prevention interventions, (b) the addition of newly developed R/D prevention elements into existing violence prevention interventions, or (c) the development of new, fully integrated violence and R/D prevention interventions. Relevant pilot data are required, but it is not expected that all intervention elements will have been pilot tested as an integrated intervention.

R/D prevention components are expected to reduce the incidence, frequency, or intensity of interpersonal R/D and/or structural R/D. R/D may be related to race/ethnicity and/or other statuses among youth from health disparity populations, such as gender, sexual/gender minority status, disability status, social class, religion, national origin, immigration status, limited English proficiency, or physical characteristics.

Examples of interpersonal R/D prevention strategies include but are not limited to the following:

increasing awareness of unconscious bias

shifting social norms and reinforcement of inclusive behavior

fostering greater contact and interaction between groups of youth or between youth and adults

Examples of structural R/D reduction strategies include but are not limited to the following:

adjustment of policies or practices that differentially impact certain populations of youth

monitoring to ensure equitable enforcement of policies

cultural competency and diversity training for organizational personnel

Intervention strategies that aim to improve coping or resilience in the face of R/D, in the absence of strategies to directly reduce interpersonal or structural R/D, are not responsive to this FOA.

Projects are expected to use an approach that encompasses multiple domains (e.g., biological, behavioral, socio-cultural, environmental, physical environment, or health system) and multiple levels (e.g., individual, interpersonal, community, societal) to address youth violence (see the NIMHD Research Framework, https://www.nimhd.nih.gov/about/overview/research-framework.html, for examples of health determinants of interest). Interventions may be delivered in any variety of settings, such as schools, hospitals, community organizations, faith-based organizations, or juvenile justice settings. It is expected that projects will involve collaborations from a variety of relevant organizations or groups, including but not limited to academic institutions, health service providers and systems, state and local public health agencies, school systems, school-based student or parent associations, community-based organizations, and faith-based organizations. It is also expected the interventions developed will have potential for sustainability in the intervention setting after the project is over as well as scalability to be implemented in other settings.

Baseline data identifying the prevalence of violence or aggressive behavior and indicators and levels of R&D should support the rationale for the selection of the intervention content and setting. Research designs should allow for the assessment of mechanisms through which the intervention elements produce changes in the targeted outcomes. Projects should include outcome measures of actual violent behavior at the individual, setting, or community level. Outcomes that are limited only to changes in attitudes or behavioral intentions are not sufficient. Research designs comparing violence prevention interventions with and without R/D prevention components that are strongly encouraged.

Specific Areas of Research Interest

Violence prevention targets of interest include but are not limited to the following:

fighting, bullying, and other school-based violence

electronic aggression

dating violence (including physical and sexual violence)

family violence

violent behavior in juvenile justice settings

R/D prevention targets of interest include but are not limited to the following:

hate crimes,

teacher/classroom practices

school disciplinary practices

law enforcement practices

criminal justice practices

behavior of neighborhood businesses and services

local media messages

Applications that do not focus on youth from US health disparity populations, do not test interventions that address both violence prevention and interpersonal or structural R/D reduction, or do not include violent behavior or aggression as intervention outcomes will be deemed non-responsive and will not be reviewed.

WEBSITE/LINK: https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-005.html

Mary Kay Foundation Accepting Applications for Domestic Violence Shelter Grant Program

DEADLINE: April 30, 2018

AMOUNT: Funds awarded by the foundation may be applied to the operating budget of the applicant (with the exception of staff travel). The foundation will award a grant to at least one domestic violence shelter in every state. Any remaining funds will be distributed based on state population. Grant awards will be announced in October in conjunction with National Domestic Violence Awareness Month.

DESCRIPTION: The goal of the Mary Kay Foundation is to eliminate domestic violence. As a part of this effort, the foundation makes grants to organizations in the United States that operate emergency shelters for survivors of domestic violence.

WEBSITE/LINK: https://www.marykayfoundation.org/causes

COMMUNITY GRANTS

Youth Homelessness Demonstration Program - Department of Housing and Urban Development

DEADLINE: Apr 17, 2018 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: $15,000,000

DESCRIPTION: NOFA Highlights: HUD will select up to 11 communities to participate in the Youth Homelessness Demonstration Program (YHDP) to develop and execute a coordinated community approach to preventing and ending youth homelessness. Five of the 11 selected communities will be rural communities. [Section I.A.1] Only CoC Collaborative Applicants may apply to this NOFA [Section III.A] Applications are submitted through grants.gov, and are due by April 17, 2018 Communities represented by the CoC Collaborative Applicant must include a youth collaboration board, the local or state public child welfare agency, and a broad array of other partners [Sections III.C.1, III.C.3.b, and V.A] The rating and ranking criteria included in this NOFA will be used to competitively select the communities [Section V.A] The selection of the 11 communities will be announced in the Summer of 2018 [Section V.C] Selected Communities will: Develop and implement a Coordinated Community Plan to prevent and end youth homelessness [Section III.C.3.b] Apply for project funding up to an amount between $1 million and $15 million per community, based on each communitys youth population size and poverty rate, for a total demonstration amount of up to $43 million [Section II.C] Request project funding on a

rolling [Appendix A] Requests funding for all project types allowed under the CoC Program to support homeless and at risk youth, as well as innovative project types that may require a waiver of CoC Program or McKinney-Vento Act requirements [Appendix A and Appendix B] Request funding for a 2-year grant term that will be eligible for renewal under the CoC Program, as long as the project meets statutory CoC Program requirements [Section II.B] Receive a dedicated team of technical assistance providers to advise the development and implementation of the Coordinated Community Plan [Section II.C.3.b] Participate in an evaluation that will inform the federal strategy for preventing and ending youth homelessness [Section I.A and VI.B.] NOFA Priority The purpose of the YHDP is to learn how communities can successfully approach the goal of preventing and ending youth homelessness by building comprehensive systems of care for young people rather than implementing individual or unconnected projects that serve this population. In order to effectively implement a system that addresses the needs of youth experiencing homelessness, Continuums of Care (CoCs) must understand the subgroups of homeless youth &; including unaccompanied youth, pregnant and parenting, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), and minor age youth &; experiencing homelessness and the unique challenges they face within their communities. Additionally, CoCs must ensure that the appropriate type of housing assistance and level of services that are effective in providing safe and stable housing are available within the community and must reach out and partner with a comprehensive set of traditional and non-traditional youth homelessness stakeholders that provide youth with resources and services, advocate for them, and set policy on their behalf. Finally, CoCs must incorporate the experiences of homeless or formerly homeless unaccompanied youth &; which is vital to understanding the needs, strengths, and perspectives of the youth in the community &; and incorporate those understandings into the YHDP coordinated community plan and awarded projects. All of this will require CoCs to use innovative practices to design better projects and strong comprehensive plans to prevent and end youth homelessness. Background In 2010, the United States Interagency Council on Homelessness (USICH) presented Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness to the President and Congress, identifying youth as one of four special populations and articulating a goal of preventing and ending youth homelessness by 2020. A coordinated community approach lies at the heart of the strategies advocated by Opening Doors[1]. By engaging in a system-wide crisis response, communities can better understand their system level needs and assets, plan for and allocate new and existing resources, prevent and quickly divert youth from homelessness, and identify, engage, and respond to the needs of youth experiencing homelessness. These concepts are described in the 2012 release of the Framework to End Youth Homelessness [2], and Preventing and Ending Youth Homelessness: A Coordinated Community Response by USICH in December of 2015[3]. The 2015 release included a Preliminary Vision for a Community Response; and illustrates the general components believed necessary for each community to prevent and end youth homelessness. Federal partner agencies with a stake in preventing and ending youth homelessness are working tirelessly together to build on that vision. This work together with a commitment to developing and supporting a coordinated community approach, guides HUDs effort to prevent and end youth homelessness, and serves as the cornerstone value for the YHDP. http ://dev2 .usich.gov/resources /uploads /asses_library/USICH_OpeningDo ors_Amendment20 15_FINAL .pdf https ://www.usich .gov/tools -for-actio n/frame work-for-endin g-youth -homel essne ss https ://www.usich .gov/resources /uploads /asset_library/Youth_Home lessness_Coordinated_Response .pdf

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=300136

JUNE 2018

Colorado Health Foundation Accepting Applications for Activating Places and Spaces Together Program

DEADLINE: Jun 15, 2018, Oct 15, 2018

AMOUNT: To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

See the CHF website for complete program guidelines and application instructions.

DESCRIPTION: The program supports locally defined, place-specific efforts designed to get people outdoors and actively engaged in their neighborhoods — together. The goal of the community's overall health. Grants will be awarded to support costs associated with project/program planning and/or implementation.

To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

WEBSITE/LINK: **http://philanthropynewsdigest.org/rfps/rfp8198-colorado-health-foundation-accepting-applications-for-activating-places-and-spaces-together-program**

ONS Foundation Accepting Applications for End-of-Life Care Nursing Career Development Award

DEADLINE: June 15, 2018

AMOUNT: One annual award of up to $2,000

DESCRIPTION: To support continuing educational activities for a registered nurse dedicated to caring for patients and their families during the final stages of life. This award ***cannot*** be used for tuition in an academic program, to attend the ONS Congress or certification.

WEBSITE/LINK: **http://www.onsfoundation.org/apply/ed/PatMcCue**

Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R21 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: June 16; October 16, 2018

AMOUNT: $200,000

DESCRIPTION: The purpose of this FOA is two-fold: (1) to advance identification of male-female differences in drug and alcohol research outcomes, to uncover the mechanisms of those differences, and to conduct translational research on those differences, and (2) to advance research specific to women or highly relevant to women. Both preclinical and clinical studies are sought across all areas of drug and alcohol research.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PA-18-602.html**

Electronic Nicotine Delivery Systems (ENDS): Population, Clinical and Applied Prevention Research (R01 Clinical Trial Optional) - Department of Health and Human Services National Institutes of Health

DEADLINE: June 27, 2018; October 24, 2018; June 27, 2019; October 24, 2019; June 27, 2020), by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement is to support studies on electronic nicotine delivery systems (ENDS) that examine population-based, clinical and applied prevention of disease, including etiology of use, epidemiology of use, potential risks, benefits and impacts on other tobacco use behavior among different populations.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-18-612.html**

MAY 2018

Second Chance Act Comprehensive Community-Based Adult Reentry Program

DEADLINE: May 1, 2018

AMOUNT:

Category 1:

Award ceiling: $1,000,000

Project period: 3 years

Estimated number of awards: 8

Category 2:

Award ceiling: $500,000

Project period: 3 years

Estimated number of awards: 4

DESCRIPTION: This program provides grants to help communities develop and implement comprehensive and collaborative strategies that address the challenges posed by reentry and recidivism reduction.

There are two award categories.

Community-based adult reentry: Must commit to serving a minimum of 150 people

Community-based adult reentry with small and rural organizations: Must commit to serving a minimum of 75 people

Funds should be used to:

Conduct assessments using reliable, locally validated risk and needs tools to match individuals with appropriate treatment and reentry services

Provide pre- and post-release case management that is sustained over a period of at least 6 months after release

Support a comprehensive range of services, including:

Treatment services that employ the cognitive, behavioral, and social learning techniques of modeling, role playing, reinforcement, resource provision, and cognitive restructuring

Substance abuse treatment, including alcohol abuse

Educational, literacy, and vocational training, as well as job readiness and job placement services

Housing and homelessness support services, including permanent supportive housing

Medical and mental healthcare services, including facilitating enrollment in healthcare plans

Facilitating obtaining locally issued identification cards and other proof of identity

Veteran-specific services, as applicable

Culturally-based programming

Programs that encourage safe, healthy, and responsible family and parent-child relationships and enhance family reunification, as appropriate

Gender responsive and trauma informed services

WEBSITE/LINK: https://www.ruralhealthinfo.org/funding/4338

William T. Grant Foundation Seeks Applications for Inequality Research

DEADLINE: May 2, 2018

AMOUNT: Through its Research program, the foundation will award grants of up to $600,000 in support of research that focuses on ways to reduce disparities in academic, behavioral, social, and economic outcomes for youth. Priority will be given to projects related to inequality related to economic, racial/ethnic, and language background, but research that explores other areas will also be considered based on a compelling case for its impact.

DESCRIPTION: In recent years, inequality in the United States has become increasingly pervasive. At the same time, prospects for social mobility have decreased. The William T. Grant Foundation believes the research community can play a critical role in reversing this trend.

To that end, the foundation is accepting applications in support of research projects designed to advance understanding in the area of inequalities in youth development and/or increase understanding of how research is acquired, understood, and used, as well as the circumstances that shape its use in decision making.

WEBSITE/LINK: http://wtgrantfoundation.org/grants#apply-research-grants

Intervention Research to Improve Native American Health (R01 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: May 14, 2018; (forecast) May 14, 2019; May 14, 2020, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The total project period may not exceed 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement (FOA) is to encourage exploratory developmental research to improve Native American (NA) health. Such research can include: conducting secondary analysis of existing data (such as databases that the Tribal Epidemiology Centers have collected); merge various sources of data to answer critical research questions; conduct pilot and feasibility studies; and/or assess and validate measures that are being developed and/or adapted for use in NA communities.

For the purposes of this FOA, the term 'Native Americans' includes the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual whose ancestors were natives, prior to 1778, belonging to the area that now comprises the State of Hawaii.

Studies should: be culturally appropriate and result in promoting the adoption of healthy lifestyles; improve behaviors and social conditions and/or improve environmental conditions related to chronic disease; prevent or reduce the consumption of tobacco, alcohol, and other drugs; improve mental health outcomes; reduce risk of HIV infection; improve treatment adherence and/or health-care systems adopting standards of care to improve overall quality of life.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=297729**

COMMUNITY GRANTS

FY2018 AmeriCorps Indian Tribes Grants - Corporation for National and Community Service

DEADLINE: Wednesday, May 2, 2018 at 5:00 p.m. Eastern Time. CNCS expects that successful applicants will be notified no later than Monday, June 25, 2018.

Intent to Apply: CNCS strongly encourages applicants to submit a Notification of Intent to Apply by Monday, April 2, 2018 by using this link:
https://www.surveymonkey.com/r/2018ACTribesIntent

AMOUNT:

1. Estimated Available Funds

CNCS expects a highly competitive AmeriCorps grant competition. CNCS reserves the right to prioritize providing funding to existing awards over making new awards. The actual level of funding will be subject to the availability of annual appropriations.

2. Estimated Award Amount

Grant awards have two components: operating funds and AmeriCorps member positions. Grant award amounts vary – both in the level of operating funds and in the type and amount of AmeriCorps member positions – as determined by the scope of the projects.

3. Project and Award Period

The project period is generally one year, with a start date proposed by the applicant. The grant award covers a three-year project period unless otherwise specified. In most cases, the application is submitted with a one-year budget. Continuation funding for subsequent years is not guaranteed and shall be dependent upon availability of appropriations and satisfactory performance.

DESCRIPTION: CNCS Focus Areas

The National and Community Service Act of 1990, as amended by the Serve America Act, emphasizes measuring the impact of service and focusing on a core set of issue areas. In order to carry out Congress' intent and to maximize the impact of investment in national service, CNCS has the following focus areas:

Disaster Services

Grant activities will provide support to increase the preparedness of individuals for disasters, improve individuals' readiness to respond to disasters, help individuals recover from disasters, and/or help individuals mitigate disasters. Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.

Economic Opportunity

Grants will provide support and/or facilitate access to services and resources that contribute to the improved economic well-being and security of economically disadvantaged people; help economically disadvantaged people, to have improved access to services that enhance financial literacy; transition into or remain in safe, healthy, affordable housing; and/or have improved employability leading to increased success in becoming employed.

Education

Grants will provide support and/or facilitate access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged young children; improved educational and behavioral outcomes of students in low-achieving elementary, middle, and high schools; and/or support economically disadvantaged students prepare for success in post-secondary educational institutions.

Environmental Stewardship

Grants will support responsible stewardship of the environment, while preparing communities for challenging circumstances and helping Americans respond to and recover

from disruptive life events: programs that conserve natural habitats; protect clean air and water; maintain public lands; support wildland fire mitigation; cultivate individual and community self-sufficiency; provide reforestation services after floods or fires; and more. AmeriCorps programs support activities, such as conservation and fire corps, which may also help veterans and others learn new job skills through conservation service.

Healthy Futures

Grants will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs; increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible; and/or increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity.

WEBSITE/LINK: https://www.nationalservice.gov/documents/2018/2018-americorps-indian-tribes-grants

JULY 2018

Charles A. Frueauff Foundation Grants

DEADLINE: Jul 1, 2018

AMOUNT: Awards are generally for $10,000 or less, especially for first-time grantees.

DESCRIPTION: Charles A. Frueauff Foundation Grants award funding to nonprofit organizations who work in the areas of education, human services, and health.

Education: Examples of funding priorities include: endowed scholarships, technology and software upgrades, infrastructure assistance, service learning, and persons leaving welfare, students preparing for employment in non-profit agencies, and activities for at-risk youth.

Human Services: Examples of funding priorities include: welfare-to-work programs, working with at-risk youth, daycare programs, hunger issues, and economic development initiatives.

Health: Specific institutions and specific programs (hospitals and health agencies), rather than national organizations, are usually given priority. Examples of funding priorities include: equipment, outreach programs, staff positions, screening and education materials, programs for at-risk children and their parents, support for the critically ill, AIDS/HIV education programs, and nursing scholarships.

WEBSITE/LINK: https://www.ruralhealthinfo.org/funding/964

(WASHINGTON ONLY) Arcora Foundation Grants

DEADLINE: Jul 1, 2018

AMOUNT: Award amounts vary by organization and project.

DESCRIPTION: The Arcora Foundation provides:

Capital funding to increase access to dental care

Operational funding to test innovative oral health delivery strategies and address social determinants of health

Examples of successfully funded projects could include a capital grant to expand an existing FQHC dental clinic and an operational grant to hire a community health worker to outreach into a local immigrant community.

Projects must meet at least two of the following criteria:

Located in Washington and benefits individuals within Washington

Located in a non-urban community or within a Dental HPSA

Located in a community with unmet dental needs

Located in local impact network (LIN) community

WEBSITE/LINK: https://www.ruralhealthinfo.org/funding/3996

NO DEADLINE – GRANT RESOURCE INFORMATION:

Elizabeth Taylor AIDS Foundation Seeks Applications for HIV/AIDS Programs

DEADLINE: Strategic Funding – Year round by invitation only. (To be eligible, applicant organizations must have at least three years' experience in delivering HIV/AIDS programs.)

AMOUNT: One-year grants of up to $25,000 will be awarded for domestic and international programs that offer direct care services to people living with HIV and AIDS. Online trainings, curriculum development, and website projects will be a secondary priority for funding considerations.

DESCRIPTION: The Elizabeth Taylor AIDS Foundation was established by Elizabeth Taylor in 1991 to provide grants to existing organizations for domestic and international programs that offer direct care services to people living with HIV and AIDS. Since its inception, the foundation has concentrated on supporting marginalized communities and has grown to also fund innovative HIV education and advocacy programs. To date, ETAF has awarded grants to more than six hundred and seventy-five organizations in forty-four countries and forty-two states in the United States.

WEBSITE/LINK: **http://elizabethtayloraidsfoundation.org/apply/**

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

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

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

Registration is required.

Archived Web Conferences

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

June 3, 2015 web conference recording available here.

July 22, 2015 web conference recording available here.

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

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

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

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

Changes in Health Care Financing and Organization: Small Grants

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

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

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

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

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

Eligibility and Selection Criteria

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

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

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

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

The National Children's Alliance

Deadline: http://www.nationalchildrensalliance.org/

Amount: See website

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

Common Wealth Fund

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

They fund:

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

Health System Performance Assessment and Tracking

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

Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds

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

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

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

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

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

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

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl

➢ Meyer Memorial Trust

Deadline: Monthly (Except January, April and August)

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

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

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

Deadline: No Deadline

Amount: No Amount Specified

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

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

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

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

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

See the Kellogg Foundation Web site for eligibility and application guidelines.
http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfJRk.dpuf

• W.K. Kellogg Foundation

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in

Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

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

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

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

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

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

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

Community Grant Program- WALMART

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

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

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

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

Community Facilities Direct Loan & Grant Program

DEADLINE: Applications for this program are accepted year round.

AMOUNT: (See website.)

DESCRIPTION: This program provides affordable funding to develop essential community facilities in rural areas. An essential community facility is defined as a facility that provides an essential service to the local community for the orderly development of the community in a primarily rural area, and does not include private, commercial or business undertakings. Who can answer questions? Contact your local RD office.

WEBSITE/LINK: https://www.rd.usda.gov/programs-services/community-facilities-direct-loan-grant-program

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

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

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

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

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years

Language other than English: two years

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

Eligibility Criteria

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

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

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

Display commitment to community service

Must be a citizen or permanent resident of the United States

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

First Scholars – The Suder Foundation

DEADLINE:

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

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

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

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

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

Education Award Applications –The American College of Psychiatrists

DEADLINE: June 30

AMOUNT: (SEE WEBSITE)

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

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

(Internship Program/Scholarship Opportunities)

CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions/Department of Health and Human Services/Centers for Disease Control - OD

DEADLINE: Jun 19, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: $850,000

DESCRIPTION: CDC seeks to fund organizations with the ability to reach undergraduate and graduate students, including sexual and gender, people with disabilities, low socioeconomic status (SES) and those from underrepresented racial and ethnic minority populations. The ultimate goal is to increase the diversity of the public health workforce, improve the representation of underrepresented populations in public health, and increase the quality of public health services nationally.

WEBSITE/LINK: **http://www.cdc.gov/features/studentopportunities/index.html**

DIRECTORS OF HEALTH PROMOTION AND EDUCATION (DHPE)-2017 SPRING HEALTH EQUITY INTERNSHIP

DEADLINE: & AMOUNT: For more information, contact Karen Probert at **internship@asphn.org**.

DESCRIPTION: DHPE has received supplemental funding to support the Health Equity Internship for an additional year. The funding is from the Centers of Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSP). The mission of the CDC DHDSP is to provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke. DHPE is working with the Association of State Public Health Nutritionists (ASPHN) to administer the Internship Program for the 2017 Spring cohort.

College students selected for these cohorts should be interested in an internship project and placement site that focuses on the following:

Cardiovascular Disease Risks Reduction;

Heart Disease Prevention and Education, including Hypertension and Stroke;

Nutrition and Healthy Eating;

Physical Activity and/or Obesity. Interested students should mention their proposed internship site within their application.

Preference will be given to undergraduate and graduate students who attend Minority-Serving Institutions (HBCUs, HSIs and Tribal Colleges), are from racial and ethnic populations, and/or have demonstrated interest in working to achieve health equity in minority and underserved communities.

WEBSITE/LINK: For more information, contact Karen Probert at **internship@asphn.org**.

Native Student Travel Scholarships: Connecting STEM and Justice

DEADLINE: Apply now for sponsorship to visit Philadelphia and attend the International Association of Chiefs of Police Conference (IACP) on October 21-24, 2017.

AMOUNT: Funding includes registration, airfare, lodging, ground transportation, baggage, meals, and incidental expenses. You would fly from your home airport to Philadelphia on October 20, 2017, and return on October 25, 2017. Decision notices will be sent to all applicants by August 30, 2017.

DESCRIPTION: Are you an American Indian or Alaska Native student in science, tech, engineering, or math (STEM)?

The National Institute of Justice is looking for five qualified undergrad or grad students to attend this conference, which brings together thousands of professionals from federal, state, local, and tribal organizations.

Attendance will aid you in exploring applications of your STEM training to issues of criminal justice and public safety. You will have the opportunity to interact with scientists and attend panel discussions on the most urgent issues facing communities and innovative, evidence-based solutions.

WEBSITE/LINK: **https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=adhoc**

VETERANS

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

DEADLINE: Open

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

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

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

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

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

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

WEBSITE:
http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRCtwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK_PRoCB4Hw_wcB

RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.

DEADLINE: Open

AMOUNT: See site

DESCRIPTION: The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.

While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

WEBSITE/LINK: **http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjlL9Zh7yWU63VdhdaVE2UAc&et_cid=639126**

IDAHO & WASHINGTON - ONLY

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

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

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

Increase capacity to provide quality animal care and services by:

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

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

Increase coalition live release rate via:

Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: **http://aspcapro.org/grant/2016/05/06/aspca-northern-tier-shelter-initiative-coalition-grants**

Healthy Native Babies Outreach Stipend Application

DEADLINE: Applications will be accepted on a rolling basis as funds are available.

AMOUNT: $1500

DESCRIPTION: The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally

appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: **https://www.ihs.gov/locations/.**

WEBSITE/LINK: http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000

Good Sports Accepting Applications for Sports Equipment Program

DEADLINE: *ROLLING FUNDING*

AMOUNT: While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of $1,500.

DESCRIPTION: Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.

WEBSITE/LINK: https://www.goodsports.org/apply/

Good Sports Accepting Applications for Athletic Equipment Grants

DEADLINE: *ROLLING FUNDING*

AMOUNT: You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals $2,000, you will be asked to provide $200, etc.

DESCRIPTION: Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to $1,500.

WEBSITE/LINK: **http://www.goodsports.org/apply/**

Voya Foundation Grants

DEADLINE: Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

AMOUNT: Value of grant requests must be a minimum of $2,500.

DESCRIPTION: The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.

To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

1) STEM Education: The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.

2) Financial Literacy: Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.

To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

WEBSITE/LINK: **http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants**

COMMUNITY

FY 2017 Economic Development Assistance Programs - Application submission and program requirements for EDA's Public Works and Economic Adjustment Assistance programs. Department of Commerce

DEADLINE: There are no submission deadlines under this opportunity. Proposals and applications will be accepted on an ongoing basis until the publication of a new EDAP NOFA.

AMOUNT: $3,000,000

DESCRIPTION: Under this NOFA, EDA solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and EAA programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities, including communities and regions that have been impacted, or can reasonably demonstrate that they will be impacted, by coal mining or coal power plant employment loss, or employment loss in the supply chain industries of either. EDA provides strategic investments on a competitive- merit-basis to support economic development, foster job creation, and attract private investment in economically distressed areas of the United States. This EDAP NOFA supersedes the EDAP Federal Funding Opportunity dated December 23, 2016.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=294771**

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

Registration now open!

April 11-13, 2018

Coeur d'Alene Casino Resort Hotel

Tribal Leaders & Tribal Environmental professionals come together MAKING POSITIVE CHANGES IN A CHANGING WORLD

Alaska * Idaho **REGION 10** Oregon * Washington

2018 TRIBAL ENVIRONMENTAL LEADERS SUMMIT

*Facilitated Sessions *Native American Dance Group *Cultural Night *Awards

REGISTRATION online at https://region10tels.eventsmart.com

HOTEL INFORMATION Book your room before March 26, 2018 for conference rates. Hotel reservations can be made by calling 800-523-2464. (Group Name: Tribal Environmental Leaders Summit; Booking ID: 2525)

AIRPORT Spokane International Airport

TRANSPORTATION The Coeur d'Alene Casino Resort Hotel will provide complimentary transportation service to and from the Spokane International Airport. Arrangements need to be made 2 weeks prior to arrival. You will need to provide contact cell phone and flight itineraries when you book your hotel. If notification is not received within the deadline, there will be a fee of $25 each way.

FOR MORE INFORMATION

Contact Carm Bohnee, TELS Coordinator
telscoordinator@region10rtoc.net (208) 816-6950

REGION 10 RTOC TRIBAL OPERATIONS COMMITTEE — ALASKA IDAHO OREGON WASHINGTON

EPA United States Environmental Protection Agency

#TELS2018 #POSITIVECHANGES

COEUR D'ALENE TRIBE

GREAT LAKES INTER-TRIBAL COUNCIL, INC.
P.O. Box 9, Lac du Flambeau, Wisconsin 54538
Phone: 715-588-3324 Fax: 715-588-7900
TTY: 715-588-1774 Email: glitc@glitc.org

March 6, 2018
GLITC is recruiting for the following position. Drug Testing required before hire and random thereafter.

EPIDEMIOLOGY OFFICER

The Epidemiology Officer responsibilities include carrying out a very broad range of epidemiologic activities that serves 34 Tribal Nations, four Urban Indian Programs and three Indian Health Service (IHS) units, covering the geographical areas of Michigan, Minnesota, Wisconsin and Chicago. Specifics include surveillance, assessment and analysis, providing technical assistance on a variety of epidemiological issues addressing morbidity, mortality, incidence and prevalence of illness associated to social determinants. Daily attendance is an essential component of this position.

Principal Duties: Acquire, assess and report on health statistics to improve Tribal Nation and Urban Indian health programs. *Assist in building the capacity of Tribal staff to conduct epidemiological functions related to data collection, analysis and interpretations for use in grant applications and program modifications. *Provide capacity building assistance to Tribal Nations for data management, health program planning and evaluation in areas of chronic and infectious diseases, environmental and maternal/child health. *Work with Federal, State and local public health departments and IHS to acquire data needed to develop health profiles, community health assessments and to coordinate public health workshops and trainings for Tribal Nations. Works to coordinate with other Epidemiologists serving Wisconsin, Michigan and Minnesota that produce regional data products, annual reports, provide training, and build program capacity. *Assemble and coordinate project specific health advisory and adhoc health work groups that promote partnerships with Tribal Nations and governmental public health departments. *Assist in development of Memorandums of Understanding's and Inter-agency agreements, with federal, tribal, state, county and local health agencies and medical institutions. *Meet with Wisconsin, Michigan, and Minnesota Tribal health directors periodically to update them on GLITC Epidemiology Center activities to determine epidemiologic strategies to build program capacity. *Frequent travel is required for this job. Must be able to serve as a project coordinator on specific federal grants.

Main office/worksite is at GLITC Headquarters, Lac du Flambeau, WI. This is a full time exempt position with a starting rate of $47,000 to $65,000 (depending on experience) per year with benefits including: Annual/Personal Leave and Holiday Pay; Health, Dental, Life & AD&D, STD and LTD Insurance, FSA and 403(b) Retirement Plan.

Qualifications
Required: Master's degree in Public Health with specialization in epidemiology, emphasis bio statistics, public health or equivalent, two to five years' related experience and/or training; or equivalent combination of education and experience.
Desired: Demonstrated experience working effectively with or for Tribal Nations and/or American Indian/Alaska Native organizations and/or not-for-profit agencies.
Individual must possess: excellent verbal and written communication skills; professional demeanor and appearance; technical presentation skills; problem solving skills; critical thinking skills; ability to manage time efficiently; self-motivation skills; work effectively under pressure; effective ability to build positive working relationships with internal and external stakeholders; ability to interact professionally with a wide variety of people and speak in front of groups. Individual must be able to address a wide range of intellectual and practical problems, apply statistical calculations to findings, and the ability to compose complex business correspondence (reports, health profiles.) Requires a high level of confidentiality. Must possess valid driver's license and/or reliable transportation with adequate insurance and ability to travel frequently.

To Apply: Preferred method is to apply through **indeed.com**; search using job posting title or organization name. Otherwise, email a resume, cover letter, or application to hr@glitc.org. See the employment page of our website at www.glitc.org for the application. ***Only the most qualified candidates will be contacted for an interview.**

Great Lakes Inter-Tribal Council (GLITC) is an equal opportunity employer that applies Native American Preference as defined in Section 703(i) of the Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e-2(i). Consistent with the referenced Native American Preference, it is the policy of GLITC to provide employment, compensation, and other benefits related to employment based on qualifications of the job applied for, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, GLITC intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request a needed accommodation from the representative of the Human Resource Department, PO Box 9 Lac Du Flambeau, WI 54538 or phone (715) 588-1069 or (800) 872-7207.

Closing date is: 3/30/18

GREAT LAKES INTER-TRIBAL COUNCIL, INC.
P.O. Box 9, Lac du Flambeau, Wisconsin 54538
Phone: 715-588-3324 Fax: 715-588-7900
TTY: 715-588-1774 Email: glitc@glitc.org

March 6, 2018
GLITC is recruiting for the following position. Drug Testing required before hire and random thereafter.

EPIDEMIOLOGIST W/ BEHAVIORAL HEALTH FOCUS

The Epidemiologist with focus on Behavioral/Mental Health and Other Substance Abuse (BMSA) issues include carrying out a broad range of epidemiologic activities including: assessment, analysis and interpretation of Tribal / State collected information; technical assistance to Tribes on a variety of epidemiological issues focusing on drug abuse, substance abuse research, program planning, evaluation and training in relation to properly using statistical information. Daily attendance is an essential job function of this position. Frequent travel is required.

Principal Duties: Provide epidemiology assistance to Tribal Nations and Urban programs in Wisconsin, Minnesota and Michigan with a variety of behavioral/mental health and BMSA topics. *Work with federal, state, local and non-profit public health agencies to acquire and support data quality improvement, depository, and management efforts with and for tribal Nations. *Coordinate with other Epidemiologists serving tribes to produce regional data products, write semi-annual and annual reports, provide training, and coordinate program advisory committees. *Assist tribes in development of MOU's and other working agreements to share data and resources with state, county, and local public health agencies. *Assist with internal grant writing, submitting reports and developing budgets. *Meet with Wisconsin, Michigan, and/or Minnesota tribal health directors periodically to update them on GLITC Epidemiology Center mental/behavioral health activities and determine additional epidemiologic assistance. *Attend all meetings to maintain a comprehensive knowledge base of behavioral/mental health, BMSA and additional resources from tribal, federal, state and local agencies.

Main office/worksite is at GLITC Headquarters, Lac du Flambeau, WI. This is a full time exempt position with a starting rate of $47,000 to $65,000 (depending on experience) per year with benefits including: Annual/Personal Leave and Holiday Pay; Health, Dental, Life & AD&D, STD and LTD Insurance, FSA and 403(b) Retirement Plan.

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Individual must possess: excellent verbal and written communication skills; professional demeanor and appearance; technical presentation skills; problem solving skills; critical thinking skills; ability to manage time efficiently; self-motivation skills; work effectively under pressure; effective ability to build positive working relationships with internal and external stakeholders; ability to interact professionally with a wide variety of people and speak in front of groups. Individual must be able to address a wide range of intellectual and practical problems, apply statistical calculations to findings, and the ability to compose complex business correspondence (reports, health profiles.) Requires a high level of confidentiality. Must possess valid driver's license and/or reliable transportation with adequate insurance and ability to travel frequently.

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Closing date is: 3/30/18

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Job Posting Closing Date 3/30/18

Job Title: WEAVE Project Director
Project: WEAVE-NW
Reports To: **Director, NW TEC**
Salary Range: 60 - 80K DOE
Department: NW TEC

Status: Salaried, Exempt
Classification: 1.0 FTE, Regular
Funding duration: Through 9/29/2019
Location: Portland, Oregon

Job Summary:

Under the supervision of the Director of the NWTEC, The Project Director is responsible for managing the project's daily operations and activities, supervising project staff, and carrying out and performing duties related to the project's essential functions such as: financial and budgetary expenditures, budget tracking, and developing program progress reports from ongoing project period activities. The position will work closely and collaboratively with Principal Investigators to fulfill programmatic objectives. This position requires consistent and respectful communication and collaboration with project and community partners in alignment with its community-based and culturally sensitive components. The goal of this initiative is to promote effective and culturally adapted policies, systems, and environmental improvements towards the prevention of heart disease, type 2 diabetes and associated risk factors, such as physical inactivity, and unhealthy diet among American Indian Tribes in the Pacific Northwest.

Essential Functions

Responsible for functions related to:
WEAVE

- Maintain contacts with partner tribes to assure project completion.
- Ensure the project is in compliance with the requirements of the cooperative agreement with funding agencies, and is on schedule to meet all goals and objectives.
- Assist Principal Investigator in coordinating project activity at the community level.
- Oversee completion of data collection, transfer and management for reporting and analysis upon request of the Tribes
- Provide weekly update to Principal Investigator, either verbally or by email, on project status and activities.
- Meet regularly with Principal Investigator and project staff to ensure all goals and objectives are met.
- Oversee the preparation of all required project reports.
- Maintain project-related files and records.
- Oversee budget expenditures; ensure project remains on budget and compliant with funding agencies.
- Prepare a Monthly Activity Report (MAR)

Supervisory Responsibilities

- Supervise staff and interns, including assisting with hiring, preparing performance evaluations, reviewing work plans, and assigning and reviewing work.
- Coach employees and identify and coordinate their training and professional development needs.
- Ensure that all personnel are in compliance with organizational policies, procedures, and directives; partnering agencies, and other relevant parties.
- Meet regularly with staff to ensure that all goals and objectives are met in a timely manner.

Other duties

- Collaborate with other NPAIHB programs to meet related goals and objectives.
- Perform other duties as assigned by the EpiCenter Director.

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 office environment.
- Expected to 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:

- MPH degree in a health-related field required.
- One year of experience in health promotion/disease prevention programs.
- One year experience working with tribal communities or a tribal organization.
- Experience in project coordination and project planning.
- Experience preparing written reports is required.
- Must have the ability to make professional oral presentations in settings at the national level, regional level and community level, as well as in tribal settings.
- Advanced user in Microsoft Office package. (Access, Excel, Word, Publisher, PowerPoint)

- Excellent writing skills
- Must exhibit 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
- Able to operate a motor vehicle and have a valid State driver's license.
- 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: Travel outside of Portland is occasionally required. Overnight travel outside of the area is infrequently required.

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:

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

STANDARD APPLICATION

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

Please note: You are welcome to submit a resume/CV in addition to, but not in place of, this signed form.

1. Name: _____
   FIRST MIDDLE LAST

   Address: _____

   _____
   CITY STATE ZIP

   Primary Phone:_____Alternate Phone: _____

   Email Address: _____

2. Position for which you are applying: _____
3. When will you be available for work? _____
4. If the position requires travel, are you willing to travel (Check One) ☐ NO ☐ SOME ☐ OFTEN
5. Are you at least 18 years of age? ☐ NO ☐ YES

   If you are under 18 years of age, can you provide proof of your eligibility to work? ☐ NO ☐ YES
6. Are you eligible for employment in the United States? (Proof of identity and eligibility is required for employment)

   ☐ NO ☐ YES
7. How did you hear of this job? __referral, __ad Referred by: _____
8. Do you have any relatives who work at NPAIHB? ☐ NO ☐ YES

---

9. **Indian Heritage:** This information is essential if you wish consideration under the Indian Preference Act.
   Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.

   _____
   TRIBE RESERVATION

   _____
   Enrollment Number/Blood Quantum

---

10. Are you able to perform the essential functions listed in the job announcement you are applying for, either with or without reasonable accommodations? ☐ NO ☐ YES
If not, please describe what functions you cannot perform.

11. EDUCATION, beginning with most recent. A**n attached copy of degree or certificates earned is required.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended :					Graduated? Yes/No	Year
GED completion through:					Yes/No	

Other schools or training: vocational, armed forces, trade, etc. For each give the name, location, dates attended, subjects studied, number of classroom hours, certificates or credits earned. If needed, continue on last page of application.						
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	**Name of software**	**Level of expertise 0-5, (5 being master/high)**
Word processing		
Spreadsheet set-up and usage		
Office E-mail system experience		
Data Management		
High-level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

13. EMPLOYMENT HISTORY, beginning with most recent

May inquiry be made of your current employer regarding your character, qualifications, and record of employment? ☐ NO ☐ YES ☐ With advance notice to applicant

(A "no" will not affect your consideration for employment opportunities)

A.			
From: _____ To: _____ (Date) (Date)			Title of Position:
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

B.			
From: _____ To: _____ (Date) (Date)			Title of Position:
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

C.			
From: _____ To: _____ (Date) (Date)			Title of Position:
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor**:** Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

D.			
From: _____ To: _____ (Date) (Date)			Title of Position:
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

E.			
From: _____ To: _____ (Date) (Date)			Title of Position:
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

14. **Special qualifications and skills** (relevant publications; public speaking experience; membership in a professional or scientific society, etc.) Use additional pages if needed.

15. **HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:**

16. **REFERENCES:** List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

Name	Phone Number	Occupation
1.		
2.		
3.		

YOU <u>MUST SIGN</u> THIS APPLICATION. Read the following three parts carefully before you sign:

- A false statement on any part of this application may be grounds for not hiring me, or firing me after I begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

- In consideration of NPAIHB's review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, complete and made in good faith.

SIGNATURE _____ DATE _____

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, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

12. (a) (for continuation of description of duties, responsibilities, etc., as needed)

Please submit your completed form to:

Human Resources Coordinator
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Or FAX to: 503-228-8182
Or e-mail to: HR@npaihb.org

Title/Agency Action/Regulation Link	Agency release date; due date for comments	Agency's Summary of Action	Notes:
PRIORITY HEALTH CARE REGULATIONS, POLICIES and BULLETINS			
2018 Federal Poverty Level Standards **AGENCY: CMS** **CMCS Informational Bulletin** https://www.medicaid.gov/federal-policy-guidance/downloads/cib030618.pdf	Published: 3/6/2018	The Department of Health and Human Services (HHS) updates the poverty guidelines at least annually and by law these updates are applied to eligibility criteria for programs such as Medicaid and the Children's Health Insurance Program (CHIP). These annual updates increase the Census Bureau's current official poverty thresholds by the relevant percentage change in the Consumer Price Index for All Urban Consumers (CPI–U). The 2018 guidelines reflect the 2.1 percent price increase between calendar years 2016 and 2017. After this inflation adjustment, the guidelines are rounded and adjusted to standardize the differences between family and household sizes. For a family or household of 4 persons living in one of the 48 contiguous states or the District of Columbia, the poverty guideline for 2018 is $25,100. **Qualified Medicare Beneficiary (QMB):** Monthly Income Limits: (100% FPL + $20)* All States and DC (Except AK and HI): $1,032 – Individual $1,392 – Couple **Specified Low-Income Medicare Beneficiary (SLMB):** Monthly Income Limits: (120% FPL + $20)* All States and DC (Except AK and HI): $1,234 – Individual $1,666 – Couple **Qualifying Individual (QI):** Monthly Income Limits: (135% FPL + $20)* All States and DC (Except AK and HI): $1,386 – Individual $1,872 Couple **Qualified Disabled Working Individual (QDWI):** Monthly Income Limits: (200% FPL + $20)* (Figures include additional earned income disregards) All States and DC (Except AK & HI): $4,132 – Individual $5,572 – Couple	

HHS Releases Strategic Plan FY 2018-2022 **AGENCY: HHS** **HHS Strategic Plan 2018-2022** https://www.hhs.gov/about/strategic-plan/index.html	Published: 2/28/2018	For the period FY 2018—2022, HHS is publishing its Strategic Plan as a Web document, which will be updated periodically to reflect the Department's strategies, actions, and progress toward its goals. The Web version of the Strategic Plan, rather than focusing on a static set of performance measures, provides priorities, accomplishments, and next steps that are tracked and updated frequently, reinforcing the Strategic Plan's function as a living, vital document that serves a genuine management purpose. The unique political status of tribes and tribal consultation is included in the Overview Section. In the 2018–2022 Strategic Plan, we have identified five goals for the department: • Reforming, Strengthening, and Modernizing the Nation's Healthcare System • Protecting the Health of Americans Where They Live, Work, Learn, and Play • Strengthening the Economic and Social Well-Being of Americans Across the Life-Span • Fostering Sound, Sustained Advances in the Sciences • Promoting Effective Management and Stewardship	
Women's Preventive Services Guidelines **AGENCY: HRSA** **Notice** https://www.gpo.gov/fdsys/pkg/FR-2018-02-27/pdf/2018-03840.pdf	Published: 2/27/2018	Applicable as of December 29, 2017, HRSA updated the HRSA supported Women's Preventive Services Guidelines for purposes of health insurance coverage for preventive services that address health needs specific to women based on clinical recommendations from the Women's Preventive Services Initiative. This 2017 update adds two additional services—Screening for Diabetes Mellitus after Pregnancy and Screening for Urinary Incontinence—to the nine preventive services included in the 2016 update to the HRSA-supported Women's Preventive Services Guidelines. The nine services included in the 2016 update are as follows: Breast Cancer Screening for Average Risk Women, Breastfeeding Services and Supplies, Screening for Cervical Cancer, Contraception, Screening for Gestational Diabetes Mellitus, Screening for Human Immunodeficiency Virus Infection, Screening for Interpersonal and Domestic Violence, Counseling for Sexually Transmitted Infections, and Well-Woman Preventive Visits. This notice serves as an announcement of the decision to update the guidelines as listed below. Please see https:// www.hrsa.gov/womens-guidelines/ index.html for additional information. Two new services: 1. **Screening for Diabetes Mellitus After Pregnancy**	

		The Women's Preventive Services Initiative recommends women with a history of gestational diabetes mellitus (GDM) who are not currently pregnant and who have not previously been diagnosed with type 2 diabetes mellitus should be screened for diabetes mellitus. Initial testing should ideally occur within the first year postpartum and can be conducted as early as 4–6 weeks postpartum. Women with a negative initial postpartum screening test result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy. For women with a positive postpartum screening test result, testing to confirm the diagnosis of diabetes is indicated regardless of the initial test (e.g., oral glucose tolerance test, fasting plasma glucose, or hemoglobin A1c). Repeat testing is indicated in women who were screened with hemoglobin A1c in the first six months postpartum regardless of the result (see Implementation Considerations below). 2. **Screening for Urinary Incontinence** The Women's Preventive Services Initiative recommends screening women for urinary incontinence annually. Screening should ideally assess whether women experience urinary incontinence and whether it impacts their activities and quality of life. The Women's Preventive Services Initiative recommends referring women for further evaluation and treatment if indicated.	
Proposed Information Collection Activity, Comment Request: Multi-site Implementation Evaluation of Tribal Home Visiting (MUSE). **AGENCY: ACF** https://www.gpo.gov/fdsys/pkg/FR-2018-02-28/pdf/2018-04061.pdf	Published: 2/28/2018	The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services has launched a national multisite evaluation of Tribal Maternal, Infant, and Early Childhood Home Visiting (TMIECHV) programs. MUSE is the first multi-site, multi-model study that will systematically explore how home visiting programs are operating across diverse tribal contexts and identify factors that lead to programs' success. The evaluation will provide information that will help the federal government design and support federal home visiting initiatives in tribal communities and similar populations. Evaluation findings will also assist programs with improving home visiting services for children and families. The aims of MUSE are to (1) identify and describe the primary influences shaping tribal home visiting program planning; (2) identify and describe how home visiting programs are being implemented; and (3) explore supports to home visiting implementation in tribal communities. To address these aims, the evaluation will gather data about participating home visiting programs from program staff and parent program participants and utilize administrative program data.	
Short-Term Limited-Duration Insurance	Published: 2/21/2018	HHS issued a proposed rule that expands the availability of short-term health insurance by allowing the purchase of plans providing coverage for up	CMS Fact Sheet: Short-Term, Limited-Duration

AGENCY: CMS, HHS, IRS, Treasury, DOL **Proposed Rule** https://www.gpo.gov/fdsys/pkg/FR-2018-02-21/pdf/2018-03208.pdf	**Due Date: 4/23/2018**	to 12 months, the latest in the Trump administration's plans to weaken the Affordable Care Act. The action builds off a request for information by HHS last June on ways to increase affordability of health insurance. The current maximum period for such plans is less than three months, a change made by the Obama administration in 2016. The proposed rule would mark a return to the pre-2016 era, but CMS noted that it is seeking comment on offering short-term plans for periods longer than 12 months. Consumers buying these short-terms plans could lose access to certain healthcare services and providers and experience an increase in out-of-pocket expenditures for some patients, according to the proposal. The short-term plans "would be unlikely to include all the elements of ACA-compliant plans, such as the preexisting condition exclusion prohibition, coverage of essential health benefits without annual or lifetime dollar limits, preventive care, maternity and prescription drug coverage, rating restrictions and guaranteed renewability," according to the proposed rule. The Trump administration argues that expanding access to short-term plans is increasingly important due to rising premiums in the individual markets. The American Hospital Association and Association for Community Affiliated Plans also slammed the short-term plans, saying they would increase the cost of comprehensive coverage. "Short-term, limited-duration health plans have a role for consumers who experience gaps in coverage. They are not unlike the small spare tire in a car: they get the job done for short periods of time, but they have severe limitations and you'll get in trouble if you drive too fast on them," ACAP CEO Margaret Murray said in a statement. America's Health Insurance Plans has stated that they are concerned that the use of short-term policies could further fragment the individual market, which would lead to higher premiums for many consumers. HHS anticipates most individuals switching from individual market plans to short-term coverage plans would be relatively young or healthy and not eligible to receive ACA's premium tax credits.	Insurance Proposed Rule HHS Press Release Healthcare Dive Brief Blue Cross of Idaho Offers New Choices in State-Based Health Insurance Plans CMS Letter to Idaho regarding Bulletin No. 18-01
Cost of Living Adjustments for Service-Connected Benefits **AGENCY: VA** **Notice** https://www.gpo.gov/fdsys/pkg/FR-2018-02-15/pdf/2018-03154.pdf	Published: 2/15/2018 Effective: 12**/1/2017**	The Social Security Administration has announced that there will be a 2.0 percent cost-of-living increase in Social Security benefits for 2018. Therefore, applying the same percentage, the following rates for VA's compensation program became effective on December 1, 2017: **Disability evaluation percent…..Monthly rate** **Disability Compensation [38 U.S.C. 1114]** 10 ..... $136.24	

		20 ..... 269.30 30 ..... 417.15 40 ..... 600.90 50 ..... 855.41 60 ..... 1,083.52 70 ..... 1,365.48 80 ..... 1,587.25 90 ..... 1,783.68 100 ..... 2,973.86 (38 U.S.C. 1114(k) through (t)): 38 U.S.C. 1114(k) ..... 105.61 38 U.S.C. 1114(l) ..... 3,700.43 **Disability evaluation percent…..Monthly rate** 38 U.S.C. 1114(m) ..... 4,083.79 38 U.S.C. 1114(n) ..... 4,645.60 38 U.S.C. 1114(o) ..... 5,192.65 38 U.S.C. 1114(p) ..... 5,192.65 38 U.S.C. 1114(r) ..... 2,227.23; 3,318.14 38 U.S.C. 1114(s) ..... 3,328.70 38 U.S.C. 1114(t) ..... 3,318.14 **Additional Compensation for Dependents [38 U.S.C. 1115(1)]** 38 U.S.C. 1115(1): 38 U.S.C. 1115(1)(A) ..... $165.81 38 U.S.C. 1115(1)(B) ..... 287.24; 82.38 38 U.S.C. 1115(1)(C) ..... 110.89; 82.38 38 U.S.C. 1115(1)(D) ..... 133.06 38 U.S.C. 1115(1)(E) ..... 317.87 38 U.S.C. 1115(1)(F) ..... 266.13 **Clothing Allowance [38 U.S.C. 1162]** $795.21 per year.	
30 Day Notice for 3-Year Extension of the Indian Health Service Loan Repayment Program (LRP) **AGENCY: IHS** **Notice and Request for Comments** https://www.gpo.gov/fdsys/pkg/FR-2018-02-14/pdf/2018-03019.pdf	Published: 2/14/2018 **Due Date: 3/16/2018**	IHS is submitting to the Office of Management and Budget (OMB) a request for an extension of a previously approved collection of information titled, ''IHS Loan Repayment Program (LRP)'' (OMB Control Number 0917–0014), which expires July 31, 2018. The purpose of this notice is to allow 30 days for public comment to be submitted directly to OMB. Need and Use of Information Collection: The IHS LRP identifies health professionals with pre-existing financial obligations for education expenses that meet program criteria who are qualified and willing to serve at, often	

		remote, IHS health care facilities. Under the program, eligible health professionals sign a contract through which the IHS agrees to repay part or all of their indebtedness in exchange for an initial two-year service commitment to practice full-time at an eligible Indian health program. The LRP is necessary to augment the critically low health professional staff at IHS health care facilities. Any health professional wishing to have their health education loans repaid may apply to the IHS LRP. A two-year contract obligation is signed by both parties, and the individual agrees to work at an eligible Indian health program location and provide health services to American Indian and Alaska Native individuals. The information collected via the online application from individuals is analyzed and a score is given to each applicant. This score will determine which applicants will be awarded each fiscal year. The administrative scoring system assigns a score to the geographic location according to vacancy rates for that fiscal year and also considers whether the location is in an isolated area. When an applicant accepts employment at a location, the applicant in turn ''picks-up'' the score of that location.	
CMS Office of Actuary releases 2017-2026 Projections of National Health Expenditures **AGENCY: CMS** CMS Office of the Actuary Report 2017-2026 Press Release	Published: 2/14/2018	National health expenditure growth is expected to average 5.5 percent annually over 2017-2026, according to a report published today as an "Ahead Of Print" by Health Affairs and authored by the Office of the Actuary at the Centers for Medicare & Medicaid Services (CMS). Growth in national health spending is projected to be faster than projected growth in Gross Domestic Product (GDP) by 1.0 percentage point over 2017-2026. As a result, the report projects the health share of GDP to rise from 17.9 percent in 2016 to 19.7 percent by 2026. The outlook for national health spending and enrollment over the next decade is expected to be driven primarily by fundamental economic and demographic factors: trends in disposable personal income, increases in prices for medical goods and services, and shifts in enrollment from private health insurance to Medicare that result from the continued aging of the baby-boom generation into Medicare eligibility. **Total national health spending growth:** Growth is projected to have been 4.6 percent in 2017, up slightly from 4.3 percent growth in 2016, as a result of i) accelerating growth in Medicare spending, ii) slightly faster growth in prices for healthcare goods and services, and iii) increases in premiums for insurance purchased through the Marketplaces. In 2018, total health spending is projected to grow by 5.3 percent, driven partly by growth in	

		personal healthcare prices. Growth in personal healthcare prices is projected to rise to 2.2 percent in 2018 from 1.4 percent in 2017, reflecting, in part, faster projected prescription drug price growth as the dollar value of drugs losing patents in 2018 is smaller than in prior years. National health expenditure growth is projected to average 5.5 percent for 2019-2020 largely due to expected faster average growth in Medicare partially offset by slower average growth in private health insurance spending. For 2021-2026, average national health spending growth is projected to increase by an average of 5.7 percent, or 0.2 percentage point faster compared to average growth in 2019-2020. During this timeframe, Medicare spending growth is projected to continue to outpace growth in private health insurance spending, mostly due to enrollment growth (as baby boomers continue to age out of private insurance and into the Medicare program). **Medicare:** Among the major payers for healthcare over the 2017-2026 period, Medicare is projected to experience the most rapid annual growth at 7.4 percent, largely driven by enrollment growth and faster growth in utilization from recent near-historically low rates. **Private health insurance:** Private health insurance spending is projected to average 4.7 percent over 2017-2026, the slowest of the major payers, reflecting low enrollment growth and downward pressure on utilization growth influenced by: i) lagged impact of slowing growth in income in 2016 and 2017, ii) increasing prevalence of high-deductible health plans, and iii) to a lesser extent, repeal of the penalty associated with individual mandate. **Medicaid:** Medicaid is projected to average 5.8 percent annual growth over 2017-2026, which is slower than the average observed for 2014-2016 of 8.3 percent, when the major impacts from the Affordable Care Act's expansion took place. **Personal healthcare spending:** Over 2017-2026, growth in personal healthcare spending is projected to average 5.5 percent. Among the factors, personal healthcare price growth is anticipated to be the largest factor at 2.5 percentage points, growth in the use and intensity of goods and services is expected to contribute 1.7 percentage points of total growth, and population growth (0.9 percentage point) and changing demographics (0.5 percentage point) account for the remaining growth. **Prescription drug spending:** Among the major sectors of healthcare,	

		spending growth is projected to be fastest for prescription drugs, averaging 6.3 percent for 2017-2026. This is due in part to faster projected drug price growth, particularly by the end of the period, influenced by trends in relatively costlier specialty drugs. **Insured share of the population:** The proportion of the population with health insurance is projected to decrease from 91.1 percent in 2016 to 89.3 percent in 2026, due in part to the elimination of the penalty payments associated with the individual mandate and also to a continuation of a downward trend in the offering and take-up of employer-sponsored health insurance.	
Establishment of a New System of Records titled the Quality Payment Program (QPP) **AGENCY: HHS, CMS** **Notice** https://www.gpo.gov/fdsys/pkg/FR-2018-02-14/pdf/2018-02933.pdf	Published: 2/14/2018 **Effective: 2/14/2018**	The Department of Health and Human Services (HHS), Centers for Medicare & Medicaid Services (CMS) proposes to establish a new system of records subject to the Privacy Act, System No. 09–70–0539, titled ''Quality Payment Program (QPP).'' The new system of records will cover quality and performance data collected and used by CMS in determining merit-based payment adjustments for health care services provided by clinicians to Medicare beneficiaries, and in providing expert feedback to clinicians and third-party data submitters for the purpose of helping clinicians provide high-value care to patients. The PQRS, EHR, and VM programs each maintain records subject to the Privacy Act which are maintained in existing systems of records; these systems of records will necessarily overlap with this system of records until the existing programs fully sunset. Therefore, these SORNs cover the Quality Payment Program Privacy Act.	
Medicare Expired Legislative Provisions Extended **AGENCY: CMS** https://www.cms.gov/Center/Provider-Type/All-Fee-For-Service-Providers/Downloads/Medicare-Expired-Legislative-Provisions-Extended.pdf	Published:	The law repeals application of the Medicare outpatient therapy caps but retains the former cap amounts. It also extends several recently expired Medicare legislative provisions affecting health care providers and beneficiaries, including the Medicare physician fee schedule work geographic adjustment floor, add-on payments for ambulance services and home health rural services, changes to the payment adjustment for low volume hospitals, and the Medicare dependent hospital program. In addition, Section 53111 - Medicare Payment Update for Skilled Nursing Facilities, CMS received questions from stakeholders about the impact of the FY 2019 Skilled Nursing Facility (SNF) update due to section 53111 of the Bipartisan Budget Act of 2018. To help answer these questions, information will be provided about the estimated market basket update for FY 2019	

		based on currently available data. This estimate may be updated in the Notice of Proposed Rulemaking for the FY 2019 SNF Prospective Payment System (PPS).	
Consent for Release of VA Medical Records **AGENCY: VA** **Proposed Rule** https://www.gpo.gov/fdsys/pkg/FR-2018-01-19/pdf/2018-00758.pdf	Published: 1/18/2018 **Due Date: 3/20/2018**	The VA proposes to amend its regulations to clarify that a valid consent authorizing the Department to release the patient's confidential VA medical records to a health information exchange (HIE) community partner may be established not only by VA's physical possession of the written consent form, but also by the HIE community partner's written (electronic) attestation that the patient has, in fact, provided such consent. This proposed rule would be a reinterpretation of an existing, longstanding regulation and is necessary to facilitate modern requirements for the sharing of patient records with community health care providers, health plans, governmental agencies, and other entities participating in electronic HIEs. This revision would ensure that more community health care providers and other HIE community partners can deliver informed medical care to patients by having access to the patient's VA medical records at the point of care.	
		IHS DEAR TRIBAL LEADER LETTERS	
IHS Efforts to Expand the Community Health Aide Program (CHAP); 1) formation of CHAP Tribal Advisory Group, and 2) develop formal policy and implementation plan https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2018_Letters/DTLL_02272018.pdf	Published: 2/27/2018	Provides updates on the efforts to expand the Community Health Aide Program (CHAP) including: 1) formation of the CHAP Tribal Advisory Group (TAG), and 2) developing the formal policy and implementation plan. The CHAP TAG will focus on addressing the next steps, which will include providing subject matter expertise, program information, innovative solutions, and advice to the IHS to establish the national CHAP. The IHS Area Directors are soliciting nominations for one primary and one alternate to serve on the CHAP TAG. As with all advisory groups chartered by the IHS, this body will operate under the Intergovernmental Exemption of the Federal Advisory Committee Act as authorized by the Unfunded Mandates Reform Act (2 U.S.C. § 1534(b)). The CHAP TAG will be comprised of elected Tribal Leaders from all 12 IHS Areas. The IHS adopted the recommendation from the IHS Direct Service Tribes and Tribal Self-Governance Advisory Committees to utilize their Tribal Chairs on the CHAP TAG. The IHS will convene a two-day, in-person meeting of the CHAP TAG from March 21 - 22, 2018.	• IHS CHAP Workgroup Portland Area Representatives: Portland Primary Delegate: John Stephens, Swinomish Tribal Health Director Portland Alternate Delegate: NPAIHB Chairman Andy Joseph, the Confederated Tribes of Colville IHS_CHAP_Updates.pdf
IHS Launches National Accountability Dashboard	2/20/2018	In October, IHS announced a new tool to monitor and report information from across IHS. The National Accountability Dashboard for Quality will enable IHS to report on key performance	• Efforts in response to Government Accountability Office

https://www.ihs.gov/newsroom/ihs-blog/february2018/ihs-launches-national-accountability-dashboard-for-quality/ **Submit Comments:** https://www.ihs.gov/quality/contactus/		data in a display to monitor and improve quality of care. The dashboard has been updated with data from the last three months of 2017. The dashboard will monitor and report information on compliance with IHS policy requirements, accreditation standards, or regulations at hospitals and ambulatory health centers. The tool also supports oversight and management and will allow IHS to make fact-based decisions to ensure quality and safety of care. In the future, the dashboard will reflect the most important requirements for IHS facilities. The dashboard currently tracks issued related to quality of care, including safety reporting, emergency preparedness, opioid policy, patient-centered medical home programs, and other factors. The dashboard came about as part of the development of IHS's 2016-2017 Quality Framework, to support the agency's oversight and quality management functions. IHS is accepting feedback on the dashboard from tribal leaders, partner organizations, IHS staff and the public: https://www.ihs.gov/quality/contactus/	(GAO) including IHS and Indian programs in High Risk List in May 2017
Update on the Progress of the Indian Health Service (IHS) Strategic Planning Workgroup activities **AGENCY: IHS** https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/DTLL_DUIOLL_StrategicPlanUpdate_12292017.pdf	Published: 12/29/2017	IHS is writing to update tribes on the progress of the IHS Strategic Planning Workgroup and timeline on the IHS draft Strategic Plan 2018-2022. The Workgroup has met several times to develop objectives, strategies and measures for each goal in the Strategic Plan. **The anticipated completion date for the Workgroup to produce a draft Strategic Plan will be the end of January 2018. IHS will then initiate a 30-day public comment period for tribes to comment on the draft Strategic plan. IHS will hold a National All Tribal and Urban Leader Call to share updates and provide a forum for comments on the draft Strategic plan. IHS expects the final IHS Strategic Plan to be completed and published in April 2018.** IHS has accepted the tribal recommendation and request from	• Anticipated completion date for the draft Strategic Plan 2018-2022 will be the end of January. **The final IHS Strategic Plan should be completed and published in April 2018.** • Progress and meeting minutes can be found on the IHS Strategic Planning web page: https://www.ihs.gov/d

		several Workgroup members for additional time for the Workgroup to consider IHS-operated, tribally-operated, and Urban health care environments. The additional time and meetings have been added to the Workgroup schedule.	per/planning/strategicplanning. • IHS continues to accept comments throughout the Strategic Planning process. NPAIHB IHS Strategic Plan 2018-2022 Com
CSC Policy Update to the Indian Health Service (IHS) Health Manual, Part 6 – Services to Tribal Governments and Organizations, Chapter 3- Contract Support Costs (CSC) **AGENCY: IHS** https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/59018-1_DTLL_12212017.pdf	Published: 12/21/2017 **Effective: 12/21/2017**	Effective immediately, the IHS has decided to temporarily rescind § 6-3.2E(3) – Alternative Methods for Calculating Indirect Costs Associated with Recurring Service Unit Shares of the CSC policy. The IHS will initiate Tribal Consultation in the near future regarding this provision prior to making a final decision on how to amend the CSC policy. The guiding principle states that it will be reassessed on a regular basis and changes will be implemented after tribal consultation. IHS will seek input from the CSC Workgroup no later than mid-January 2018. This section of the CSC policy, often referred to by Federal and Tribal ISDEAA negotiators as the "97/3 Split" or "97/3 Method," permits a Tribe or Tribal organization to exercise the option for "Service Unit level shares" that is similar to the option that previously applied only to "Area" and "Headquarters" level shares. In sum, this option in the policy provides an alternative method for use in determining the amount in a Tribe's or Tribal organization's indirect cost pool that is associated with transferred programs, functions, services, or activities already funded by the Secretarial amount, as defined by the ISDEAA. After a year of implementing the revised CSC policy, the IHS has found that in certain circumstances, this option yields a result that is inconsistent with statutory authority.	• ISDEAA statutory authority. • IHS will seek input from the CSC Workgroup no later than mid-January 2018. • , the tribal side originally proposed a duplication offset somewhere in the 1-1.5% range and IHS was somewhere in the 10% range. Once the tribal side brought up the substantial amount of third-party revenues that support many of these programs and the fact that IHS's assumptions seemed to ignore other funding sources, that is when IHS started moving

			downwards, eventually agreeing to 3%, which the agency said was the lowest number they could agree to based on their look at actual data. • Update will be provided during the next IHS All Tribal Leader and Urban Indian Organization Leader Call.
In the Spring of 2018 the Indian Health Service will initiate a Tribal Consultation on the Draft Sanitation Deficiency System-Guide for Report Sanitation Deficiencies for Indian Homes and Communities (SDS Guide) https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/DTLL_SDSGuide_11222017.pdf	Published: 11/22/2017	Next Spring, in 2018, the Indian Health Service (IHS) will initiate a Tribal Consultation on our Working Draft Sanitation Deficiency System- Guide for Reporting Sanitation Deficiencies for Indian Homes and Communities (SDS Guide). The last formal update of this working draft document was May 2003. While the Agency has engaged Tribes on the SDS Guide in a variety of forums since the working draft was released, it is timely to conduct a formal review now as the update of the SDS Guide is finalized. As you are aware, the IHS uses the SDS Guide and data gathered from Tribes to submit an annual report to Congress in accordance with the Indian Health Care Improvement Act. The IHS Annual Report to the Congress of the United States on Sanitation Deficiency Levels for Indian Homes and Communities, catalogues sanitation deficiency levels for each sanitation facilities project of each Indian Tribe or community.	
Update on Indian Health Service Actions Relating to the Indian Health Care Improvement Fund https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/58860-	Published: 11/13/2017	IHS update on Indian Health Service (IHS) actions relating to the Indian Health Care Improvement Fund (IHCIF), which is authorized by the Indian Health Care Improvement Act (25 U.S.C. § 1621). This includes our immediate plans to establish a new IHS/Tribal IHCIF workgroup to review the existing IHCIF formula and recommend changes for future use. The IHCIF formula was established to determine the overall level of need funded for health care facilities	IHCIF Meeting occurred January 30-31 in Washington D.C. Portland Area Representatives: - Vice Chair Gail Hatcher,

1_DTLL_11132017.pdf		operated by the IHS, Tribes, or Tribal organizations. With the beginning of the fiscal year (FY) and action by Congress on the FY 2018 budget, a possibility of receiving a funding increase for the IHCIF in FY 2018 makes our actions particularly timely. After reauthorization of the Indian Health Care Improvement Act in 2010, the IHS initiated Tribal Consultation on the IHCIF and its formula on December 30, 2010. The IHS shared its decisions made after Tribal Consultation in a subsequent letter to Tribal Leaders dated November 25, 2011. The letters are available on the IHS website at: https://www.ihs.gov/newsroom/triballeaderletters/. A review of the IHCIF formula at this time acknowledges the considerable changes in the health care environment since the 2010 Tribal Consultation on IHCIF. The IHS is currently updating the data used in the existing IHCIF formula by collecting and analyzing the FY 2016 user population numbers, recurring base budgets at IHS and Tribal sites, geographic cost differentials, and health status data. IHS anticipates having this data update completed in January 2018, at which time they plan to share the findings in a report to the IHS/Tribal IHCIF workgroup to assist them in conducting their work. In the interim between now and January, IHS is looking to establish a new IHS/Tribal IHCIF workgroup. With regard to the IHCIF formula, the workgroup will assess a number of factors, which include, but are not limited to, the impact of past allocations in addressing funding inequities and the effects of the current health care environment on the formula. The IHS/Tribal IHCIF workgroup will also make recommendations regarding the IHCIF formula that will be sent out for Tribal Consultation prior to the IHS issuing a decision on any changes. Throughout this month, IHS Area Directors will reach out to Tribal Leaders to identify individuals interested in serving as a primary or alternate Tribal representative to the workgroup.	Klamath Tribes -Tribal Council Member Steven Kutz, Cowlitz Tribe -Ann Arnett, IHS Executive Officer -Nichole Swanberg, IHS Acting Financial Management Officer.

		115th CONGRESS LEGISLATION	
S.2515 the Practical Reforms and Other Goals to Reinforce the Effectiveness of Self-Governance and Self-Determination (PROGRESS) for Indian Tribes Act **Senate Committee on Indian Affairs** **Sponsor: Sen. John Hoeven (R-ND)** https://www.congress.gov/bill/115th-congress/senate-bill/2515?q=%7B%22search%22%3A%5B%22S.2515%22%5D%7D&r=1	Introduced: 3/7/2018	This bill amends the Indian Self-Determination and Education Assistance Act to provide further self-governance to Indian tribes by streamlining the Interior Department's self-governance process and providing tribes with greater flexibility to administer federal programs. "This legislation builds on the foundation of successful tribal self-governance policy and makes key improvements to enhance efficient tribal administration of federal programs and services," said Chairman Hoeven.	3 cosponsors
H.R. 5160 Cancer Care Planning and Communications Act of 2018 **House Energy and Commerce Committee** **House Ways and Means Committee** **Sponsor: Rep. Mark DeSaulnier (D-CA-11)** https://www.congress.gov/bill/115th-congress/house-bill/5160/text?r=2	Introduced: 3/5/2018	To amend title XVIII of the Social Security Act to provide for coverage of cancer care planning and coordination under the Medicare program.	1 cosponsor
H.R. 5140 Tribal Addiction and Recovery Act (TARA) Act of 2018 **House Energy and Commerce Committee**	Introduced: 3/1/2018	To make improvements to the Account For the State Response to the Opioid Abuse Crisis to improve tribal health. Inserts tribal after state in Sec. 1003 of the 21st Century Cures Act. TARA would allow Tribes to receive opioid prevention funding directly from the federal government. The bill also clarifies that funds can be	2 cosponsors

Sponsor: Rep. Markwayne Mullin (R-OK-2) https://www.congress.gov/bill/115th-congress/house-bill/5140?q=%7B%22search%22%3A%5B%22hr+5140%22%5D%7D&r=1		used to treat opioids and other addictive substances, such as alcohol or methamphetamine. This bill is very similar to S. 2270 introduced by Senator Steve Daines (R-MT) in December 2017. Grants awarded to a State, Indian tribe, or tribal organization under this subsection may be used to carry out activities to prevent and treat prescription drug abuse and the use of other addictive substances (such as alcohol, heroin, and methamphetamine), including by providing mental health services."	
H.R. 5128 the Tribal Uranium Exposure Treatment Enhancement Act of 2018 **House Agriculture Committee** **Sponsor: Rep. Tom O'Halleran (D-AZ-1)** https://www.congress.gov/bill/115th-congress/house-bill/5128?q=%7B%22search%22%3A%5B%22H.R.+5128%22%5D%7D&r=1	Introduced: 2/27/2018	To authorize the Secretary of Agriculture to award grants to tribal health programs located on reservations impacted by uranium mining or milling, and for other purposes.	
S.2437 Opioid Response Enhancement Act **Senate Health, Education, Labor, and Pensions Committee** **Sponsor: Sen. Tammy Baldwin (D-WI)** https://www.congress.gov/bill/115th-congress/senate-bill/2437/text?q=%7B%22search%22%3A%5B%22S.2437%22%5D%7D&r=1	Introduced: 2/15/2018	This legislation amends the 21st Century Cures Act to allow tribal entities to be eligible for State Targeted Opioid Response (STR) Grants and provides a 10 percent set aside for tribal entities. Further, S. 2437 would allow states and tribes to use STR Grant program funding to address other substance abuse issues. The bill also establishes an STR Enhancement Grant for $2 billion over five years for at least ten states and tribal entities with high needs. "This crisis is not going away, and this legislation takes an important step to extend and improve a critical program and to open up new resources to help states and tribal communities continue to have the tools they need to save lives," said Senator Baldwin.	15 cosponsors
S.2270 Mitigating METH Act **Senate Health, Education, Labor, and Pensions Committee**	Introduced and referred to Senate HELP Committee:	To make improvements to the account for the State response to the opioid abuse crisis to improve tribal health. **SEC. 2. ACCOUNT FOR THE STATE RESPONSE TO THE OPIOID ABUSE**	5 cosponsors including Sen. Jeff Merkley (D-OR)

Sponsor: Sen. Steve Daines (R-MT) https://www.congress.gov/bill/115th-congress/senate-bill/2270/text?q=%7B%22search%22%3A%5B%22s.2270%22%5D%7D&r=1	12/21/2017	**CRISIS.** Section 1003 of the 21st Century Cures Act (42 U.S.C. 290ee–3 note) is amended— (1) in subsection (b)— (A) in paragraph (1), by inserting "and Tribal" after "State"; (B) in paragraph (2)(A)(ii), by striking "$500,000,000" and inserting "$525,000,000"; and (C) in paragraph (3)(B), by inserting "and Tribal" after "State"; (i) in the paragraph heading, by striking "STATE RESPONSE TO THE OPIOID" and inserting "STATE AND TRIBAL RESPONSE TO THE OPIOID"; (ii) in the first sentence, by inserting "and Indian tribes and Tribal organizations (as the terms 'Indian tribes' and 'tribal organizations' are defined in the Indian Self-Determination and Education Assistance Act)" after "grants to States"; and (iii) in the second sentence, by inserting "and Tribes" after "States" each place that such term appears; "(3) OTHER SUBSTANCES.—A State or Indian tribe may use grants awarded under this section for prevention and treatment of the use of other substances such as methamphetamine, if the use of such other substances is determined by the State or tribe to have a substantial public health impact on the State or tribe."; and (3) in subsection (d), by inserting ", Tribe, or tribal organization" after "A State".	
H.R. 4242 VA Care in the Community Act **Committee** **Sponsor: Rep. David Roe (R-TN-1)** https://www.congress.gov/bill/115th-congress/house-bill/4242/text?q=%7B%22search%22%3A%5B%22HR+4242%22%5D%7D&r=1	Introduced: 11/3/2017 Referred to Subcommittee on Health: 11/3/2017 Ordered to be Amended by Years and Nays 14-9	Contains exemption for Tribal and federal providers on rates to negotiate higher rates rather than value-based or Medicare rates Allows IHS as an in-network provider and "Any health care provider not otherwise covered under any of subparagraphs (A) 5 through (F) that meets criteria established by the Secretary for purposes of such section."	28 cosponsors

S.2193 Caring for our Veterans Act **Senate Committee on Veterans Affairs** **Sponsor: Sen. Johnny Isakson (R-GA)** https://www.congress.gov/bill/115th-congress/senate-bill/2193/text?q=%7B%22search%22%3A%5B%22S.2193%22%5D%7D&r=1	Introduced: 12/5/2017 Placed on Legislative Calendar: 12/5/2017	Similar provisions to house on Tribal and federal "in network" providers Does not include exempt from value-based reimbursement, or Medicare rates Explicitly supports MOUs with Tribes and IHS Increases number of GME spots, allows IHS and Tribes to participate Includes a provision to establish or affiliate with graduate medical residency programs at facilities operated by Indian Tribes, Tribal organizations, and the IHS in rural areas. "the Secretary of Veterans Affairs shall continue all contracts, memorandums of understanding, memorandums of agreements, and other arrangements that were in effect on the day before the date of the enactment of this Act between the Department of Veterans Affairs and the American Indian and Alaska Native health care systems as established under the terms of the Department of Veterans Affairs and Indian Health Service Memorandum of Understanding, signed October 1, 2010, 5 the National Reimbursement Agreement, signed December 5, 2012, and agreements entered into under sections 102 and 103 of the Veterans Access, 8 Choice, and Accountability Act of 2014 (Public Law 9 113–146)."	GAO is conducting a study on impacts of IHS/Tribal/VA MOUs and is looking for more tribal participants Related Bill: S.1449 Serving our Rural Veterans Act of 2017 - To authorize payment by the VA for the costs associated with training and supervision of medical residents and interns at certain facilities that are not Department facilities, to require the Secretary of VA to carry out a pilot program to establish or affiliate with residency programs at facilities operated by Indian tribes, tribal organizations, and the IHS, and for other purposes.
Draft FY 2018 Spending Bill for Indian Health Service **Senate Appropriations Committee** https://www.appropriations.senate.gov/imo/media/doc/FY2018-INT-CHAIRMEN-MARK-BILL.PDF https://www.appropriations.senate.gov/	Published Draft: 11/20/2017	The bill includes $5.040 billion for the Indian Health Service (IHS), which is level with the fiscal year 2017 enacted level. This is an increase of $1 million above the FY 2017 enacted level and $300 million above the President's Budget Request. In the Senate bill, additional funds are focused on suicide prevention, domestic violence prevention, and alcohol and substance abuse problems. Funds are also included for infrastructure improvements to health care facilities. The Committee also emphasizes the need for IHS to improve quality of care services, especially in the Great Plains	House Appropriations FY 2018 Spending Bill includes $5.13 billion, $99 million more than the Senate bill.

imo/media/doc/FY2018-INT-CHAIRMEN-MARK-EXPLANATORY-STM.PDF		region. They recommend that IHS work on areas such as housing improvements; workforce development; and ways to increase pay for medical professionals. -FY 2018 House Appropriations Committee Recommended **$5.1 billion** for the IHS in FY 2018 (+$97 million) and the Senate Committee Recommend **$5.04 billion** (+$1 million) -*$3.867 billion* for Services in House and *$3.759 billion* for Services in Senate -$551.6 million for Facilities -Full funding of Contract Support Costs **-PRC -** House $928 million (equal to FY 2017) / Senate $930.4 million **-Dental Services** – House $185.9 million / Senate $189.8 million (+7.2 million) **-Mental Health** -- $95.4 million (+$1.4 million) / Senate $97.2 million (+3.1 million) **-Alcohol & Substance Abuse** $220.3 million (+$1.9 million) / $219.7 million (+1.3 million) -$130 million for the Indian Healthcare Improvement Fund (IHCIF) "to reduce health care disparities across the IHS system" included in the House but not Senate	
H.R. 4359 Tribal HUD-VASH Act of 2017 **House Committee on Financial Services** **Sponsor: Rep. Ben Ray Lujan (D-NM-3)** https://www.congress.gov/bill/115th-congress/house-bill/4359?r=7 **Related Bill-** **S.1333 Tribal HUD-VASH Act of 2017** -Placed on Senate legislative calendar	Introduced: 11/9/2017	To provide for rental assistance for homeless or at-risk Indian veterans. Rental assistance made available under the Program shall be administered in accordance with the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4101 et seq.), except that grantees shall— "(I) submit to the Secretary, in a manner prescribed by the Secretary, reports on the utilization of rental assistance provided under the Program; and "(II) provide to the Secretary information specified by the Secretary to assess the effectiveness of the Program in serving eligible Indian veterans.	Related bill: S.1333 Tribal HUD-VASH Act of 2017 -Placed on Senate legislative calendar on 12/20/2017 1 cosponsor

on 12/20/2017		"(vii) CONSULTATION.— "(I) GRANT RECIPIENTS; TRIBAL ORGANIZATIONS.—The Secretary, in coordination with the Secretary of Veterans Affairs, shall consult with eligible recipients and any other appropriate tribal organization on the design of the Program to ensure the effective delivery of rental assistance and supportive services to eligible Indian veterans under the Program. "(II) INDIAN HEALTH SERVICE.—The Director of the Indian Health Service shall provide any assistance requested by the Secretary or the Secretary of Veterans Affairs in carrying out the Program. "(viii) WAIVER.— "(I) IN GENERAL.—Except as provided in subclause (II), the Secretary may waive or specify alternative requirements for any provision of law (including regulations) that the Secretary administers in connection with the use of rental assistance made available under the Program if the Secretary finds that the waiver or alternative requirement is necessary for the effective delivery and administration of rental assistance under the Program to eligible Indian veterans. "(II) EXCEPTION.—The Secretary may not waive or specify alternative requirements under subclause (I) for any provision of law (including regulations) relating to labor standards or the environment. "(ix) REPORTING.—Every 5 years, the Secretary, in coordination with the Secretary of Veterans Affairs and the Director of the Indian Health Service, shall— "(I) conduct a review of the implementation of the Program, including any factors that may have limited its success; and "(II) submit a report describing the results of the review under subclause (I) to— "(aa) the Committee on Indian Affairs, the Committee on Banking, Housing, and Urban Affairs, the Committee	

		on Veterans' Affairs, and the Committee on Appropriations of the Senate; and "(bb) the Subcommittee on Indian, Insular and Alaska Native Affairs of the Committee on Natural Resources, the Committee on Financial Services, the Committee on Veterans' Affairs, and the Committee on Appropriations of the House of Representatives.".	
H.R. 3706 Native Health and Wellness Act of 2017 **House Energy and Commerce Committee** **Sponsor: Rep. Raul Ruiz (D-CA-36)** https://www.congress.gov/bill/115th-congress/house-bill/3706/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=38	Introduced: 9/7/2017 Referred to Subcommittee on Health: 9/08/2017	To amend the Public Health Service Act to improve the public health system in tribal communities and increase the number of American Indians and Alaska Natives pursuing health careers, and for other purposes. **"SEC. 317U. TRIBAL HEALTH BLOCK GRANT.** "(a) In General.—To the extent and in the amounts made available in advance by appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall award a grant, in an amount determined pursuant to the formula developed under subsection (e), to each eligible Indian tribe or tribal organization for the purposes of promoting health, preventing disease, and reducing health disparities among American Indians and Alaska Natives. "(b) Consultation.—The Secretary shall carry out this section, including the development of the formula required by subsection (e), in consultation with eligible Indian tribes and tribal organizations. "(c) Eligibility.—To be eligible for a grant under this section for a fiscal year, an Indian tribe or tribal organization shall submit to the Secretary a plan at such time, in such manner, and containing such information as the Secretary may require. "(d) Use Of Funds.—Each grantee under this section shall use the grant funds— "(1) to establish or support preventive health service programs that facilitate the achievement of health-status	1 cosponsor

		goals; "(2) to establish or support public health services that reduce the prevalence of chronic disease among American Indians and Alaska Natives; or "(3) to strengthen public health infrastructure to facilitate the surveillance and response to infectious disease and foodborne illness outbreaks. "(e) Formula.—The Secretary shall develop a formula to be used in allocating the total amount of funds made available to carry out this section for a fiscal year among the eligible Indian tribes and tribal organizations. "(f) Reports.—Each grantee under this section shall submit reports at such time, in such manner, and containing such information as the Secretary may require. **"SEC. 779. RECRUITMENT AND MENTORING OF AMERICAN INDIAN AND ALASKA NATIVE YOUTH AND YOUNG ADULTS.** "(a) In General.—The Secretary shall make grants to Indian tribes and tribal organizations for the purpose of recruiting and mentoring American Indian and Alaska Native youth and young adults in health professions. "(b) Use Of Funds.—An Indian tribe or tribal organization receiving a grant under subsection (a) shall use the grant funds— "(1) to expose American Indian and Alaska Native adolescent youth or young adults to health professions; "(2) to promote science education; "(3) to establish mentoring relationships between— "(A) American Indian and Alaska Native youth or young adults; and "(B) health professionals; "(4) to provide hands-on learning experiences in a health care setting; "(5) to establish partnerships with institutions of higher education (including tribal colleges), local educational	

		agencies, and other community-based entities to develop a larger and more competitive applicant pool for health professional careers; or "(6) to provide counseling, mentoring, and other services designed to assist American Indian and Alaska Native youth or young adults in the pursuit of higher education with respect to health professions.	
S.1870 SURVIVE Act **Senate Committee on Indian Affairs** **Sponsor: Sen. John Hoeven** https://www.congress.gov/bill/115th-congress/senate-bill/1870/text?q=%7B%22search%22%3A%5B%22indian%22%5D%7D&r=20	Introduced: 9/27/2017 Referred and reported without amendment: 12/6/2017	To amend the Victims of Crime Act of 1984 to secure urgent resources vital to Indian victims of crime, and for other purposes. "(9) SERVICES TO VICTIMS OF CRIME. "(A) has the meaning given the term in section 1404; and "(B) includes efforts that— "(i) respond to the emotional, psychological, or physical needs of a victim of crime; "(ii) assist a victim of crime in stabilizing his or her life after victimization; "(iii) assist a victim of crime in understanding and participating in the criminal justice system; or "(iv) restore a measure of security and safety for a victim of crime. Grant Program.— "(1) IN GENERAL.—On an annual basis, the Director shall make grants to eligible Indian tribes for the purposes of funding— "(A) a program, administered by one or more Indian tribes, that provides services to victims of crime, which may be provided in traditional form or through electronic, digital, or other technological formats, including— "(i) services to victims of crime provided through subgrants to agencies or departments of tribal governments or nonprofit organizations; "(ii) domestic violence shelters, rape crisis centers, child abuse programs, child advocacy centers, and elder abuse programs providing services to victims of crime; "(iii) medical care, equipment, treatment, and related evaluations arising from the victimization, including— "(I) emergency medical care and evaluation, nonemergency medical	10 cosponsors including Sen. Patty Murray (D-WA)

		care and evaluation, psychological and psychiatric care and evaluation, and other forms of medical assistance, treatment, or therapy, regardless of the setting in which the services are delivered; "(II) mental and behavioral health and crisis counseling, evaluation, and assistance, including outpatient therapy, counseling services, substance abuse treatment, and other forms of specialized treatment, including intervention and prevention services; "(III) prophylactic treatment to prevent an individual from contracting HIV/AIDS or any other sexually transmitted disease or infection; and "(IV) forensic medical evidence collection examinations and forensic interviews of victims of crime— "(aa) to the extent that other funding sources are unavailable or insufficient; and "(bb) on the condition that, to the extent practicable, the examiners and interviewers follow relevant guidelines or protocols issued by the State, unit of local government, or Indian tribe with jurisdiction over the area in which the examination or interview is conducted; "(iv) legal services, legal assistance services, and legal clinics (including services provided by pro bono legal clinics and practitioners), the need for which arises directly from the victimization; "(v) the training and certification of service animals and therapy animals; "(vi) equipment for Braille or TTY/TTD machines for the deaf necessary to provide services to victims of crime; "(vii) restorative justice opportunities that allow victims of crime to meet with the perpetrators if the meetings are voluntarily agreed to by the victim of crime and are for therapeutic purposes; and "(viii) training and related materials, including books, training manuals, and training videos, for staff and service providers to develop skills necessary to offer quality services to victims of crime; "(B) development or implementation of training, technical assistance, or professional development that improves or enhances the quality of services to victims of crime, including coordination between healthcare, education, and justice systems; "(C) transportation of victims of crime to— "(i) receive services; or	

		"(ii) participate in criminal justice proceedings; "(D) emergency legal assistance to victims of crime that is directly connected to the crime; "(E) supervision of direct service providers and contracts for professional or specialized services that are related directly to providing services to victims of crime; "(F) repair and replacement of essential items used during the provision of services to victims of crime to contribute to and maintain a healthy and safe environment for the victims; "(G) transitional housing for victims of crime, particularly victims who have a particular need for such housing and cannot safely return to previous housing, including travel, rental assistance, security deposits, utilities, and other related costs that are incidental to the relocation to transitional housing; "(H) relocation of victims of crime, particularly where necessary for the safety and well-being of the victim, including reasonable moving expenses, security deposits for housing, rental expenses, and utility startup costs; "(I) coordination of activities that facilitate the provision of direct services to victims of crime; "(J) multi-system, inter-agency, multi-disciplinary response to the needs of victims of crime; and "(K) administration of the program and services described in this section.	
H.R. 3704 Native Health Access Improvement Act of 2017 **House Energy and Commerce Committee** **House Natural Resources Committee** **House Ways and Means Committee** **Sponsor: Rep. Frank Pallone, Jr. (D-NJ-6)** https://www.congress.gov/bill/115th-congress/house-bill/3704/text?q=%7B%22search%22%3	Introduced: 9/7/2017 Referred to Subcommittee on Indian, Insular and Alaska Native Affairs: 9/13/2017	To amend the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaskan Natives, and for other purposes. **SEC. 506B. SPECIAL BEHAVIORAL HEALTH PROGRAM FOR INDIANS.** "(a) In General.—The Director of the Indian Health Service, in coordination with the Assistant Secretary for Mental Health and Substance Use, shall award grants for providing services in accordance with subsection (b) for the prevention and treatment of mental health and substance use disorders.	1 cosponsor

A%5B%22American+Indian%22%5D%7D&r=33		"(b) Services Through Indian Health Facilities.—For purposes of subsection (a), services are provided in accordance with this subsection if the services are provided through any of the following entities: "(1) The Indian Health Service. "(2) An Indian health program operated by an Indian tribe or tribal organization pursuant to a contract, grant, cooperative agreement, or compact with the Indian Health Service pursuant to the Indian Self-Determination and Education Assistance Act (25 U.S.C. 5301 et seq.). "(3) An urban Indian health program operated by an urban Indian organization pursuant to a grant or contract with the Indian Health Service pursuant to title V of the Indian Health Care Improvement Act (25 U.S.C. 1651 et seq.). "(c) Reports.—Each grantee under this section shall submit reports at such time, in such manner, and containing such information as the Director of the Indian Health Service may require. "(d) Technical Assistance Center.— "(1) ESTABLISHMENT.—The Director of the Indian Health Service, in coordination with the Assistant Secretary for Mental Health and Substance Use, shall establish a technical assistance center (directly or by contract or cooperative agreement)— "(A) to provide technical assistance to grantees under this section; and "(B) to collect and evaluate information on the program carried out under this section. "(2) CONSULTATION.—The technical assistance center shall consult with grantees under this section for purposes of developing evaluation measures and data submission requirements for purposes of the collection and evaluation of information under paragraph (1)(B). "(3) DATA SUBMISSION.—As a condition on receipt of a grant under this section, an applicant shall agree to	

		submit data consistent with the data submission requirements developed under paragraph (2). "(e) Funding.— "(1) IN GENERAL.—For the purpose of making grants under this section, there is authorized to be appropriated, and there is appropriated, out of any money in the Treasury not otherwise appropriated, $150,000,000 for each of fiscal years 2018 through 2022. "(2) TECHNICAL ASSISTANCE CENTER.—Of the amount made available to carry out this section for each of fiscal years 2018 through 2022, the Director of the Indian Health Service shall allocate a percentage of such amount, to be determined by the Director in consultation with Indian tribes, for the technical assistance center under subsection (d).	
H.R. 3473 **Native American Suicide Prevention Act of 2017** **House Energy and Commerce Committee** **Sponsor: Rep. Raul M. Grijalva (D-AZ-3)** https://www.congress.gov/bill/115th-congress/house-bill/3473/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=1	Introduced: 7/27/2017	To amend section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each Federally recognized Indian tribe, tribal organization, and urban Indian organization in the State.	21 cosponsors
S. 304 Tribal Veterans Health Care Enhancement Act **Senate Committee on Indian Affairs** **Sponsor: Sen. John Thune (R-SD)** https://www.congress.gov/bill/115th-	Introduced: 2/3/2017 Placed on Senate Legislative Calendar	This bill amends the Indian Health Care Improvement Act to permit the Indian Health Service (IHS) to pay copayments owed to the Department of Veterans Affairs (VA) by Indian veterans for medical services authorized under the Purchased/Referred Care program and administered at a VA facility. The IHS, the VA, and tribal health programs, in consultation with	1 cosponsor

congress/senate-bill/304/text?q=%7B%22search%22%3A%5B%22indian%22%5D%7D&r=71 Senate Committee on Indian Affairs Written Report	No.149: 6/15/2017 Written report on 6/15/2017	impacted tribes, must enter into a memorandum of understanding that authorizes the IHS or a tribal health program to pay such copayments unless it would decrease the quality of, or access to, health care for individuals receiving care from the IHS or the VA. The IHS and the VA must report on veterans who are eligible for IHS assistance and have received care from the VA.	
H.R. 2662 Restoring Accountability in the Indian Health Service Act of 2017 **House Natural Resources Committee** **House Energy and Commerce Committee** **House Ways and Means Committee** **House Oversight and Government Reform Committee** **Sponsor: Rep. Kristi Noem (R-SD-At Large)** https://www.congress.gov/bill/115th-congress/house-bill/2662/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=24	Introduced: 5/25/2017 Hearings Held: 6/21/2017	To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, and for other purposes. The Bill would provide incentives to health care professionals to serve in the IHS, including pay flexibility and relocation reimbursements when employees move to high-need areas, as well as a housing voucher program for rental assistance to employees. Require IHS to create standards to measure wait times and for IHS employees to attend cultural training annually Amend processes to make volunteering at IHS facilities easier by providing liability protections for medical professionals who want to volunteer at IHS hospitals or service units and centralizing the agency's medical credentialing system. Require IHS to engage in a negotiated rulemaking process to establish a new tribal consultation policy for IHS. ☐ Ma tribes in Great Plains area have said that IHS is not consulting with them on big issues, and need a better definition of what triggers consultation. Put additional requirements on IHS to ensure that reports and	8 cosponsors including Rep. Cathy McMorris-Rodgers (R-WA) Related bill: S.1250 Restoring Accountability in the Indian Health Service Act of 2017 6/21/2017 Hearing held in the House Natural Resources Subcommittee on Indian, Insular and Alaska Native Affairs

		plans are provided to Congress in a timely manner The HHS Office of the Inspector General must put together reports every two years on "patient harm events occurring in Service units and deferrals and denials of care of patients of the Service." Requires 3rd party revenue to be used on essential medical equipment, purchased/referred care, and staffing only for IHS operated facilities	
S. 1250 Restoring Accountability in the Indian Health Service Act of 2017 **Senate Committee on Indian Affairs** **Sponsor: Sen. John Barrasso (R-WY)** https://www.congress.gov/bill/115th-congress/senate-bill/1250/text?q=%7B%22search%22%3A%5B%22S+1250%22%5D%7D&r=1	Introduced: 5/25/2017 Hearings Held: 6/13/2017	To amend the Indian Health Care Improvement Act to improve the recruitment and retention of employees in the Indian Health Service, restore accountability in the Indian Health Service, improve health services, and for other purposes. • Pay flexibility and relocation reimbursements for employees • Mandated IHS employee cultural competency training • Reforms Hiring and Firing for IHS Employees • Additional incentives for hiring medical professionals • Measure appt. wait times • Requiring HHS to revisit and reform Tribal Consultation policy • Regular reports to Congress • HHS OIG reports every 2 years on patient harm and denial of care	Related bill: H.R. 2662 Restoring Accountability in the Indian Health Service Act of 2017 6/13/2017 Hearing held by the Senate Committee on Indian Affairs Committees are working on amended language in a bicameral process. Markup delayed due to procedural issues with referrals in the House, but hopefully forthcoming.
H.R. 2545 **Special Diabetes Program for Indians Reauthorization Act of 2017** **House Energy and Commerce Committee** **Sponsor: Rep. Norma J. Torres (D-CA-35)** https://www.congress.gov/bill/115th-	Introduced: 5/18/2017 Referred to Subcommittee on Health: 5/19/2017	Referred to the Subcommittee on Health 5/19/2017 This Act may be cited as the "Special Diabetes Program for Indians Reauthorization Act of 2017 ". Since the first authorization, the Special Diabetes Programs for Indians have— (A) made it possible for Native communities to develop and sustain quality diabetes treatment and prevention programs, including— (i) a 40-percent increase in number of diabetes clinics; (ii) a 42-percent increase in access to registered nutritionists; and	21 cosponsors including Rep. Earl Blumenauer (D-OR-3); Rep. Denny Heck (D-WA-10); Rep. Derek Kilmer (D-WA-6) Related Bills: S.747 Special Diabetes Program for Indians Reauthorization Act of 2017 (identical bill)

congress/house-bill/2545/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=7		(iii) a 61-percent increase in availability of culturally tailored education programs; (B) resulted in concrete health outcomes, like a 48-percent decrease in end-stage renal disease among American Indian and Alaska Native populations; and (C) led to millions of dollars in healthcare cost savings by decreasing the prevalence of costly preventable diabetes complications. (6) Due to the continued positive impact of the Special Diabetes Programs for Indians on Native communities and the large return on investment for healthcare funding, Congress has shown its support for the programs by— (A) reauthorizing the Special Diabetes Programs for Indians no less than 8 times; and (B) sending letters of support for the Special Diabetes Programs to Congressional leadership signed by more than 350 Representatives and 75 Senators. Section 330C(c) of the Public Health Service Act (42 U.S.C. 254c–3(c)) is amended by striking paragraph (2) and inserting the following: APPROPRIATIONS.— "(i) $150,000,000 for fiscal year 2018; and "(ii) the amount specified in subparagraph (B) for each of fiscal years 2019 through 2024.	
S. 747 Special Diabetes Program for Indians Reauthorization Act of 2017 **Senate Health, Education, Labor and Pensions Committee**	Introduced: 3/28/2017	This Act may be cited as the "Special Diabetes Program for Indians Reauthorization Act of 2017 ". Section 330C(c) of the Public Health Service Act (42 U.S.C. 254c–3(c)) is amended by striking paragraph (2) and inserting	Related Bills: H.R. 2545 Special Diabetes Program for Indians Reauthorization Act of 2017

Sponsor: Sen. Tom Udall (D-NM) https://www.congress.gov/bill/115th-congress/senate-bill/747/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=8		the following: "(2) APPROPRIATIONS.— "(A) IN GENERAL.—For the purpose of making grants under this section, there is appropriated, out of any money in the Treasury not otherwise appropriated— "(i) $150,000,000 for fiscal year 2018 for each of fiscal years 2019 through 2024.	
H.R. 1369 Indian Healthcare Improvement Act of 2017 **House Natural Resources Committee** **House Energy and Commerce Committee** **House Ways and Means Committee** **House Budget Committee** **Sponsor: Rep. Tom Cole (R-OK-4)**	Introduced: 3/6/2017 Referred to Subcommittee on Indian, Insular and Alaska Native Affairs: 3/20/2017	Sec. 101. Reauthorization. Sec. 102. Findings. Sec. 103. Declaration of national Indian health policy. Sec. 104. Definitions. Subtitle A—Indian Health Manpower Sec. 111. Community Health Aide Program. Sec. 112. Health professional chronic shortage demonstration programs. Sec. 113. Exemption from payment of certain fees. Subtitle B—Health Services Sec. 121. Indian Health Care Improvement Fund. Sec. 122. Catastrophic Health Emergency Fund. Sec. 123. Diabetes prevention, treatment, and control. Sec. 124. Other authority for provision of services; shared services for long-term care. Sec. 125. Reimbursement from certain third parties of costs of health services. Sec. 126. Crediting of reimbursements. Sec. 127. Behavioral health training and community education programs. Sec. 128. Cancer screenings. Sec. 129. Patient travel costs. Sec. 130. Epidemiology centers. Sec. 131. Indian youth grant program. Sec. 132. American Indians Into Psychology Program. Sec. 133. Prevention, control, and elimination of communicable and infectious diseases. Sec. 134. Methods to increase clinician recruitment and retention issues. Sec. 135. Liability for payment. Sec. 136. Offices of Indian Men's Health and Indian Women's Health.	

		Sec. 137. Contract health service administration and disbursement formula. Subtitle C—Health Facilities Sec. 141. Health care facility priority system. Sec. 142. Priority of certain projects protected. Sec. 143. Indian health care delivery demonstration projects. Sec. 144. Tribal management of federally owned quarters. Sec. 145. Other funding, equipment, and supplies for facilities. Sec. 146. Indian country modular component facilities demonstration program. Sec. 147. Mobile health stations demonstration program. Subtitle D—Access To Health Services Sec. 151. Treatment of payments under Social Security Act health benefits programs. Sec. 152. Purchasing health care coverage. Sec. 153. Grants to and contracts with the Service, Indian tribes, tribal organizations, and urban Indian organizations to facilitate outreach, enrollment, and coverage of Indians under Social Security Act health benefit programs and other health benefits programs. Sec. 154. Sharing arrangements with Federal agencies. Sec. 155. Eligible Indian veteran services. Sec. 156. Nondiscrimination under Federal health care programs in qualifications for reimbursement for services. Sec. 157. Access to Federal insurance. Sec. 158. General exceptions. Sec. 159. Navajo Nation Medicaid Agency feasibility study. Subtitle E—Health Services For Urban IndianS Sec. 161. Facilities renovation. Sec. 162. Treatment of certain demonstration projects. Sec. 163. Requirement to confer with urban Indian organizations. Sec. 164. Expanded program authority for urban Indian organizations. Sec. 165. Community health representatives. Sec. 166. Use of Federal Government facilities and sources of supply; health information technology. Subtitle F—Organizational Improvements Sec. 171. Establishment of the Indian Health Service as an agency of the Public Health Service. Sec. 172. Office of Direct Service Tribes. Sec. 173. Nevada area office. Subtitle G—Behavioral Health Programs Sec. 181. Behavioral health programs. Subtitle H—Miscellaneous	

		Sec. 191. Confidentiality of medical quality assurance records; qualified immunity for participants. Sec. 192. Limitation on use of funds appropraited to the Indian Health Service. Sec. 193. Arizona, North Dakota, and South Dakota as contract health service delivery areas; eligibility of California Indians. Sec. 194. Methods to increase access to professionals of certain corps. Sec. 195. Health services for ineligible persons. Sec. 196. Annual budget submission. Sec. 197. Prescription drug monitoring. Sec. 198. Tribal health program option for cost sharing. Sec. 199. Disease and injury prevention report. Sec. 200. Other GAO reports. Sec. 201. Traditional health care practices. Sec. 202. Director of HIV/AIDS Prevention and Treatment. TITLE II—AMENDMENTS TO OTHER ACTS AND MISCELLANEOUS PROVISIONS Sec. 201. Elimination of sunset for reimbursement for all Medicare part B services furnished by certain indian hospitals and clinics. Sec. 202. Including costs incurred by aids drug assistance programs and indian health service in providing prescription drugs toward the annual out-of-pocket threshold under part D. Sec. 203. Prohibition of use of Federal funds for abortion. Sec. 204. Reauthorization of Native Hawaiian health care programs.	
S.465 Independent Outside Audit of the Indian Health Service Act of 2017 **Senate Committee on Indian Affairs** **Sponsor: Sen. Mike Rounds (R-SD)** https://www.congress.gov/bill/115th-congress/senate-bill/465/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=19	Introduced: 2/28/2017 Hearings held: 11/8/2017	On Wednesday, November 8, at 2:30 pm EST, the Senate Committee on Indian Affairs held a hearing on S. 465, the Independent Outside Audit of IHS Act of 2017. This legislation would require that the Department of Health and Human Services (HHS) initiate an independent audit of the Indian Health Service. The legislation recommends that HHS contract with a private entity to do that work. It requires that the assessment investigate several areas of service delivery including: • Demographics and health care needs of the patient population, • Health care capabilities and resources, • Staffing levels at medical facilities and the productivity of each health care provider, • Information technology strategies related to providing health care,	2 cosponsors

		• Business processes, • Competency of leadership regarding specified issues, • Tracking patients eligible for other federal health care programs, and • Number of procurement contracts and awards under the Buy Indian Act. To provide for an independent outside audit of the Indian Health Service. (d) Areas Of Study.—Each assessment conducted under subsection (b) shall address each of the following: (1) Current and projected demographics and unique health care needs of the patient population served by the Service. (2) Current and projected health care capabilities and resources of the Service, including hospital care, medical services, and other health care furnished by non-Service facilities under contract with the Service, to provide timely and accessible care to eligible patients. (3) The authorities and mechanisms under which the Secretary may furnish hospital care, medical services, and other health care at non-Service facilities, including whether it is recommended that the Secretary have the authority to furnish such care and services at such facilities through the completion of episodes of care. (4) The appropriate systemwide access standard applicable to hospital care, medical services, and other health care furnished by and through the Service, including an identification of appropriate access standards for each individual specialty and post-care rehabilitation. (5) The workflow process at each medical facility of the Service for scheduling appointments to receive hospital care, medical services, or other health care from the Service. (6) The organization, workflow processes, and tools used by the Service to support clinical staffing, access to care, effective length-of-stay management and care transitions, positive patient experience, accurate documentation, and subsequent coding of inpatient services. (7) The staffing level at each medical facility of the Service and the	

		productivity of each health care provider at such medical facility, compared with health care industry performance metrics, which may include an assessment of any of the following: (A) The case load of, and number of patients treated by, each health care provider at such medical facility during an average week. (B) The time spent by such health care provider on matters other than the case load of such health care provider. (C) The amount of personnel used for administration compared with direct health care in the Service being comparable to the amount used for administration compared with direct health care in private health care institutions. (D) The allocation of the budget of the Service used for administration compared with the allocation of the budget used for direct health care at Service-operated facilities. (E) Any vacancies in positions of full-time equivalent employees that the Service— (i) does not intend to fill; or (ii) has not filled during the 12-month period beginning on the date on which the position became vacant. (F) The disposition of amounts budgeted for full-time equivalent employees that is not used for those employees because the positions of the employees are vacant, including— (i) whether the amounts are redeployed; and (ii) if the amounts are redeployed, how the redeployment is determined. (G) With respect to the approximately 3,700 Medicaid-reimbursable full-time equivalent employees of the Service— (i) the number of those employees who are certified coders; and (ii) whether that number of employees is necessary. (8) The information technology strategies of the Service with respect to furnishing and managing health care, including an identification of any weaknesses and opportunities with respect to the technology used by the Service, especially those strategies with respect to clinical documentation of episodes of hospital care, medical services, and other health care, including any clinical images and associated textual reports, furnished by the Service in Service or non-Service facilities. (9) Business processes of the Service, including processes relating to	

		furnishing non-Service health care, insurance identification, third-party revenue collection, and vendor reimbursement, including an identification of mechanisms as follows: (A) To avoid the payment of penalties to vendors. (B) To increase the collection of amounts owed to the Service for hospital care, medical services, or other health care provided by the Service for which reimbursement from a third party is authorized and to ensure that such amounts collected are accurate. (C) To increase the collection of any other amounts owed to the Service with respect to hospital care, medical services, and other health care and to ensure that such amounts collected are accurate. (D) To increase the accuracy and timeliness of Service payments to vendors and providers. (10) The purchasing, distribution, and use of pharmaceuticals, medical and surgical supplies, medical devices, and health care related services by the Service, including the following: (A) The prices paid for, standardization of, and use by the Service of, the following: (i) Pharmaceuticals. (ii) Medical and surgical supplies. (iii) Medical devices. (B) The use by the Service of group purchasing arrangements to purchase pharmaceuticals, medical and surgical supplies, medical devices, and health care related services. (C) The strategy and systems used by the Service to distribute pharmaceuticals, medical and surgical supplies, medical devices, and health care related services to medical facilities of the Service. (11) The process of the Service for carrying out construction and maintenance projects at medical facilities of the Service and the medical facility leasing program of the Service, including— (A) whether the maintenance budget is updated or increased to reflect increases in maintenance costs with the addition of new facilities and whether any increase is sufficient to support the growth of the facilities; and (B) what the process is for facilities that reach the end of their proposed life cycle. (12) The competency of leadership with respect to culture,	

		accountability, reform readiness, leadership development, physician alignment, employee engagement, succession planning, and performance management, including— (A) the reasons for a lack in transparency in the culture of the Service, leading tribal leadership to request increased transparency and more open communication between the Service and the people served by the Service; and (B) whether any checks and balances exist to assess potential fraud or misuse of amounts within the Service. (13) The lack of a funding formula to distribute base funding to the 12 Service areas, including the following: (A) The establishment of the current process of funding being distributed based on historical allocations and not on need such as population growth, number of facilities, etc. (B) How the implementation of self-governance policies has impacted health care delivery. (C) The communication to area office directors on distribution decisionmaking. (D) How the tribal and residual shares are determined for each Indian tribe and the amounts of those shares. (E) The auditing or evaluation process used by the Service to determine whether amounts are distributed and expended appropriately, including— (i) whether periodic or end-of-year records document the actual distributions; and (ii) whether any auditing or evaluation is conducted in accordance with generally accepted accounting principles or other appropriate practices. (14) Whether the Service tracks patients eligible for two or more of either the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), health care received through the Service, or any other Federal health care program (referred to in this section as "dual eligible patients"). If so, how dual eligible patients are managed. (15) The number of procurement contracts entered into and awards made by the Service under section 23 of the Act of June 25, 1910 (commonly known as the "Buy Indian Act") (25 U.S.C. 47), and a	

		comparison of that number, with— (A) the total number of procurement contracts entered into and awards made by the Service during the 5 fiscal years prior to the date of enactment of this Act; and (B) the process used by the Service facilities to ensure compliance with section 23 of the Act of June 25, 1910 (commonly known as the "Buy Indian Act") (25 U.S.C. 47). (16) Any other items the reputable private entity determines should be addressed in the independent assessment of the Service.	
H.R. 235 Indian Health Service Advance Appropriations Act of 2017 **House Budget Committee** **House Natural Resources Committee** **House Energy and Commerce Committee** **Sponsor: Rep. Don Young (R-AK-At Large)** https://www.congress.gov/bill/115th-congress/house-bill/235/text?q=%7B%22search%22%3A%5B%22American+Indian%22%5D%7D&r=16	Introduced: 1/3/2017 Referred to Subcommittee on Indian, Insular and Alaska Native Affairs: 2/10/2017	To amend the Indian Health Care Improvement Act to authorize advance appropriations for the Indian Health Service by providing 2-fiscal-year budget authority, and for other purposes. **SEC. 2. ADVANCE APPROPRIATIONS FOR CERTAIN INDIAN HEALTH SERVICE ACCOUNTS.** (a) In General.—Section 825 of the Indian Health Care Improvement Act (25 U.S.C. 1680o) is amended— (1) by inserting "(a)" before "There are authorized"; and (2) by adding at the end the following: "(b) For each fiscal year, beginning with the first fiscal year that starts during the year after the year in which this subsection is enacted, discretionary new budget authority provided for the Indian Health Services and Indian Health Facilities accounts of the Indian Health Service shall include advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year. "(c) The Secretary shall include in documents submitted to Congress in support of the President's budget submitted pursuant to section 1105 of title 31, United States Code, for each fiscal year to which subsection (b) applies detailed estimates of the funds necessary for the IndianHealth Services and Indian Health Facilities accounts of the Indian Health Service for the fiscal year following the fiscal year for which the budget is submitted.". (b) Submission Of Budget Request.—Section 1105(a) of title 31, United States Code, is amended by adding at the end the following new paragraph.	

		EXECUTIVE ORDERS, PRESIDENTIAL MEMORANDUMS, PRESIDENTIAL ACTIONS AND INITIATVES	
Trump Administration Announces MyHealthEData Initiative to Put Patients at the Center of the US Healthcare System **AGENCY: CMS** **CMS Press Release**	Published: 3/6/2018	CMS Administrator Seema Verma announced a new Trump Administration initiative – MyHealthEData – to empower patients by giving them control of their healthcare data, and allowing it to follow them through their healthcare journey. The government-wide MyHealthEData initiative is led by the White House Office of American Innovation with participation from the Department of Health and Human Services (HHS) – and its Centers for Medicare & Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and National Institutes of Health (NIH) – as well as the Department of Veterans Affairs (VA). The initiative is designed to empower patients around a common aim - giving every American control of their medical data. MyHealthEData will help to break down the barriers that prevent patients from having electronic access and true control of their own health records from the device or application of their choice. Patients will be able to choose the provider that best meets their needs and then give that provider secure access to their data, leading to greater competition and reducing costs. The MyHealthEData initiative will work to make clear that patients deserve to not only electronically receive a copy of their entire health record, but also be able to share their data with whomever they want, making the patient the center of the healthcare system. Patients can use their information to actively seek out providers and services that meet their unique healthcare needs, have a better understanding of their overall health, prevent disease, and make more informed decisions about their care. Additionally, CMS intends to overhaul its Electronic Health Record (EHR) Incentive Programs to refocus the programs on interoperability and to reduce the time and cost required of providers to comply with the programs' requirements. CMS will continue to collaborate with ONC to improve the clinician experience with their EHRs. Administrator Verma said CMS has implemented laws regarding information blocking – a practice in which providers prevent patients from getting their	MyHealthEData Initiative at HIMSS18 Fact Sheet

		data. Under some CMS programs, hospitals and clinicians must show they have not engaged in information blocking activities. The Administrator also highlighted other CMS plans to empower patients with data: • CMS is requiring providers to update their systems to ensure data sharing. • CMS intends to require that a patient's data follow them after they are discharged from the hospital. • CMS is working to streamline documentation and billing requirements for providers to allow doctors to spend more time with their patients. • CMS is working to reduce the incidence of unnecessary and duplicative testing which occurs as a result of providers not sharing data.	
President Trump's FY 2019 Budget Request in Brief https://www.hhs.gov/sites/default/files/fy-2019-budget-in-brief.pdf	Published: 2/12/2018	President Trump released the fiscal year (FY) 2019 (begins October 1, 2018) Budget Request to Congress. This is the proposal that the Administration provides the Congress as they will develop the FY 2019 appropriation including funds for IHS and other health programs serving Indian Country. The details of the budget proposal have not been released yet, but a budget summary has been released. The IHS would receive an 8% increase over the current FY 2018 budget, but the proposal still cuts or eliminates several programs at IHS. Trump's budget request eliminates $3.6 trillion from domestic spending programs including for Medicare, Medicaid, public health and social safety net programs. Many of these programs are at HHS which, as a whole, would take a 21% cut in the President's budget. The budget would also make major cuts to Supplemental Nutrition Assistance Program (SNAP), 22% of the program and $213.5 billion over the next decade. The proposal also would redesign SNAP by using a portion of benefits to buy and deliver a package of commodities to SNAP households, noting that it would utilize the government's buying power to obtain common foods at lower costs.	

COMMENTS SUBMITTED			
Agency Information Collection: Standards Related to Reinsurance, Risk Corridors, Risk Adjustment, and Payment Appeals **AGENCY: CMS** **Notice** https://www.gpo.gov/fdsys/pkg/FR-2018-01-08/pdf/2018-00086.pdf	Published: 1/8/2018 **Submitted: 3/9/2018**	NPAIHB requested that CMS continue to require QHP issuers to submit individual, enrollee-level data on the usage of CSRs. The NPAIHB further asks that CMS make any future adjustments to the induced utilization factor based on enrollee-level data to capture the great variation in the degree to which some AI/ANs access the Indian-specific CSRs. In addition, the NPAIHB urges CMS to consider modifying the Federal risk adjustment model, either through the induced utilization factor or through some other mechanism, to account for the loss of CSR payments to issuers for the Indian-specific CSRs for AI/AN enrollees. NPAIHB commented on health insurance issuer reporting of enrollee-level data related to the permanent risk adjustment program, specifically data that CMS uses in determining the adjustment for the receipt of CSRs in the Federal risk adjustment model (referred to as the "induced utilization factor"). The NPAIHB believes that continued collection of individual, enrollee-level data on the usage of CSRs and overall health care service utilization—for the purposes of determining the induced utilization factor—is justified and essential to ensuring a precise accounting of utilization among AI/ANs and the accurate reimbursement to issuers for induced utilization resulting from the provision of comprehensive, Indian-specific CSRs for certain AI/AN enrollees. Without the data needed to calculate an accurate induced utilization factor, a situation that could result in underpayments to certain health plans, plans might have a disincentive to enrolling AI/ANs and/or applying fully the comprehensive, Indian-specific CSRs. Second, NPAIHB wishes to highlight the potential for the costs of the Indian-specific cost-sharing protections to be shifted to Marketplace enrollees—including eligible AI/ANs themselves—due to the elimination of direct Federal funding of the CSRs and proposes modifying the Federal risk adjustment model to help address this concern.	 NPAIHB CMS-10401 Reinsurance Risk Corr

Senate Finance Committee Opioid Input Solicitation Letter	Published: 2/2/2018 Submitted: 2/16/2018	NPAIHB highlighted the drastic need for more funding and resources to address the crisis in tribal communities. NPAIHB highlighted the role of Medicaid and Medicare for tribes. It is critical that the Committee consider the unique challenges and opportunities in the Indian health system as it looks to make reforms to Medicare and Medicaid as it relates to the opioid crisis. The Committee must also contemplate the differences for Medicaid beneficiaries who reside in Medicaid expansion states versus non-expansion states. NPAIHB and our member tribes are supportive of an evaluation of how health programs under the Committee's jurisdiction can include the pain management and substance use disorders needs of tribes. The Committee must utilize Northwest tribes as partners and a best practice model while creating legislative language. Tribal clinics in the Northwest serve both native and non-native patients in rural underserved areas in the Northwest. The Committee must take into consideration the unique status of AI/ANs as well as the unique health care system that serves AI/ANs. Legislation must assist in expanding access to integrated services and reach critically underserved AI/AN people. The Committee also must consider that Medicare and Medicaid payment incentives do not work in tribal clinics because of the unique health care system that services AI/ANs, chronic underfunding of the Indian health system, limited health care resources available to tribes, and lack of infrastructure, including outdated electronic health record systems. NPAIHB recommends that the Committee investigate tribal best practices to learn more about the success rates and needs of these programs, and encourages the Committee to communicate directly with the Northwest tribes and NPAIHB in order to improve broad awareness, support and secure future funding. A best practice policy recommendation to be considered for tribal clinics or rural clinics is financial assistance and incentives for an integrated continuum of care for OUD patients. Although, it is difficult to truly integrate our services. Federally funded health care programs should include reimbursement for non-pharmaceutical therapies and alternative methods to treat pain. There are limited types of non-pharmaceutical therapies that are reimbursable, therefore tribes must rely on the ability to use PRC program funds. Physical therapy, oral health services, and acupuncture are examples of additional therapies and services that OUD patients need. NPAIHB supports the expansion – and	NPAIHB Comments on Senate Finance Co

		commensurate Medicaid and Medicare reimbursement – of the Community Health Aide Program (CHAP) to Tribes outside of Alaska. The Community Health Aide Program (CHAP) is an excellent example of reform that was developed in response to a need for providers in Alaska. CHAP model, a Tribally created and driven system, was developed in response to unique Tribal communities' needs. A best practice for prevention and identification is the inclusion of culturally responsive and community relevant prevention, treatment, and aftercare practices for OUD patients (i.e. Methamphetamine and Suicide Prevention Initiative (MSPI) Healing patients in tribal communities must be done through traditional healing and cultural practices along with MAT. However, funding is very limited for the financial support of traditional services to Medicare and Medicaid beneficiaries. A significant problem that must be addressed is the limited availability of trainings for providers on proper prescribing, and limited provider education on substance use prevention and treatment protocols and procedures. There is a need to streamline data sharing and reporting. Tribes have limited support and training to do case management through their electronic health record (EHR) and Resource Patient Management System (RPMS). Tribal Epidemiology Centers (TECs) must be included as partners in data sharing and coordination.	
IHS Tribal Consultation and Urban Confer on the IHS Strategic Plan Draft Framework https://www.ihs.gov/newsroom/includes/themes/responsive2017/display_objects/documents/2017_Letters/58653-1_IHS_StrategicPlan_09152017.pdf	Published: 9/15/2017 **Submitted: 10/31/2017** *IHS is still accepting comments*	The process to gather input from tribes is very expedited. NPAIHB requested that IHS extend the comment period for the draft framework and the strategic plan in order to receive adequate input from each IHS Area. **Mission: To raise the physical, mental, social, and spiritual health of AI/ANs to the highest level:** NPAIHB recommendations, included: ☐ Tie the organization and its mission to the trust responsibility. ☐ Provide a clear definition of what the highest level is and whom the highest level is compared to.	NPAIHB IHS Strategic Plan 2018-2

		☐ Consider language about inequities in the mission statement. ☐ Include language that Indians strive to be the healthiest people. ☐ Include language about the need for full funding. ***Vision: A health system that promotes Tribal ownership and pride.*** NPAIHB recommendations included: ☐Broaden the vision statement to reflect all IHS, Tribal, and urban Indian organization (I/T/Us) and AI/ANs. ☐ Include more specific language for a health care system that promotes tribal sovereignty and tribal self-determination instead of ownership. ☐ Mirror language to reflect tribal laws and resolutions to take ownership and emphasize self-determination. ☐ Focus on the Native health system vision to provide high quality care in a culturally responsive manner. ***Goal 1: To ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.*** NPAIHB expressed support of Goal 1 but recommended: ☐ "American Indian and Alaska Native" should be moved to beginning of the sentence because it gets lost in the goal. ☐ Replacement of "culturally acceptable" with culturally responsive or "culturally informed" personal and public health services because culturally acceptable is an antiquated term. ☐ Include sustainability and traditional medicine in the Goal 1 statement. ***Objective 1.1: Recruit, develop, and retain a dedicated, competent, caring workforce.***	

		NPAIHB recommended: ☐Must include self-governance tribes in this objective since this objective appears to be focused on IHS direct service facilities. Self-governance tribes have had significant issues with recruitment and retention. ☐ Include innovative recruitment and retention strategies that make tribal communities a sought after job/placement for health care providers. For example, Portland Area Tribes have highlighted the lack of loan repayment as a barrier to retention because health care providers are usually waitlisted, especially in underserved communities. ☐ Ensure culturally responsive training for all health care professionals be included in Objective 1. ☐ Consider metrics to evaluate the recruitment and retention of workforce objective, i.e., aim for 80% - 90% of personnel by the end of the following fiscal year. ☐ Improve access to physical, behavioral and oral health services in underserved and rural tribal communities by supporting the Community Health Aide Program (CHAP). CHAP provides training, recruitment, placement, and retention of behavioral health, dental health, and primary care providers to address workforce shortages, reduce disparities and ensure an equitable workforce distribution. There is strong early evidence that dental health aide therapists (or dental therapists), midwives, nurse practitioners, tribal community health providers available through the CHAP in Alaska, and other primary health and oral health providers will be necessary to strengthen the health care workforce and improve access to care. There is a significant challenge to access health care for underserved and rural populations. ***Objective 1.2: Build, strengthen, and sustain collaborative relationships.*** NPAIHB believes that IHS should strive to collaborate across federal agencies and stakeholders to ensure effective and coordinated implementation of issues such as mental health	

		parity, especially as it pertains to substance use disorders and serious mental illness are key to improving health care outcomes in tribal communities. ***Objective 1.3: Increase access to quality health care services.*** In order to focus the objectives on the goal of increasing access, IHS must include additional objectives that address increasing access threats. An access threat that NPAIHB recommended IHS address as an objective is when tribes must refer out to find specialty providers, which are unable to be acquired on occasion. Therefore, telecommunications and funding are crucial to allow tribes to access specialty services outside of the community. NPAIHB proposed that IHS include transportation as a strategy to increase access to care in rural tribal communities. Distance is a consistent barrier in relation to access to care for AI/ANs in rural and underserved communities. Further, IHS must clearly include preventative public health services within health care services to reduce or eliminate risk of illness or injury. We also recommend that an objective be added to Goal 1 that increases access and funding to support comprehensive health services. Additionally, we recommended a strategy to explore ways to more efficiently direct funds intended to serve Indian Country at the local level, such as interagency agreements with other Department of Health and Human Services (HHS) agencies. ***Goal 2: To promote excellence and quality through innovation of the Indian health system into an optimally performing organization.*** Innovation is at the center of Goal 2, but there are no objectives that talk about innovation in the Indian	

		health care system. NPAIHB recommends that there be more language to support tribal innovation and make it clear that IHS will work with tribes to develop these opportunities. The intention for tribes, especially 638 compacted tribes is to be self-determined and innovative. Tribal innovation is fundamental for the culture of improvement for tribal hospitals and clinics. IHS must partner with tribes to promote innovation. Tribes must be involved in developing innovation initiative measures with IHS. NPAIHB recommended that IHS switch Goal 2 and 3 so that the goal to strengthen IHS program management and operations becomes Goal 2. Program management and operations are more significant issues for tribes. Further, we recommend that IHS add an objective surrounding research, design, and implement best practices for business processes. ***Objective 2.1: Create quality improvement capability at all levels of the organization.*** NPAIHB and our member tribes recommend that IHS include a customer satisfaction survey to measure quality improvement at all levels of the organization. ***Objective 2.2: Provide care to better meet the health care needs of Indian communities.*** In order to provide better care to meet the health care needs of tribal communities, we propose that IHS include environmental determinants of health (many tribes deal with superfund sites that have not been cleaned up, drinking water toxins), trauma informed care (tribes have been adversely impacted by the boarding school era with lasting impacts on health), and social determinants of health (housing, community gardens, adequate nutrition are all important).	

		Goal 3: Strengthen IHS program management and operations NPAIHB support Goal 3, but it must strengthen program management and operations through the entire IHS system to filter to the tribes, not just through direct service. Further, we request the addition of "Indian health system" after IHS in the goal. We recommend an additional objective focused on the priority of infrastructure and facilities, especially in regard to an overhaul of the health care facilities construction priority system. Northwest Tribes continue to support a moratorium on new facilities construction until an equitable funding methodology can be implemented by the IHS. ***Objective 3.2: Improve communication within the organization, with Tribes and other stakeholders, and with the general public.*** NPAIHB recommends that Objective 1 should solely include improvement of communication within the organization, Area offices and with tribes. Northwest Tribes have expressed disappointment with the IHS partnership with tribes because the rollout of the IHS draft Strategic Framework occurred at the National Indian Health Board (NIHB) conference. We recommended that IHS add another objective focused on increased coordination with other HHS agencies to address AI/AN health care issues early. ***Objective 3.2: Secure and effectively manage assets and resources.*** NPAIHB recommends more transparency on the IHS budget. We also recommend that IHS move away from discretionary funding to mandatory. Additionally, we recommend that IHS include a statement to streamline	

		the operations and business processes within the organization. ***Objective 3.3: Modernize information technology and information systems to support data driven decision.*** To strengthen and modernize the information technology infrastructure, the objective must include enhanced partnership with tribal data. NPAIHB and our member tribes believe that tribes should have equitable access to the data IHS has. We recommended the inclusion of an objective focused on preparation and response to public health emergencies in Indian country. IHS should be involved as a partner with other agencies to address public health emergencies in Indian country. IHS ought to promote emergency preparedness and improve the response capacity in Indian Country through prioritization of resources and technical support to maximize preparedness for tribal communities. Further, we recommend IHS create an objective to ensure that the needs for disadvantaged and at-risk populations in Indian country are met in emergencies through effective collaboration with tribes to build the capacity of underserved, rural and tribal communities to respond to emergencies. ***Additional Comments*** NPAIHB requested that IHS include a preamble highlighting the trust responsibility that the federal government has with tribes. NPAIHB requested a fourth goal emphasizing health care facilities, equipment and information technology. Portland Area Tribes have numerous aging health care facilities and aging equipment that do not adequately support the health care needs of our tribal communities.	

		We recommend that the measures created to evaluate the goals and objectives must be structured to reflect the treaty and trust obligations and must not be limited by funding. IHS must also find a way to incorporate continuous quality assurance.	

Association of American Indian Physicians

Click Here to Sign-Up

AAIP Announces the Hiring of New Executive Director Mr. Tom Anderson

March 15, 2018

Mr. Tom Anderson is the New Executive Director for the Association of American Indian Physicians

Press Release
March 15, 2018
Oklahoma City, OK

The Association of American Indian Physicians (AAIP) is pleased to announce that Mr. Tom Anderson of Oklahoma City has been selected as the next AAIP Executive Director.

Tom Anderson, New AAIP Executive Director

Mr. Anderson brings to AAIP many years of experience in working with tribes, tribal health programs and the public health agenda. Recently, Mr. Anderson worked at Oklahoma State University Center for Health Sciences serving as Director of the Office for American Indians in Medicine and Sciences. Prior tribal related endeavors include: Senior Health Strategist and Tribal Health Consultant and Director of the Oklahoma Area Tribal Public Health/Epidemiology Center at the Southern Plains Tribal Health Board. Mr. Anderson has a B.S. from Northwestern Oklahoma State University and a Master's Degree in Public Health from the University of Oklahoma College of Public Health.

Mr. Anderson is an enrolled citizen of the Cherokee Nation and actively engaged in tribal history, cultural practices, activities and ceremonies. Mr. Anderson states "My background includes serving as a voice for tribes, tribal health issues, and tribal advocacy resulting in added funding awards for tribe and tribal organizations. I remain actively involved locally, regionally and nationally on many fronts concerning tribal health and tribal public health issues. I continue to serve tribal communities participating on regional and national tribal workgroups, boards, taskforces, tribal consortiums, tribal associations and planning committees".

AAIP welcomes Mr. Anderson and looks forward to his leadership of the AAIP. Mr. Anderson replaces Ms. Margaret Knight, AAIP Interim Director.

Upcoming Events

AAIP/Four Corners Alliance Pre-Admission Workshop
March 22-25, 2018
University of Arizona-Phoenix
Phoenix, AZ

2018 AAIP Cross Cultural Medicine Workshop
April 26-29, 2018
Hotel Santa Fe
Santa Fe, NM

2018 National Native American Youth Initiative
June 23-July 1, 2018
George Washington University
Washington, DC

2018 AAIP/University of Minnesota Pre-Admission Workshop
July 23-25, 2018
We Ko Pa Resort and Conference Center
Scottsdale, AZ

2018 AAIP Annual Meeting and Health Conference
July 26-29, 2018
We Ko Pa Resort and Conference Center
Scottsdale, AZ

Association of American Indian Physicians
1225 Sovereign Row, Suite 103
Oklahoma City, OK 73108
P: 405.946.7072 | F: 405.946.7651
www.aaip.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

QUARTERLY BOARD MEETING

APRIL 17 – 19, 2018

AT

The Mill Casino ~Hotel
and RV Park
3201 Tremont St
North Bend, OR 97459

RESERVATIONS: 800-953-4800

Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board"**. Hotel rooms are $93.00 per night plus occupancy taxes. Please call by **March 31, 2018** 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
The Mill Casino ~ Hotel and RV Park
3201 Tremont Ave., North Bend, OR 97459
Hosted by Coquille Tribe
April 17- 19, 2018

AGENDA

MONDAY APRIL 16, 2018~*Willow~Beargrass Room*

2:00-5:00 PM	Director's Meeting

TUESDAY, APRIL 17, 2018 ~ SALMON ROOM WEST

7:30 AM	**Executive Committee Meeting** ***Spruce Room***
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 • General Session
12:00 PM	**LUNCH** Committee Meetings *(working lunch)* • Elders • Veterans • Public Health • Behavioral Health • Personnel • Legislative/Resolution • Youth
1:45 – 4:30 PM	General Session
4:30 PM	Executive Session

WEDNESDAY APRIL 18, 2018~ SALMON ROOM WEST

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, APRIL 19, 2018~ SALMON ROOM WEST

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: • *July 17-19, 2018 – Bellingham, WA hosted by Lummi* • *January 2019* • *April 16-18, 2019, Anacortes, WA hosted by Swinomish* • *October 2019 Pendleton, OR hosted by Umatilla*
12:00 PM	Adjourn

April's Quarterly Board Meeting (QBM) will be held at Mill Casino Hotel, North Bend, OR, hosted by Coquille Tribe Rooms are blocked under the group name of **"Northwest Portland Area Indian Health Board"**. Hotel rooms are $93.00 per night plus taxes. Please call by **March 31, 2018** to receive the group rate.

April 16, 2018 Tribal Health Director's Meeting (THD)

April 17- 19, 2018 Quarterly Board Meeting (QBM)

Management team your rooms have been reserved. Please feel free to contact me with any questions or concerns.

Thank you,

Lisa L. Griggs
Northwest Portland Area Indian Health Board
Executive and Program Ops. Assistant
2121 SW Broadway, Suite 300
Portland, OR 97201
503.228.4185
503.228.1472 Fax

NW Tribal Tobacco Prevention Conference

Prevention Through Culture and Policy

Register Here

https://www.surveymonkey.com/r/2018NWTribalTobacco

Travel reimbursements are available to NW tribes working in tobacco prevention (hotel, flight and/or mileage)

Where: Suquamish Clearwater Casino and Resort

When: May 22 and 23

For Questions, Please Contact:
Ryan Sealy
WEAVE-NW Tobacco Specialist
rsealy@npaihb.org
503.416.3304

NPAIHB
Indian Leadership for Indian Health

WEAVE - NW

Breastfeeding Peer Counselor Training

Training Location

The Chehalis Tribal Community Center Gathering Room
461 Secena Road Oakville, WA 98568

April 2-6, 2018

Hotel

Fairfield Inn and Suites Grand Mound Marriott
6223 197th Way SW Rochester, Washington

To reserve a room, call 360.858.5757
The room block is under Northwest Portland Area Indian Health Board

Follow this link to register: https://www.surveymonkey.com/r/bftrainingapril2018

About This Training

This training will give CHR's, nurses, or anyone interested in teaching about breastfeeding the oppurtunity to be a peer counselor for breastfeeding encouragement.

For Questions, Please Contact:
Ryan Sealy
WEAVE-NW Tobacco Specialist
rsealy@npaihb.org
503.416.3304

NPAIHB
Indian Leadership for Indian Health

WEAVE - NW

Mental Health First Aid USA

An 8-hour certification course to help communities better understand mental illness and respond to psychiatric emergencies.

Why Mental Health First Aid?

Mental Health First Aid is designed to fight stigma associated with mental illness and to address the real desire to help someone who is struggling.

Participants will learn:

Potential risk factors and warning signs for a range of mental health problems, including: depression, anxiety/trauma, psychosis, eating disorders, substance use disorders, and self-injury.

An understanding of the prevalence of various mental health disorders in the U.S. and the need for reduced stigma in their communities.

A 5-step action plan encompassing the skills, resources and knowledge to assess the situation, to select and implement appropriate interventions, and to help the individual in crisis connect with appropriate professional care.

The evidence-based professional, peer, social, and self-help resources available to help someone with a mental health problem.

Additional Trainings

Autism Spectrum Disorder

- 4 hour introductory training on ASD

Fetal Alcohol Spectrum Disorder

- 4 hour introductory training on FASD

Target Audience: Community Health Representatives (CHR) and Members in Health and Human Services, Education, Law Enforcement. And Other Community Helpers

Approved for Select Continuing Education Credits

Coming To Your Community

Please request training using the link below:
https://www.surveymonkey.com/r/HTFBP5G

Aiy yu kwee--Hello to You All,

My name is Valerie Reed, I'm a Yurok Tribal member and I am honored to be administering our project with our local Tribes and Tribal communities called ***Health of the Environment=Health of the People*** made possible by the CDC Good Health and Wellness in Indian Country (GHWIC) grant.

We here at United Indian Health Services (UIHS) wanted to take a moment and invite you all to the beautiful Northern California Coast to our ***Hands on Health Conference*** scheduled for April 23-26, 2018 at Bear River Rancheria, in Loleta, California. Thank you to Bear River Rancheria for being such a gracious host. Two years ago we held a Tribal Resource Conference in Klamath, California and it was so well attended by you all, but we missed getting to meet some of our CDC GHWIC partners. Welcome to all CDC GHWIC people; sub-awardees this means you too. ☺

This conference is called Hands on Health for a few reasons, but the most notable one is that there is a common thread that links us together as Native People, resilience. As you all know too well, our People suffer from the highest prevalence of diabetes, heart disease, stroke, obesity, cancer and other diseases and it is our belief that the way to good health and wellness for our People is get in and get your hands on health. Do your part in the reduction of chronic risk factors and be hands on!

We have created and would like to share opportunities and strategies through social, traditional and cultural activities that strengthen and promote community health and wellness. Sustaining those practices by using tribally driven, holistic and positive improvements to support and enhance policies that reflect upon healthier Native communities (PSE).

The entire conference is focused upon all of you and us going hands on and sharing knowledge and strategies that have served us well to promote good health and wellness here in our communities, and now we hope that you can implement some of those further into your communities across Indian Country.

So, please join us!

Register at:

www.handsonhealth.eventzilla.net

Call for Posters and Media for the event! We have the capability to showcase your work here at the conference and hope you can send it to us for exhibition. Media includes: PSA's, digital stories, interviews, etc. Media will be on a permanent loop format for viewing throughout the conference. Posters will be on display throughout entire conference. Please send by April 2, 2018 to:

Kella Roberts
UIHS
1600 Weeot Way
Arcata, CA 95521
or
Kella.roberts@crihb.org

Hands on Health

National Conference

Do your part in reducing chronic risk factors and promoting good health and wellness in Indian country!

Be Hands On!

Save the Date

April 23 - 26, 2018

@ Bear River Rancheria
11 Bear Paws Way, Loleta, CA

* Creating opportunities for healthier living practices
* Sharing successful strategies
* Promoting healthy policies
* Supporting healthier communities

www.handsonhealth.eventzilla.net

Health of the Environment = Health of the People

Hands on Health National Conference

April 23 ~ 26, 2018

Bear River Rancheria

www.handsonhealth.eventzilla.net

A collaborative effort by Health of the Environment = Health of the People Project and Ko'l Ho Koom' Mo Youth Suicide Prevention Project

Keynote Speakers

Topics Include:

Self-esteem

Empowerment

Community Motivation

Ashley Callingbull

April 24th, 2018 8:30 am Recreation Center

- Cree First Nations woman from the Enoch Cree Nation in the province of Alberta
- Former Mrs. Universe 2015
- International motivational speaker
- Received Role Model award from the United Nations and at the Dreamcatcher Gala
- Canadian Activist for First Nations Rights and Environmental causes

Gary "Litefoot" Davis

April 25th, 2018 8:30 am Recreation Center

- Enrolled member of the Cherokee Nation of Oklahoma
- Award winning Actor, musician, author, public speaker and entrepreneur
- Motivates and inspires tribal, educational and corporate audiences
- Combines his success as an entrepreneur and public figure, with his passion to better the future of Indian Country and serve as a source of inspiration

For more information please contact Kella Roberts at kella.roberts@crihb.org or in Community Health & Wellness at (707) 825-5070 ex.4145.

Hands on Health Conference Hotel Information

The Hands on Health Conference will be held at the Bear River Rancheria in Loleta, CA Monday, April 23 to Thursday, April 26.

The host hotel **Bear River Casino Resort** has rooms at the special rate of $109.00/night. For reservations please call (707)733-9644 Opt. 2. When calling to make your reservation please reference the group code: HEALTHY. This rate will only be available until April 11. 2018 so please make your reservations soon.

Best Western Plus, Humboldt Bay Inn located at 232 W. 5th Street in Eureka, CA is 14.5 miles from the conference and is also be offering rooms at $109.00. For reservations please call (707)443-2234 and reference the group code: HANDS ON HEALTH.

Comfort Inn & Suites Redwood Country located at 1583 Riverwalk Drive in Fortuna, CA is 5 miles from the conference and is also offering rooms at $99.00/night. For reservations please call (707)725-7025 and reference the group code: HANDS ON HEALTH. This rate will only be available until April 1, 2018 so please make your reservations soon.

If you have any questions please call Kella Roberts at (707)825-4145.

Hands on Health Conference Airport Information

United Airlines flies between the California Redwood Coast – Humboldt County Airport and San Francisco International Airport via its United Express subsidiary. The Airport is located 30 miles north of the Bear River Rancheria. The Airport Code is ACV.

Hands on Health Conference Rental Car Information

The Hands on Health Conference will be held at the Bear River Rancheria in Loleta, CA which is about 30 miles south of our only Airport. The Airport offers the following Rental Car Companies on site –

Alamo Car Rental - (707)839-3229

Hertz Car Rental - (707)839-2172

National Car Rental - (707)839-3229

Enterprise Rent-A-Car – (707)826-9090 – They offer a shuttle to their office from the airport

Hands on Health Conference

Agenda

Monday April 23 – Thursday April 26, 2018

Loleta, CA

Monday, April 23			
1:00pm-6:00pm	Registration		Bear River Casino Resort - Lobby
	Wiyot Tribe & Bear River Rancheria Garden Tours		
	Meet & Greet		Bear River Casino Resort - Lobby
	Think Tank		Bear River Casino Resort – Tish Non Meeting Room
Tuesday, April 24			
6:00am – 7:00am	Run/Walk	Liz Jackson Wendy Rinkel	Meeting in Bear River Casino Resort – Lobby
7:00am – 1:00pm	Registration		Bear River Casino Resort – Lobby
7:30am – 8:30am	Breakfast		Bear River Casino Resort – Ballroom
8:30am – 10:15am	Keynote: Ashley Callingbull		Bear River Recreation Center
10:30am – 12:30pm	Workshops		
	Feeding Our People	Ron James	Tish Non Community Center - Parking Lot
	Food Preservation • Dehydration	Master Food Preservers	Tish Non Community Center - Front ½
	Traditional Ecological Physical Fitness	Guylish & Pyuwa Bommelyn	Tish Non Community Center - Back ½
	Tobacco	UIHS Tobacco Program	Bear River Casino Resort – Ballroom
12:45pm	Lunch Bags		Bear River Casino Resort – Ballroom
1:15pm	Garden Tours		
	Potawot Health Village – Garden & Bees		
	Big Lagoon Rancheria - Youth Gym		
	Blue Lake Rancheria - Garden & Bees		
6:30pm – 7:30pm	Dinner		Bear River Casino Resort – Ballroom
7:45pm – 9:00pm	Native Authors & Book Signing		Bear River Casino Resort – Ballroom

Hands on Health Conference

Agenda

	Think Tank		Bear River Casino Resort - Tish Non Meeting Room
Wednesday, April 25			
6:00am – 7:00am	Run/Walk	Liz Jackson Wendy Rinkel	Bear River Casino Resort – Lobby
7:00am – 12:00pm	Registration		Bear River Casino Resort – Lobby
7:30am – 8:30am	Breakfast		Bear River Casino Resort – Ballroom
8:30am - 9:30am	Keynote: Gary "Litefoot" Davis		Bear River Recreation Center
10:00am – 6:00pm	Vendors	Bear River Casino Resort Lobby, Tish Non Community Center Lobby, Bear River Recreation Center	
9:45am – 11:45am	Workshops		
	Potawot Community Food Garden • Overview & Success, Challenges and Barriers	UIHS Community Nutrition Program	Tish Non Community Center – Back ½
	Food Preservation • Low Sugar Jam	Master Food Preservers	Tish Non Community Center – Front ½
	When Animals Could Speak	Carol Larsen Charlene Storr	Bear River Casino Resort – Ballroom
	Get Fit While We Sit • Learn to develop various aspects of exercises to enhance the quality of movement for tribal members of all ages • Gain knowledge and skills to teach basic exercise movements and proper progressive modifications for each client	UIHS Fitness Coordinator	Bear River Recreations Center – Fitness Room
	Traditional Food #1	Trinidad Rancheria, Big Lagoon Rancheria, Wiyot Tribe, Elk Valley Rancheria	Bear River Recreations Center – Outdoor BBQ Area
12:00pm – 1:30pm	Lunch		Bear River Casino Resort – Ballroom
1:45pm – 3:45	Workshops		
	Potawot Community Food Garden • Overview & Success, Challenges and Barriers	UIHS Community Nutrition Program	Tish Non Community Center – Back ½

Hands on Health Conference

Agenda

	Food Preservation • Low Sugar Jam	Master Food Preservers	Tish Non Community Center – Front ½
	When Animals Could Speak	Carol Larsen Charlene Storr	Bear River Casino Resort – Ballroom
	Get Fit While We Sit • Learn to develop various aspects of exercises to enhance the quality of movement for tribal members of all ages • Gain knowledge and skills to teach basic exercise movements and proper progressive modifications for each client	UIHS Fitness Coordinator	Bear River Recreation Center – Fitness Room
	Suicide Prevention	UIHS Suicide Prevention Program	Bear River Recreation Center
	Traditional Foods #1	Trinidad Rancheria, Big Lagoon Rancheria, Wiyot Tribe, Elk Valley Rancheria	Bear River Recreation – Outdoor BBQ Area
5:30pm – 6:45pm	Traditional Dinner		Bear River Recreation Center
7:00pm – 8:30	Cultural Sharing	Wiyot Tribe, Trinidad Rancheria, Native Women's Collective	Bear River Recreation Center
	Think Tank		
Thursday, April 26			
6:00am – 7:00am	Run/Walk	Liz Jackson Wendy Rinkel	Meeting in Bear River Casino Resort – Lobby
8:00am - 9:00am	Breakfast		Bear River Casino Resort – Ballroom
9:00am – 9:30am	Overview		Bear River Resort Casino – Ballroom
10:00am – 6:00pm	Vendors	Bear River Casino Resort Lobby, Tish Non Community Center Lobby, Bear River Recreation Center	
9:45am – 11:45am	Workshops		
	Teas & Bees	UIHS Community Nutrition Program, Blue Lake	Tish Non Community Center Back ½

Hands on Health Conference

Agenda

		Rancheria	
	Food Preservation • Fruit Roll Ups (Strawberry & Beet)	Master Food Preservers	Tish Non Community Center Front ½
	Flower Dance Sticks	Yurok Tribe, Resighini Rancheria	Bear River Casino Resort – Ballroom
	Acorn Mush Paddles	Alme Allen	Tish Non Community Center – Parking Lot
	Early Learner Garden Curriculum & Native Garden: Design and Uses	Tolowa Dee-ni' Nation, Bear River Rancheria	Bear River Recreation Center
	Traditional Food #2	Trinidad Rancheria, Big Lagoon Rancheria, Wiyot Tribe, Elk Valley Rancheria	Bear River Recreation Center – Outdoor BBQ Area
12:00pm – 1:30pm	Lunch		Bear River Casino Resort – Ballroom
1:45pm – 3:45pm	<u>Workshops</u>		
	Teas & Bees	UIHS Community Nutrition Program, Blue Lake Rancheria	Tish Non Community Center – Back ½
	Food Preservation • Fruit Roll Ups (Strawberry & Beet)	Master Food Preservers	Tish Non Community Center – Front ½
	Flower Dance Sticks	Yurok Tribe, Resighini Rancheria	Bear River Casino Resort – Ballroom
	Acorn Mush Paddles	Alme	Tish Non Community Center – Parking Lot
	Early Learner Garden Curriculum & Native Garden: Design and Uses	Tolowa Dee-ni' Nation, Bear River Rancheria	Bear River Recreation Center
	Traditional Food #2	Trinidad Rancheria, Big Lagoon Rancheria, Wiyot Tribe, Elk Valley Rancheria	Bear River Recreation Center – Outdoor BBQ Area
6:00pm – 7:30pm	Banquet Dinner & Giveaway		Bear River Recreation Center

REGISTRATION & CALL FOR ABSTRACTS OPEN NOW

2018 Contemporary Northwest Tribal Health Conference

Sponsored by:
Northwest Native American Research Center for Health (NW NARCH)
Northwest Portland Area Indian Health Board (NPAIHB)
Prevention Research Center, Oregon Health & Science University (OHSU)

April 27-28, 2018
Portland State University
Native American Student & Community Center
Portland, Oregon

Register online: http://bit.ly/NWNARCH18reg
No registration fee
Lodging support available

Submit an abstract: http://bit.ly/NWNARCH18
Deadline: Wednesday, February 28, 2018

If you are conducting health research in AI/AN communities in the Pacific Northwest (Washington, Oregon, Idaho), we invite you to share your research and experiences. Oral and poster presentations can be on any health-related topic or theme, but should be limited to AI/AN-focused research taking place in the Northwest.

For more information, see the Events Calendar at www.npaihb.org
or email th-conference@npaihb.org.

Tribal Public Health Emergency Preparedness Training & Conference

Pre-Conference Training: May 14-15, 2018

Conference Sessions: May 16-18, 2018

Suquamish Clearwater Resort
Suquamish, WA

Register: http://bit.ly/18TPHEPreg

Submit a Session Proposal: http://bit.ly/18TPHEPpres
Due by March 9

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

Conference sponsored by:

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

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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

"Response Circles" Funding Request for the Northwest Tribes

This form is to be used when requesting funding for an activity, event, or training that is associated with domestic & sexual violence prevention. The funds may be used for: meeting expenses, materials and supplies for activities, incentives, travel, and training fees. Funds may not be used for wages, food, or promotional clothing items i.e. t-shirts. Page 2 includes opportunities that can be funded. About $15,000 is available for these requests by the Northwest Tribes and will be available until the money runs out. **Requests can be submitted anytime January 8 to August 15, 2018.**

Date: _____
Tribe: _____
Department: _____
Address: _____
Contact Person: _____ Phone: _____

Briefly describe the activity, event, training that the funds will be used for:
Total Amount For Request ($2,000 max)
*Please be sure your total request includes all your needs including: indirect, travel, lodging, per diem, registration fees, internet, supplies, print materials, incentives, honoraria, stipends, trainer fees and travel, and/or facility costs. ** Funds may not be used for wages, food, or promotional clothing items i.e. t-shirts.

*Depending on the event/training chosen NPAIHB staff may ask you to provide a short evaluation, survey, or post-description of the event/training. Please fax this document to 503-228-8182, Attn: Colbie, or email ccaughlan@npaihb.org. If you have any further questions, please call Colbie Caughlan: (503) 416-3284.

List of Upcoming Opportunities for Domestic & Sexual Violence Prevention

- March 12-18, 2018 – Core DV/SA Advocacy Training - Bend, Oregon https://www.surveymonkey.com/r/DK5FV5L

- March 26-30, 2018 – SANE/SAE Training - Southwestern Oregon Community College, Curry Campus http://oregonsatf.org/training/brookings-40-hour-sanesae-training/

- May 1-3, 2018 – Annual Conference for the WA Coalition of Sexual Assault Programs – Kennewick, WA http://www.wcsap.org/wcsap-2018-annual-conference

- May 7 - 11, 2018 – Sexual Assault Examiner Training - Portland, OR http://www.tribalforensichealthcare.org/page/Live

- May 21-23, 2018 – 40th Annual Conference for the Oregon Coalition Against Domestic & Sexual Violence - *New Visions for Safety, Equity, and Justice* – Sunriver, OR https://www.ocadsv.org/our-work/annual-conference

- June 26-28, 2018 – 13th Women Are Sacred Conference hosted by the National Indigenous Women's Resource Center – Albuquerque, NM - http://www.niwrc.org/events/women-are-sacred-conference

- August 29-30, 2018 – National Sexual Assault Conference 2018 - *BOLD MOVES: Ending Sexual Violence in One Generation* – Anaheim, CA http://www.calcasa.org/events/nsac/2018-national-sexual-assault-conference/save-the-date/

- Sexual Assault Response Team (SART) Toolkit – training on your own, check out https://ovc.ncjrs.gov/sartkit/about.html

- April 18, 2018 - Developing a SART in Indian Country Webinar, CE's provided for some professionals http://www.tribalforensichealthcare.org/page/Webinars

Websites to find more opportunities & dates

- National Center on Domestic & Sexual Violence - http://www.ncdsv.org/ncd_upcomingtrainings.html

- Sexual Assault Forensic Examinations, Support, Training, Access and Resources (SAFESTAR) - http://www.safestar.net/training/

- International Assoc. of Forensic Nurses - http://www.forensicnurses.org/?page=registerforSANE

- IHS Tribal Forensic Healthcare http://tribalforensichealthcare.site-ym.com

- Idaho Coalition Against Sexual & Domestic Violence - https://idvsa.org/

- Oregon Attorney General's Sexual Assault Task Force - http://oregonsatf.org/calendar/trainings/

- Oregon Coalition Against Domestic & Sexual Violence - https://www.ocadsv.org/

- Washington State Coalition Against Domestic Violence - https://wscadv.org/

- Washington Coalition of Sexual Assault Programs - http://www.wcsap.org/

WEAVE-NW has funding for travel scholarships for any tribal members in our area wanting to attend trainings, workshops, and conferences that can be tied to chronic disease, systems change, policy improvements and many other topics.

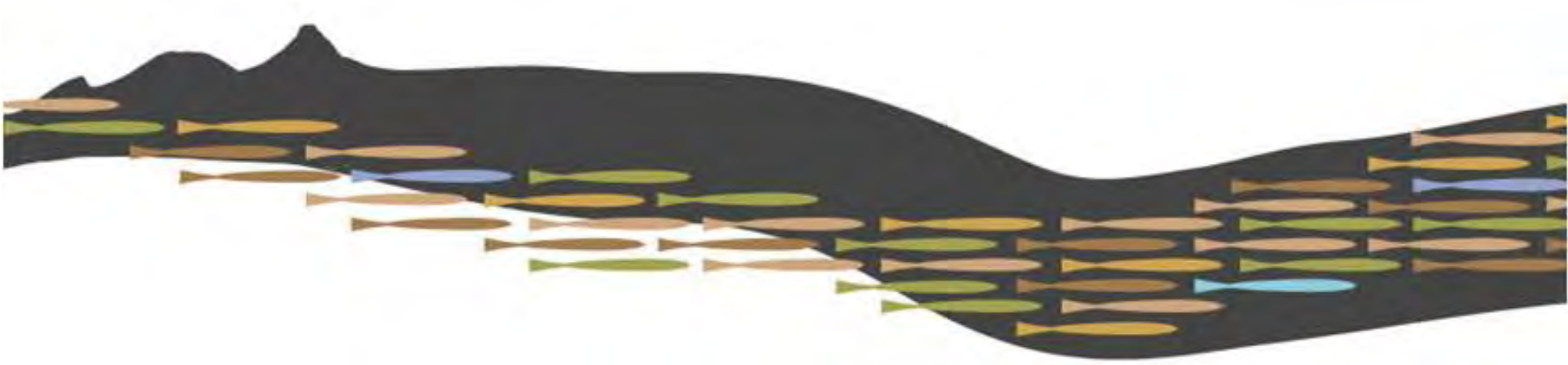
Below is a link to our funding application:

http://www.npaihb.org/wpfb-file/2018-funding-announcement_weave_endsept2018-docx/

Summer Research Training Institute

June 11 – June 29, 2018
Portland, OR

For American Indian and Alaska Native Health Professionals



Hosted by the Northwest Portland Area Indian Health Board and the Center for Healthy Communities at Oregon Health & Science University

Who Should Attend

The Summer Research Training Institute curriculum is designed to meet the needs of professionals who work in diverse areas of American Indian and Alaska Native health. Almost anyone who works in Indian health can take advantage of this skill-building opportunity—from administrators to community health workers, physicians, nurses, researchers, and program managers. Because our courses emphasize research skills, program design, and implementation, those professionals who seek training opportunities related to research will find relevant courses in this program. American Indian and Alaska Native health professionals and health science students are strongly encouraged to attend. We also seek American Indian and Alaska Native students and participants from other professional areas who are interested in Native health issues. Courses will take place at the Northwest Portland Area Indian Health Board, located at: 2121 SW Broadway, Suite 300, Portland, OR, 97201.

Sponsors

The Summer Institute is funded by the Native American Research Centers for Health (NARCH U261IHS0074) housed at the Northwest Portland Area Indian Health Board. It is co-sponsored by the Center for Healthy Communities, a CDC-funded Prevention Research Center (U48DP005006), at Oregon Health & Science University.

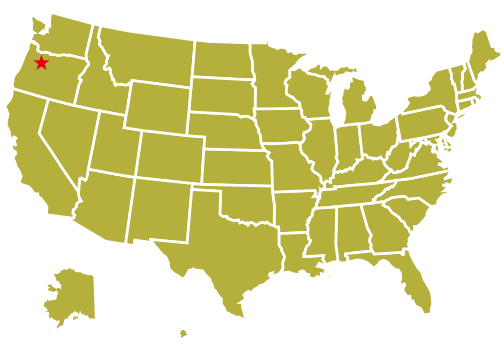
For More Information

Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Tel: 503-416-3285 Fax: 503-228-8182
E-mail: summerinstitute@npaihb.org
www.npaihb.org/narch-training

Travel & Accomodations

Location

Courses will take place at the Northwest Portland Area Indian Health Board, located at: 2121 SW Broadway, Suite 300, Portland, OR, 97201. Transportation options to and from the training will be sent to registered trainees prior to the beginning of the Summer Institute.



Travel

Summer Research Training Institute participants are responsible for making their own travel arrangements. Portland is easily accessible by plane, train, and automobile. Portland International Airport is approximately 15 minutes from downtown Portland and is accessible by light rail train (the Max) and by car. The train station and bus depot are located in the middle of downtown Portland. Several city buses offer service to the Northwest Portland Area Indian Health Board. For more information on public transportation, visit: www.trimet.org. If you need additional assistance with transportation options, we are available to assist you.

Where to Stay

We have negotiated a discounted rate with the Residence Inn Downtown/RiverPlace by Marriott located at 2115 Southwest River Parkway, Portland, OR, 97201. You can book online here: https://goo.gl/HDkUuw or contact them at (503) 552-9500 and reference the 2018 Summer Institute group. Many other hotels in Portland offer government rates and discounted rates to guests of Oregon Health & Science University. We suggest you make reservations as early as possible as Portland area hotels fill quickly in the summer.

Travel scholarship recipients will be required to stay at the Marriott Residence Inn-Downtown Riverplace.

Course Descriptions & Schedule

About the Curriculum

Courses are offered in the morning and in the afternoon of each week. You may choose as many courses as are of interest to you, so long as they don't overlap. All books and course materials will be provided. Courses with fewer than five enrolled students will be cancelled. All students will be expected to complete a final exam or project in each of their courses to receive certificates of completion. We are "going green" this year! If you own a laptop or tablet, we ask that you bring it to the training. If you will need printed materials, please contact us and let us know in advance.

Week One: June 11 – 15, 2018

Epidemiology I

This course focuses primarily on the basic principles of epidemiology: (1) introduction to epidemiologic thinking, (2) measures of disease frequency and association, (3) basic statistics relevant to epidemiology measurement, and (4) an overview of study design (especially cross-sectional surveys, case-control, and cohort studies). As time allows we will also cover a very basic introduction to bias, confounding, and effect modification.

Time: 9:00am-12:00pm
Instructor: John Stull, MD, MPH

Introduction to Biostatistics

In this course students will get a gentle introduction to concepts in biostatistics. We will lay the foundation for conducting public health research from a biostatistics point of view. Specifically, students will learn about types of data and how they can be summarized; estimation; hypothesis testing; categorical data analysis; and (if time) diagnostic testing. Although the focus of the course will be on ideas, students will learn how to interpret some results output from a statistical software package (Stata). Examples from the literature, drawn primarily from studies involving Native populations, will illustrate concepts. This course is designed to dovetail with Introduction to Epidemiology for students who are taking that course.

Time: 1:30pm-4:30pm
Instructor: Amy Laird, PhD

Program Evaluation

This course will introduce students to the fundamental principles of program evaluation and their application. The course will include discussion of a variety of theory-based evaluation designs and methods. Evaluation focusing on assessment of processes, impact, and outcomes associated with cancer-related health promotion and health education programs will be emphasized. Specific attention will be concentrated on the practical application of theories. By the end of the course, students will have developed a plan for evaluating a program and will present the plan for critique by faculty and students.

Time: 9:00am-12:00pm
Instructor: Mark Dignan, PhD, MPH

Health Literacy

The aim of this course is to provide a brief overview of basic health data literacy topics for those who wish to interpret, present and make use of epidemiologic data but do not have a statistics background. Students will leave with an understanding of core epidemiology concepts, where to find AI/AN specific health data, best practices for presenting data effectively, and using GIS mapping tools. Please note that this course is designed for those who wish to interpret and make use of health data, but not those who wish to learn how to conduct their own data analysis and surveys.

Time: 1:30pm-4:30pm
Instructors: Nicole Smith, Jenine Dankovchik, Sujata Joshi, Nanette Star, and Monika Damron

Week Two: June 18–22, 2018

Research Design & Grant Writing

This course is designed for health professionals and students with a working knowledge of epidemiology and study design. It will cover how to plan, design, and develop a brief outline for an NIH research proposal (abstract, aims, research design, outcomes, budget line item for 1 category, budget justification, etc.). Participants should have a grant idea or topic prior to attending the class for the course to be of significant value. The outline provides the basis for work the participant will need to expand after the class is over. The course is held in the computer lab but each day has homework and participants need to have access to a laptop computer to complete their daily homework.

Time: 9:00am-12:00pm
Instructor: Linda Burhansstipanov, DrPH, MSPH

Substance Abuse Epidemiology

This course examines prevention and treatment services for American Indian/Alaska Native populations with substance use and behavioral health disorders. Classes examine social determinants of health and the range of substance use disorders (SUDs) and describe health services research opportunities. Prevalence and incidence of SUDs, risk and protective factors, culturally relevant interventions, use of participatory research methods, and culturally developed and supported interventions will also be explored. Class members engage in active discussion related to their own work and community. Services research strategies and policy interventions are also reviewed. Students will be introduced to papers on key concepts and will participate in group projects, activities, and interactive learning.

Time: 9:00am-12:00pm
Instructors: Dennis McCarty, PhD and Kathy Tomlin, PhD, LPC, CADIII

Cancer Prevention & Control

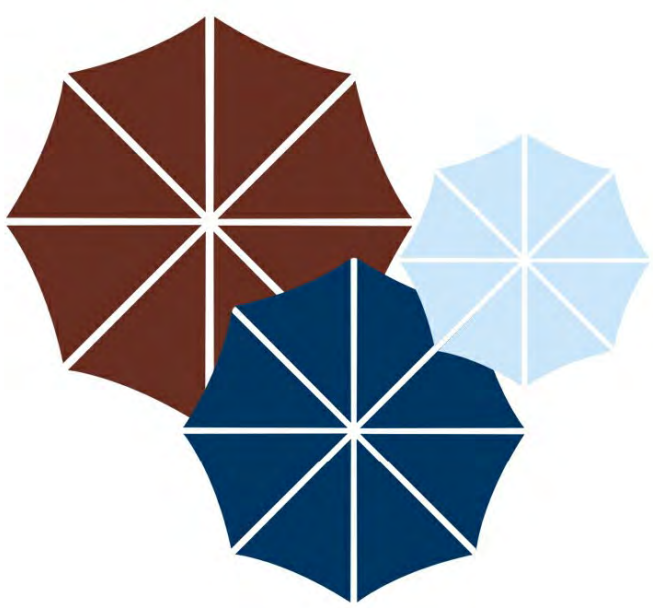
Cancer remains a leading cause of morbidity and mortality among tribal people, and many of the causes of cancer in Native people are preventable. In this course, we will discuss cancer etiology, cancer biology, common epidemiologic approaches to studying cancer and cancer prevention, surveillance, and will present examples of successful cancer prevention projects in Indian country.

Time: 1:30pm-4:30pm
Instructors: Charles Wiggins, PhD and Tom Becker, MD, PhD

Community-Based Participatory Research

This course will provide an introduction to community-based participatory research (CBPR) as a form of community-engaged research with tribal communities. This class will introduce concepts of effective CBPR, discuss standard methods of gathering information, and the value of community involvement in data collection through the use of representative CBPR studies. Upon completion of this course, trainees should have more confidence and competence in using CBPR techniques with their tribal communities.

Time: 1:30pm-4:30pm
Instructor: Victoria Warren-Mears, PhD, RD



Week Three: June 25–29, 2018

Focus Groups

This session will provide an overview of focus group methodology and will include a discussion on the method's strengths and limitations. The instructors will provide examples of when focus groups are utilized to: inform quantitative research design and survey development; explain and provide context for quantitative results; and/or integrated into a multi-method evaluation. Students will participate in a mock focus group session and consider analysis of resultant data in order to gain experience with this methodology.

Time: 9:00am-12:00pm
Instructors: Jennie R. Joe, PhD and Stephanie A. Farquhar, PhD

Grant Management

This course is designed for those interested in learning more about managing a grant after an award is received. Topics to be discussed include: research team selection and management, development and monitoring a budget, submitting progress reports, and general project management using both didactic presentation, small group interaction and case study. Participants work in teams and there is both in-class and "homework" assignments. The final output is a group presentation and 3 page paper.

Time: 9:00am - 12:00pm
Instructor: Teshia Solomon, PhD

Course Schedule

Week One: June 11-15, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Epidemiology I	Epidemiology I	Epidemiology I	Epidemiology I	Epidemiology I
9am-noon	Program Evaluation	Program Evaluation	Program Evaluation	Program Evaluation	Program Evaluation
1:30pm-4:30pm	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics
1:30pm-4:30pm	Health Literacy	Health Literacy	Health Literacy	Health Literacy	Health Literacy

Week Two: June 18-22, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology
9am-noon	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing
1:30pm-4:30pm	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control
1:30pm-4:30pm	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research

Week Three: June 25-29, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Focus Groups	Focus Groups	Focus Groups	Focus Groups	Focus Groups
9am-noon	Grant Management	Grant Management	Grant Management	Grant Management	Grant Management

Cost

Tuition for each course offered is $300. Tuition covers course materials and required textbooks. Tuition waivers are available for American Indian and Alaska Native participants and Tribal EpiCenter employees. Travel scholarships are available for registrants who meet the eligibility requirements.

Travel Scholarship

The 2018 application period is **February 20, 2018 to April 2, 2018.** No exceptions will be made and applications will only be accepted via Regonline.
Applicants must:

- if applicable, provide proof of EpiCenter employment (for Non-native EpiCenter employees);
- provide a copy of Certificate of Indian Blood or tribal enrollment (if applicable) and if not already on file;
- submit a brief essay describing why they want to attend the Summer Institute and how it will benefit their career/education goals (in 1-2 paragraphs); and
- attend both morning and afternoon courses, with the exception of week 3.

Travel scholarships cover the cost of 1) lodging (room and tax only) and 2) airfare, train, or car mileage (up to $600). Please note: mileage is based on federal regulations and must not exceed lowest airfare to Portland.

Selection Process

- All applications will be reviewed and the highest-rated applicants will be selected.
- Awardees will receive their scholarship notification within four (4) weeks of deadline.
- Travel scholarships are limited, but we will do our best to award as many qualified applicants as possible.
- Students and new registrants will be given preference.
- Course load should include both morning and afternoon courses each week of attendance.
- Awardees will be given five (5) business days to accept/decline the scholarship award and must notify us via email at summerinstitute@npaihb.org or 503-416-3285. Failure to notify will result in award withdrawal.
- As a final recipient, you will be contacted to discuss logistical arrangements.

To Apply

To apply for a tuition waiver or travel scholarship, you will need to enter a tribal affiliation or enter the name of the Tribal EpiCenter you work for within the 'Other Personal Information' section in Regonline. Once that information is selected, a check box will appear. You will be asked to check the box if you want to apply for a tuition and/or travel scholarship. Travel scholarship applications require a brief (1-2 paragraphs) essay.

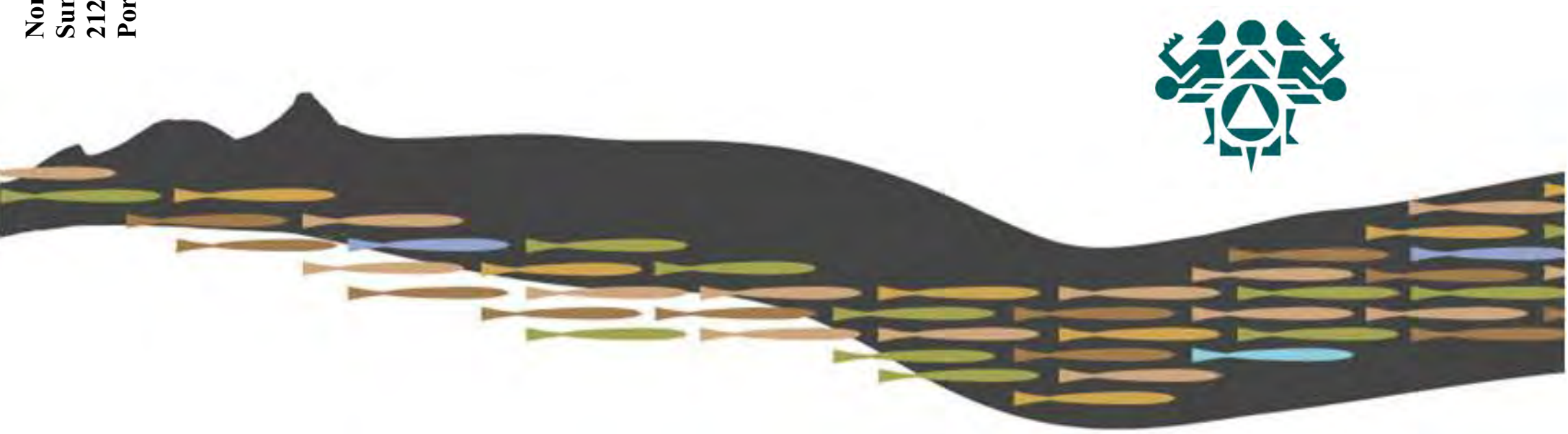
Tuition is due by May 30, 2018. Please make checks payable to:

Northwest Portland Area Indian Health Board Summer Institute
2121 SW Broadway, Suite 300 Portland, OR 97201

Tips for Registration

- Registration should be completed on-line at www.regonline.com/2018SRI
- Registration will be closed on May 1, 2018.
- Scholarship application will be closed on April 2, 2018.
- Class space is limited, so it is best to register as soon as possible.
- If a class is full, you will be placed on a waitlist. Should an opening become available, you will be
- notified. Please note that you will not be allowed to switch classes during the training.

Northwest Portland Area Indian Health Board
Summer Institute
2121 SW Broadway, Suite 300
Portland, OR 97201



REGISTRATION FOR THE HHS REGION 10 ANNUAL TRIBAL CONSULTATION IS OPEN AND WE'RE STILL LOOKING FOR FEEDBACK ON THE AGENDA!

May 2, 2018

Little Creek Casino Resort

Shelton, WA

The U.S. Department of Health and Human Services (HHS) Region 10 will conduct its annual Tribal Consultation for Tribes in Alaska, Idaho, Oregon, and Washington on **Wednesday, May 2, 2018,** at the **Little Creek Casino Resort, 91 WA-108, Shelton, WA 98584**.

We are pleased that HHS Assistance Secretary for the Substance Abuse and Mental Health Services Administration (SAMHSA) Dr. McCance-Katz will join us. Dr. McCance-Katz served as the chief medical officer for the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals, medical director for the California Department of Alcohol and Drug Programs, and the first chief medical officer for SAMHSA prior to her current appointment.

We discussed the R10 HHS Tribal Consultation Agenda on the last Quarterly Tribal Call. The discussion ended in agreement to add a Round Table Discussion to the agenda. We are interested in your ideas of specific issues related to opioids that you want to address in the Round Table such as how it affects elder care, youth, etc., and recommendations for community-based prevention, treatment and recovery approaches being implemented by Tribes who are interested in highlighting their model programs. Some examples of Tribes that have implemented indigenous or culturally-based models that were mentioned during the call included the Muckleshoot, Port Gamble S'Klallam, Lummi, and the Confederated Tribes of Warm Springs. We know that many Tribal communities are addressing the opioid epidemic with a variety of approaches, and look forward to the Round Table discussion as way for participating Tribes to share the common challenges and successes that are being seen in your communities.

Please respond to this email with your suggestions by March 22, 2018.

Outline of Events

I want to extend an invitation to you and your designated health and human service officials as well as tribal liaisons, to attend the Consultation. Due to the compressed timeline of the agenda, there will not be time for state agency and Congressional officials to speak at the event. However, I ask that you or your designated staff person please register for the Consultation in order to be recognized at the beginning of the session. There is no cost to register.

The day will begin at 9:00am with the Opening and Tribal Blessing, Regional Welcome, Tribal Leader Introductions, Open Tribal Leader Comments, and Closing Remarks. The day will conclude at 5:00pm.

To Register for the Consultation Follow These 2 Simple Steps:

Step 1: Register to attend the May 2 Consultation through the link below by Monday, April 16, 2018.

https://www.surveymonkey.com/r/8T6GJJY

Step 2: Secure hotel accommodations at the Little Creek Casino Resort by Saturday, March 31.

Please visit the Little Creek Casino Resort reservations website at https://uslcc.webhotel.microsdc.us/bp/search_rooms.jsp and use **Group Code 050118USDE**. Please secure your accommodations by **Saturday, March 31, 2018,** to receive the special rate of $93/night.

If you have any questions about the Consultation session, please contact Nicki Massie at Nicholson.massie@hhs.gov

2018-ISSUE 156

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 March 12, 2018. 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.

In this issue:

Announcements

National Summit for Smokeless Tobacco

Be a part of the coalition of organizations, agencies and individuals committed to reducing and eliminating the use of smokeless and other non-combustible tobacco products. Read more here.

Date: **October 16-18 2018**
Location: **Sacramento, CA**
Abstract Submission Deadline: **April 6, 2018**

NSSTP SAC 2018
9TH NATIONAL SUMMIT ON SMOKELESS TOBACCO PREVENTION
SACRAMENTO, CALIFORNIA | OCTOBER 16-18, 2018

2018 Million Hearts® Hypertension Control Challenge

The Million Hearts® Hypertension Control Challenge is a competition to identify clinicians, practices, and health systems that have demonstrated exceptional achievements in working with their patients to control hypertension. This year, we will be recognizing those who achieved 80% blood pressure control (blood pressure reading <140 mmHg/<90 mmHg) among their hypertensive population aged 18-85 years. The Challenge is open to public and private clinicians, medical practices, and health systems located in the United States. Strategies used by Champions that support hypertension control may be written into a success story and posted on the website. Applications due April 6th. Read more here.

Information: **https://millionhearts.hhs.gov/partners-progress/champions/rules.html**

Application: **http://www.mhhypertensionchallenge.com/home**

Hands on Health Conference

See attachments for details regarding this conference. Read more here.

Date: **April 23-26, 2018**
Location: **Loleta, CA**

Webinars

GPTCHB Community Health Webinar Series

Contact Jennifer William for details regarding the webinar.

3/14/18	Successful Community Gardening	Devon Riter, Lower Brule Research (LBR)
4/11/18	PSE and Sustainability	Shannon Udy, Health Educator
5/9/18	Helpful Tips on Enforcing a Policy	Rae O'Leary, Canli Coalition

Jennifer Williams, Program Manager
Great Plains Good Health and Wellness
Great Plains Tribal Chairmen's Health Board
(P) 605.721.1922 ext. 144

Funding Opportunities

On the look-out for photos!

Send any GHWIC related photos to AQUIROZ@cdc.gov. If you wish to feature a community garden, event, team meeting, etc., this is the place! Send your photo with a short description.

NPAIHB Fellowship

The NW NARCH program, in collaboration with the Northwest Portland Area Indian Health Board and the OHSU Prevention Research Center, is offering a new fellowship in cancer prevention and control research. The training will be offered in conjunction with the last two weeks of the Summer Research Training Institute at the Indian Health Board in Portland, Oregon, June 17th -29th, 2018. In addition, fellows will attend a one-week session in the fall of 2018 that is focused on additional topics in cancer prevention and control research among tribal people. Fellows will work with peer and career mentors to develop and implement cancer control projects, and will be supported to attend professional meetings to present their research findings. For more information, please see the NPAIHB website at http://www.npaihb.org/narch-training/ or contact Ashley Thomas via e-mail (thomaas@ohsu.edu) or phone (503-494-2907). Read more here.

2018 Tribal Youth Health Policy Fellowship

The National Indian Health Board's second cohort of Fellows will consist of 12 Native youth from around the country to engage throughout the year in Indian health policy and programming efforts. The Fellows will engage in Indian health policy solutions, tell their personal story, and advocate for changes in the healthcare and public health systems important to their Tribal communities. Read more here.

Application Deadline: April 6, 2018

Job Opportunities

See attachments for details regarding these opportunities.

Lapwai Nature Trail
—photo courtesy LaTisha Marshall

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.