NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Funding Opportunities

JANUARY 2019

Greetings! The NPAIHB - Funding Opportunity is our commitment to the health and well-being of our tribal members.

*PLEASE NOTE: **New funding opportunities** 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.

Request for Proposals from Indian Tribes and Intertribal Consortia for Nonpoint Source Management Grants Under Clean Water Act (CWA) Section 319

DEADLINE: Jan 24, 2019

AMOUNT: **Award ceiling:** $100,000

Estimated number of awards: 25

Project period: Up to 4 years

Total Program Funding: $2,500,000

The program requires a non-federal cost share/match of 40% of the total project cost. The match may be provided through cash or in-kind contributions. EPA may decrease the match requirement to as low as 10% if the applicant can demonstrate a hardship submitted in writing to the appropriate regional administrator. Additional guidance on cost sharing is available in the application instructions.

DESCRIPTION: This program provides funding to develop and/or implement watershed-based plans and on-the-ground projects that will result in significant steps towards solving Nonpoint Source (NPS) impairments on a watershed-wide basis.

Examples of eligible project activities include:

Road stabilization or removal

Planting on the banks of rivers and streams (riparian planting)

Streambank stabilization

Natural water channel restoration

Development of low impact storm water management practices

Livestock exclusion fencing

Nutrient or grazing management practices

NPS ordinance development

Project monitoring

Development of a watershed-based plan

Training

Materials, education, and outreach

WEBSITE/LINK: **https://www.epa.gov/nps/nonpoint-source-tribal-current-grant-information**

Strategies to Provide Culturally Tailored Palliative and End-of-Life Care for Seriously Ill American Indian and Alaska Native Individuals (R01 Clinical Trial Optional) - DHHS/NIH

DEADLINE: January 25, 2019

AMOUNT: The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. Application budgets are not limited but need to reflect the actual needs of the proposed project. The total project period for an application submitted in response to this funding opportunity may not exceed 5 years.

DESCRIPTION: American Indians/Alaska Natives (AI/AN) populations have higher rates of death resulting from chronic illnesses such as cardiovascular or cerebrovascular disease, cancer, and diabetes. In addition, it is reported that cancers in AI/AN individuals are diagnosed at later stages, with poorer five-year survival rates. Although EOLPC has been demonstrated to improve the quality of life for individuals with serious, advanced illnesses and their families/caregivers, it is underutilized in AI/AN populations. In 2014, only 0.3% of individuals utilizing hospice were AI/AN compared to 76% hospice use by White/Caucasian individuals. Reasons for the limited use of palliative care and hospice by Indigenous populations in the U.S. are not well understood. An important barrier may be a lack of cultural understanding by providers within healthcare facilities serving AI/AN communities. Culture influences how people think, talk, and make decisions about death and illness. Thus, a lack of understanding of these issues, the cultural heterogeneity across AI/AN communities, and discrete traditional values and beliefs about illness and death among and between Tribes may complicate issues surrounding EOLPC. Inclusion of traditional care practices and an understanding from the context of spirituality,

community, environment, and self are critical for the delivery of culturally sensitive care. Despite efforts by the Indian Health Service to improve access to and delivery of EOLPC for tribal communities, there remains a significant lack of rigorous and recent research to guide evidence-based interventions and practices for U.S. Indigenous peoples.

Inclusion of traditional care practices and an understanding from the context of spirituality, community, environment and self, are critical for the delivery of culturally sensitive care. Incorporation of these values could make palliative and end-of-life care more responsive to AI/AN values, beliefs, and traditions. Therefore, there is a critical need for research to elucidate the complexities and uniqueness of AI/AN communities with respect to developing and providing culturally appropriate interventions for AI/AN individuals, families, and their communities.

Increased understanding of how to provide culturally sensitive EOLPC care to American Indian/Alaska Native (AI/AN) individuals with advanced, progressive illness and their families and communities will increase use and improve delivery of end-of-life and palliative care (EOLPC) in Native communities, and the knowledge gained would inform strategies for other culturally and ethnically diverse populations.

Research objectives include, but are not limited to, those that address:

Determination of the unique perceptions of EOLPC in seriously ill AI/AN individuals within and across tribes.

The design, testing, and evaluation of tools/strategies to assess and care for those with advanced, progressive chronic diseases in a culturally appropriate manner.

Strategies that combine traditional Indigenous healing/care concepts with non-traditional practices to provide more effective palliative and end-of-life care to Indigenous peoples.

Development of appropriate models of care to improve care continuity, ease care transitions and care coordination, and use of EOL care with the goal of improving quality of life for AI/AN and their families and communities.

The design and testing of communication strategies/interventions to improve communication between seriously ill AI/AN individual and their clinicians, families, caregivers, and communities with the aim of decreasing discordance, improving quality of life, and increasing satisfaction with care.

Development of reliable and valid AI/AN appropriate screening/measurement methods, instruments or tools such as those for early detection of physical, emotional, and/or psychosocial symptoms, non-adherence to treatment, need for referral to palliative care or hospice, health-related quality of life, or measurement of family well-being, among other considerations, in AI/AN living with advanced illness and/or approaching death and their families and communities.

Strategies to assess and manage advanced pain management in seriously ill AI/AN individuals.

Technologies to improve access and use of palliative and end of life care in seriously ill AI/AN individuals in remote and rural areas.

When designing studies, applicants should additionally weigh variables such as access to Native communities based on location (remote, rural, and urban population centers), or existing relationships with communities or community health care providers. Applicants should also consider: engaging Tribes regarding study planning, community engagement, reporting of outcomes; addition of language to encourage engagement of Tribes in the dissemination/implementation of findings; inclusion of important aspects of cultural adaptation and community collaboration; pursuing research objectives that demonstrate potential for adaptation of work to other populations; the addition of language to incorporate interdisciplinary teams. Variables such as social determinants of health, ethics, LGBTQ, and sex as a biological variable should also be considered. Potential applicants are encouraged to contact the NINR Scientific/Research Contact to discuss proposed research ideas prior to submission of the application.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-19-057.html#_Section_II._Award_1**

Health Professions Extern Program – IHS

DEADLINE: Jan 31, 2019

AMOUNT: Participants will be employed as an IHS extern during the summer. The salary range is $14.14 - $34.97 per hour.

Participants may request travel reimbursement for one round trip to the externship site.

DESCRIPTION: The IHS Health Professions Extern Program provides externship opportunities for Indian Health Scholarship recipients, as well as other interested health professions students. Students are assigned to Indian health programs in their chosen health or allied health career categories.

WEBSITE/LINK: **https://www.ihs.gov/scholarship/ihsexternprogram/**

Native American Congressional Internship - Morris K Udall and Stewart L Udall Foundation

DEADLINE: Jan 31, 2019

AMOUNT: The internship is fully funded. The foundation provides round-trip airfare, housing, per diem for food and incidentals, and a $1,200 educational stipend.

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DESCRIPTION: The Native American Congressional Internship offers a summer internship for Native American and Alaska Native students who wish to learn more about the federal government and issues affecting Indian country.

Interns work in congressional and agency offices where they have opportunities to research legislative issues important to tribal communities, network with key public officials and tribal advocacy groups, experience an insider's view of the federal government, and enhance their understanding of nation-building and tribal self-governance.

The internship will take place from May 29 - August 2, 2019.

WEBSITE/LINK: **https://www.udall.gov/OurPrograms/Internship/Internship.aspx**

American College Health Foundation Seeks Applications for Innovative Practices in College Health Fund

DEADLINE: February 1, 2019

AMOUNT: Through the fund, a single grant of $3,500 will be awarded in support of a new idea and/or innovative practice that improves students' access to health care and the dissemination of that idea/practice among other college healthcare professionals via presentations at state, regional, and/or national conferences and publications in college health-related periodicals.

DESCRIPTION: The American College Health Foundation, the philanthropic arm of the American College Health Foundation, is accepting applications to its Gallagher Koster Innovative Practices in College Health Fund, which provides financial support to student health centers and their staff for the development of innovative practices that improve access to quality health care for students.

WEBSITE/LINK:
https://www.acha.org/ACHA/Foundation/Gallagher_Koster_Award.aspx

The National Collaborative on Gun Violence Research – Support for Research to Address Gun Violence

DEADLINE: LOIs are due by 8:00 p.m. EST on February 4, 2019, via email to proposals@ncgvr.org using the subject line "LOI-RFP1 [name of organization]." Full proposals will be due approximately 30 days after applicants receive an invitation to submit a full proposal and will be submitted via email to proposals@ncgvr.org using the subject line "RFP1 [name of organization]." Please take the time zone into account if you plan to submit an application close to this deadline. Applicants must include all requested components listed under the "What to Include" section in Part 4. Failure to include any of these components by the proposal due date may result in disqualification.

AMOUNT: NCGVR expects to issue ten to twenty-five research grant awards, including three or more $25,000 dissertation awards, for a total of up to $10 million in research funding through this first of four planned RFPs.

DESCRIPTION: The mission of the National Collaborative on Gun Violence Research (NCGVR) is to fund and disseminate nonpartisan scientific research that offers the public and policymakers a factual basis for developing fair and effective gun policies. NCGVR has issued its first Request for Proposals (RFP) to fund scientific research on selected topics likely to provide valuable information needed by the public and policymakers in their efforts to create programs and policies that will save lives and prevent violence. Both descriptive or basic science studies and applied or policy research will be supported. NCGVR encourages collaborations between researchers and practitioners, as well as research on multidisciplinary interventions, such as those that integrate medical systems and policing. Nonprofit organizations and educational institutions are eligible to apply.

WEBSITE/LINK: **https://www.ncgvr.org/**

Introducing New National Center on Person-Centered Practices and Systems

DEADLINE: February 12, 2019

AMOUNT: **Technical assistance – please see information provided.**

DESCRIPTION: The Administration for Community Living and the Centers for Medicare & Medicaid Services have announced the launch of the National Center on Advancing Person-Centered Practices and Systems (NCAPPS).

In the past 30 years, systems for people with disabilities and older adults with long-term service and support needs have generally shifted to embrace person-centered principles, premised on the belief that people should have the authority to define and pursue their own vision of a good life. Yet, the degree to which these systems have fully adopted person-centered practices varies, and many continue to grapple with how to effectively implement person-centered practices.

The goal of NCAPPS is to promote systems change that makes person-centered principles not just an aspiration, but a reality in the lives of people who require services and supports across the lifespan. NCAPPS will assist States, Tribes, and Territories to transform their long-term care service and support systems to implement U.S. Department of Health and Human Services policy on person-centered thinking, planning, and practices. It will support a range of person-centered thinking, planning, and practices, regardless of funding source. Activities will include providing technical assistance to states, tribes, and territories; establishing communities of practice to promote best practices; hosting educational webinars; and creating a national clearinghouse of resources to support person-centered practice.

NCAPPS is funded by the Administration for Community Living and the Centers for Medicare & Medicaid Services, and administered by the Human Services Research Institute

(HSRI). Engagement of people with lived experience will be at the heart of all NCAPPS activities. A Person-Centered Advisory and Leadership Group composed of national experts with lived experience receiving long-term services and supports will oversee and contribute to all aspects of NCAPPS.

HSRI will be partnering with national organizations to ensure the work is relevant and effective, including:

National Association of State Head Injury Administrators (NASHIA)

- National Association of States United for Aging and Disabilities (NASUAD)
- National Association of State Directors of Developmental Disability Services (NASDDDS)
- National Association of State Mental Health Program Directors (NASMHPD)
- National Association of County Behavioral Health and Developmental Disabilities Directors (NACBHDD)
- National Association of Medicaid Directors (NAMD)

Technical assistance applications are available now. States, Tribes, and Territories can apply for technical assistance through an application that is available here.**The deadline for technical assistance applications is February 12, 2019**. Completed applications should be submitted to NCAPPS@acl.hhs.gov.

Below is additional information about NCAPPS or click here to view/download the flier. **Join the NCAPPS launch webinar on January 29th 3:00 - 4:30pm (EST)** to learn more about NCAPPS and to have your questions answered regarding technical assistance opportunities. Click here to register for the webinar. To learn more, contact NCAPPS@acl.hhs.gov.

WEBSITE/LINK: https://acl.gov/news-and-events/announcements/announcing-national-center-advancing-person-centered-practices-and

OVW FY 2019 Sexual Assault Services Culturally Specific Program

DEADLINE: Feb 13, 2019

AMOUNT: $3,500,000

Award Ceiling: $300,000

Award Floor: $0

DESCRIPTION: The goal of the SAS Culturally Specific Program is create, maintain, and expand sustainable sexual assault services provided by culturally specific organizations, which are uniquely situated to respond to respond to the needs of sexual assault victims within culturally specific populations.

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WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=311118**

National Indian Health Board Awards - National Indian Health Board

DEADLINE: Feb 15, 2019

AMOUNT: Three awards for public health innovation will be given in the categories of Tribe, program, and individual One behavioral health award will be given.

DESCRIPTION: The National Indian Health Board invites nominations for awards to recognize excellence, achievement, and innovation in the areas of Native public health and Native behavioral health.

Awards will highlight the work and vision of Tribes, individuals, organizations, and/or programs that have worked to:

Improve health status or outcomes

Implement new programming

Address long-standing health disparities

Increase the visibility of Tribal public or behavioral health concerns

The Native Public Health Innovation awardees will be recognized at the National Tribal Public Health Summit in Albuquerque, New Mexico from May 13-15, 2019. The Native Behavioral Health Award will be presented at the 2019 American Indian and Alaska Native National Behavioral Health Conference in Albuquerque, New Mexico from May 15-17, 2019.

WEBSITE/LINK: **https://www.nihb.org/index.php**

Children's Justice Act Partnerships for Indian Communities: Coordinated Tribal Assistance Solicitation (CTAS) - Office for Victims of Crime, U.S. Department of Justice

DEADLINE: Feb 26, 2019

AMOUNT: Award ceiling: $450,000

Project period: 3 years

Expected number of awards: 6

Total funding available: $2,700,000

DESCRIPTION: The Children's Justice Act Partnerships for Indian Communities initiative offers funding, technical assistance, and training to help American Indian and Alaska Native communities develop, establish, and operate programs designed to improve the

investigation, prosecution, and handling of cases of child abuse and neglect, and particularly child sexual abuse cases, in a manner which lessens trauma for child victims.

Funds may be used for:

Staffing costs for personnel involved in the investigation, prosecution, and victim services focused on cases of criminal child abuse and neglect, including prosecutors, law enforcement investigators, child protection services personnel, forensic interviewers, case managers, clinical mental health professionals, pediatric sexual assault nurse examiners, and other victim assistance and allied professionals.

Coordination, outreach, and awareness efforts

Needs assessments, strategic planning, development of logic models

Comprehensive victim assistance, including:

Trauma-informed counseling for primary victims and secondary victims

Family and group therapy

Assistance with emergency food, clothing, and transportation costs

Emergency shelter services

Assistance with crime victim compensation claims

Medical and dental care

Aid with participating in traditional healing ceremonies or other cultural activities

Specific objectives and required deliverables may be found in the application instructions.

This is Purpose Area #6 of the Coordinated Tribal Assistance Solicitation (CTAS). Applicants may choose from 10 purpose areas and submit a single proposal.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636**

Juvenile Tribal Healing to Wellness Courts: Coordinated Tribal Assistance Solicitation (CTAS) - Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

DEADLINE: Feb 26, 2019

AMOUNT: **Award ceiling:** $350,000

Expected number of awards: 5

Project period: 3 years

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Total funding available: $1,750,000

DESCRIPTION: Funding for federally recognized tribes to develop and implement healing to wellness court programs that focus on responding to alcohol and substance use issues of tribal juveniles and young adults under 21. Juvenile Healing to Wellness Courts use a team approach that includes judges, attorneys, probation, law enforcement, treatment providers, educational and vocational services, and other partners to help individuals with substance use disorders achieve sustained recovery and avoid re-offending.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636**

Tribal Justice Systems Planning and Direct Services: Coordinated Tribal Assistance Solicitation (CTAS) - Bureau of Justice Assistance, U.S. Department of Justice

DEADLINE: Feb 26, 2019

AMOUNT: **Purpose Area #2:**

Award ceiling: $150,000

Project period: Up to 3 years

Estimated number of awards: 5

Purpose Area #3:

Award ceiling: $750,000

Award floor: $250,000

Project period: Up to 3 years

Estimated number of awards: 20-30

DESCRIPTION: Grants to engage in comprehensive justice system-wide strategic planning and direct service program implementation to improve tribal justice and safety, including community wellness and the capacity to prevent crime.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636**

Tribal Victim Services Program: Coordinated Tribal Assistance Solicitation (CTAS)

DEADLINE: Feb 26, 2019

AMOUNT: Award ceiling: $500,000

Project period: 3 years

JANUARY 2019

DESCRIPTION: The Tribal Victim Services Program provides grants to improve services for victims of crime in American Indian and Alaska Native communities. Funding will support a range of activities including needs assessment, strategic planning, program development and implementation, program expansion, and other activities to address the victim service needs of tribes.

Objectives include:

Work collaboratively with the community and key stakeholders to achieve a coordinated, collaborative, multidisciplinary, victim-centered response to crime that emphasizes adopting a trauma-informed approach to the delivery of crime victim services

Identify the critical needs of crime victims of all ages and develop programs to fill in the gaps in the existing community response to crime victims

Provide comprehensive, culturally-competent direct services to victims of crime and their families

Required deliverables may be found in the application instructions.

This is Purpose Area #7 of the Coordinated Tribal Assistance Solicitation (CTAS). Applicants may choose from 10 purpose areas and submit a single proposal.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636**

Tribal Youth Program: Coordinated Tribal Assistance Solicitation (CTAS) - Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice

DEADLINE: Feb 26, 2019

AMOUNT: **Award ceiling:** $400,000

Expected number of awards: 19

Project period: 3 years

Total funding available: $7,800,000

DESCRIPTION: The Tribal Youth Program (TYP) offers grants to prevent and reduce juvenile delinquency and strengthen a fair and beneficial juvenile justice system response for American Indian and Alaska Native youth.

Priority funding areas include:

Prevention services to impact risk factors for delinquency and promote protective factors

Prevention, intervention, and treatment for children exposed to violence

Development and implementation of tribal best practices and traditional healing methods to support tribal youth

Interventions for court-involved tribal youth

Intervention and treatment services for children exposed to sex trafficking and/or child exploitation

Treatment services for at-risk and high-risk youth

Services for youth in detention or out-of-home placement

Improvement or establishment of data collection systems

Specific objectives and required deliverables may be found in the application instructions.

This is Purpose Area #9 of the Coordinated Tribal Assistance Solicitation (CTAS). Applicants may choose from 10 purpose areas and submit a single proposal.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636

Violence Against Women Tribal Governments Program: Coordinated Tribal Assistance Solicitation (CTAS) - Office on Violence Against Women, U.S. Department of Justice

DEADLINE: Feb 26, 2019

AMOUNT: Award ceiling: Up to $450,000 for new applicants and up to $900,000 for current grantees

Expected number of awards: 55

Project period: 3 years

Total funding available: $34,000,000

DESCRIPTION: The Violence Against Women Tribal Governments Program provides grants to improve the criminal justice system response to violence against women, including supporting law enforcement, prosecution, courts, and multi-disciplinary teams.

Goals and objectives include

Develop and enhance effective governmental strategies to curtail violent crimes against and increase the safety of Indian women consistent with tribal law and custom

Increase tribal capacity to respond to domestic violence, dating violence, sexual assault, sex trafficking, and stalking crimes against Indian women

Strengthen the tribal justice interventions, including tribal law enforcement, prosecution, courts, probation, and correctional facilities

Enhance services to Indian women victimized by domestic violence, dating violence, sexual assault, sex trafficking, and stalking

Work in cooperation with the community to develop education and prevention strategies directed toward issues of domestic violence, dating violence, sexual assault, sex trafficking, and stalking

Provide programs for supervised visitation and safe visitation exchange of children in situations involving domestic violence, sexual assault, or stalking committed by one parent against the other with appropriate security measures, policies, and procedures to protect the safety of victims and their children

Provide transitional housing and support services for victims

Provide legal assistance necessary to provide effective aid to victims of domestic violence, dating violence, sexual assault, sex trafficking, and stalking who are seeking relief in legal matters arising as a consequence of that abuse or violence, at minimal or no cost to the victims

Provide services to address the needs of youth who are victims of domestic violence, dating violence, sexual assault, sex trafficking, or stalking and the needs of youth and children exposed to domestic violence, dating violence, sexual assault, or stalking, including support for the non-abusing parent or caretaker of the youth or child

Develop and promote legislation and policies that enhance best practices for responding to crimes against Indian women, including the crimes of domestic violence, dating violence, sexual assault, stalking, and sex trafficking

Priority will be given to projects that reduce violent crime against women, promote victim safety, and include substance abuse professionals in a coordinated community response.

Specific objectives and required deliverables may be found in the application instructions.

This is Purpose Area #5 of the Coordinated Tribal Assistance Solicitation (CTAS). Applicants may choose from 10 purpose areas and submit a single proposal.

WEBSITE/LINK: https://www.grants.gov/web/grants/view-opportunity.html?oppId=310636

JANUARY 2019

HEAL Initiative: Justice Community Opioid Innovation Network (JCOIN) Coordination and Translation Center (U2C Clinical Trial Optional) – DHHS/NIH

DEADLINE: Feb 27, 2019

AMOUNT: $2,500,000

DESCRIPTION: The intersection of justice and community-based health systems is a critical target for addressing the opioid crisis. The National Institute on Drug Abuse intends to establish the Justice Community Opioid Innovation Network (JCOIN) using the cooperative agreement mechanism. The purpose of the network is to establish a national consortium of investigators examining promising interventions and other approaches that can improve the capacity of the justice system to effectively respond to the opioid epidemic.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-DA-19-024.html**

American Indian Alaska Native Workforce Development Initiative – DHHS/Office of the Assistant Secretary for Health

DEADLINE: Mar 29, 2019

AMOUNT: $525,000

DESCRIPTION: In 2014 only 67 percent of American Indian students graduated from high school compared the national average of 80 percent. Native students are expelled and suspended from schools at higher rates than their white counterparts. In an effort to address this disparity and to increase the number of American Indian/Alaska Native (AI/AN) youth entering the public health/health workforce paraprofessional and professional careers, OMH will partner with HHS Operating Divisions, and the Department of Education to implement a competitive funding mechanism to support the following strategic actions: develop/implement of a program to foster high school students' interest and success in the health para-professions and bridge programs, including a mentoring program; increase students' positive attitudes and improve their perception of their ability to enter a career; encourage and support students' academic progression through high school graduation and community college and/or undergraduate completion; and identify successful strategies and promising models to disseminate lessons learned to geographically isolated communities. This project will focus on improving high school completion rates among AI/AN students, and increasing the number of those students who earn certifications to work in the health care field and allied health programs. The American Indian Alaska Native Workforce Development Initiative is expected to result in: improved high school completion rates for AI/AN students; improved employment rates of recent high school graduates within two years of program implementation; improved recruitment, retention and completion rates for AI/AN students for high school, community college and/or undergraduate completion; increased number of AI/AN and disadvantaged students pursuing public health/health workforce paraprofessional and allied health

careers; and, increased participation and completion rates in high school and dual enrollment programs among American Indian/Alaska Native and disadvantaged students. Support will be provided for up to five entities. Priority geographic areas for this program are Pine Ridge and Rosebud, South Dakota. This initiative aligns with HHS Strategic Goal 1 (Reform, Strengthen, and Modernize the Nation's Health Care System) and Goal 3 (Strengthen the Economic and Social Well-Being of Americans Across the Lifespan).

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=308960**

FOR YOUTH: Community Changemaker Grants - Health Policy Fellowship (NIHB)

DEADLINE: N/A

AMOUNT: Everyone whose applications are accepted will receive $250.

DESCRIPTION: **Strong. Resilient. Engaged.** Indigenous people are all of the above and more. So when you see something in your community that needs to change, step up and take action. When you are ready to do this, the National Indian Health Board has got your back.

Make a difference: NIHB offers Community Changemaker Grants to assist Native youth in advocating for the health of our communities.

Community Changemaker Grants are small amounts of money ($250) that can help supercharge a youth-led health event. They are open to American Indian and Alaska Native youth ages 14-24 years old.

Getting Started:

Brainstorm an idea with your friends

Contact NIHB with any questions

Plan a health-related event

Apply for an NIHB Community Changemaker Grant

Use funding from the grant to enhance your event

Send NIHB 1-2 paragraphs (w/ a few pictures or a short video) about your event

NIHB will use the info you send about your event to inspire others to make a difference

How to Use Community Changemaker Funding

Some will use Community Changemaker funding to buy T-shirts for a suicide prevention walk they organize. Others will use this funding to offer snacks and drinks at a round dance where participants learn about healthy foods. Some might even use the grant to cover the

cost of a band to play at an event they organize on healthy relationships. Got a vision? We can help.

WEBSITE/LINK: **https://www.nihb.org/for_youth/changemaker_grants.php**

National Indian Health Board Health Policy Fellowship

DEADLINE: Mar 30, 2019

AMOUNT: The Fellowship covers travel costs to attend in-person meetings and provides free opportunities for professional development, leadership, and skills building.

DESCRIPTION: The National Indian Health Board Health Policy Fellowship provides training, networking, and mentoring for Native youth who are dedicated to making changes in their communities around priority health issues.

Fellowships last from June 2019 to May 2020. Fellows meet in-person 3 times and attend virtual trainings throughout the year to grow their leadership and advocacy skills.

WEBSITE/LINK: **https://www.nihb.org/for_youth/health_policy_fellowship.php**

Health Resources and Services Administration Emergency Medical Services for Children Targeted Issues Program Synopsis 1 - Department of Health and Human Services/Health Resources and Services Administration

DEADLINE: Apr 11, 2019

AMOUNT: $1,300,000

DESCRIPTION: The Health Resources and Services Administration (HRSA) is accepting applications for the fiscal year (FY) 2019 Emergency Medical Services for Children (EMSC) Targeted Issues Program. The purpose of this program is to demonstrate the link between system readiness improvements within hospital and prehospital1 emergency medical systems and improved clinical care and health outcomes among pediatric patients.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=307908**

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Research to Improve Native American Health (R01 and R21) - National Cancer Institute, National Institute of Dental and Craniofacial Research, National Institute of Environmental Health Sciences, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities, National Institutes of Health, Office of Behavioral and Social Sciences Research, U.S. Department of Health and Human Services

DEADLINE: **Letter of Intent (Optional):** Apr 14, 2019; May 14, 2019

AMOUNT: **R21:** The combined budget for direct costs for the 2 year project period may not exceed $275,000. No more than $200,000 in direct costs may be requested in any single year.

R01: Project budgets are not limited but need to reflect the actual needs of the proposed project. The maximum project period is 5 years.

DESCRIPTION: This opportunity provides grants for research designed to improve Native American health, including:

Conducting secondary analysis of existing data

Merging various sources of data to answer critical research questions

Conducting pilot and feasibility studies

Assessing and validating measures that are being developed and/or adapted for use in Native American communities

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 healthcare systems adopting standards of care to improve overall quality of life

There are two funding opportunities under this program:

R21 Exploratory/Developmental Research Grant for the development of new research activities in the early and conceptual stages

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R01 Research Project Grant that supports a discrete project to be performed by an investigator in an area representing the investigator's specific interest and competencies

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-17-496.html?utm_medium=email&utm_source=govdelivery**

National Association of School Nurses Invites Applications for 2019 NASN/ANF Research Grants

DEADLINE: May 1, 2019

AMOUNT: Through the program, the foundation will award grants of up to $5,000 in support of research projects focused on school nurse impact on health disparities, students with chronic health conditions, and student safety; innovative models of school nursing practice; cost-benefit analysis of school nursing; and/or impact of school nurse activities related to social determinants of health on student health and educational outcomes.

DESCRIPTION: The National Association of School Nurses, in partnership with the American Nurses Foundation, is accepting applications for the 2019 NASN/ANF Research Grant program.

WEBSITE/LINK: **https://www.nasn.org/nasn/research/research-grants/nasn-anf-grant**

The American Indian College Fund Full Circle Scholarships

DEADLINE: May 31, 2019

AMOUNT: Amount varies by scholarship.

DESCRIPTION: The American Indian College Fund provides scholarships for American Indian, Alaska Native, and Indigenous Canadian students seeking undergraduate and graduate degrees at Tribal colleges and universities and nonprofit, accredited schools in the United States.

WEBSITE/LINK: **https://collegefund.org/student-resources/scholarships/scholarship-programs/**

National Child Welfare Capacity Building Center for Courts – DHHS

DEADLINE: Jun 07, 2019 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: $1,600,000

DESCRITPTION: The purpose of this funding opportunity announcement is to create, through cooperative agreement, a National Child Welfare Capacity Building Center for Courts (Center). The mission of the Center is to build and enhance state and tribal court

capacity for continuous quality improvement in child welfare legal proceedings and to promote meaningful and ongoing collaboration between courts, state child welfare agencies, and tribes to improve child welfare outcomes. The Center will work collaboratively with other Children's Bureau supported technical assistance providers to improve child welfare systems in achieving measurable, sustainable systemic change that results in greater safety, permanency, and well-being for children, youth, and families. Special focus areas for technical assistance will include removing barriers to adoption and permanency, and strategies for preserving families. The Center will serve as the primary technical assistance provider of universal, targeted, and intensive T/TA to State and Tribal Court Improvement Programs. The project period will be a 60-month project period with five 12-month budget periods.

WEBSITE/LINK: **https://www.grants.gov/web/grants/view-opportunity.html?oppId=310251**

Indian Health Service Loan Repayment Program

DEADLINE: Aug 15, 2019

AMOUNT: Up to $40,000 in exchange for 2 years of service.

Service contracts may be extended for as long as there are outstanding qualified loans.

DESCRIPTION: The Indian Health Service Loan Repayment Program (LRP) offers to repay educational loans for eligible health professionals in order to meet the staffing needs of the Indian Health Service (IHS) in Indian health programs. Applicants sign contractual agreements for 2 years of service in a full-time clinical practice at an IHS facility or approved Indian health program.

Opportunities are based on staffing needs and the availability of funds. Distribution of LRP awards are based on a ranking system created to address these needs. IHS identifies hiring priorities for Indian health program facilities with the greatest staffing needs in specific health profession disciplines.

Successful applicants must begin their service obligation no later than September 30 of the fiscal year in which the LRP contract is signed.

Consult the IHS Loan Repayment guide for additional information.

WEBSITE/LINK: **https://www.ihs.gov/loanrepayment/index.cfm**

Collaborative Minority Health and Health Disparities Research with Tribal Epidemiology Centers (R01) - National Cancer Institute, National Institute of Environmental Health Sciences, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities, National Institutes of Health, Tribal Health Research Office, U.S. Department of Health and Human Services

JANUARY 2019

DEADLINE: Dec 4, 2019

AMOUNT: **Award ceiling:** $350,000 per year

Project period: 4 years

DESCRIPTION: This program provides funding to support collaborative research between Tribal Epidemiology Centers and extramural investigators on topics related to minority health and health disparities in American Indian/Alaska Native (AI/AN) populations.

Research projects may be observational or intervention studies (not clinical trials) and are expected to use data that have been or are currently being collected by the Tribal Epidemiology Centers. Primary data collection may be used to supplement existing data. Research study samples may consist exclusively of AI/AN populations or may include non-AI/AN populations as appropriate to address a specific research question.

A list of specific areas of research interest is provided on the program website.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/pa-files/PAR-17-484.html**

JANUARY 2019

(IDAHO & OREGON ONLY) - The PacificSource Foundation for Health Improvement – Serving the Needs of Our Communities

DEADLINE: SEE WEBSITE

AMOUNT: SEE WEBSITE

DESCRIPTION: The PacificSource Foundation for Health Improvement provides resources and funds for the health and welfare of underserved and vulnerable populations, with an emphasis on children and youth. We assist non-profit organizations working to improve health status and meet the healthcare needs in the communities PacificSource Health Plans serves. We support organizations and initiatives aligned with providing access to high quality healthcare, improving community health and lowering costs across the system.

WEBSITE/LINK: **https://www.pacificsource.com/grant-application-steps.aspx**

FEBURARY 2019

National Dental Practice-Based Research Network: Clinical Trial or Observational Study Planning and Implementation Cooperative Agreement (UG3/UH3 Clinical Trial Optional)

DEADLINE: February 11, 2019, 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 date. Late applications in response to this FOA will not be accepted. 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: The UG3 phase is limited to a total of $275,000 in direct costs over the entire UG3 phase. If awarded, the UH3 phase is limited to a total of $1,350,000 in total costs over the entire UH3 phase. Application budgets need to reflect the actual needs of the proposed project. The maximum period of

the combined UG3 and UH3 phases is 6 years, with a maximum of 2 years for the UG3 phase and a maximum of 4 or 5 years for the UH3 phase, depending upon the length of the UG3 phase.

DESCRIPTION: The National Institute of Dental and Craniofacial Research (NIDCR) intends to continue support for research conducted within a national Dental Practice-Based Research Network (DPBRN). The NIDCR will fund one national DPBRN Administrative and Resource Center (RFA-DE-19-001) and one national DPBRN Coordinating Center (RFA-DE-19-002) as companion awards to support the infrastructure for and implementation of multiple observational studies and clinical trials. This Funding Opportunity Announcement (FOA) is soliciting applications for clinical observational studies and clinical trials to be conducted in the DPBRN through a milestone-driven UG3/UH3 cooperative agreement mechanism. Each UG3/UH3 award will support an individual project which will utilize the DPBRN infrastructure and resources for study planning and implementation. This FOA supports a UG3 clinical study planning phase and potential transition to a UH3 implementation phase, with a combined total funding period of up to six years. Progression to the UH3 phase is based on an administrative review and is dependent on success in meeting UG3 milestones, consideration of the DPBRN as an appropriate venue for conduct of the research, NIDCR program priorities, and availability of funds.

The main goals of the national DPBRN are to streamline the implementation of national oral health research studies in dental practices on topics of importance to practitioners and their patients, to provide evidence useful in daily patient care, and to facilitate the translation of research findings into clinical practice.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-DE-19-006.html**

Vaccine and Treatment Evaluation Units (VTEUs) (UM1 Clinical Trial Required) (RFA-AI-18-046) National Institute of Allergy and Infectious Diseases

DEADLINE: February 15, 2019, by 5:00 PM local time of applicant organization. The scope of the proposed project should determine the project period. The maximum project period is 7 years.

AMOUNT: Budgets for direct costs up to $400,000 per year may be requested for Core funds.

DESCRIPTION: The purpose of this Funding Opportunity Announcement is to solicit applications for the Vaccine and Treatment Evaluation Units (VTEUs) to implement clinical site protocols (clinical research, clinical trials) for evaluating vaccines, other preventive biologics, therapeutics, diagnostics, including prognostic and predictive markers, and devices for the treatment and prevention of infectious diseases as part of NIAID Infectious Diseases Clinical Research Consortium (IDCRC). A companion FOA solicits applications for the Leadership Group for the Infectious Diseases Clinical Research Consortium, hereafter referred to as the Leadership Group (LG), which provides for overall administrative and scientific leadership for the clinical research and clinical trials conducted. While the primary scientific focus will be on product evaluation for NIAID priority areas, including malaria/neglected tropical diseases, sexually transmitted infections, respiratory infections, and enteric diseases, the VTEUs must also provide surge capacity to address emerging infectious diseases.

WEBSITE/LINK: **https://grants.nih.gov/grants/guide/rfa-files/RFA-AI-18-046.html**

APRIL 2019

JANUARY 2019

Research to Improve Native American Health (R01 and R21)
Grants for exploratory developmental research to improve Native American health, including conducting secondary analysis of existing data, merging various sources of data to answer critical research questions, conducting pilot and feasibility studies, and/or assessing and validating measures that are being developed and/or adapted for use in Native American communities.
Geographic coverage: Nationwide
Letter of Intent (Optional): Apr 14, 2019
Application Deadline: May 14, 2019
Sponsors: National Cancer Institute, National Institute of Dental and Craniofacial Research, National Institute of Environmental Health Sciences, National Institute of Mental Health, National Institute on Alcohol Abuse and Alcoholism, National Institute on Drug Abuse, National Institute on Minority Health and Health Disparities, National Institutes of Health, Office of Behavioral and Social Sciences Research, U.S. Department of Health and Human Services

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Udall Scholarship
Scholarships for Native Americans and Alaska Native students pursuing careers related to tribal public policy, self-governance, native health, or the environment.
Geographic coverage: Nationwide
Application Deadline: Mar 7, 2019
Sponsor: Morris K Udall and Stewart L Udall Foundation

Elder Maltreatment Survey: Data Collection Assistance
Technical assistance for American Indian tribes, Alaskan villages, and Hawaiian homesteads in the collection of local data on elder abuse.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsor: National Indigenous Elder Justice Initiative

Honor the Earth Native Food Security Grants
Grants to Native organizations working to create food security utilizing traditional seeds, foods, and growing methods.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsor: Honor the Earth

Tribal Forensic Healthcare Training Opportunities
Live, online, and clinical training courses related to the identification, collection, and preservation of medical forensic evidence obtained during the treatment of victims of sexual and domestic violence.
Geographic coverage: Nationwide
Applications accepted on an ongoing basis
Sponsors: Indian Health Service, Indian Health Service Division of Behavioral Health, and International Association of Forensic Nurses

Oregon Health Authority

2018
Government to Government Report

Honoring our Government to Government relationship with Oregon's Nine Federally Recognized Tribes

Burns Paiute Tribe

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Confederated Tribes of Grand Ronde

Confederated Tribes of Siletz Indians

Confederated Tribes of the Umatilla Indian Reservation

Confederated Tribes of Warm Springs

Coquille Indian Tribe

Cow Creek Band of Umpqua Tribe of Indians

Klamath Tribes

Contents

Directors Message

Dear Governor Brown and the Legislative Commission on Indian Services:

In 2018 the Oregon Health Authority strove every day toward our mission of helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality affordable health care. The partnerships we are building with the nine federally recognized tribes in Oregon is a priority to us. Our vision for a healthy Oregon is for all Oregonians across the state, and that includes 34,000 Americans Indians and Alaska Natives on the Oregon Health Plan that rely on us for their health care. Our values include: Service Excellence, Leadership, Integrity, Partnership, Innovation, Transparency, and Health Equity. These values guide our work and we are focused on continuing to improve the government-to-government relationship we have with Oregon's nine tribes.

Working together with the Tribal Health Workgroup, some of the highlights for this year are:

- Finalized, approved and working toward fully implementing the new Tribal Consultation and Urban Indian Health Confer Policy.
- Began implementing the 100 Percent FMAP Savings and Reinvestment Program and made the first payment to tribes.
- Provided new funding to tribes to address the opioid epidemic and held a Tribal Opioid and Other Drugs Summit.
- Provided additional funding to tribes for Tribal Mental Health Investments.
- Supported the proposal to be able to bill for the Diabetes Prevention Program, using the Special Diabetes Program for Indians.
- Executed a contract with Kauffman and Associates to create a Tribal Behavioral Health Strategic Plan, this is continuing the work that was started with the Behavioral Health Collaborative.

Across the agency we are continuing to address issues that affect tribal members in Oregon and address the serious health inequity among them. There is always more to do, but we will do our best to ensure that we are moving forward toward the goal of providing all tribal members with quality health care and better health outcomes at an affordable price.

Sincerely,

Patrick M. Allen
Director, Oregon Health Authority

Introduction

The Oregon Health Authority is pleased to share the 2018 Government to Government Report with the Legislative Commission on Indian Services and the Governor as required by Senate Bill 770, (ORS 182.162 to 182.168) - Relationship of State Agencies with Indian Tribes. In this report we hope to demonstrate OHA's commitment to working with the tribes of Oregon to provide high-quality, affordable health care.

As required we intend to show:
(a) The policy the state agency adopted under ORS 182.164.
(b) The names of the individuals in the state agency who are responsible for developing and implementing agency's programs that affect tribes.
(c) The process the state agency established to identify its programs that affect tribes.
(d) The effort of the state agency to promote communication between it and the tribes, and government-to-government relations between the state and tribes.
(e) A description of the training required subsection (1) of this section.
(f) The method the state agency established for notifying its employees of the provisions of ORS 182.162 to 182.168 and the policy it adopts under ORS 182.164. [2001 c.

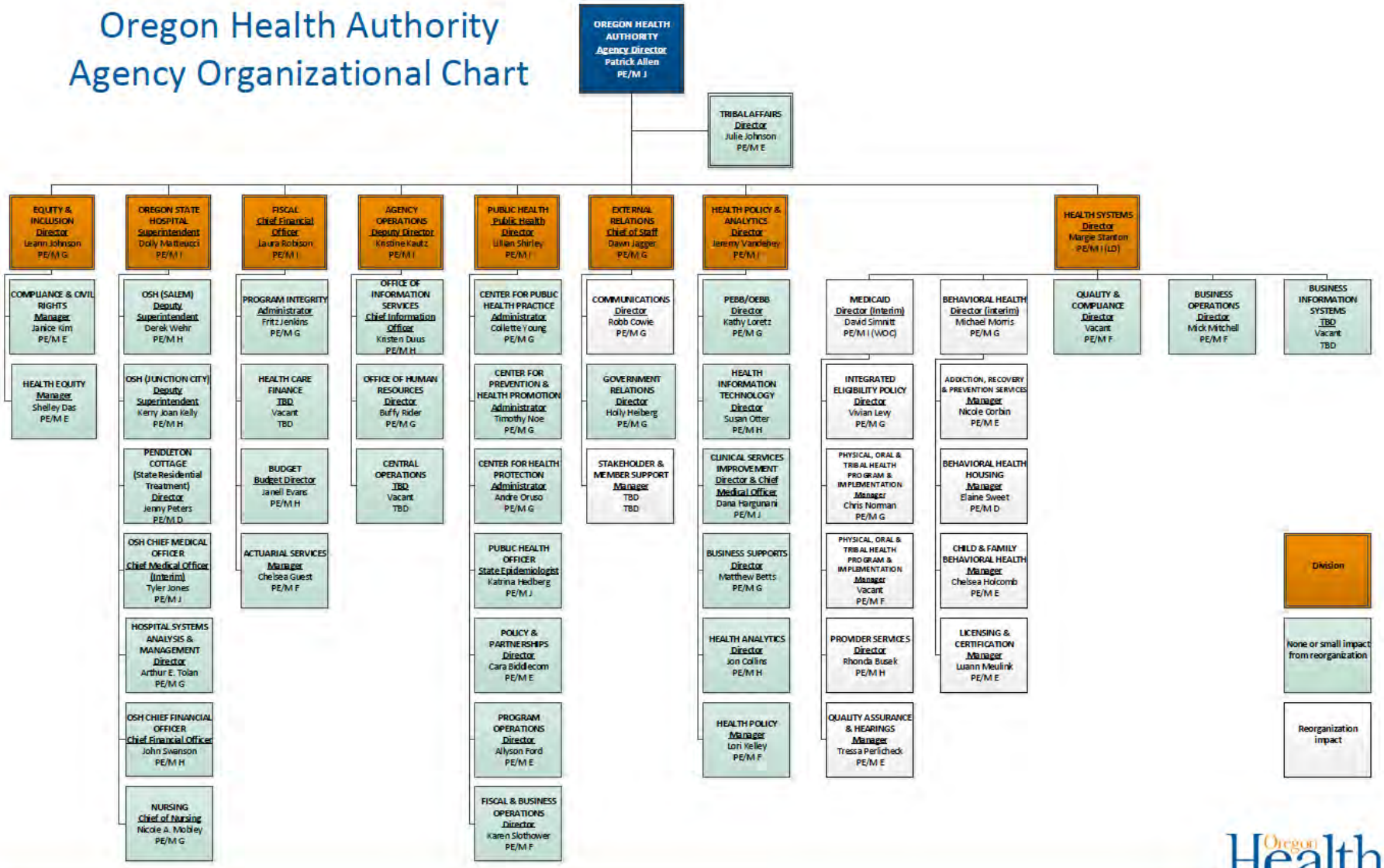
Oregon is home to nine federally recognized sovereign nations. All Native Americans in Oregon, regardless of tribal enrollment, are Oregon citizens and are entitled to receive the services provided by OHA. This report describes the work OHA does to support Oregon's nine federally recognized tribes. The term "tribes" throughout the report refers to these tribes.

During 2018 OHA realigned the agency in a few key areas. Director Allen met with tribal representatives in February to collect feedback on any suggested changes. Staff and other community partners provided input as well. The purpose of the changes was to align the structure, improve the business rigor and strengthen transparency and accountability throughout the agency.

The Oregon Health Authority has eight divisions:

- Office of Equity and Inclusion.
- Oregon State Hospital.
- Fiscal.
- Agency Operations.
- Public Health.
- External Relations.
- Health Policy and Analytics.
- Health Systems.

Oregon Health Authority
Agency Organizational Chart



Tribal Affairs

Tribal Affairs is housed in the OHA Director's Office-Agency Operations. Tribal Affairs Director Julie Johnson works closely with OHA Director Patrick Allen and other division directors and staff to identify the programs that affect tribes. Julie has been serving officially in this role for 19 months and works hard to keep tribal priorities at the forefront of discussions with the leadership team.

Tribal Affairs works regularly with tribal health directors and representatives from tribes, Indian Health Service, the Urban Indian Health Program, the Northwest Portland Area Indian Health Board, as well as other agencies focusing on tribal health priorities. OHA continues to use the Tribal Priority List to track this work, although not all programs and issues are reflected on the document. The Tribal Affairs director has a half-time executive support staff, and in 2019 Tribal Affairs will be joined by a policy analyst position to assist with this work.

The Tribal Affairs director works closely with five other OHA tribal liaisons. Although not all the positions are full time tribal liaisons, these subject matter experts are vital to completing work with the tribes in specific areas: Medicaid, mental health, public health, emergency preparedness, and Native American Services at Oregon State Hospital. Liaisons interact with the Tribal Affairs director and tribal representatives on a regular basis.

OHA communicates with tribal representatives through many avenues including meetings, emails, and phone calls. OHA Tribal Affairs holds tribal monthly meetings to address ongoing work, issues, and programs with the tribes. This helps keep communication lines open and ensures the work is moving forward. OHA continues to organize the quarterly SB770 Health and Human Services Cluster meetings. These meetings are coordinated with Department of Human Services, Department of Business and Consumers Services, the Youth Development Council, Department of Veterans Affairs, and Oregon Housing and Community Services. Agendas are developed with the agencies and reviewed with the tribal workgroup before being finalized. Recently the Employment Department has requested to be a part of this cluster. We will be discussing this at the next few meetings.

A priority of Tribal Affairs is fully implementing the policy the state agency adopted under ORS 182.164. The State of Oregon and the Oregon Health Authority share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the state and the nine federally recognized tribes as well as strengthen the relationship with the Urban Indian Health Program.

In early 2016 development of a new OHA Tribal Consultation Policy that addresses all aspects of tribal-state consultation was proposed. The Oregon Tribal Health Workgroup, which includes representatives from Oregon tribes, the Urban Indian Health Program, and the Northwest Portland Area Indian Health Board, drafted the new policy.

On June 23, 2017, OHA received the first draft of the new policy from the Tribal Workgroup. OHA staff including the agency director, Tribal Affairs director, tribal liaisons, and other program staff reviewed and suggested edits. Continued edits were reviewed with members from the tribal workgroup and OHA during the following times:

- July 11, 2017, tribal monthly meeting.
- September 8, 2017, tribal monthly meeting.
- November 3, 2017, webinar.
- January 16, 2018, NPAIHB Tribal Health Directors meeting.
- February 1-16, 2018, email correspondences with tribal representatives and NPAIHB representatives.

The new Tribal Consultation and Urban Indian Health Program Confer Policy was approved by Director Allen on March 1, 2018.

OHA continues to work internally to develop clear processes for all staff to understand the requirements in the policy. OHA is developing a Tribal Affairs webpage where a SharePoint site will be housed for consultation materials, including Dear Tribal Leader Letters, Meeting Notes, etc. This site will help to operationalize the policy, ensure compliance, and ease the reporting and notification processes associated with the policy. OHA will continually review the implementation of the policy with the tribal workgroup and leadership for clarifications and needed input as necessary.

In 2018, 25 "Dear Tribal Leader" letters were sent for identified critical events. They led to eight requests for formal consultation meetings which were held, including:

- 2/28/18 – Collective consultation on organizational restructure.
- 4/11/18 – Collective consultation on 1915(b)(4) selective contracting waiver to provide case management services to individuals receiving Medicaid long-term services and supports.
- 5/9/18 – Individual consultation with the Confederated Tribes of the Umatilla Indian Reservation.
- 6/19/18 – Individual consultation on CCO 2.0 with the Confederated Tribes of the Umatilla Indian Reservation.
- 6/20/18 – Individual consultation on CCO 2.0 with the Confederated Tribes of Warm Springs.
- 8/27/18 – Collective consultation on CCO 2.0.
- 8/29/18 – Individual consultation on CCO 2.0 with the Cow Creek Band of Umpqua Tribe of Indians.
- 10/10/18 – Collective consultation on Aging and People with Disabilities Tribal Navigator and waivered case management.

- 12/17/18 – Individual consultation on strategic planning with the Confederated Tribes of Grand Ronde.

Upcoming collective consultation meetings will be held for the SUD Waiver and strategic planning. Other requests for individual tribal consultations have been sent. The consultation policy has been included as a process measure in OHA's new performance management system. This will also support the evaluation of the policy as we move forward.

Key Contacts:
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Julie Johnson — Tribal Affairs Director
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OHA Staff-Julie Johnson, Jason Stiener, Angie Butler
Native American Heritage Month Celebration 2018

Title:	Tribal Consultation and Urban Indian Health Program Confer Policy
Effective Date:	March 1, 2018
Nine Federally Recognized Tribes of Oregon:	Burns Paiute Tribe Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Confederated Tribes of Grande Ronde Confederated Tribes of Siletz Indians Confederated Tribes of the Umatilla Indian Reservation Confederated Tribes of Warms Springs Coquille Indian Tribe Cow Creek Band of Umpqua Tribe of Indians Klamath Tribes
Urban Indian Health Program:	Native American Rehabilitation Association

I. Purpose

The State of Oregon and the Oregon Health Authority (OHA) share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon (Tribes) as well as strengthen the relationship with the Urban Indian Health Program (UIHP).

This policy:

- Identifies individuals within OHA who are responsible for developing and implementing programs that affect Tribes.
- Establishes a process to identify the OHA programs that impact Tribes.
- Promotes communication between OHA and the Tribes.
- Promotes positive government-to-government relations between OHA and Tribes.
- Establishes a method for notifying OHA employees of ORS 182.162 to 182.168 and this policy.

Meaningful consultation between tribal leadership and or designee and agency leadership shall result in information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State. The goal of this policy includes, but is not limited to: eliminating health and human service disparities of Indians; ensuring that access to critical health and human services is maximized; advancing and enhancing the social, physical, behavioral and oral health of Indians; making accommodations in State programs when possible to account for the unique nature of Indian health programs and ensuring that the Tribes are consulted to ensure meaningful

and timely tribal input as required under Federal and State law when health and human service policies have an impact on Indians and the Tribes. To achieve this goal, and to the extent practicable and permitted by law, it is essential that the Tribes, and OHA engage in open, continuous, and meaningful consultation.

This policy applies to OHA and all its divisions, programs, services, projects, activities, and employees and shall serve as a guide for the Tribes to participate in OHA policy development to the greatest extent allowable under Federal and State law. The relationship between OHA and the Tribes is built on a foundation of trust and mutual respect. It is important for OHA to work closely with Tribes on issues related to Medicaid, Children's Health Insurance Program (CHIP), Oregon State Hospital, the Public Health Division the Health Insurance Marketplace (Oregon Department of Consumer and Business Services), and the Department of Human Services, Oregon Department of Housing and Community Services, Youth Development Council, Oregon Department of Veteran's Affairs to promote the participation of Indians in these programs.

II. Background

The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders. This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

Section 1902 (a) (73) of the Social Security Act which requires a state in which one or more Indian health programs or UIHP furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the ISDEAA, or UIHP under the Indian Health Care Improvement Act (IHCIA). Section 2107 (e)(I) of the Act was also amended to apply these requirements to CHIP.

The importance of tribal consultation with Indian tribes was affirmed through various statutes and Presidential Executive Orders including, but not limited to:

- Older Americans Act, P.L. 89-73, as amended;
- Indian Self-Determination and Education Assistance Act, P.L. 93-638, as amended;
- Native American Programs Act, P.L. 93-644, as amended;
- Indian Health Care Improvement Act, P.L. 94-437, as amended;
- Personal Responsibility and Work Opportunity Reconciliation Act of 1996, P.L.104-193;

- Presidential Executive Memorandum to the Heads of Executive Departments, April 29, 1994;
- Presidential Executive Order 13175, Consultation and Coordination with Indian Tribal Governments, November 6, 2000;
- Presidential Memorandum, Government-to-Government Relationship with Tribal Governments, September 23, 2004;
- Presidential Memorandum, Tribal Consultation, November 5, 2009;
- American Recovery and Reinvestment Act of 2009, P.L. 111-5, 123 Stat. 115, February 17, 2009;
- Children's Health Insurance Program Reauthorization Act of 2009, P.L. 111-3, 123 Stat. 8, February 4, 2009;
- Patient Protection and Affordable Care Act of 2010, P.L. 111-148, 124 Stat. 119, March 23, 2010;
- "Medicaid and CHIP Managed Care Rule CMS-2390-F, 42 CFR §438.14 and §457.1209;
- Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; and
- Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10, 2015.

In addition, there are statutory and regulatory requirements for states to consult with federally recognized tribes and to obtain advice from Indian health providers.

III. OHA Commitment to Tribal Consultation

OHA was established by the Oregon State Legislature and is accountable to the people of Oregon, acknowledges this unique relationship, the statutory and regulatory framework for states to consult with Tribes, and recognizes the right of Indian tribes to self-determination and self-governance. The special government-to-government relationship between the Tribes and federal and state governments will be respected in all dealings with the Tribes and OHA. Relationship of State Agencies with Indian Tribes, ORS 182.162 to 182.168.

The State specifically acknowledges the State-Tribal consultation process for new and renewal submissions of: Medicaid and CHIP 1115 demonstration waivers; other Medicaid waivers, such as, 1915 waivers; 1332 waivers and changes to the Health Insurance Marketplace; and any amendments to the State Plan, waivers, or demonstrations that are considered to have an impact on AI/ANs and Indian health programs if the changes impact eligibility determinations, payment rates, payment methodologies, covered services, or provider qualifications and requirements that it is driven by federal law and regulations and/or guidance issued by CMS. These requirements are set forth in: Section 5006(e) of the American Recovery and Reinvestment Act; Section 1115 Transparency Regulations, as found in 42 CFR Part 431;

July 17, 2001 State Medicaid Director Letter #01-024; April 27, 2012 State Medicaid Director letter, SHO # 12-001; and CMS Regulations regarding State/Partnership Marketplaces; Department of Health and Human Services Tribal Consultation Policy, December 14, 2010; Centers for Medicare and Medicaid Services Tribal Consultation Policy, Section 8, December 10 2015.

In order to fully effectuate this consultation policy, OHA will:

1. Ensure inclusion of the Tribes prior to the development of policies and program activities that impact Tribes, utilizing a formal notice that provides descriptive content and a timeline;
2. Create opportunities for Tribes to raise issues with OHA and for OHA to seek consultation with Tribes;
3. Establish a minimum set of requirements and expectations with respect to consultation and participation of OHA leadership;
4. Conduct tribal consultation regarding OHA policies and actions that have tribal implications;
5. Establish improved communication channels with Tribes to increase knowledge and understanding of OHA programs;
6. Enhance partnerships with Tribes that will include technical assistance and access to OHA programs and resources;
7. Support tribal self-determination in programs and resources made available to the Tribes and in working with the Tribes;
8. Include tribal representatives on advisory committees and task forces when subject matter is relevant.

IV. Tribal Consultation Principles

Consultation is an enhanced form of communication that emphasizes trust, respect and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making, with the ultimate goal of reaching consensus on issues and better outcomes.

To establish and maintain a positive government-to-government relationship, communication and consultation must occur on an ongoing basis so that Tribes have an opportunity to provide meaningful, and timely input on issues that may have an impact on Tribes. This government-to-government relationship applies between the Tribes and the State.

Consultation with the Tribes is important in the context of health programs because the Tribes serve many roles in their communities:

- Tribes and tribal governments are sovereign nations with inherent authority over their internal affairs; have a government-to-government relationship with the federal government, state governments, and other sovereigns; and have the responsibility to ensure the health and well-being of their tribal citizens, among various other governmental responsibilities.
- Tribal governments operate businesses, are employers, and are health care providers, through administration of clinics and other health programs, which includes public health
- Tribal members are beneficiaries of services provided by the Indian Health Services (IHS), tribal health programs operating under the Indian Self-Determination and Education Assistance Act, Pub. L. 93-638, as amended, and by urban Indian health programs operating under Title V of the Indian Health Care Improvement Act.
- Tribal members are also eligible to enroll in Medicare, Medicaid, the Children's Health Insurance Program (CHIP), the Health Insurance Marketplace, (Oregon Department of Consumer and Business Services) and other health and human services programs in the state.

Tribal consultation is not invoked when this policy is not followed. For example, sending an email to Tribes is not considered tribal consultation or discussing a topic that involves Tribes without proper notice is not tribal consultation.

V. Conferring with Urban Indian Health Program

The Tribes direct OHA and all its divisions, programs, services, projects, activities, and employees to confer with the Urban Indian Health Program (UIHP) to ensure the exchange of information, mutual understanding, and informed-decision making on behalf of American Indians and Alaska Natives living in Oregon. UIHPs serve an important role in Oregon by providing critical health and wellness services to members of Oregon Tribes as well as members of other federally recognized Tribes.

UIHPs, authorized by Title V of the Indian Health Care Improvement Act P.L. 94-437, exist as a direct response to the Termination and Relocation Era policies which left American Indians and Alaska Natives displaced to urban centers across the country with few resources and little access to the Federal programs. UIHPs exist as a critical part of the Indian health system in the provision of health care to American Indians and Alaska Natives which is part of the Federal government's trust responsibility and treaty obligations to Tribes.

State agrees to notify UIHP when all Oregon Tribes are provided notice of Tribal consultation under this policy and/or as specified in Addendum A- Conferring with UIHP.

VI. Policy

It is the intent of OHA to meaningfully consult with Tribes on any policy that will impact the Tribes before any action is taken.

Such policies include those that:

1. Have Indian or Tribal implications; or
2. Have implications on the Indian Health Service, tribal health programs or urban Indian health program, or
3. Have a direct effect on one or more Tribes, or
4. Have a direct effect on the relationship between the state and Tribes, or
5. Have a direct effect on the distribution of power and responsibilities between the state and Tribes; or
6. Are a federally or statutorily mandated proposal or change in which OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, tribal health programs or urban Indian health program, but is federally or statutorily mandated with no state flexibility in implementation, no consultation will be required; however, the proposal or change will be communicated through written updates from OHA to individuals on Official Notification List and pursuant to communication mechanism and communication method requirements described in Section VII.

VII. Tribal Consultation Process

An effective consultation between OHA and the Tribes requires trust between all parties which is an indispensable element in establishing a good consultative relationship. The degree and extent of consultation will depend on the identified Critical Event. A Critical Event must be formally identified by OHA or Tribes.

A Critical Event includes, but is not limited to:

- Policy development impacting the Tribes;
- Program activities that impacting Tribes;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impacting Tribes;
- Results of monitoring, site visits or audit findings impacting Tribes;
- Data collection and reporting activities impacting Tribes;
- Funding or budget developments impacting Tribes;
- Rule making impacting Tribes; or
- Any other event impacting Tribes.

Upon identification of a Critical Event impacting one or more Tribes OHA will initiate consultation regarding the event.

To initiate and conduct consultation, the following serves as a guideline to be utilized by OHA and the Tribes:

1. Identify the Critical Event: complexity, implications, time constraints, deadlines and issue(s).
2. Identify how the Critical Event impacts Tribes.
3. Identify affected/potentially affected Tribes.

Determining Consultation Mechanism: The most useful and appropriate consultation mechanisms can be determined by OHA and Tribes after considering the Critical Event and Tribes affected/potentially affected. Consultation mechanisms include but are not limited to one or more of the following:

a. Mailings, including electronic mail;
b. Teleconferences;
c. Webinars;
d. Face-to-Face Meetings at SB 770 Health and Human Service Cluster Committee Meetings and other meetings;
e. Roundtables;
f. Annual meetings;
g. Other regular or special OHA or program level consultation sessions.

OHA will post and maintain electronic information on the agreed upon consultation mechanism on OHA Tribal Affairs site for Indian health programs.

Communication Methods: The determination of the Critical Event and the level of consultation mechanism to be used by OHA shall be communicated to affected/potentially affected Tribes using all appropriate methods and with as much advance notice as practicable or as required under this policy. These methods include but are not limited to the following:

1. <u>Official Notification</u>: Upon the determination of the consultation mechanism, proper notice of the Critical Event and the consultation mechanism utilized shall be communicated to affected/potentially affected Tribes using all appropriate methods including mailing and broadcast e-mail. Such notice shall be provided to:

    a. Tribal Chairman or Chief and their designated representative(s)
    b. Tribal Health Clinic Executive Directors of Oregon's 638/FQHC providers
    c. IHS Clinic(s) Executive Director

a. Tribal Organization(s) Health Director and/or designated representative(s)
b. Tribal Organizations established to represent IHS and Tribal health programs and such as the Northwest Portland Area Indian Health Board Executive Director or designee(s)
c. UIHP Executive Director or designee(s)

State must annually update their mailing/email list to ensure notice is being provided to designated leadership. Each Tribe is responsible for providing this information to OHA's Tribal Affairs Director to regularly update the list.

1. Correspondence: Written communications shall be issued within 14 calendar days of an identified Critical Event except that state plan amendments, waiver and rule making changes require additional notice as described below. The communication should clearly provide affected/potentially affected Tribes with detail of the Critical Event, clear and explicit instructions on the manner and timeframe in which to provide comments. A "Dear Tribal Leader Letter" (DTLL) format should be used to notify individual Tribes of consultation activities. The written notice DTLL will include, but is not limited to:

    a. Purpose of the proposal/change and proposed implementation plan;
    b. Anticipated impact on Indians and Indian health programs and the UIHP as determined by OHA;
    c. Method for providing comments/questions; and
    d. Timeframe for response.

    In addition to the DTLL requirements above, state plan amendments, waivers, and rule making have additional requirements that must be included in the DTLL:

    a. State Plan Amendments*:* Prior to a State Plan submission to CMS, OHA must distribute documents describing the proposed Medicaid State Plan Amendment (SPA). The DTLL will include the proposed change; anticipated impact; method for providing comments/questions; timeframe for feedback; and an opportunity for discussion. This process will include a 90-day timeline. OHA will provide the draft SPA and related documents to Tribes 90 days prior to state's submission to CMS. This will allow Tribes 30 days to review the draft SPA and documents, 30 days to request formal consultation, if needed, and 30 days to provide written comments. For tracking purposes OHA will share a status report of pending, upcoming and approved SPAs on a monthly basis. OHA will also share an ongoing report of all SPA's that have been approved.

Waiver**s**: Pursuant to the CMS's transparency regulations at 42 CFR 43l .408(b), State Medicaid Director Letter #01-024 and Section 8 of CMS's Tribal Consultation Policy, OHA must consult with Tribes prior to

a. submitting any Section 1115 and 1915 waiver request to CMS. OHA must consult with Tribes at least 60 calendar days before OHA intends to submit a Medicaid waiver request or waiver renewal to CMS. The DTLL or notification required by SMD #01-024 must describe the purpose of the waiver or renewal and its anticipated impact on tribal members. For Tribes to understand the impact on its tribal members, the notification should include the actual language from the demonstration waiver or renewal that has tribal implications and should not be in summary or outline form.
b. Rulemaking*:* OHA must consult with Tribes at least 60 calendar days notice before OHA intends to propose new rules or changes to rules that impact Tribes. Tribes will also be invited to attend Rule Advisory Committee meetings to provide additional input on rule concepts and language. In addition, OHA will provide tribes with bi-weekly updates on new rules or changes to rules impacting tribes.

1. Meeting(s): OHA shall convene a meeting within 30 calendar days' notice of an identified Critical Event with affected/potentially affected Tribes (or sooner with affected/potentially affected Tribe(s) approval), to discuss all pertinent issues when the Critical Event is determined to have an impact.

   SB770 Health and Human Services Cluster Meeting: In addition, when Tribal Consultation is scheduled at an SB 770 Health and Human Services Cluster Meeting, the agenda must clearly indicate that the item is a Tribal Consultation request and clearly state on the agenda "Tribal Consultation: [agenda item]. Such request at an SB 770 Health and Human Services Cluster meeting must provide at least 30 days' advance calendar notice.

2. Creation of Committees/Work Group(s): Round tables and work groups should be used for discussions, problem resolution, and preparation for communication and consultation related to a Critical Event but do not replace formal tribal consultation. Round tables and work groups will provide the opportunity for technical assistance from OHA to Indian health programs and the UIHP to address challenges or barriers and work collaboratively on development of solutions to bring to the meetings. OHA will work with Indian health programs and the UIHP to designate technical representation on special workgroups as needed or recommended.

Reporting of Outcome: OHA shall report on the outcomes of the consultation within 30 calendar days of final consultation by letter or email. For ongoing issues identified during the consultation, OHA shall provide status reports throughout the year to the Tribes, and prepare an annual tribal consultation report.

Implementation Process and Responsibilities: The process should be reviewed and evaluated for effectiveness every 3 years, or as requested.

VIII. Tribal Consultation Performance Evaluation

OHA is responsible for evaluating its performance under this Tribal Consultation Policy. To effectively evaluate the results of the consultation process and the ability of OHA to incorporate tribal recommendations, OHA will assess its performance on a quarterly and annual basis in tribal consultation reports. The State will provide performance data in its reports.

IX. Meeting Records and Additional Reporting

OHA is responsible for making and keeping records of its tribal consultation activity. All such records shall be made readily available to Tribes an annual tribal consultation report and all data. OHA shall make and keep records of all proceedings and recommendations, and will have these records readily available upon request and/or posted online.

X. Role of Tribal Affairs Director

The OHA Tribal Affairs Director is responsible for coordinating with OHA staff including directors, Tribal Liaisons, and other designated staff in developing and implementing programs that affect Tribes. The Tribal Affairs Director will communicate with staff on a regular basis to identify the OHA programs that affects Tribes. Tribal Affairs will convene quarterly with all staff working with Tribes to assure that they are aware of the current Tribal Affairs practices, and policies as well as an opportunity to communicate about ongoing work with Tribes. Tribal Affairs will provide training to notify OHA employees of ORS 182.162 to 182.168 and this policy.

XI. Tribal Technical Advisory Board

Through ongoing communications (e.g., emails) and during a standing meeting on a quarterly basis, the State will solicit advice and guidance from the Board on policies, guidelines, and programmatic issues affecting the delivery of health care for tribal members and to ensure that Indians receive quality care and access to services. The role of the Tribal Technical Advisory Board is not meant to replace the tribal consultation process.

XII. Definitions

Indian or American Indian/Alaska Native (AI/AN). Indian and/or American Indian/Alaska Native (AI/AN) means any individual defined at 25 USC 1603(13),

1. 1603(28), or 1679(a), or who has been determined eligible as an Indian, under 42 CFR 136.12. This means the individual:
    a. Is a member of a Federally recognized Indian Tribe;
    b. Resides in an urban center and meets one or more of the four criteria:
        i. Is a member of a Tribe, band, or other organized group of Indians, including those Tribes, bands, or groups terminated since 1940 and those recognized now or in the future by the State in which they reside, or who is a descendant, in the first or second degree, of any such member;
        ii. Is an Eskimo or Aleut or other Alaska Native;
        iii. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
        iv. Is determined to be an Indian under regulations issued by the Secretary;
    c. Is considered by the Secretary of the Interior to be an Indian for any purpose; or
    d. Is considered by the Secretary of Health and Human Services to be an Indian for purposes of eligibility for Indian health care services, including as a California Indian, Eskimo, Aleut, or other Alaska Native.
2. Tribe**.** Tribe means any Indian tribe, band, nation, or other organized group or community, including any Alaska Native village or group or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act (43 U.S.C. 1601 et seq.), which is recognized as eligible for the special programs and services provided by the United States to Indians because oftheir status as Indians. Oregon's nine Federally Recognized Tribes include:

    Burns Paiute Tribe
    Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
    Confederated Tribes of Grande Ronde
    Confederated Tribes of the Siletz Indians
    Confederated Tribesof the Umatilla Indian Reservation
    Confederated Tribes of Warms Springs
    Coquille Indian Tribe
    Cow Creek Band of Umpqua Tribes of Indians
    Klamath Tribes

Urban Indian Health Program (UIHP). Urban Indian Health Program means an urban Indian organization which is a nonprofit corporate body situated in an urban center

1. governed by a board of directors of whom at least 51 percent are AI/ANs, who have been contracted through Title V of Public Law 94-437. Oregon's UIHP is the:

    Native American Rehabilitation Association (NARA)

4. Technical Advisory Board. This board will consist of Tribal Health Directors and or designated representatives from each of the nine federally recognized tribes, NARA, and the Northwest Portland Area Indian Health Board.

XIII. Disclaimer

OHA respects the sovereignty of each of Oregon's Tribes. In executing this policy, no party waives any rights, including treaty rights; immunities, including sovereign immunities; or jurisdictions. This policy does not diminish any rights or protections afforded other Indian persons or entities under state or federal law. Through this policy, the parties strengthen their collective ability to successfully resolve issues of mutual concern. While the relationship described by this policy provides increased ability to solve problems, it likely will not result in a resolution of all issues. Therefore, inherent in their relationship is the right of each of the parties to elevate an issue of importance to any decision-making authority of another party, including, where appropriate, that party's executive office.

XIV. Effective date

This policy will be effective on March 1, 2018 and may be reviewed at the request of the Tribes or OHA.

Addendum A

Conferring with Urban Indian Health Program (UIHP)

The objective of conferring with the UIHP is to ensure the open and free exchange of information and opinions that leads to mutual understanding and comprehension; and emphasizes trust, respect, and shared responsibility. *See* 25 USC §1660d (a). It is the intention of OHA] to confer with the UIHP on any policy or decision that would impact the urban Indian community before any such policy or decision is put into effect.

A policy or decision that would trigger conferring with the UIHP includes those that:

1. Have implications for the urban Indian community; or
2. Have implications on the Indian Health Service or urban Indian health program, or
3. Are a Federally or statutorily mandated proposal or change in OHA has flexibility in implementation.

If the proposal or change directly affects Indians, the Indian Health Service, the urban Indian community or urban Indian program, but is Federally or statutorily mandated with no State flexibility in implementation, conferring will not be required; however, the proposal or change will be communicated through written updates from OHA] to the UIHP Health Director within 30 days.

The basis of the conferring process is mutual trust between OHA and the UIHP. The nature of the Critical Event will determine the depth of the conferring process. A Critical Event may be identified by either OHA or the UIHP.

A Critical Event includes, but is not limited to:

- Policy development impacting the UIHP;
- Program activities that have an impact on the UIHP;
- A State Plan Amendment (SPA), demonstration proposal or renewal, waiver proposal or renewal, or state Medicaid regulations changes with a compliance cost or impact on the UIHP;
- Results of monitoring, site visits or audit findings impacting the UIHP;
- Data collection and reporting activities impacting the UIHP;
- Funding or budget developments impacting the UIHP; or
- Any other event impacting the UIHP.

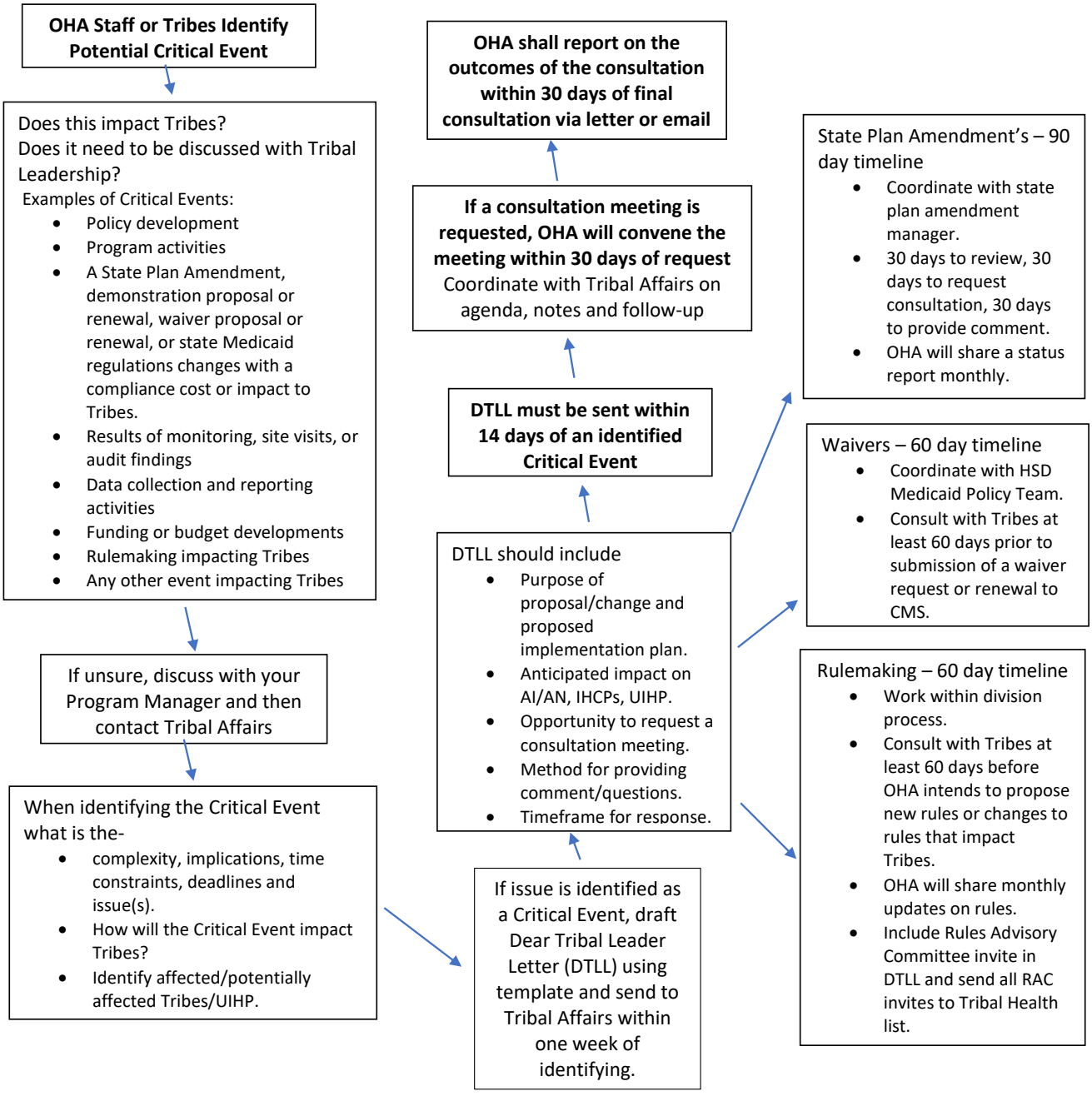
Once a Critical Event has been identified by OHA or the UIHP the OHA] will initiate the conferring process.

Initiation of the conferring process by either OHA or the UIHP will be guided by the following outline:

1. Identify the Critical Event: complexity, implications, time constraints, and issue(s)
2. Identify how the Critical Event impacts the UIHP.
3. Identify affected/potentially affected the UIHP.

Determining the method of conferring: the process of conferring will be agreed upon by OHA and the UIHP after the determination of the Critical Event. Mechanisms for conferring will included any options that provide the opportunity for an open and free exchange of information and opinions that lead to mutual understanding and comprehension, and emphasize trust, respect, and shared responsibility.

Tribal Consultation and Urban Indian Health Program Confer Policy- The State of Oregon and OHA share the goal to establish clear policies establishing the tribal consultation and urban confer requirements to further the government-to-government relationship between the State and the nine federally recognized Tribes of Oregon as well as strengthen the relationship with the Urban Indian Health Program (UIHP). All OHA staff should be aware of the policy and understand their role in implementing it. Questions, contact Tribal Affairs Director, Julie Johnson, Julie.A.Johnson@state.or.us or 503-945-9703.



Trainings

As required by SB770, OHA provides various trainings throughout the year to educate on the importance of working with tribes. Some of the training topics include information on sovereignty, treaties, termination, restoration, Senate Bill 770, tribal health systems and more. The training starts with the video from Governor Brown on the importance of tribal consultation. It has been suggested to add additional information on individual tribes and cultural responsiveness when working with tribes, which we still need to expand on.

Name of Training	**Number of OHA attendees between January 2018-December 2018**
OHA New Employee Orientation: Required course for all new OHA employees. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director.	181
PHD New Employee Orientation: Required course for all new Public Health Division Employees. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director or PHD tribal liaison.	67
OHA Tribal Affairs: Presented to OHA units and divisions as requested. Includes basic knowledge of OHA's government-to-government relationship with Oregon's nine federally recognized tribes and tribal health systems. Presented by the OHA Tribal Affairs director.	195
OHA Tribal Affairs (recorded version of above training)	74
PHD — Building Partnerships with Tribal Governments: This course is offered through FEMA's Emergency Management Institute. It provides basic knowledge to build effective partnerships with tribal governments and work in concert with tribal governments to protect native people and property against all types of hazards. Accessible through iLearn.	30
Optional viewing: **OPB's *Broken Treaties, An Oregon Experience*:** Video that serves as an introduction to Oregon's tribes and explores the state's tribal history. Accessible through iLearn.	91
Total	**638**

Office of Equity and Inclusion

OHA's Office of Equity and Inclusion (OEI) upholds the agency's commitment to fair and equitable access to health care for all Oregonians. OEI collaborates with the state's diverse communities, government entities, service providers and policy makers. Together, they work to eliminate health gaps and disparities through:

- Educational programs and training.
- Community outreach.
- Community and government partnerships.
- Civil rights resources.
- The Race, Ethnicity, Language + Disability program (REAL+D), which improves statewide demographic data collection.

Regional Health Equity Coalitions

Regional health equity coalitions (RHECs) are autonomous, community-driven, cross-sector groups. The RHEC model works by building on the inherent strengths of local communities to meaningfully involve them in identifying sustainable, long-term, policy, system and environmental solutions to increase health equity for communities of color, and those living at the intersection of race/ethnicity and other marginalized identities.

Funding
OEI established the Regional Health Equity Coalition Program and has been providing funding since 2011 to support local, community-driven, culturally specific activities to reduce disparities and address social determinants of health. OEI provides funding to four RHECs and two capacity building grantees, and most of them are working with tribal and urban American Indian/Alaska Native (AI/AN) communities.

RHEC regions
There are two new capacity-building grants supporting the development of the first RHEC in Eastern Oregon covering Malheur and Umatilla counties, as well as the first group fully focused on a tribal population. Both are prioritizing AI/AN populations. These grantees are piloting the RHEC model with the health equity work they are doing, and this funding offers an opportunity to complete foundational RHEC activities (coalition building, developing governance structures, assessing community needs, etc.). The two new capacity-building grantees include:

- Confederated Tribes of Warm Springs: Confederated Tribes of Warm Springs region
  -With this funding the Confederated Tribes of Warms Springs is focusing on tribal justice reform.
- Euvalcree: Malheur and Umatilla counties
  - In building their coalition, Euvalcree will be focused on both AI/AN and Latino populations in their region.

Collectively the four RHECs and two capacity-building grantees represent populations in 11 Oregon counties. The work of the RHECs covers a wide range of underserved communities in

urban, rural and frontier regions with communities of color as a leading priority. The current coalitions focused on AI/AN populations are:

- Mid-Columbia Health Equity Advocates (MCHEA): Hood River and Wasco counties
  - This coalition has a steering committee that is specific to the AI/AN community in their region, called Natives Along the Big River. They prioritize health equity issues for the native community in their area, which currently include education, inclusion, transportation, and access to health care services.
- Oregon Health Equity Alliance (OHEA): Multnomah, Washington and Clackamas counties
  - The steering committee of this coalition is composed of six culturally specific community-based organizations. It includes representation of the Native American Youth and Family Center (NAYA) serving in a co-chair role and ensures focus on priority health equity issues this organization brings forward.

Numbers at a glance

- RHECs and capacity building grantees collectively represent regions that comprise 52.5 percent of Oregon's AI/AIN population, 57.4 percent of Oregon's total population, 57.2 percent of Oregon's Medicaid population, 53.4 percent of Oregon's communities of color (i.e. American Indian/Alaska Natives, Asians, Black/African Americans, Native Hawaiians, and those who identify as some other race), and 60.4 percent of Oregon's Latino communities.
- Over a six-month period, RHECs collectively held 37 community education events focused on health equity topics.
- Community education events referenced above reached over 100 organizations and impacted 2,000 participants.

Areas of alignment with Governor's priorities

RHEC	Economy & Jobs	Education	Equality & Social Justice	Healthcare	Public Safety
***Confederated Tribes of Warm Springs (CTWS)**		**X**	**X**	**X**	**X**
***Euvalcree**	**X**	**X**	**X**	**X**	**X**
Mid-Columbia Health Equity Advocates (MCHEA)	**X**	**X**	**X**	**X**	**X**
Oregon Health Equity Alliance (OHEA)	**X**		**X**	**X**	**X**

*****Capacity building grantees who are working toward future implementation.

Traditional Health Workers Program

Traditional Health Workers (THWs) help individuals in their communities, providing physical and behavioral health services. There are five traditional health worker types:

1. **Community health workers (CHW)**: A community health worker is a frontline public health worker who is a trusted member of or has an unusually close understanding of the community served.
2. **Peer support specialists (PSS)**: A peer support specialist is any of a range of individuals who provide supportive services to a current or former consumer of mental health or addiction treatment.
3. **Peer wellness specialists (PWS)**: A peer wellness specialist is an individual who has lived experience with one or more psychiatric conditions plus intensive training, who works as part of a person-driven, health home team, integrating behavioral health and primary care to assist and advocate for individuals in achieving well-being.
4. **Personal health navigators (PHN)**: A personal health navigator is an individual who provides information, assistance, tools and support to enable a patient to make the best health care decisions.
5. **Birth doulas**: A doula is a birth companion who provides personal, nonmedical support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience.

Oregon tribes are continuing to work with the Office of Equity and Inclusion staff to expand traditional health worker training programs in their communities. As of October 2018 OEI plans to invest once again in a grant to develop another tribal-specific traditional health worker curriculum and is coordinating with Tribal Affairs and tribal representatives. Conversation on this topic needs to be ongoing.

As of April 2018, the Office of Equity and Inclusion staff has worked to have a tribal representative on the Traditional Health Worker Commission. The commission advises and makes recommendations to the Oregon Health Authority to ensure the program is responsive to consumer and community health needs, while delivering high-quality and culturally competent care. OEI has introduced a legislative concept for the 2019 session that proposes to add “One member who represents providers of Indian health services that work with traditional health workers qualified under ORS 414.665, a federally recognized tribe or a tribal organization” (-LC0382 Draft, 2019).

Key contacts:
Leann Johnson – Director, Office of Equity and Inclusion
leann.r.johnson@state.or.us 971-673-1285
Danielle Droppers – Regional Health Equity Coalition Program coordinator
danielle.a.droppers@state.or.us 971-673-3391
Mohamed Abdiasis – Traditional Health Workers Program coordinator
abdiasis.mohamed@state.or.us 971-673-3389

Oregon State Hospital

Oregon State Hospital (OSH) provides patient-centered psychiatric treatment for adults from anywhere in Oregon who need hospital-level care. OSH's primary goal is to help people recover from their mental illness and return to life in the community. The hospital works in partnership with coordinated care organizations, the Psychiatric Security Review Board, regional hospitals, community mental health programs, advocacy groups and other community partners to provide the right care, at the right time, in the right place. OSH has two campuses that serve up to 749 Oregonians at a time.

Native American Services at OSH is administratively linked to the Spiritual Care Department. Staff and contractors provide culturally specific services. Using ceremonies, groups and individual sessions on a regular scheduled basis they help support patients through their healing journey while at the hospital.

Separate sweat lodge ceremonies for men and women are held on the first and third Fridays of every month at the Salem campus, and on the second and fourth Fridays of the month at the Junction City campus. Other Native American services include:

- Native 101
- 12-step Medicine Wheel
- C'anupa Ceremony (individual basis)
- Indigenous Kitchen
- Native Culture
- Native Beading
- Native Music
- Native Medicines in Nature
- Smudge Ceremony
- Talking Circle
- Native Crafts
- Women's Medicine Wheel
- Men's Medicine Wheel
- Native Cooking
- Native Drumming

Each year OSH holds a Tribal Culture Event (Native Gathering). In 2018 staff and contractors organized and carried out the event and invited patients and staff to join in a traditional round dance. Patients and staff sang native pow wow songs, participated in a question-and-answer session about tribal culture, played native games, viewed information and display tables, and sampled fry bread. The goal of this event was to share and educate about native culture, spirituality, practices and traditions.

OSH also celebrates Native American Heritage Day with a hospital-wide meal of traditional native foods served for all patients. The meal featured Pacific Northwest salmon, berries, local greens and squash. To honor the tradition of sharing food, two staff from each unit dined with the residents. Patients and staff enjoyed this experience and sharing the meal.

Once again residents, escorted by staff, attended the Native American Rehabilitation Association's Annual Spirit of Giving Conference. This was held in Portland August 7-9 and is always one of the highlights of the year.

The Native American Advisory Group at the hospital meets every first Thursday of the month to plan events and ceremonies, and to discuss issues to present to the OSH Diversity Committee.

Native American Services attends OHA Tribal Monthly Meetings and SB 770 HHS meetings to stay up-to-date on the work that OHA is doing with tribes. Native American Services continues to collaborate with tribal representatives and other state agencies to establish culturally appropriate best practices to safely meet the spiritual needs of their residents.

Key contacts:
Dolly Matteucci – Superintendent
dolores.matteucci@state.or.us 503-945-2850
Richard Mayuk – Native Services coordinator
kqalsan.mayuk.@state.or.us 503-947-2512

Fiscal

Prior to the restructuring of the agency, OHA had one division for Fiscal and Operations. Now they are functioning as two distinct divisions, which is helping to strengthen our business rigor.

- Program Integrity detects, prevents, and investigates Medicaid and non-Medicaid fraud and abuse.
- Health Care Finance ensures that health system transformation through coordinated care organizations is transparent, fiscally responsible and sustainable.
- Budget is responsible for successful development and operation of OHA's budget and the application of federal programs and fiscal policy.
- Actuarial Services conducts complex analysis to project future costs and develop rates for several OHA programs.

Laura Robinson was the CFO during much of 2018 but has since left OHA. The new CFO will be starting at the beginning of 2019.

Agency Operations

Our deputy director is the lead of Agency Operations. This office includes Information Services, Human Resources and Central Operations.

- Information Services provides technical support and security to OHA and the Department of Human Services.

- Human Resources serves internal customers with workforce strategies to meet the agency's business needs.

Although Fiscal and Agency Operations does not do program-level implementation, they do support the work of Tribal Affairs. Central Operations provides administrative support services to the Tribal Affairs director. Staff support the successful completion of meetings through planning, preparation of materials and addressing issues as they arise. They manage the Tribal Affairs director's calendar, make travel arrangements, and otherwise support Tribal Affairs.

Key contacts:
Kris Kautz — Deputy director
kristine.m.kautz@state.or.us 503-947-2344
Margarit Westfall — Executive assistant to the Tribal Affairs director
margarit.westfall@state.or.us 503-945-6609

Public Health Division

The Public Health Division (PHD) works to protect and promote the health of all people in Oregon and the communities where they live, work, play, learn and age. Oregon's public health system includes federal, state, tribal and local agencies, private organizations and other diverse partners working together to put healthy options and health-promoting services within reach for everyone in Oregon.

Tribal partners are a key component of the public health system in Oregon. Ensuring the public health system is available to and improves health outcomes for all people in the state requires the expertise and capacity of all federal, state, tribal, local and other partners. To that end, developing and maintaining authentic, collaborative working relationships with tribes and other tribal organizations remains a key priority for PHD.

PHD is committed to developing and maintaining positive government-to-government relations with the federally recognized tribes in Oregon. PHD regularly collaborates with the OHA Tribal Affairs director, as well as ensures tribal-related public health communications and programs are aligned and follow appropriate government-to-government protocols. PHD actively implements the OHA Tribal Consultation Policy that was adopted March 1, 2018. PHD also promotes relationship building and coordination between county and tribal partners on joint public health issues, since effective working relationships are essential to a well-functioning, responsive public health system. PHD is regularly represented at OHA tribal meetings.

PHD's work is organized into the Office of the State Public Health Director, the Center for Health Protection, the Center for Prevention and Health Promotion, and the Center for Public Health Practice. The office and centers house the programs that work directly with tribes and tribal-related partners. PHD programs have a variety of ways they consult, engage, seek feedback and develop program policies and practices with tribes and tribal-related organizations.

Office of the State Public Health Director

The Office of the State Public Health Director (OSPHD) provides public health policy and operational direction to the public health programs within PHD and ensures that the programs within and outside PHD create a coherent public health system focused on improving health outcomes for all people in Oregon. This includes extensive interactions with a range of state, tribal and local agencies and organizations. OSPHD leads PHD's strategic partnerships and engagement with tribes with the strategic partnerships lead acting as the primary PHD liaison to the tribes, the Northwest Portland Area Indian Health Board (NPAIHB), Indian Health Services (IHS) and other tribal partners.

Successes

- The Public Health Advisory Board, staffed by OSPHD, welcomed a Governor-appointed tribal representative to its membership in 2018.
- The State Health Assessment (SHA) Steering Committee, which included two tribal representatives, guided and finalized the SHA in spring 2018. The PartnerSHIP, the State Health Improvement Plan (SHIP) Steering Committee which includes representatives

from a federally recognized tribe and the NPAIHB, is using the SHA data to identify population-wide priorities and strategies for collective action on key health issues in Oregon.
- OSPHD continued to engage with the tribes regarding their role in a modernized public health system in Oregon so that all Oregonians, including tribal members have access to foundational public health protections.
- OSPHD provides the tribes access to the Oregon Public Health Assessment Tool (OPHAT) as a source for data to support health assessment and improvement planning.
- Federally recognized tribes pursuing national public health accreditation participate in an accreditation work group co-convened by OSPHD and the Conference of Local Health Officials.
- In 2018 OSPHD added a Tribal 101 component to the PHD new employee orientation, a required training for all new managers and staff. In addition, OSPHD collaborated with the NPAIHB to provide a training for all PHD employees on tribal governance and public health successes.

Challenges

- Through public health modernization, OSPHD promotes the integration of tribal and local public health efforts. The success of local and tribal relationships varies by tribe and local jurisdiction. Wherever possible, OSPHD staff connect local and tribal public health staff and leaders to strengthen the public health system's ability to improve health in communities.

Upcoming work in 2019

- Through Public Health Week activities in April, PHD will coordinate professional development opportunities for public health staff and partners to expand community partnership development capacity and expertise to meaningfully engage tribal and community-based partners.
- OSPHD will continue to seek resources to support tribes in modernizing their public health systems.
- OSPHD will provide technical assistance to PHD programs in expanding their program and funding opportunities to support tribal public health efforts and increase collaboration between local public health authorities and tribes.

Center for Health Protection

The Center for Health Protection houses programs that oversee health care facilities and licensing, and environmental health and regulation. Bringing these program areas together leverages public health's licensing and regulatory tools and provides a consistent, strong approach to protecting health.

Successes

- Center for Health Protection leadership and staff presented to the Legislative Commission on Indian Services on the revised Lower Willamette Fish Advisory.
- Harmful algal bloom program staff and the strategic partnerships lead developed a system for communicating harmful algal bloom and beach advisories to tribal health directors so

tribal health providers are aware of potential hazards to their patients. Program staff provided technical assistance to individual tribes as needed when harmful algal blooms affect tribal activities.

Challenges

- The Center for Health Protection recognizes the importance of water and fisheries to tribes in Oregon. Through the Lower Willamette Fish Advisory tribal consultation process, PHD staff and tribal leaders identified areas for improvement for earlier tribal engagement in fish advisory development. These improvements will be incorporated into future fish advisory work.

Upcoming work in 2019

- The fish advisory program will be updating the 2010 Columbia Slough Resident Fish Consumption Advisory. On December 14, 2018, OHA sent a Dear Tribal Leader Letter to tribal leaders describing the multiple opportunities for tribal review and input throughout the advisory development process prior to the advisory release.

Center for Prevention and Health Promotion

The Center for Prevention and Health Promotion houses community-oriented prevention and clinical preventive services. This center works with community partners to prevent disease, injury and violence; promote good health; and collaborate with coordinated care organizations across Oregon.

Successes

- The PHD Special Supplemental Nutrition Program for Women, Infants and Children (WIC) increased its capacity to provide support for culturally responsive nutrition education incorporating First Foods for tribal participants.
- To support continuing education for tribal WIC agencies' staff, the state WIC Program paid registration and travel costs for tribal agency staff to attend the Oregon WIC statewide meeting, WIC trainings on revitalizing nutrition education, and the National WIC Association Nutrition and Breastfeeding Conference.
- PHD oversees a dental pilot project sponsored by the Northwest Portland Area Indian Health Board (NPAIHB). The project pilots the use of dental health aide therapists (DHAT) at the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians Dental Clinic, Coquille Indian Tribe Community Health Center and several Native American Rehabilitation Association locations. This project will help determine if the Oregon DHAT model is an effective means for expanding access to high quality dental services in underserved tribal populations.
- Representatives from the Confederated Tribes of the Umatilla Indian Reservation and NARA participated in an PHD sponsored Zero Suicide Academy and developed action plans for reducing suicide in their communities. In collaboration with the NPAIHB, the PHD Zero Suicide Program coordinator provides technical assistance to tribal Garrett Lee Smith Suicide Prevention grantees in Oregon and facilitates coordination between tribal and local public health authority suicide prevention efforts.

- The PHD Prescription Drug Overdose Prevention Program sponsored the first Tribal Summit on Opioids and Other Drugs in June 2018 for teams from the nine federally recognized tribes. Summit participants identified priority projects and issues related to opioids and other drugs.
- The Health Promotion and Chronic Disease Prevention section funds tribes and tribal-related organizations to develop model culturally-specific and relevant policies for worksite wellness in tribal government settings, commercial tobacco control measures, and other informational products to support chronic disease prevention in tribal communities.
- The Alcohol/Drug and Tobacco Prevention and Education Programs (ADPEP and TPEP) convened an Alcohol and Tobacco Industry Community of Practice that included tribal prevention coordinators who are now using information about predatory alcohol and tobacco industry practices to further inform community members and tribal decision makers about strategies to counter the industries' impact in tribal communities.
- The PHD ADPEP and TPEP have supported tribal health clinics in implementing screening and referral processes to identify commercial tobacco use and alcohol misuse at multiple clinical touchpoints. These processes connect tribal members with evidence-based services such as the Oregon Tobacco Quit Line and other culturally specific and relevant supports and interventions.

<u>Challenges</u>

- Only five of the federally recognized tribes participate in the Title V Maternal and Child Health program, although funding is available to all nine tribes.
- The Title V Maternal and Child Health funding formula includes tribal enrollment as well as other population-based data points. Since these data points are not consistent across all tribes, OHA is exploring possible other data sources to ensure equitable funding across all tribes.
- PHD identified some practice and project management issues during the first DHAT Dental Pilot Project site visit in early 2018. Since that site visit, PHD and the NPAIHB (project sponsor) have collaboratively strengthened practices and procedures that ensure patient safety, and established communication systems to support effective working relationships between PHD and the NPAIHB pilot project team.
- The Center for Prevention and Health Promotion programs would like to have tribal representatives on program advisory committees but understands that tribal representatives are very busy and often have competing and more urgent priorities.
- Tribal alcohol and drug prevention programs have expressed concern that tribal prevention best practices and cultural approaches will not be honored now that the state alcohol and other drug prevention program is housed in PHD. In 2018 several tribal partners volunteered to participate in statewide collaborative workgroups convened by PHD to develop a common prevention language and identify alignment between state, local and tribal alcohol and drug prevention goals.

<u>Upcoming work in 2019</u>

- The Maternal and Child Health Program will work closely with the federally recognized tribes to ensure tribal perspectives inform the upcoming Oregon Title V Needs Assessment.

- The Rape Prevention and Education Program will engage tribes to identify how the state program can support tribes in reducing the rate of sexual violence in their communities.
- PHD will invite representatives from federally recognized tribes and other tribal partners to participate in and present at the 2019 Oregon Suicide Prevention Conference so other state, tribal and local partners may learn and apply tribal suicide prevention successes as appropriate.
- As funding is available, the Prescription Drug Overdose Prevention Program intends to award new funds to tribes to help fund tribal priorities identified during the 2018 Tribal Opioid Summit. These funds will supplement tribal projects funded through the Substance Abuse and Mental Health Services Administration (SAMHSA) State Targeted Response and State Opioid Response grants managed by the OHA Health Systems Division.
- The Reproductive Health Program will collaborate with tribal health clinics to explore options for supporting tribal reproductive health services through professional development opportunities and potential fee for service funding.
- With funding provided by the PHD TPEP, the Oregon Community Health Worker Association (ORCHWA), in partnership with the NPAIHB, will conduct listening sessions and collaborative workgroups to develop recommendations to be presented to PHD on best practices to increase commercial tobacco cessation among tribal populations.
- The PHD TPEP will pilot a new American Indian commercial tobacco cessation program through the Oregon Tobacco Quit Line contractor. The program will offer culturally relevant quit coaching: each self-identified AI/AN participant will receive seven scheduled calls, culturally tailored supportive materials and web content, and up to 12 weeks of nicotine replacement therapy in addition to all other standard Quit Line supports.
- Through a contract with the NPAIHB, PHD Health Promotion and Chronic Disease Prevention Section will expand technical assistance and training to tribal partners with a focus on effective implementation of prevention programs, grants, community assessments, and policy mobilization. The NPAIHB will facilitate a series of collaborative workgroup sessions with tribal ADPEP coordinators, tribal TPEP coordinators, tribal health leadership, other tribal community partners and OHA staff with the goals of strengthening state and tribal relationships, building shared understanding of state and tribal tobacco, alcohol and other drug prevention priorities and goals.

Center for Public Health Practice

The Center for Public Health Practice houses programs related to public health emergencies and communicable disease control and prevention. These programs include the state public health laboratory, acute and communicable disease prevention and control, immunization, and public health preparedness.

Successes

- The center's programs finalized memoranda of understanding (MOUs) for outbreak investigation, disease reporting, and laboratory services through collaborative work with

several federally recognized tribes, Indian Health Service and the NPAIHB. These programs included Oregon Immunization, Public Health Emergency Preparedness, HIV/Sexually Transmitted Infections/Tuberculosis, and Acute and Communicable Disease Prevention programs and the Oregon State Public Health Laboratory. The MOUs will strengthen state and tribal capacity to respond to complex communicable disease cases and outbreaks, public health emergencies and other health-related emerging events.

- The Acute and Communicable Disease Prevention Program trained staff of several tribes in outbreak recognition and investigation. In addition, tribal partners were trained to use the state communicable disease database to support communicable disease investigation and outbreak response within one tribal health clinic and one IHS clinic.
- Center staff provided technical support to a regional coalition including the Coquille Indian Tribe and the Cow Creek Band of the Umpqua Tribe of Indians to improve immunization rates, improve and standardize communicable disease reporting and ensure public health access to high-poverty communities in southwestern Oregon.
- The PHD Viral Hepatitis Program worked with the Grand Ronde Health and Wellness Center to strengthen hepatitis screening and treatment efforts, including providing test kits.
- The Public Health Emergency Preparedness (PHEP) Program supported the development of a tribal preparedness coalition to address shared public health preparedness actions, including:
    - Increasing capacity through relationship building and sharing of information, best practices and lessons learned within strengthened government-to-government relationships;
    - Securing funding and holding federal partners accountable to trust responsibility; and
    - Increasing joint advocacy for tribal emergency management.
- The Oregon State Public Health Laboratory (OSPHL) performs communicable disease testing for tribal health centers as requested. OSPHL routinely performs testing for the Confederated Tribes of Warm Springs Health and Wellness Center.
- The OSPHL has oversight responsibilities for laboratories subject to the Clinical Laboratory Improvement Amendments (CLIA) under the contract agreement with the Centers for Medicare & Medicaid Services (CMS). While the federal tribal health care facilities that perform clinical laboratory, testing are under the oversight of federal Region 10, the Grand Ronde Health and Wellness Center is a CLIA compliance laboratory OSPHL regulates to ensure compliance with federal regulations for all clinical laboratory testing.

<u>Challenges</u>

- The Center for Public Health Practice programs would like to have tribal health partners engage with staff on specific projects, but we understand that tribal representatives are very busy and often have competing and more urgent priorities.

<u>Upcoming work in 2019</u>

- The Center for Public Health Practice will work with the NPAIHB Tribal Epi Center to conduct a data linkage with the state reportable disease database. Goals for the data linkage include conducting record linkage, race data quality assessment and

improvement, ability to quantify the magnitude and type of racial misclassification. Improved data quality will enable PHD and the NPAIHB to better understand the needs of tribal populations.

- With support from the state PHEP Program, the nine federally recognized tribes will participate in a full-scale statewide medical countermeasures preparedness exercise in spring 2019.
- The PHEP Program will also support each tribe in hosting Psychological First Aid and PsySTART trainings and will work with tribes to develop a legal preparedness in Indian Country training and tabletop exercise. These training opportunities will strengthen tribal emergency response capacities.

PHD Funding

The table below shows the six areas of funding from PHD to Oregon's federally recognized tribes. PHD also makes supplemental funding available to tribes in Oregon to support tribal clinics in screening, treating, managing and conducting contact investigations for complex tuberculosis and sexually transmitted infection cases.

In addition to the funding outlined in the table, PHD also funded tribal public health efforts in the following ways in 2018:

- Provided partial funding toward purchase of an emergency generator to the Native American Rehabilitation Association (NARA) inpatient facility. The generator will enable NARA to continue basic services during a loss of power.
- Provided funding to NARA for Alcohol and Drug Prevention and Education Program activities to reduce use and effects of alcohol, tobacco and other drugs in Urban Indian populations.
- Provided a contract with the Northwest Portland Area Indian Health Board to provide technical assistance and training to Tribal Commercial Tobacco Prevention and Education Programs funded by PHD.

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PHD funding areas to Oregon's Tribes

Program Area	Purpose of Funds
Tribal Commercial Tobacco Prevention and Education Program	To support tribal efforts to address the price of commercial tobacco, raise the age of commercial tobacco purchase to 21 years of age, increase smoke and commercial tobacco-free areas, make cessation services available and accessible, educate the public about the harms of commercial tobacco, and limit the commercial tobacco industry's influence in the retail environment.
Tribal Public Health Emergency Preparedness Program	To support mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision and exercise and response activities.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Services	To support nutrition and health screening, nutrition education, breastfeeding promotion and support, health referral, and issuance of food benefits to provide supplemental nutrition appropriate for critical times of growth and development to prevent health problems and improve health status of mothers and their children.
Tribal Maternal and Child Health Services	To support maternal and child health through efforts such as increasing dental and well woman visits, implementing culturally and linguistically appropriate services, increasing breastfeeding, and addressing toxic stress, trauma and adverse childhood experiences.
Alcohol and Drug Prevention Education Program	To support tribal efforts to reduce use and associated effects of alcohol, tobacco and other drugs with a focus on a comprehensive prevention planning process built upon state and tribal data assessment, capacity building, development of a comprehensive strategic plan, implementation of evidence-based strategies, tribal best practices and evaluation. Plans focus on change for entire populations, or groups of individuals with common characteristics.
Strategic Prevention Framework - Partnership for Success	To reduce underage drinking, high-risk drinking, and prescription drug misuse and abuse using a five-step, data-driven process to assess needs; build capacity; engage in a strategic planning process; implement a comprehensive prevention approach using tribal best practices and evidence-based programs, policies and practices; and evaluate implementation and related outcomes.

External Relations

The External Relations Division builds relationships for OHA with the public, stakeholders, media, Legislature and other state and federal agencies. They create a broad understanding of the many ways in which OHA helps Oregonians improve their health and well-being through advocacy, communication and public policy.

- OHA's Ombudsperson to the Oregon Health Plan (OHP) safeguards OHP member access to services for their physical, behavioral and oral health needs.
- Communications provides comprehensive and cross-divisional information about OHA's work through traditional and online media.
- Government Relations provides strategic engagement in public policy at the local, state and federal level.

External Relations supports Tribal Affairs as needed.

Key contact:
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Health Policy and Analytics

With the restructuring of the agency this year there were some changes made to Health Policy and Analytics (HPA). This division provides agency-wide policy development, strategic planning, clinical leadership and Medicaid policy leadership. HPA develops statewide delivery system technology tools to support care coordination, CCO and delivery transformation support, and health system performance evaluation reports.

- Health Policy supports the Oregon Health Policy Board by conducting impartial policy analysis, research and evaluation, and providing technical assistance. This year much time and energy were focused on CCO 2.0. We held a tribal consultation on CCO 2.0 this year with several individual tribes and collectively with tribal workgroup representatives. This year a tribal member was appointed to the health policy board.
- Delivery Systems Innovation and the Chief Medical Office supports the Health Evidence Review Commission (HERC) and the state's longstanding evidence-based approach to delivering care. OHA would still like to have a tribal representative on the HERC and will continue to try to find someone. This division also houses the Transformation Center, which has been working with the Tribal Affairs director to provide more information to the tribes about training and resources that are available through the Transformation Center.
- Health Information Technology ensures that the right health information is available to health systems, providers and patients at the right time and place. This year they have started to work with Tribal Affairs and tribal partners on reviewing the Emergency Department Information Exchange EDIE and Pre-Manage systems to determine if they could be useful for tribes' 100% FMAP (federal match assistance percentage) initiative.
- Health Analytics works for continual improvement of health analytics coordination and data integration. They assist in providing OHP data and fee-for-service access data for tribal members.
- The director of business operations organizes the work of the Issue Resolution Log, which includes several tribal priorities that are being addressed by Tribal Affairs.
- The Public Employees' Benefit Board and the Oregon Educators Benefit Board are also a part of HPA.

Health Policy and Analytics is committed to supporting the government-to-government relationship with the tribes. This year the HPA director requested the Tribal Affairs 101 training for the division all-staff meeting attended by approximately 195 employees. HPA ensures that appropriate staff are available to provide information when needed.

Key contacts:
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Health Systems Division

The Health Systems Division (HSD) works with partners including tribes, coordinated care organizations, and private organizations to implement health care in an effective, efficient and fiscally sustainable way. HSD oversees Oregon's health care delivery systems, including the Oregon Health Plan (OHP), which provides more than 1 million Oregonians with physical, oral and behavioral health services.

In 2018 one area of focus during the restructuring was to consolidate Medicaid policy and operations. OHA has realigned Medicaid operations and policy as a distinct section in HSD that was previously spread between HSD and Health Policy and Analytics (HPA). This consolidation is bringing more cohesion and accountability in the way we manage and operate our Medicaid program and improve services for Oregon Health Plan members. The Medicaid director will lead the Medicaid program, which includes these units:

- Integrated Eligibility Policy.
- Physical, Oral and Tribal Health, which includes Jason Stiener as a full-time tribal program and policy analyst.
- Provider Services, which includes Managed Care Delivery Systems, Claims and Encounter Data, Provider Support, and Provider Clinical Support teams.
- Quality Assurance and Hearings.

OHA also realigned behavioral health (BH) programs that were spread among Health Systems and Health Policy and Analytics. This change is designed to elevate behavioral health as a program area, make our efforts and outcomes more transparent, and strengthen our accountability to tribes, consumers, communities and partners. The BH Program will be led by a BH director and deputy director. The program includes:

- Adult Mental Health and Housing.
- Child and Family Behavioral Health – Angie Butler is a quarter-time tribal liaison in this unit.
- Licensing and Certification.
- Addiction, Treatment, Recovery and Prevention Services. The Alcohol and Drug Prevention and Education Program stayed within the Public Health Division, but the work should align under the direction and strategy of this unit.

The Behavioral Health Policy unit moved from HPA to HSD and is under the BH Director unit. Besides Medicaid and Behavioral Health, the other areas in HSD are:

- Quality and Compliance.
- Business Operations.
- Business Information Systems.

100 Percent FMAP Savings and Reinvestment Program

The State Health Official letter SHO#16—002, issued February 26, 2016, reinterpreted Section 1905(b) of the Social Security Act so that health services coordinated by Indian Health Service and Tribal 638 facilities would be considered services "received through" such facilities, and thus eligible for 100 percent federal matching funds (FMAP). Governor Kate Brown followed up on this federal policy change with a letter to the tribes on September 7, 2016, directing the state to develop a method to direct these state savings back to the tribes for reinvestment into tribal health programs and services.

OHA has developed a process to implement this policy and, in doing so, has become the first state in the nation to issue payment of these state savings back into the tribal health system. The savings are available for IHS/tribal facilities that coordinate patient care with external health providers, providing a financial benefit for tribes that improve their care coordination systems and methods, particularly for those with multiple or complex conditions. This opportunity aligns with OHA's triple aim of better health, better care, and lower costs. OHA continues to work with the tribes to process claims submissions and issue payments in alignment with the requirements of SHO#16—002. In 2018 the first payments were issued to the tribes, and four payments have been processed thus far. OHA has concluded contracts with six tribes to participate in this program, and negotiations are ongoing with a seventh.

Next steps include developing a methodology for issuing 100 Percent FMAP savings reinvestment payments for tribal CCO members. Currently payments are only issued for fee-for-service members.

Care Oregon Contract for Fee-For-Service Member Care Coordination

To further expand coordination of care for tribal members, HSD has contracted for the second year with Care Oregon to provide care coordination services for the roughly 17,000 AI/AN people enrolled in OHA as fee-for-service patients. Care Oregon's model of care coordination continues to be supported by the tribal workgroup. The tribes requested establishment of a program that focused on culturally responsive health care and considered the unique nature of the AI/AN health care delivery system. During the first 11 months of the program, from July 2017 to June 2018, 766 members enrolled in the program, and 1,336 calls were received by Care Oregon's call center. Of these tribal members, 140 were enrolled in one of Oregon's nine federally recognized tribes; 346 were enrolled in an out of state tribe. Care Oregon reports high rates of member satisfaction with the program, which has been renewed for a second year.

Indian Managed Care entity

Formal consultation meetings on CCO 2.0 occurred in 2018. At the collective consultation on August 27, OHA received a proposal from the Tribal Workgroup announcing their intent to form an Indian Managed Care Entity. This proposal is still in the planning phase. Efforts are expected to continue in 2019 to design and execute a plan to create one or more Indian Managed Care Entities.

Tribal Pharmacy All-Inclusive Rate Settlement Payments

Per State Plan Amendment #17-0007, OHA began issuing tribal pharmacy all-inclusive rate settlement payments to participating tribes in the fourth quarter of 2017. HSD plans to automate the process of issuing payments to tribes for pharmacy claims at the all-inclusive rate in 2019. Although there were some learning curves this year with this process, we will continue to work with the tribes until it is working smoothly.

Uncompensated Care Program

OHA-HSD has completed the system changes required to pay claims submitted by IHS and tribal health providers for services that were part of the Medicaid benefit reduction of January 1, 2010. Uncompensated Care Program Services are now a Medicaid-covered benefit for IHS and tribal health providers.

Payor of Last Resort – Tribal Self Insurance

Tribal Affairs has asked the Oregon Department of Justice to issue updated guidance regarding Payor of Last Resort status of tribally funded self-insurance plans, considering a 2017 court case, *Redding Rancheria v. Hargan*. OHA staff continue to work within the agency to clarify the correct designation of tribally self-funded insurance plans within the Medicaid Management Information System (MMIS). This is an area that has needed attention for some time, as it is impacting tribal members health care and needs to be resolved with clear guidance and a policy put in place.

Oregon Health Plan 1115(a) Demonstration - Attachment I

After months of collaboration between OHA staff and tribal workgroup representatives, on April 12 of this year we were notified by the Centers for Medicare & Medicaid Services that the Special Terms and Conditions of our 1115(a) demonstration were updated to incorporate the approved Attachment I-Tribal Engagement and Collaboration Protocol. Since then HSD staff and Tribal Affairs has been working on implementation of the components of Attachment I. Many of the general provisions are being met but we still have work to do. Most of the CCO section is included in the 2019 contracts. We will work to ensure any missed pieces are included in the 2020 contracts. The fee-for-service pieces are there but we need to continue to ensure compliance.

Diabetes Prevention Program

Director Allen received a proposal from the Northwest Portland Area Indian Health Board Chair on September 28, requesting use of the SDPI DPP Toolkit to follow established evidence-based practice to deliver evidence-based best practices to Medicaid-eligible tribal clinic users. The proposal also requested reimbursement for 16-week intensive and after-core sessions at the tribe's current negotiated encounter rate via certified lifestyle coaches and other medical staff members.

Effective January 1, 2019, HERC Guideline Note 179, Diabetes Prevention Program Line 3 - Prediabetes (R73.03) and personal history of gestational diabetes (Z86.32) are included on this

line for the Diabetes Prevention Program (DPP). The programs included are CDC-recognized lifestyle change programs for DPP.

Tribal health programs will be able to receive encounter rate payment for approved diabetes prevention program (DPP) services. To receive payment for these services, the tribal health program will need to:

- Use a CDC-approved curriculum (e.g., Native Lifestyle Balance, IHS Prevent T2 (SDPI).
- Become a CDC-recognized DPP provider. This includes pending or full provider status.

System changes have been put into place to allow billing for these services by tribal health providers as of January 1, 2019. Next steps include choosing a curriculum and becoming a CDC-recognized DPP provider. OHA will support Tribes to become a CDC-recognized provider with resources available through our Public Health Division and continue to address obstacles as they come forward, as well as address any billing process issues.

Behavioral Health Contracts

HSD administers contracts with tribes to develop and administer community-based behavioral health services and supports not covered by Oregon's Medicaid program. The goal of these HSD Behavioral Health Services is to promote resiliency, health and recovery; and protect public safety by serving adults, children and adolescents who have substance use, mental or emotional disorders. HSD recognizes the importance of culturally specific statewide and regional programs that provide services for Native American populations. These programs are designed to deliver culturally validated and evidence-based services that restore individuals and their families to the highest level of functioning possible.

OHA has continued to provide funding to Oregon's tribes to address behavioral health needs. This year two new tribal set-asides were made available, one to address the opioid epidemic and the other to expand the tribal mental health investments.

HSD funding areas to Oregon's tribes

Program Area	Purpose of Funds
MH System Management and Coordination, Non-Residential MH Services, Community Crisis Services	For community mental health providers
MHS Special Projects	Tribal mental health investments - With the goal of increasing the mental health of individuals and families, tribes can use the following strategies based on community need: • Mental health promotion and prevention. • Crisis services. • Jail diversion. • Supportive housing and peer delivered services. • System of care and care coordination. • School access to mental health services.

Community Behavioral and Substance Use Disorder Services	These services are delivered to youth and adults with substance use disorders or with co-occurring disorders. These services should be provided to individuals who are not eligible for OHP or otherwise do not have a benefit that covers these services. The purpose of A&D 66 services is to build upon resilience, assisting individuals to make healthier lifestyle choices, and to promote recovery from substance use disorders. These services consist of outreach, early identification and screening, assessment and diagnosis, initiation and engagement, therapeutic interventions, continuity of care, recovery management, and interim services.
Substance Use Disorders Special Projects	Intoxicated Driver Program Funds - supports the delivery of eligible services to individuals who are found to be indigent and, as the result of being charged with driving under the influence of intoxicants (DUII), require services through a DUII alcohol or other drug information program or a DUII alcohol or other drug rehabilitation program; or Housing Assistance Services - helps individuals who are in recovery from substance use disorders to find and pay for designated alcohol- and drug-free housing. All individuals receiving these services must reside in the service area of the tribe and be in recovery from substance use disorders; they must have been initially homeless or at risk of homelessness and be participating in a verifiable program of recovery.
Opioid State Targeted Response Grant	Prevention - can include media campaigns, training of staff providing services to individuals at risk of opioid use disorder (OUD), community-level individual directed prevention, prevention targeting families and friends of individuals at risk of OUD, education of communities employing evidence-based practices, Naloxone purchase. Tribal best practices are included. Treatment - can include outpatient and inpatient treatment services, peer delivered services, individual and family support, medication-assisted treatment (MAT), peer recovery support services and other recovery support services, purchasing FDA-approved MAT drugs for providers in the community, and provider training.

HSD tribal liaisons and staff support tribal programs by providing technical assistance and information sharing. HSD tribal liaisons and staff participate in OHA tribal monthly meetings and SB 770 meetings to share information and receive input from tribes on a variety of topic areas pertinent to the division's business as needed.

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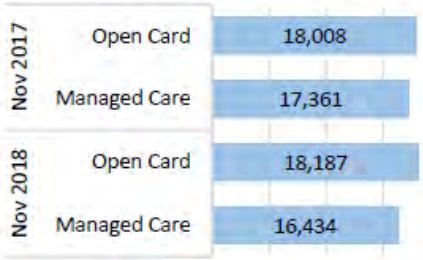
Oregon Health Authority

Office of Health Analytics

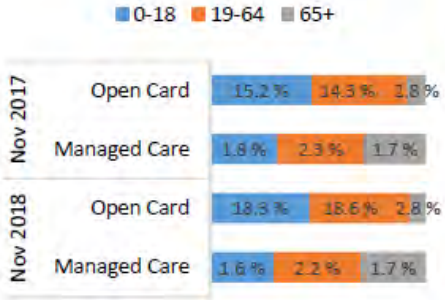
HNA Fast Facts

HNA - Managed Care vs. Open Card Comparison



	Nov 2018 Female	Nov 2018 Male	Nov 2018 Total	Nov 2017 Female	Nov 2017 Male	Nov 2017 Total
Managed Care						
Enrollment	446,830	398,010	**844,840**	448,223	393,700	**841,923**
HNA Enrollment	8,784	7,650	**16,434**	9,382	7,979	**17,361**
Open Card						
Enrollment	64,010	51,870	**115,880**	76,359	62,568	**138,927**
HNA Enrollment	9,767	8,420	**18,187**	9,687	8,321	**18,008**
Total Enrollment	**510,840**	**449,880**	**960,720**	**524,582**	**456,268**	**980,850**
Total HNA Enrollment	**18,551**	**16,070**	**34,621**	**19,069**	**16,300**	**35,369**

Percent of HNA by Age Group Comparison



	Nov 2018 0-18	Nov 2018 19-64	Nov 2018 65+	Nov 2018 Total	Nov 2017 0-18	Nov 2017 19-64	Nov 2017 65+	Nov 2017 Total
Managed Care								
Enrollment	370,686	449,240	24,914	**844,840**	377,167	440,206	24,550	**841,923**
HNA Enrollment	5,991	10,030	413	**16,434**	6,742	10,212	407	**17,361**
Open Card								
Enrollment	38,023	57,288	20,569	**115,880**	45,965	73,496	19,466	**138,927**
HNA Enrollment	6,942	10,673	572	**18,187**	6,977	10,483	548	**18,008**
Total Enrollment	**408,709**	**506,528**	**45,483**	**960,720**	**423,132**	**513,702**	**44,016**	**980,850**
Total HNA Enrollment	**12,933**	**20,703**	**985**	**34,621**	**13,719**	**20,695**	**955**	**35,369**

Data Source: HAL_METRIC (MMIS/DSSURS)

Data Load Date: 06DEC2018

Summary

OHA is committed to maintaining and improving our government-to-government relationships with the nine federally recognized tribes of Oregon. We will continue to devote resources and energies across the agency with the goal of reducing health disparities and increasing health care access and delivery to tribal members. We appreciate the collaborative relationship we have with the nine tribes and look forward to our continued work together.

Respectfully submitted,

Patrick M. Allen, Director
Oregon Health Authority

Apache Crown Dancer-Chemawa Indian School Student
Native American Heritage Month Celebration 2018

You can get this document in other languages, large print, braille or a format you prefer. Contact Tribal Affairs at 503-945-9703. We accept all relay calls or you can dial 711.

WE VALUE YOUR VOICE.

The Northwest Portland Area Indian Health Board (NPAIHB) is asking for feedback on issues that affect your community's health and wellbeing for the upcoming Oregon State Health Improvement Plan (SHIP).

To learn more, go to http://bit.ly/2020ship or scan the barcode below with your phone. Those that complete the survey by the end of January can **enter to win a raffle prize.**

NPAIHB
Indian Leadership for Indian Health

THE DISPARITIES SOLUTIONS CENTER
One Goal - High Quality Care for All

MASSACHUSETTS GENERAL HOSPITAL

DISPARITIES LEADERSHIP PROGRAM

Empowering Leaders. Getting to Solutions.

Developed and led by
The Disparities Solutions Center at Massachusetts General Hospital

Winner of:

The 2014 American Hospital Association Equity of Care Award

EQUITY OF CARE AWARD

The AAMC Learning Health System Award

AAMC Learning Health System Award

Jointly sponsored by
The National Committee for Quality Assurance

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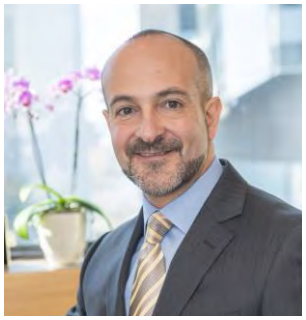
Joint Commission RESOURCES



One of the primary goals of the Disparities Solutions Center is to provide education and leadership training to develop a national network of skilled individuals dedicated to eliminating racial/ethnic disparities in health care. Through the Disparities Leadership Program we hope to move this from a goal to a reality.

----Joseph R. Betancourt, MD, MPH

Pursuing High-Value Health Care: Improving Quality and Achieving Equity

The implementation of health reform and current efforts in payment reform herald a significant transformation of the United States health care system. Across the country, health care organizations are expanding access to health care that aims to be high-quality and cost-effective. Pursuing *high-value* health care is the ultimate goal. At the same time, our nation is becoming increasingly diverse. In fact, estimates indicate that minorities will comprise 48% of the 32 million newly insured individuals as a result of the Patient Protection and Affordable Care Act. Research demonstrates that when compared to the currently insured, the newly insured will have less educational achievement, will be more racially diverse, and will be more than twice as likely to speak a primary language other than English.

Guided by The Institute of Medicine (IOM) Report *Crossing the Quality Chasm*, our nation charts a path towards quality health care that aims to be safe, efficient, effective, timely, patient-centered, and *equitable*. Achieving e*quity* requires that the quality of care we deliver—and that patients receive—does not vary based on patient characteristics such as race/ethnicity, gender, sexual orientation and disability status. However, research demonstrates that our nation falls well short of this goal, as we know significant disparities exist. For example:

- Black patients, Medicaid and under-insured patients make up a disproportionate share of emergency department visits for chronic ambulatory care-sensitive conditions.
- Patients with limited English proficiency (LEP) are more likely to suffer adverse events with more serious consequences than their white, English-speaking counterparts.
- Chinese and Spanish speakers, as well as black and other minority patients, have higher readmission rates for heart attack, heart failure and pneumonia than their English-speaking, white counterparts.
- Minorities are less likely to receive wellness care such as colorectal cancer screening.

As we enter this era of health care transformation, it becomes clear that these disparities are in fact the epitome of *low–value*-care that is of poor quality, and more

costly. In fact, researchers have determined that between 2003 and 2006, the combined direct and indirect cost of health disparities in the US was $1.24 trillion. If we are to be successful in our pursuit of value, we must be prepared to deliver high-quality and high-value health care to an increasingly diverse population. Disparities are a high-value target, and addressing them will allow health care organizations to gain a competitive edge in a changing market.

Preparing for Healthcare Transformation: The Disparities Leadership Program

The **Disparities Solutions Center** (DSC) at Massachusetts General Hospital is dedicated to helping health care leaders address disparities and achieve equity in a time of healthcare transformation. The Disparities Leadership Program will arm you with the knowledge, tools and strategies you will need to take action and be prepared to address disparities and deliver high-value, quality care to all.

Since 2005, the DSC has worked to improve health care quality for every patient, regardless of race, ethnicity, culture, class, or language proficiency. Our work is focused on developing actionable strategies to improve quality and achieve equity that are designed for those on the front lines of health care. We provide tools to identify disparities, develop models to address them, and then work closely with health care leaders to deploy them in their unique care settings. From our home at the **Massachusetts General Hospital** and **Harvard Medical School**, we draw on our rich legacy of conducting cutting-edge research and translating it into practical, actionable strategies that are built to be integrated in real care settings. Our multidisciplinary group – with expertise in health policy, disparities, quality improvement, clinical care and organizational transformation – is committed to working closely with health care stakeholders to help achieve equity in this time of healthcare transformation.

Specifically, we:

- **Create change** by developing new research and translating the findings into policy and practice.
- **Find solutions** that help health care leaders, organizations, and key stakeholders ensure that every patient receives high-value, high-quality health care.
- **Encourage leadership** by expanding the community of health care professionals prepared to improve quality, address disparities and achieve equity.

The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization.

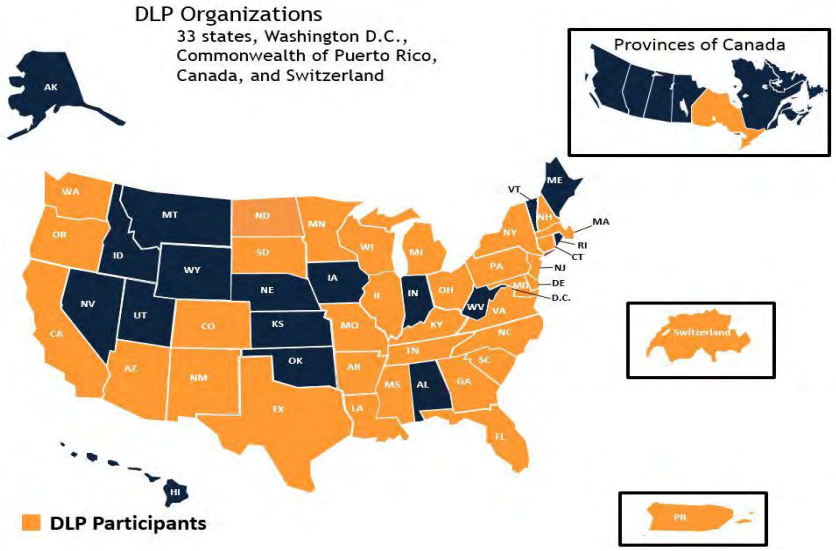
Through the DLP, we aim to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals:

- To arm health care leaders with a **rich understanding of the causes of disparities and the vision to implement solutions and transform their organization to deliver high-value health care**. Solutions are specifically focused on identifying disparities impacting the quality and value of care within high-cost, high-risk areas such as preventing readmissions and avoidable hospitalizations; improving patient safety and experience; and excelling in population health.

- To help leaders **create strategic plans or projects to advance their work in reducing disparities** in a customized way, with practical benefits tailored to every organization.

- To **align the goals of health equity with health care reform and value-based purchasing**. We support the organizational changes necessary to respond to national movements including health care reform, value-based purchasing, as well as exceeding quality standards (such as the CLAS standards) and meeting regulations (such as those from the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum).

The DSC has the unique advantage of eleven years of experience developing, coordinating and operating the DLP, the only program of its kind in the nation.
To date, the DLP has trained eleven cohorts that include a total of 416 participants from 182 organizations (96 hospitals, 44 health plans, 21 community health organizations, 5 professional organizations, 2 hospital trade organizations, 2 schools of medicine, 2 dental benefits administrators, 2 federal government agencies, 2 state government agencies, 1 city government agency, and 5 others) representing 33 states, Washington D.C., the Commonwealth of Puerto Rico, Canada, and Switzerland.



Leaders of health care organizations need to be prepared to improve quality and achieve equity in today's health care environment characterized by a focus on achieving value and addressing disparities in a diverse population. To help address this need, the Disparities Solutions Center at Massachusetts General Hospital launched the Disparities Leadership Program in 2007. Feedback from participating organizations demonstrates that health care leaders seem to possess knowledge about what disparities are and about what should be done to eliminate them. Data collection, performance measurement, and multifaceted interventions remain the tools of the trade. However, the barriers to success are lack of leadership buy-in, organizational prioritization, energy, and execution, which can be addressed through organizational change management strategies. To read recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP click here: https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/

The DLP underwent a robust external evaluation that was extremely positive and is available here: https://mghdisparitiessolutions.org/dlpeval/

"This is a great program for health care professionals to not only understand disparities, it can leverage knowledge and expertise from disparity experts in the field. The program format is an open didactic environment that allows for collaboration and thoughtful partnering that helps guide participants to finding solutions for reducing health disparities in their own organizations."
– DLP Alumni

Who should apply?

The DLP is for leaders who recognize that disparities are variations in quality that impact outcomes and the health care bottom line; it is for pioneers who seek solutions to improve quality, achieve equity and deliver value within the context of health care reform and transformation—focusing on meeting the needs of diverse populations.

Participants in our program come from a variety of disciplines and backgrounds, and a range of organizations, including hospitals, health plans, physician groups, community health centers and other care settings. Their roles include, among others:

- Executive Leadership
- Medical Directors
- Chief Diversity Officers
- Vice Presidents of Quality
- Directors of Patient Care Services
- Directors of Multicultural Affairs or Community Benefits

Teams of at least two participants from a given organization are routine, yet we encourage larger teams if beneficial, and can work with individuals as well. To maximize the benefits of the DLP, your organization should have a strong commitment to solving the problem, as well as resources available to create change. Our team can work with you to find and strengthen those resources within your organization.

For a list of current and past DLP participants, visit https://mghdisparitiessolutions.org/dlpalumni/.

What will I gain from the DLP?

Addressing disparities and improving the value of health care requires leadership, vision, teamwork and an understanding of the problem and potential solutions. The DLP is designed to build your knowledge and skills in these key areas while connecting you with others leaders and organizations working toward the same goal.

As a DLP participant, you'll gain tools you can apply immediately at your organization to improve health equity:

- **A Strong Network of Peer Leaders.** Through the DLP, you'll collaborate with other like-minded individuals dedicated to solving this problem. You'll share strategies and walk away with valuable lessons learned. DLP alumni report that their peer network helps them access resources and reaffirm their path forward – long after they complete our program.

- **Strategies for Organizational Change.** Our program will help you articulate the ways in which equity is linked to the bigger picture of value and health care reform. You'll leave better able to make the case for change and garner the support of key stakeholders within your organization. The majority of our alumni report that the program gave them a new vision of their role as a health care leader able to foster meaningful change.

- **A Clear Path Forward**. Through the DLP, you'll identify techniques and strategies that can be immediately deployed to address disparities within your organization. By tackling real-world situations through DLP projects, you'll leave with concrete steps and a plan of action.

- **Critical Support.** Through your project work and your DLP peer network, you will receive practical support and feedback that will help you to build and refine strategies long after your DLP year is over.

At the conclusion of this program, the DLP participants will be able to:

- Articulate the ways in which equity is linked to healthcare transformation, health care reform, value-based purchasing, accreditation and quality measurement.
- Identify strategies to secure buy-in by having health care leaders better understand these links and become invested in addressing them.
- List techniques and technology for race and ethnicity data collection and disparities/equity performance measurement.
- Identify interventions to reduce disparities in health care with a particular focus on preventing readmissions and avoidable hospitalizations, improving patient safety and experience, and deploying culturally competent population management initiatives.
- Identify ways to message the issue of equity both internally and externally.
- Describe a concrete step that their organization will take towards improving quality, addressing disparities and achieving equity.

Previous participants have gone on to achieve meaningful results, including:

- Developing and executing system-wide strategic plans to address disparities.
- Establishing new leadership positions, increasing staffing, and forming equity councils that oversee disparities efforts.
- Successfully deploying tactics such as improved data collection systems and dashboards that monitor quality stratified by race and ethnicity.
- Developing quality improvement strategies to address disparities, such as in the areas of culturally competent population health focused on diabetes, and preventing congestive heart failure readmissions.
- Improving training programs to educate the C-suite, health care providers and staff on disparities, and culturally and linguistically appropriate care and services.

- Redesigning marketing and communications to more effectively engage patients and community organizations.

> ***"The DLP is a critical capacity-building engagement that will have enduring value through the networking, resource sharing and collective voice to advance health equity."***
> ***–Academic Center and Health System***

How does the DLP work?

The DLP begins with an intensive, two-day training session on the East coast, followed by structured, interactive, distance learning that will allow you to develop a strategic plan or advance an ongoing project focused on quality and equity.

East Coast Training Session

The two-day East coast DLP session provides you with a framework for understanding disparities and the solutions you will develop over the course of the year. National experts at the DSC, MGH and other top health care organizations lead discussions on (1) disparities in the context of quality improvement and health reform; (2) strategies to achieve equity while driving value; and (3) how to foster the leadership skills necessary to implement these strategies. Examples of the topics covered during the session include:

- **Improving Quality and Achieving Equity in a Time of Healthcare Transformation:** Background on the issue of racial and ethnic disparities in health care and on the fundamentals of health care reform and the connection between the two.
- **Leading Change:** Providing a framework for leading change around disparities within health care organizations.
- **Getting Disparities on the Leadership Agenda:** Encouraging leaders in the organization to become invested in identifying and addressing racial/ethnic disparities in health care, including the presentation of the business and quality case from a value perspective.
- **Demystifying the Strategic Planning Process:** How to create a strategic plan that will be actionable, realistic, and have concrete action steps and measures of success.
- **Where to Begin:** Tools and activities to help organizations better collect race and ethnicity data to identify and address disparities, quality and cost.
- **Creating Disparities Measures and Reporting Mechanisms:** Guidance on how to stratify quality measures by race and ethnicity, and report them appropriately via dashboards, scorecards, or other mechanisms.

- **Population Health: Developing Strategies to Address Disparities:** Presenting strategies and assessing the lessons learned in developing and evaluating population health programs.
- **Preventing Readmissions in Diverse Populations:** Innovative strategies focused on the specific needs of diverse populations, including patients with limited health literacy, English proficiency, or resources at home.
- **Patient Experience and Making Systems Responsive to the Needs of Diverse Populations:** Overview of interventions that meet the specific needs of minority patients, including cross-cultural training and interpreter services.
- **Communicating Broadly and Clearly:** Developing an approach to communicating the issue of disparities both internally and externally.

Strategic Planning & Technical Assistance

The goal of the DLP is to provide you with tools that can be immediately deployed to reduce disparities within your organization. That's why we ask every participant to enter the DLP program with the intention to either develop a year-long strategic plan that will be used as a blueprint for improving equity, or to advance a component of a specific project to address disparities. A project can be continuing an initiative already in progress or taking the first step on a new initiative. Examples include:

- Implementing a system to collect patient's race/ethnicity and language data;
- Creating an "equity dashboard" to report quality data stratified by race/ethnicity;
- Developing a culturally competent population management program;
- Evaluating a disparity/equity quality improvement intervention; or
- Expanding disparities interventions across conditions and populations.

Whether tackling a strategic plan or a project, as an applicant you must propose the ways in which you would advance this work over the course of the year through participation in the DLP.

"Whether it was the personal attention given to our program, or the encouragement when we needed to narrow our scope to move forward at the outset...we experienced a broadening of our awareness of the task at hand and how beneficial it is to have a resource group to tap into. It was an outstanding experience personally and professionally."
–Safety Net Hospital

Throughout the year, the DSC will then work with you to achieve your project goals through technical assistance, including:

- Three interactive web-based conference calls that include a cohort within the DLP group.
- Two interactive web seminars on additional topics, tailored to the most pressing needs of participants.
- One-on-one phone calls with our expert faculty who can guide your plan or project forward.
- Additional opportunities to tap the DLP network through teleconferences, web seminars and one-on-one interaction.

West Coast Session, Group Learning and Dissemination

The DLP concludes with a two-day West coast meeting, where you will present your work and lessons learned. Results will be shared with your peers, offering another opportunity to fine-tune your project and identify concrete steps forward.

When the course is over, you will receive continuing education credits and a certificate of completion. All DLP projects will be highlighted on the DSC website, mghdisparitiessolutions.org, and some may be featured in our web seminars, case studies and press releases. Several projects will be chosen to receive an award for innovation – further elevating the visibility of this work within their organization. Some participants may have the opportunity to include their work in the national dialogue on disparities by presenting at meetings on quality, including the Institute for Healthcare Improvement's National Forum on Quality Improvement in Health Care (www.IHI.org).

Can my organization afford the DLP?

Health care organizations that adapt to meet the needs of an increasingly diverse patient population – and ensure that they receive high-quality, value-based care – will ultimately lead within tomorrow's health care marketplace.

At **$9,500 per person per organization**, the DLP is a smart investment to ensure your organization is ready for the changes ahead. This fee, due on **May 3, 2019** after your acceptance to the program, covers all program activities including the face-to-face training sessions, webinars, technical assistance calls, program materials, as well as lodging and meals (participants are responsible for ground or air travel to the venues).

***Scholarships*:** Partial scholarships may be available for individuals and teams from public hospitals, Medicaid health plans, and community health centers. Other organizations may be considered, but are given lower priority. If you require tuition assistance, please

include a separate letter of request on your organization's letterhead with your completed application. Please include the specific amount of tuition assistance requested for your organization, and explain your need for financial assistance.

Will I have time for the demands of the course?

We recognize that our participants are juggling many responsibilities, and have therefore designed our program to be flexible and easily fit into your schedule.

The time commitment of the program is tailored to your schedule. The 3 collaborative group calls and three 30-minute TA calls throughout the year are based on your team's availability. The two webinars are recorded and archived and accessible at your convenience. The two in person meetings (kick-off meeting in Boston that takes place on **May 14 and 15**, **2019** and the **2-day February meeting** in California) require some time commitment due to traveling.

We also encourage DLP participants to choose an existing project or something they are currently tasked with so that it integrates well with your current responsibilities (rather than an extra add on). And since you will be working on a live plan or project for your organization, you'll be learning even as you accomplish goals you're tasked with meeting. Lastly, we recommend a team of 2 so that this distributes the time commitment by sharing it with another team member.

Many folks have initial reservations about the time commitment, but our team works really hard to tailor it to your needs, build flexibility into the program, and also make it realistic for you given how busy everyone is.

With health care reform creating a strategic imperative for organizations to reduce disparities and pave the way for quality care for every patient, your investment of time and money into the DLP will create immediate return.

"In health care reform, the 'meaningful use requirement' includes collecting patient demographic data, for example on language and race. We met the requirement this summer because of the project I started at DLP. If we didn't meet it, we would have lost millions of 'meaningful use' dollars."
–Public and Private Hospital Executive

How Do I Apply?

Application Requirements

To maintain an effective learner-to-faculty ratio, and so that every participant can benefit fully, we limit the number of participants who participate in the DLP each year. We will review your application based on the following criteria:

- Level of organizational commitment to the applicant's efforts as measured by:
  - Letter of support signed by a member of your senior leadership or board, authorizing the time you will commit to the DLP and support for your tuition and travel expenses (templates will be provided); and
  - Resources available (time and financial) within your organization to start or advance the project you take on through the DLP.
- Your commitment and ability to improve quality, achieve equity, and address racial and ethnic disparities at your organization, as described in your short essay.
- Your role and capacity to lead your organization toward change.

Application Timeline

We encourage you to submit an ***Intent to Apply*** form prior to submitting a complete application. Both are available here and on our website www.mghdisparitiessolutions.org.

November 9th, 2018	Intent to Apply Due (recommended but not required)
February 8th, 2019	DLP Full Application due
March 15th, 2019	DLP Applicants are notified
March 22nd, 2019	Acceptance deadline
May 3rd, 2019	Tuition payment due
May 14-15th, 2019	East coast meeting, Seaport Hotel, Boston, Massachusetts
February 2020 (Dates TBD)	West coast two-day meeting, Loews Hotel, Santa Monica, California

Policies

- *Cancellations/Withdrawals*: Please submit any withdrawal in writing. Cancellation notices received after March 22nd, 2019 but before May 3rd, 2019, will be charged a 25% processing fee. Cancellations made after May 3rd, 2019 will not receive a tuition refund.

- *Continuing Education Credit*: This program has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education, through the joint sponsorship of the National

Committee for Quality Assurance (NCQA) and Massachusetts General Hospital. This activity has been approved for *AMA PRA Category 1 Credit™.* NCQA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation; continuing nursing education contact hours will be provided to participants.

To successfully complete this activity and receive CME or CNE credit, you must: sign the participant roster, remain for the entire program, and complete and submit a program evaluation. A certificate of completion specifying applicable credits will be available for each participant after the program.

Participants with Disabilities:
The Disparities Solutions Center at Massachusetts General Hospital (MGH) considers all applicants and program participants without regard to race, color, national origin, age, religious creed, sex or sexual orientation. MGH is an Equal Opportunity Employer. We encourage participation by all individuals. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please describe your particular needs in writing and include it with this application.

Who leads the DLP?

Joseph R. Betancourt, MD, MPH, is the founder and director of the Disparities Solutions Center (DSC), Senior Scientist at the Mongan Institute for Health Policy Center at Massachusetts General Hospital, an Associate Professor of Medicine at Harvard Medical School and a practicing Internal Medicine physician. He is also the founder and leader of Quality Interactions, an industry-leading company that focuses on training in cross-cultural communication for health care professionals. Dr. Betancourt is a nationally and internationally recognized expert in health care disparities, cross-cultural medicine, and has served on several Institute of Medicine Committees on this topic, including the one that produced the landmark report, *Unequal Treatment*. Dr. Betancourt has secured grants and contracts that have led to over 50 peer-reviewed publications, and advises private industry, government, and not-for-profit health systems on approaches to eliminating racial and ethnic disparities in health care. He sits on the Board of Trinity Health, a large national health system; and sat on the Boston Board of Health and Board of Neighborhood Health Plan in Boston. He is a 2015 Aspen Institute Health Innovator Fellow.

Dr. Betancourt received his Bachelor of Science from the University of Maryland, his medical degree from Rutgers-New Jersey Medical School, and completed his residency in Internal Medicine at the New York Hospital-Cornell Medical Center. Following residency, he completed The Commonwealth Fund-Harvard University Fellowship in Minority Health Policy and received his Master's in Public Health from the Harvard School of Public Health.

Aswita Tan-McGrory, MBA, MSPH, is the Deputy Director at the Disparities Solutions Center. In this role, Ms. Tan-McGrory works with internal and external partners on guidance on collecting race, ethnicity, language and other social determinants of health data; developing disparities dashboards that stratify quality measures by race, ethnicity, and language; and developing recommendations for data collection in pediatric patients. In addition, Ms. Tan-McGrory currently serves on the MA Executive Office of Health and Human Services' Quality Measurement Alignment Taskforce.

Ms. Tan-McGrory also oversees the Disparities Leadership Program, an executive-level leadership program on how organizations can address racial and ethnic disparities and she has worked more than 170 organizations on strategies for getting leadership buy-in, data collection, developing dashboards and developing diversity initiatives. Ms. Tan-McGrory also travels across the country to speak to organizations about how race, ethnicity, and language impact the quality of care. Ms. Tan-McGrory serves on several executive committees, including the MGH Diversity Committee, the MGH Executive Committee on Community Health and the Partners Health Equity and Quality Committee. In addition, Ms. Tan-McGrory sits on the board of the Massachusetts Public Health Association.

Her interests are in providing equitable care to underserved populations and she has over 20 years of professional experience in the areas of disparities, maternal/child health, elder homelessness, and HIV testing and counseling. She received her Master of Business Administration from Babson College and her Master of Science in Public Health, with a concentration in tropical medicine and parasitology, from Tulane University School of Public Health and Tropical Medicine. Ms. Tan-McGrory is a Returned Peace Corps Volunteer where she spent 2 years in rural Nigeria, West Africa, on water sanitation and Guinea Worm Eradication projects.

She received a YMCA Achievers award in 2017 for community service and professional achievement, and in 2016 was selected as a Pioneer as part of a groundbreaking initiative Children's Wellbeing initiative by Ashoka Changemakers and the Robert Wood Johnson Foundation.

Lenny López, MD, MDiv, MPH, is Senior Faculty at the Disparities Solutions Center, Chief of Hospital Medicine and Associate Professor of Medicine at the University of California San Francisco. Dr. López is an internist trained at the Brigham and Women's Hospital (BWH), who completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard School of Public Health and a Hospital Medicine fellowship at BWH. Dr. López joined the Mongan Institute for Health Policy (MIHP) in 2008 after his research fellowship in General Internal Medicine at Massachusetts General Hospital (MGH) and was an Assistant Professor of Medicine at Harvard Medical School until 2015. With an ultimate goal of reducing healthcare disparities in cardiovascular disease and diabetes, his current research addresses issues relating to patient safety and language barriers,

optimizing primary care clinical services for Latinos with cultural and linguistic barriers, and using health information technology to decrease disparities. A second line of research is investigating the epidemiology of acculturation among Latinos in the US and its impact on the prevalence and development of cardiovascular disease and Type II diabetes. This research will help inform how to better design clinical interventions for improving chronic disease management among Latinos. Finally, Dr. López also teaches medical students and residents, with lectures and preceptorships. Dr. López received his medical degree from University of Pennsylvania in 2001, and completed his residency at Harvard Medical School, Brigham and Women's Hospital, Boston, in 2004. At Harvard University, he received a Master of Divinity in 1999 and a Master of Public Health in 2005.

Alden M. Landry, MD, MPH is an assistant professor in Emergency Medicine physician at Beth Israel Deaconess Medical Center and is the founder of Motivating Pathways Inc. He also serves as Faculty Assistant Director of the Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor for the Castle Society at Harvard Medical School, Director of Health Equity Education at Harvard Medical School, and Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital. He received his BS from Prairie View A&M University in 2002, MD from the University of Alabama in 2006 and completed his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009. In 2010, he earned an MPH from the Harvard School of Public Health. He completed the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2010 as well. He was also awarded the Disparities Solutions Center/Aetna Fellow in Health Disparities award in 2010-2011. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends, disparities in care and quality of care. He co-instructs a course at Harvard TH Chan School of Public Health and teaches cultural competency to medical students and residents. He works with numerous organizations to eliminate health disparities and increase diversity in the health care workforce. Dr. Landry mentors' students, from high school to medical school, encouraging careers in the health professions.

J. Emilio Carrillo, MD, MPH is Senior Faculty at the DSC, Clinical Associate Professor of Medicine at the Weill Cornell Medical College, and Clinical Associate Professor of Epidemiology and Health Services Research at the Weill Cornell Graduate School of Medical Sciences. Dr. Carrillo previously served as Vice President of Community Health at New York-Presbyterian Hospital, where he led the development and implementation of fourteen Patient Centered Medical Homes, the Office of Care Management, and the clinical operations of NYP's DSRIP Performing Provider System – New York State's groundbreaking Medicaid redesign program.

Dr. Carrillo is a Board member of the United Way of New York City and has served in many State and Federal advisory councils, including the National Cancer Institute, National Heart Lung and Blood Institute, National Center for Health Statistics, Agency for Health Research and Quality, CMS, and advisory groups to the Governors of

Massachusetts and New York State. Also, he is currently a member of the NQF Standing Committee on Disparities and Health and Wellbeing Expert Panel.

Dr. Carrillo graduated from Columbia College and received his MD and MPH degrees from Harvard University, and subsequently trained in Internal Medicine at the Cambridge and Massachusetts General Hospitals. For ten years he served in the faculties of Harvard Medical School and Harvard School of Public Health, where he practiced, taught medicine, and administered primary care programs.

Dr. Carrillo's research and collaborations during his years at Harvard laid the foundation for Patient Based Cross-Cultural Healthcare. He designed and collaborated in the implementation and application of a cross-cultural medicine curriculum that has been adopted by many Medical Centers around the nation and has helped to define the fields of Cultural Competency and Cross-Cultural Communication. Dr. Carrillo recently received the AMA's 2015 Excellence in Medicine Award – Pride in the Profession for his work in population health and dedication to improving cross-cultural health care. He has published widely, received numerous awards and has been appointed as a Fellow of the New York Academy of Medicine.

Zoila Torres Feldman, MSc, RN, Zoila Torres Feldman, MSc, RN, is Adjunct Faculty at the Massachusetts General Hospital Disparities Solutions Center and the Chief Expansion Officer at North End Waterfront Health (NEWH), a federally qualified health center, a certified PCMH, recognized nationally for its work on health care policy and as an early implementer organization. In her role, she is expanding the center's reach to the underserved. Presently, Zoila is also an independent health care management consultant with MSGC Inc. with a focus on compliance with administrative and governance federal requirements and Federal Torts Claims Act. Most recently she was the Executive Director of Commonwealth Care Alliance Clinical Group and their Vice President for Health Care Delivery Systems, where her first responsibility was the implementation of a state-wide interdisciplinary complex care management initiative for a managed care population.

Prior to this position, Zoila was the Executive Director of Kit Clark Senior Services, a comprehensive service organization for elders in Dorchester, Massachusetts where she focused her efforts on improving systems of care, quality and sustainability. She is best known for her many years of work at Great Brook Valley Health Center, and her accomplishments related to creating an integrated primary care and public health model of care. Under her leadership GBVHC, now the Edward M. Kennedy health center was recognized for its work related to identifying and implementing systems to eliminate racial and ethnic disparities through the use of data and attention to public health imperatives. She has been an advocate for universal access to care and has participated and offered testimony in forums related to universal access, disparities, cultural competency, population-based medicine, mental and oral health, and refugee and immigrant health. Zoila is a Registered Nurse with a Bachelor's in Psychology and a

Master of Science in Health Policy and Management. She is fluent in English and Spanish.

Michele Garand, MS, is Adjunct Faculty at the Disparities Solutions Center and the head of Business Operations for Healthcare Management reporting to the Senior Vice President of Healthcare Management at ConnectiCare Inc. She is the business lead responsible for managing business results, strategic and operational planning, financial and budgetary management and management of other complex projects in support of the SVP of HCM.

Prior to joining ConnectiCare Inc., Michele Garand was the Business Senior Director for Aetna's Office of the Chief Medical Officer. In this role, Ms. Garand managed operations and health policy research for the Office of the CMO. Ms. Garand was also responsible for the program management and operational execution of initiatives focused on health policy issues. In this role, she facilitated applied research and execution of initiatives to improve health care quality and outcomes for Aetna's membership. Examples include: Racial and Ethnic Equality, Childhood Obesity (GetNHealthy with Aetna), Value Based Insurance Design, and Genomics Initiatives.

Ms. Garand received her B.S. in Business Management from Boston University, and an M.S. in Business Management at Rensselaer Polytechnic Institute.

"Through the program, it became clear that disparities work must be done at all levels within the healthcare industry and cannot be solely the responsibility of the end provider; collaboration is a requirement to successfully impact an identified disparity."
– DLP Alumni

Additional Program Staff
For full bios and a list of additional program staff, please visit our website:
https://mghdisparitiessolutions.org/dscteam/

Where can I find more information?

For more information on the DLP and the Disparities Solutions Center at MGH, please visit:
https://mghdisparitiessolutions.org/the-dlp/

To see a full list of past alumni, please visit:
https://mghdisparitiessolutions.org/dlpalumni/

To read the full external assessment of the DLP and its impact, as well as in-depth case studies, please visit:
https://mghdisparitiessolutions.org/dlpeval/

To read the recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP, please visit:
https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/

Or contact:
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The Disparities Leadership Program

Request for Applications

The Disparities Solutions Center is now accepting applications for the 2019-2020 Disparities Leadership Program (DLP).

The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization.

Through the DLP, we aim to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals:

- To arm health care leaders with a **rich understanding of the causes of disparities and the vision to implement solutions and transform their organization to deliver high-value health care**. Solutions are specifically focused on identifying disparities impacting the quality and value of care within high-cost, high-risk areas such as preventing readmissions and avoidable hospitalizations; improving patient safety and experience; and excelling in population health.

- To help leaders **create strategic plans or projects to advance their work in reducing disparities** in a customized way, with practical benefits tailored to every organization.

- To **align the goals of health equity with health care reform and value-based purchasing**. We support the organizational changes necessary to respond to national movements including health care reform, value-based purchasing, as well as exceeding quality standards (such as the CLAS standards) and meeting regulations (such as those from the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum).

To download a Letter of Intent form and application, please click the link below:
https://mghdisparitiessolutions.org/wp-content/uploads/2018/09/2019-2020-dlp-loi-and-application1.pdf

To read more about the Disparities Leadership Program (DLP), please click the link below:
https://mghdisparitiessolutions.org/the-dlp/

To download a PDF of our program description, click on the link below:
https://mghdisparitiessolutions.org/wp-content/uploads/2018/12/2019-2020-DLP-RFA_-1.pdf

To read more about the evaluation we conducted of the DLP, including four case studies, click on the link below:
https://mghdisparitiessolutions.org/dlpeval/

For a list of previous DLP participating organizations, click on the link below:
https://mghdisparitiessolutions.org/dlpalumni/

For a timeline of the application process and DLP year, click on the link below:
https://mghdisparitiessolutions.org/the-dlp/#application

November 9, 2018	Intent to Apply Due (recommended but not required)
February 8, 2019	DLP Full Application Due
March 15, 2019	DLP Applicants are notified
March 22, 2019	Acceptance deadline
May 3, 2019	Tuition payment due
May 14-15, 2019	East Coast Meeting, Seaport Hotel, Boston, MA
February 2020 (Dates TBD)	Two-day West Coast Meeting, Loews Hotel, Santa Monica, CA

COWLITZ INDIAN TRIBE
DEPARTMENT OF HUMAN RESOURCES
JOB ANNOUNCEMENT

COMMUNITY GARDEN COORDINATOR

POSITION DESCRIPTION

Title: Community Garden Coordinator
Schedule: M-F 8-5 typically, but may include some occasional evening and weekends
Location: Toledo, WA
Classification: Full-time
Opening Date: December 12, 2018
Salary Range: $15.00 per hour plus benefits
Closing Date: Open until filled

Position Summary: This is a full-time position within the Cowlitz Indian Tribe's Health and Human Services Department located in Toledo, WA. This position performs the daily functions necessary for coordination, management and oversight of the Cowlitz Tribe Community Garden. This position is responsible for coordinating all vegetable, fruit and herb production at the garden and provides leadership and instruction to garden apprentices and volunteers by training, coordinating and monitoring work performance.

Essential Duties and Responsibilities include the following, but are not limited to:

- Plan, coordinate and manage all day-to-day garden operations including the planting plan, crop survey, irrigation, pest and disease management, soil health, field cultivation, harvest and post-harvest handling for row crops, herbs, berries and orchards.
- Maintain records of all garden production activities including planting logs, harvest logs, food distribution, soil amendments
- Oversee the use and maintenance of garden tools, equipment, and machinery.
- Work with other tribal staff to coordinate effective distribution of garden yields
- Coordinate with the cooks at the Elders Nutrition Program and other special events to grow, harvest, and deliver produce that meets their needs.
- Plan garden events and activities in coordination with Wellness & Diabetes Program, Elders Nutrition Program and Natural Resources Department staff
- Assist with project planning and ongoing capacity building activities.
- Assist in supervising garden apprentices and volunteers.
- Assist with and evaluate the attainment of program objectives.
- Develop and utilize effective outreach strategies and activities.
- Develop collaborative working relationships with the Cowlitz Tribal community, Cowlitz Tribe staff, and other key stakeholders.

- Schedule, coordinate, and lead visits to the garden, including group visits and youth field trips.
- Organize and maintain document resource database, including project paperwork, histories, data, reports, and photos.
- Perform other duties as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES:

- 2 years related agricultural experience OR a comparable amount of education and/or experience.
- Knowledge of organic farming practices, gardening principles, tools and production management techniques.
- Knowledge of garden planning, irrigation and equipment maintenance and operation.
- Knowledge of and sensitivity to Native American customs, traditions, and culture.
- Skill in organization, time management, and documentation of activities.
- Ability to provide effective work related training to adults.
- Ability to problem solve effectively.
- Ability to operate small equipment/machinery.
- Ability to operate a personal computer and standard office programs and equipment.
- Ability to follow and adhere to policies and procedures.
- Ability to adhere to project plans and budgets and manage project resources
- Ability to establish and maintain effective working relationships with the community, co-workers, other employees of the Tribe, community agencies, community businesses, and members of the general public using courtesy, tact, and good judgment.
- Ability to communicate effectively and respectfully orally and in writing.
- Ability to work independently, prioritize tasks, and balance short and long-term project needs
- Ability to work evenings and weekends as needed.
- Ability to work in adverse weather conditions
- Ability to lift a minimum of 40 pounds

The Cowlitz Indian Tribe is an Equal Opportunity Employer, and a Drug & Alcohol-Free workplace.

Except as provided by Title 25 CFR, Section 472 which allows for Indian preference in hiring, the Cowlitz Indian Tribe does not discriminate on the basis of race, color, creed, age, sex, national origin, physical handicap, marital status, politics, or membership or non-membership in an employee organization.

Please mail or fax resume and cover letter to:
Human Resources Department
Cowlitz Indian Tribe
P.O. Box 2547
Longview, WA 98632
Fax: (360) 578-1641

2019 Summercise Internship

Norton Sound Health Corporation: Nome, Alaska

*The 2019 Summercise Internship is contingent on reauthorization of the SDPI diabetes grant.

Who we are:

The Chronic Care Active Management and Prevention (CAMP) program is a disease prevention health promotion department at Norton Sound Health Corporation (NSHC). The department is funded by Special Diabetes Program for Indians (SDPI) through IHS. The team consists of Registered Dietitians, Tobacco Quit Coaches, Lactation Counselors and other health educators who may provide mentorship throughout the internship. We are a team that values excellent communication, positive teamwork, and high-quality customer service.

What we are looking for:

We are looking for energetic and creative individuals looking for an experience teaching youth about healthy living. Norton Sound Health Corporation located in Nome, Alaska is recruiting 6-8 college interns for the summer of 2019 to coordinate the award-winning program, *Summercise*. Recognized by the American Diabetes Association for the John Pipe Voices of Change Award for Innovation, Summercise is a nutrition education and physical fitness program for the youth of the Norton Sound region. Over the past 18 years, approximately 117 students from around the United States have come to Nome to work with local youth in efforts to prevent diabetes and learn about the Alaska Native culture, including outdoor activities and traditional foods.

Summercise is held at the Nome Recreation Center and is an inspiring program to provide nutrition education and get youth active throughout the summer. Summercise interns lead all aspects of Summercise. Interns will also be a mentor to high school assistants who will assist with the classes you are leading and teaching. Summercise is broken up into two groups; 5- & 6-year old's and 7 and up.

What do we consider a good candidate?

- Working with Children: Students should enjoy and have a strong background and experience working with large groups of children ages 5-12. This can include summer camps, after school programs, coaching, boys and girls club, etc.
- Nutrition & Health Knowledge: Students should be pursuing an undergraduate program in one of the following areas:
    - Nutrition and Dietetics
    - Exercise Physiology
    - Other preventative healthcare fields
- Leadership Qualities: professional behavior, strong value set, good role model, ability to motivate and inspire, teamwork, positive energy, maturity and the ability and willingness to mentor a high school student

- Initiative: self-starter, independent thinker, creative, problem-solver, ability to multi-task, culturally sensitive, open-minded, and motivated to learn
- Working within a Team: Experience working within a team is highly encouraged. This may include sports teams, leadership teams, committees and clubs, etc.
- Physical Fitness: Only students with demonstrated abilities to teach physical fitness in addition to nutrition/health knowledge will be considered. Physical fitness is not limited to specific sports or activities. Be creative!
- High Priorities: Instructors for swimming/lifeguards, experience in the outdoors, dance/gymnastics/cheerleading, ball sports, cooking classes, experience in a specialty sport or activity, and many more. We are always looking for new things to offer the kids.

What we offer:

This is an unpaid internship that lasts between 8-10 weeks. We will provide you with housing, pay your airfare to and from Nome, provide a pass to the recreational center in Nome, and be given a weekly stipend for food. Interns will also be able to eat free at the hospital Monday through Friday for breakfast and lunch. You will likely be sharing housing and/or a room with another Summercise intern or NSHC staff. Your housing will be fully furnished with kitchen supplies, furniture, beds, bed linens, washer and dryer, and internet. A two-week training session will be provided.

This internship may offer many exciting community nutrition experiences through the Summercise program. These opportunities may include: diabetes management and prevention, nutrition education, WIC, outpatient counseling, long-term care, health fairs and community screenings, maternal and child health, foodservice, community nutrition displays, and public service announcements.

Summercise Intern Expectations and Priorities:

1. Summercise coordination
2. CAMP events and projects for health promotion and disease prevention
3. Unscheduled tasks assigned by CAMP staff
4. Weekly rotations and assignments
5. Community collaboration/partnership/volunteerism

Important Dates:

****Note all dates tentative and subject to change***

- **Applications Submission Start Date: December 3rd, 2018**
- **Due Date for Summercise Application: February 11th, 2019**
- Phone interviews: March 18th – 22nd, 2019
- Arrive in Nome: May 26th or 27th (Memorial Weekend)
- Orientation & Training: May 28th – June 7th
- Summercise Dates: June 10th – July 25th
- Leave Nome: August 2nd, 2019
- **Total Summercise Commitment: May 26th – August 2nd**

How do you apply?

Please send the listed application packet via email to **Summercise@nshcorp.org** addressed to Stephanie Stang, MS, RD, LD by February 8th, 2019. All application materials must be sent as either a Microsoft Word Document or PDF attachment. We will not accept written, JPEG or picture applications.

Application Packet Includes:

- Application Information Sheet
- Completed Summercise Questionnaire
- Cover Letter: 1 page only indicating your career goals, experience working with or coaching children, comfort level leading a group of children, and why you would be a valuable addition to our summer team
- 1 Page Resume
- 2 Letters of Recommendation - Can be sent with your application or directly from the person submitting the recommendation. Ensure that the person submitting the recommendation puts your name in the letter. Recommendation letters are to be sent to summercise@nshcorp.org addressed to Stephanie Stang, MS, RD, LD.

Do you have questions about Summercise?

Stephanie Stang, MS, RD, LD: CAMP Manager and Summercise Director - Questions about Summercise program, typical day, nutrition projects, etc. can be emailed to summercise@nshcorp.org or contacted by phone at (907) 443-8903.





Summercise 2019

NORTON SOUND HEALTH CORPORATION

CAMP DEPARTMENT

CHRONIC CARE. ACTIVE. MANAGEMENT. PREVENTION

What is Summercise?

- Summer program for the youth of Nome, Alaska
- Program is designed to prevent diabetes in Nome's youth
- Summercise Interns teach healthy nutrition & exercise classes throughout the summer

- **Summercise**
  - Monday - Thursday from 1 pm to 5pm
  - Two 3-week sessions in June and July
  - Kids grouped by 5-6-year-old & 7 and Up
  - Kids pick between the variety of nutrition & exercise classes offered

Summercise Goals

- Increase Physical Fitness in Youth:
  - Increase number of youth who engage in the recommended amounts of physical activity per week
  - Increase knowledge and skill level of physical activity

- Increase Healthy Eating Behavior in Youth:
  - Increase knowledge and skill level of healthy eating
  - Increase level of healthy eating
  - Increase attitude towards healthy eating



Summercise Intern Responsibilities

- Interns plan, teach, and inspire kids in various nutrition and exercise classes
- Interns will be the leaders for each class and will be responsible for all planning and executing classes. Each class generally have 1-2 high school assistant to assist as needed

- Other duties:
  - Class Preparation such as shopping, prepping equipment or food
  - Completing Lesson Plans
  - Evaluating Classes
  - Mentoring Youth and High School Students
  - …and more

When Summercise is not in Session

Although Summercise is the first priority, Mornings, Fridays and some weekends are reserved for the following:

- Assigned rotations, examples:
  - MNT: Outpatient, Inpatient, Long Term Care
  - Community Nutrition Outreach
  - Community Walks/Runs
  - Summer Lunch Program
  - WIC
  - Maternal and Child Health

- Other Team Assignments or Projects as assigned

Where is Nome, Alaska?

- Nome is a secluded arctic town located in Northwest Alaska on the Seward Peninsula on the Bering Sea
- 539 air miles from Anchorage and ~1,000 dog sled miles (or by land)
- Nome is off the road system so you must fly to get there
- Nome is considered “Bush Alaska” and is surrounded by tundra and contains very little trees
- For more information: ww.nomealaska.org

Nome, Alaska

Mileage from the Lower 48:

- Chicago: 3,308 miles
- New York: 3,763 miles
- Los Angeles: 2,872 miles
- Orlando: 4,276 miles
- Austin, 3,687 miles
- Denver: 2,916
- Seattle: 1,970 miles

Nome has roughly 3500 permanent residents, but in the summer the population increases to 5,000.

CAMP and Summercise Staff

- CAMP Staff
  - We are a group of health educators focusing on Nutrition, Tobacco Cessation, Lactation and Injury Prevention
  - We currently have dietitians, certified lactation counselors and tobacco quit coaches
- Summercise Staff
  - College Interns who specialize in Nutrition/Fitness
  - High School Students
  - Parents & Community Volunteers
  - CAMP Staff

CAMP Staff 2017

Tentative 2019 Timeline

*All dates subject to change

Summercise Applications Due: February 8th, 2019

Phone Interviews: March 18th – 22nd, 2019

Interns Arrive in Nome: May 26th or 27th, 2019

Orientation, Training, and Planning: May 28th – June 7th, 2019

Summercise Dates: June 10th – July 25th, 2019

Session 1: June 10th - June 27th

Session 2: July 8th - July 25th

Interns Leave Nome: August 2nd, 2019

CAMP Contact for Summercise

Summercise Applications, Reference Letters,

Questions or Concerns?

summercise@nshcorp.org

907-443-3365

Other Questions - Contact:

Stephanie Stang, MS, RD

sestang@nshcorp.org

907-443-8903

Chronic Care Active Management & Prevention

SUMMERCISE APPLICATION: INFORMATION SHEET

Application Instructions:

1. Application Due Date: February 8th, 2019

2. Send in the following: Information Sheet, Summercise Questionnaire, cover letter, resume, and 2 letters of recommendation.

3. Please have your name on every sheet.

4. Applications must be sent as an attachment as a PDF or word document. We will not accept written, JPEG or picture applications.

5. Letters of recommendation may be sent with your application or directly from the person submitting the recommendation letter. Please ensure that the persons submitting your recommendation letters put your name in the letter. Recommendation letters are to be sent to summercise@nshcorp.org via email.

6. Please send your complete application to summercise@nshcorp.org addressed to **Stephanie Stang, MS, RD.**

7. If you do not receive a response within 72 hours of submitting your application, please follow-up to confirm that we have received your application.

CURRENT CONTACT INFORMATION:

Name:	**Date:**
College/University:	**Expected Graduation Date:**
Current Mailing Address:	**Major and Concentration:**
Email Address:	**Phone Number:**

REFERENCES (Please no relatives or friends):

Name	Title & Organization	Phone Number/Email

SUMMERCISE QUESTIONAIRE INSTRUCTIONS

Please fill out this questionnaire and submit it with your information sheet (above), cover letter and resume. Please take as much space as needed and be creative.

Summercise Overview: Summercise is broken up into two groups; 5 & 6-year old's and 7 and up. Kids ages 5 and 6 do not switch classes for Summercise. They complete all activities as a group. Typically, we have around 60 kids enrolled in this age group. Kids ages 7 and up switch classes during Summercise and complete a new activity every hour as part of their individual choice. We usually have around 120 kids enrolled in this age group; however, class sizes are usually capped at 30 kids.

Please use the below boxes to:

1. **Rate each activity.** Please indicate on a scale of 1 – 3: (1) not at all comfortable, (2) willing to assist teaching this class, (3) can lead this class.

2. Describe your experience **participating, coaching, teaching or leading** any activity or class you rated 2 or 3. Take as much space as needed or attach an additional page.

3. If you were to come to Nome, Alaska to teach a nutrition class and physical fitness class what would you name them? **Provide a name and class description for at least 2 classes, preferably classes rated 3.** Be creative with the class name and briefly explain each class. Please note that the class ideas listed here may be used for actual Summercise classes. Make sure you are comfortable leading or instructing your class suggestions. Take as much space as needed or attach an additional page.

EXAMPLE			
1 – 3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
3	Basketball	Played in grades 9 – 12 Assisted at summer camp for 2 summers	**Shooting Stars** Practice and develop your individual basketball skills with drills that exercise dribbling, passing, and shooting. Use your talents and teamwork during mini games to bring your team to victory!
2	Gymnastics	Participated in gymnastics for 2 years	
3	Other: Dance / Jump Rope	I lead jump roping classes after school for the elementary grades. I taught dance classes for 3 years to 5-year-olds. I taught dance for 1 year at college to other students. At a summer camp for 3 summers, I assisted with activities such as jump roping, corn hole, arts and crafts and other games.	**Pop-Rope** A combination of music jump rope and recess! We will learn the ins and outs of jump-roping, including fun tricks all while dancing and moving to popular tunes.

SUMMERCISE QUESTIONAIRE

5- & 6-Year Old's			
1 – 3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
	Beginning cooking and kitchen skills		
	Beginning dance and tumbling		
	Beginning ball sports		
	Coordinated gym games		
	Gardening		
	Healthy snacks		
	Scavenger hunts		
	Swimming lessons		
	Other:		
Other – please list and explain any other creative and unique classes or hobbies you would like to teach:			

7 and Up			
1 – 3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
	Swimming Lessons		
	Dance		
	Ballet		
	Hip Hop		
	Cheerleading		
	Gymnastics		
	Basketball		
	Jump Roping		
	Football		
	Floor Hockey		
	Frisbee		
	Biking		
	Kickball		
	Self Defense		
	Soccer		
	Softball/Baseball		
	Track and Field		
	Volleyball		
	Wrestling		
	Nutrition Education		
	Gardening		
	Scavenger Hunts		
	Outdoor Survival		
	Cooking		
	Cultural Cooking		
	Food Science Lab		
	Other:		
Other – please list and explain any other creative and unique classes or hobbies you would like to teach:			

Use this space below to share anything else about yourself. (Example: further experience you have, why you want to come to Nome, Alaska and join the Summercise Team, special training or certifications you have).

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Which age group are you more comfortable teaching?

5-6 years old 7 years & up No preference

You will receive a meal card and may frequent the hospital cafeteria for breakfast and lunch during the weekday. In the evenings and on weekends you will have a food stipend to buy some of your own food. Are you comfortable with this meal plan?

YES NO

Do you realize this is an unpaid internship? Transportation to and from Alaska, housing, Rec Center Pass, a weekly stipend, and internet are provided:

YES NO

You will most likely share your apartment/house with other interns as well share a bedroom with another intern. Are you comfortable with this living situation?

YES NO

QUARTERLY BOARD MEETING

Suquamish Clearwater Casino Resort
15347 NE Suquamish Way
Suquamish, WA 98392

January 22-24, 2019

AGENDA

MONDAY JANUARY 21, 2019 (DEER ROOM B)

9 am – 5 pm - Youth Delegates Meeting

TUESDAY JANUARY 22, 2019 (SALMON HALL)

9 am – 12 pm - Youth Delegates Meeting (DEER ROOM B)
12 pm – 5pm - Joining the Quarterly Board Meeting

7:30 AM	**Executive Committee Meeting**	
9:00 AM	Call to Order Invocation Welcome Posting of Flags Roll Call	Andy Joseph, Chairman Suquamish Tribal Council Suquamish Veterans Color Guard Shawna Gavin, Treasurer
9:15 AM	Executive Director Report **(1)**	Joe Finkbonner, NPAIHB Executive Director
9:30 AM	NPAIHB Committee Updates (National, IHS, State)	Committee Members
10:15 AM	Policy and Legislative Update **(2)** & Review of 2018 Policy and Legislative Priorities **(3)**	Laura Platero, Government Affairs/Policy Director and Sarah Sullivan, Health Policy Analyst
11:15 AM	NW Native American Research Center for Health (NW NARCH) & Prevention Research Center Update **(4)**	Dr. Tom Becker, NW NARCH Project Director
11:45 AM	Election of Officers • Vice-Chairman • Treasure • Sergeant-At-Arms	
	LUNCH	
12:00 PM	Committee Meetings *(working lunch)* 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health	 Staff: Clarice Charging Staff: Don Head Staff: Victoria Warren-Mears Staff: Stephanie Craig

QUARTERLY BOARD MEETING

Suquamish Clearwater Casino Resort
15347 NE Suquamish Way
Suquamish, WA 98392

January 22-24, 2019

AGENDA

	5. Personnel 6. Legislative/Resolution 7. Youth	Staff: Andra Wagner Staff: Laura Platero Staff: Tana Atchley
1:30 PM	Area Director Report **(5)**	Dean Seyler, Portland Area IHS Director
2:00 PM	Opioid Update **(6)**	Colbie M. Caughlan, MPH Project Director – THRIVE & Response Circles & Jessica Leston, MPH HIV/STI/HCV Clinical Programs Director
2:45 PM	Behavioral Health Aide Program **(7)**	Sue Steward, CHAP Project Director
3:30 PM	**BREAK**	
3:45 PM	Human Trafficking **(8)**	Jeri Moomaw, Executive Director Innovations HTC
4:30 PM	Executive Session	

WEDNESDAY JANUARY 23, 2018 (SALMON HALL)

9:00 AM	Call to Order Invocation	Vice-Chairman
9:15 AM	I-Lead - Youth Ambassador Update **(9)**	Tana Atchley, Youth Engagement Coordinator & Tommy Ghost Dog, We R Native Project Coordinator & Youth Delegates
9:45 AM	HRSA Shortage Designation Modernization Project – ***via teleconference*** **(10)**	Dr. Janelle McCutchen, Chief of BHW's Shortage Designation Branch- Health Resources and Services Administration (HRSA)
10:30 AM	Clinicians Update **(11)**	Eric Vinson, ECHO Project Manager
11:15 AM	Community Health Aide Program **(12)**	Sue Steward, CHAP Project Director &

QUARTERLY BOARD MEETING

Suquamish Clearwater Casino Resort
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January 22-24, 2019

AGENDA

		Andrew Shogren, Health Clinic Director Suquamish Tribe – CHAP Board Chair
12:00 PM	**LUNCH MEETINGS –** ***Cultural Presentation & Lunch <u>for ALL</u> (tentative)*** ***LOCATION TBD*** *and* *By invitation Oregon Tribes Pilot Project Luncheon - Location TBD*	
1:30 PM	2019 Policy and Legislative Priorities **(13)**	Laura Platero, Director of Government Affairs, and Sarah Sullivan Health Policy Analyst
2:30 PM	Public Health Emergency Preparedness Work **(14)**	Lou Schmitz, American Indian Health Commission (AIHC) Consultant
3:15 PM	Public Health Improvement and Program Planning **(15)**	Bridget Canniff, Public Health Improvement & Training Project Director
3:45 PM	Crosswalk Comparison of Community & Behavioral Health Aides and Existing Providers in Washington State **(16)**	Tess Abrahamson-Richards, MPH Research Associate. James Bell Associates, Inc.
4:30 PM	**Tribal Updates** 1. Squaxin Island 2. Suquamish 3. Upper Skagit	
4:45 PM	NW Juvenile Justice Alliance **(17)**	Danica Brown, Behavioral Health Manager

QUARTERLY BOARD MEETING

Suquamish Clearwater Casino Resort
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Suquamish, WA 98392

January 22-24, 2019

AGENDA

THURSDAY JANUARY 24, 2018 (SALMON HALL)

8:30 AM	Call to Order Invocation	Andy Joseph, Chairman
8:45 AM	Chair's Report	Andy Joseph, Chairman
9:00 AM	Committee Reports: 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Legislative/Resolution 7. Youth	
9:30 AM	Unfinished/New Business 1. Finance Report 2. Approval of Minutes • October 2018 3. Resolutions 4. Future Board Meeting Sites: • *April 16-18, 2019 ~ La Conner, WA (Swinomish)* • *July 15-19, 2019 ~ Joint Meeting with CRIHB, (tentative dates, location TBD)* • *October 15-17, 2019 ~ Pendleton, OR (Umatilla Tribe)* • *January 21-23, 2019 ~ (TBD)*	Eugene Mostofi
12:00 PM	Adjourn	

THURSDAY JANUARY 24, 2018

CHAP Board Advisory Meeting, *after* the conclusion of the Board meeting

OHSU

MOORE INSTITUTE

SAVE THE DATE!

Oregon Nutrition Update 2019

Hosted by

THE OSU MOORE FAMILY CENTER FOR WHOLE GRAIN FOODS, NUTRITION & PREVENTIVE HEALTH

and

THE OHSU MOORE INSTITUTE FOR NUTRITION & WELLNESS

Get the latest information, from science to application, on issues in nutrition and health. Learn about the latest research and engage in panel sessions and hands-on workshops that address critical issues in nutrition and healthy eating.

Working together, we will amplify our common message about the important role nutrition plays in the health of Oregon communities.

THURSDAY, APRIL 18, 2019

CH2M HILL ALUMNI CENTER
Oregon State University
Corvallis, Oregon

For more info: health.oregonstate.edu/moore-center/nutrition-update

Oregon State University Moore Family Center | MOORE Institute OHSU

For More Information

This email was sent by: **OHSU**

3181 S.W. Sam Jackson Park Rd. Portland, OR, 97239, US

Save the dates:
June 16-28th 2019

TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

Location:
Northwest Portland Area Indian Health Board
Portland, Oregon

Sponsored by:
National Cancer Institute
Native American Research Centers for Health (NARCH)
OHSU Prevention Research Center
Northwest Portland Area Indian Health Board

For more information and to apply:
Visit http://www.npaihb.org/narch-training/
Email Ashley Thomas at athomas@npaihb.org

Topics will include (not limited to):

- Cancer control study design
- Cancer epidemiology
- Cancer screening
- Cohort studies among American Indians
- Community-based chronic disease programs
- Cultural considerations in cancer epidemiology
- Focus groups
- Grant writing
- Implementing a Native comprehensive cancer prevention and control project

To apply:

Applications are encouraged from American Indians and Alaska Natives with a demonstrated interest in cancer prevention and control. Applications will be available in January and due in March.

Accepted Fellows will:

- Attend a two-week training in June 2019
- Attend a one-week training in Fall 2019
- Receive peer and career mentorship to develop and implement cancer control projects
- Receive financial support to attend trainings and present research findings
- Be connected to a network of experts in cancer control and prevention in Indian Country


Northwest Youth &
Garden Network
5th Annual
WINTER GATHERING
SAVE THE DATE!
Friday, March 1st
10 AM to 5 PM
5th annual regional meeting for food justice and
youth empowerment professionals.
Host: Marion-Polk Food Share Youth Farm in Salem, OR
Registration details to follow in January.
Questions? Email jhibbardswanson@marionpolkfoodshare.org

NATIVE WELLNESS

For the LOVE of THE PEOPLE

Let's Celebrate!

Be Prepared to Learn

Be Prepared to Teach

Be Prepared to Inspire

SAVE THE DATE

May 21-23, 2019

GOOD HEALTH & WELLNESS
IN INDIAN COUNTRY PROGRAM

National Grantee Gathering – Hyatt Regency, Albuquerque, NM

Hosted by the Albuquerque Area Southwest Tribal Epidemiology Center

Let's Celebrate

Native Wellness for the LOVE of THE PEOPLE Gathering

The **Native Wellness for the LOVE of THE PEOPLE Gathering** will bring together the Good Health and Wellness in Indian Country network from across the United States to reflect on our journey and our successes. **Be prepared to learn, be prepared to teach, be prepared to inspire!**

Be Prepared to Learn, Be Prepared to Teach

Sharing What We Learned from Good Health and Wellness

Interactive by design, we will provide the space for conversations to talk about what we learned from our Good Health and Wellness in Indian Country efforts and to talk about what is important for impacting change that benefits AI/AN people.

We believe that **we all have something to learn and we all have something to teach**. You will help to determine what this looks like. Most sessions are unplugged, meaning we will not solely rely on PowerPoint. Our ancestors passed on teachings that have sustained our people without the technology we commonly depend on today, so we can too!

Be Prepared to Inspire

You Are Who the Ancestors Prayed For

Each one of us is who our ancestors prayed for to keep our people moving forward. We all have been blessed with a gift that inspires. We will provide opportunities to get to know one another to **inspire and be inspired** by others that are also committed to **Native Wellness for the LOVE of the PEOPLE.**

SAVE THE DATE

9th Annual THRIVE Conference June 24-28, 2019

*Build protective factors and increase your skills and self-esteem!

*Connect with other Native youth!

*Learn about healthy behaviors!

*Strengthen your nation through culture, prevention, connections, and empowerment!

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

Where: To be determined in Portland, Oregon

What: This conference is made up of four to five interactive workshop tracks!

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

#WeNeedYouthere

Contact Information:
Northwest Portland Area Indian Health Board - THRIVE Project
Celena McCray, Project Coordinator
Ph: 503-416-3270
Email: cmccray@npahib.org
Website: http://www.npaihb.org/thrive/

SAVE THE DATE: IHS/OSAP Dental Infection Prevention & Safety Mini-Bootcamp!

Overview

The IHS/OSAP Dental Infection Prevention & Safety Training Mini-Bootcamp™ is a highly focused course designed specifically for Indian Health Service (IHS) personnel with infection control responsibilities.

The Organization for Safety, Asepsis and Prevention (OSAP), the world's leading provider of education that supports safe dental visits, has partnered with IHS to offer an **IHS/Tribal/Urban only** dental infection prevention and safety program, in the days leading up to the 2019 OSAP Annual Conference. The course runs from Wednesday and Thursday, May 29th-30th*, 2019 in Tucson Arizona and offers up to 12 hours of CE credit. IHS/OSAP Training Workshop attendees are invited to stay Thursday afternoon for bonus preconference sessions for educators and consultants (additional CE available) and a special tradeshow featuring dental infection control products and services on Thursday evening, May 30th.

Program

National and international experts in infection prevention and patient safety will deliver a fast-paced, focused curriculum that will stress "checklists in action". The course starts at 8:30 am on Wednesday, May 29th and concludes at 12:00 pm on Thursday, May 30th.

Attendees

This course is targeted to:

- Infection Prevention & Control Coordinators
- Dental Clinic Infection Prevention Leads
- Institutional Environmental Health Consultants
- Quality and Risk Management Professionals
- Compliance officers
- Federally Qualified Health Center (FQHC) personnel responsible for infection control

Registration

Further registration/logistical information will be distributed in coming weeks. **Please direct any questions to LCDR Matthew Ellis.**

Contact Information:

LCDR Matthew Ellis, MPH, CIC, REHS
Institutional Environmental Health Officer/ Emergency Management Coordinator
U.S. DHHS/Indian Health Service-Portland Area
Office of the Director
Phone: (503) 414-7788 Email: matthew.ellis@ihs.gov

Draft OSAP-IHS Mini Bootcamp Agenda

May 29th

- 6:30-7:30 Registration/refreshments
- 7:30-7:45 Course Overview and Greetings
- 7:45-8:15 Principles of Infection Control (Dr. Shannon Mills)
- 8:15-8:45 If Saliva Were Red Exercise (Eve Cuny)
- 8:45-9:45 Introduction to Patient Safety (Dr. Hudson Garrett)
- 9:45-10:00 Stretch Break
- 9:45-10:45 Infection Control Coordinator Regulatory Guidance & Standards Overview (Kathy Eklund)
- 10:45-11:15 Sharp Safety (Eve Cuny)
- 11:15-11:30 Panel questions
- 11:30-12:30 Box Lunch
- 12:30-1:45 Sterilization & Disinfection of Patient Care Instruments (Eve Cuny)
- 1:45-2:30 Personal Protective Equipment, Res/Cough Hygiene Etiquette (Kathy Eklund)
- 2:30-3:30 CDC's New Core Practices for IPAC: Safe Healthcare Delivery (Dr. Hudson Garrett/Dr. Ruth Carrico)
- 3:30-4:45 Surveillance & Breaches in Infection Control in Dentistry (Eve Cuny/ Dr. Ryan Fagan)
- 4:45-5:00 Panel Questions/Answers

May 30th

- 6:45-7:45 Refreshments
- 7:45-8:45 Dental Unit Waterlines (Dr. Shannon Mills)
- 8:45-10:15 Checklists in Action
- 10:15-10:45 CDIPC Overview (Kathy Eklund)
- 10:45-11:45 Innovate, Integrate and Motivate for the Safest Dental Visit: Perfect Care for Every Patient (Dr. Garrett)
- 11:45-12:00 Closeout/Panel Questions

POC: LCDR Matthew Ellis, MPH, CIC, REHS

503.414.7788/matthew.ellis@ihs.gov

2019 OHA Tribal Meetings

OHA Tribal Monthly Meetings

SB770 Health and Human Services Cluster (Includes OHA, DHS, DCBS, VA, OHCS, YDC)

Conference Line: 888-363-4734 Participant Code: 3292468

DATE	MEETING	LOCATION
January 9, 2019	SB770 HHS Cluster Meeting 9:00 am – 4:00 pm	Human Service Building 500 Summer Street NE Room 137 A-B Salem, OR
February 8, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
March 8, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
April 10, 2019	SB770 HHS Cluster Meeting 9:00 am – 4:00 pm	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
May 10, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
June 14, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 473 Salem, OR
July 10, 2019	SB770 HHS Cluster Meeting 9:00 am – 4:00 pm	TBD Need Host
August 2, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
September 13, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 473 Salem, OR
October 9, 2019	SB770 HHS Cluster Meeting 9:00 am – 4:00 pm	TBD Need Host
November 8, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR
December 13, 2019	OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors)	Human Service Building 500 Summer Street NE Room 473 Salem, OR

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/

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N C C D P H P

GHWIC/TPWIC/TECPHI

TRIBAL RESOURCE DIGEST

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 7, 2019. 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. We are adding 2 new programs to this newsletter – Tribal Practices for Wellness in Indian County (TPWIC) and Tribal Epidemiology Centers Public Health Infrastructure (TECPHI).

Announcements

In this issue:

National Conference on Tobacco or Health

NCTOH is the premier gathering for tobacco control professionals in the United States, which makes it the ideal forum for sharing resources, tools, emerging ideas, evidence-based research, and success stories that help move tobacco control forward. Read more and register here.

Date: August 27-29, 2019
Location: Minneapolis, MN

10th Annual National Tribal Public Health Summit and 2019 American Indian and Alaska Native (AI/AN) National Behavioral Health Conference

NCTOH is the premier gathering for tobacco control professionals in the United States, which makes it the ideal forum for sharing resources, tools, emerging ideas, evidence-based research, and success stories that help move tobacco control forward. Submit proposals for workshop and roundtable sessions for the 2019 National Tribal Public Health Summit.-due by **February 11, 2019**. Read more and register here.

Date: May 13-15, 2019
Location: Albuquerque, NM

ACF Seeks nominations for Tribal Advisory Council Vacancies

The purpose of the ACF TAC is to strengthen the government-to-government relationships and guide the Assistant Secretary for ACF and the principals of the program offices in their administration of programs and services to benefit American Indian and Alaska Natives. Discussions held by the ACF TAC do not take the place of tribal consultation, but serve to increase understanding between the federal government and tribes on the myriad programs administered by ACF.

Nominations due: January 31, 2019

Webinars

Federal Depository Library Program—Hepatitis C in Indian Country and Associated Indian Health Service Efforts

Join speakers Rick Haverkate (Indian Health Service), and Jessica Leston and Brigg Reilley (Northwest Portland Area Indian Health Board) for a presentation on how the Indian Health Service is intervening and pro-actively working to screen and treat hepatitis C in American Indian/Alaska Native communities. Read more here.

Date: January 15, 2019 @ 2:00pm

GPTCHB Community Health Webinar Series

Contact Jennifer Williams for details regarding the webinar.

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

1/9/19	Cervical Cancer and HPV 101	Terri Rattler, Great Plains Breast and Cervical Cancer Early Detection Program (GPBCCEDP) Program Coordinator & Brenna Lanoue, GPBCCEDP Patient Navigator
2/13/19	Reclaiming Indigenous Food Relationships: Improving Health with Culture	Chris Johnson, American Indian Cancer Foundation Prevention and Policy Coordinator

American Indian Cancer Foundation

Join AICF throughout January as they host four special Cervical Cancer Awareness Month events. Learn more about cervical cancer screening by attending the webinars.

1/9/19	"Can I prevent cervical cancer?"	Presented by Dr. Amanda Bruegl 12:00pm—12:15pm CST Register here
1/15/19	"My pap smear was abnormal...now what?"	Presented by Dr. Amanda Bruegl 12:00pm—12:15pm CST Register here

Funding Opportunities

2019 Summercise Internship Opportunity—Nome, Alaska

Are you a nutrition student looking for a unique internship experience this summer? The Norton Sound Health Corporation CAMP Department is now recruiting for the Summercise Program in Nome, Alaska. Please see attachments for more information on this exciting program. Read more here. Documents attached to email.

Application Deadline: February 8, 2019

Health Policy Fellowship for Native Youth

The National Indian Health Board Health Policy Fellowship is a year-long program for Native youth 18-24 years old who are interested in making a difference in the health of their communities. Read more here.

Application Deadline: March 30, 2019

Tribal Youth Program: Coordinated Tribal Assistance Solicitation (CTAS)

Grants to prevent and reduce juvenile delinquency and strengthen a fair and beneficial juvenile justice system response for American Indian and Alaska Native youth. Read more here.

Application Deadline: February 26, 2019

NW Tribal Food Sovereignty Coalition Gathering 2018 contributed by WEAVE-NW Team

The NW Tribal Food Sovereignty Coalition Gathering was held on Thursday, September 27 at Kiana Lodge in Suquamish, Washington. Holding this gathering was one of the first goals of the NW Tribal Food Sovereignty Coalition, which was formed in 2017 and is coordinated by the WEAVE-NW project of the Northwest Tribal Epidemiology Center. The Coalition's goal is to increase access to traditional foods and medicines for all NW Tribes, leading to improved health and strengthened tribal sovereignty. Over 100 members from across the region bring their passion and knowledge to the group, and this gathering was an expression of their commitment to sharing those gifts.

This year's gathering was the largest to date, with over 160 attendees. The keynote presentation was given by Andy Joseph, Chairman of the NPAIHB. He presented on the Colville Confederated Tribes First Foods, including information on salmon run restoration, lamprey recovery, wildlife reintroduction (Pronghorn, Big Horn Sheep and Elk). Three Communities from the Northwest presented on highlights from their communities. These included: The Northwest Indian Treatment Center; the Squaxin Island Community Garden; and the Nez Perce Food Coalition.

One of the highlights of the meeting was the Traditional Foods meet and greet, where tribal members from across the Northwest brought and shared samples of their harvests and tools for use when teaching about traditional foods. Participants spent the afternoon attending breakout sessions that featured the topics such as: Wild Edible Berries, The Gift of Greens from the Sea (seaweed workshop), Plant Technologies (featuring cat tail), Medicine of the Trees, to name a few.

The program also featured a "Native Chopped" competition. Five teams of three members each participated. They were given 90 minutes to create a meal when provided with a basket containing unlabeled pre-contact foods such as geoduck, seaweed, blue corn, hazelnuts, salmon, wild onions, berries, and beach asparagus. After a challenging start, the teams all stepped up to the plate and created an amazing variety of entrees and side dishes. The competition Master of Ceremonies was Josh Mason who did a wonderful job of keeping the audience and chefs engaged. Four elders were chosen as judges for the competition, and found themselves taste testing a feast. After a difficult (but delicious) decision, the winning team of Dean Dan (Swinomish), Sophia Hipp (Nisqually/Chehalis) and Toby Joseph (Navajo/Ute) won with their amazing dish of smoked salmon, geoduck fritter, and cooked fish skins topped with a huckleberry sauce and broth dip.

The event closed with a dinner featuring salmon, shellfish and other traditional foods. We are anxious to have this event next year and look forward to the collaboration and revitalization of traditional foodways for health.

MOREHOUSE COLLEGE
PROJECT IMHOTEP
An Undergraduate Training Program in Public Health

PROGRAM DESCRIPTION

Morehouse College's Project Imhotep is an eleven-week summer internship designed to increase the knowledge and skills of underrepresented minority students in biostatistics, epidemiology, and occupational safety and health, supported by the Centers for Disease Control and Prevention (CDC) Office of Minority Health and Health Equity (OMHHE).

The program begins with two weeks of intense educational training in the following public health courses: Public Health & Health Disparities, Epidemiology, Biostatistics (with SPSS training) and Scientific Writing. The purpose of this training is to equip interns with the academic information necessary to successfully complete the program. During the following nine weeks, interns are paired in a one-on-one mentored relationship with experts at CDC, academic institutions, local and state agencies, or community-based organizations to complete a public health research project. In addition, interns participate in a variety of seminars, workshops, educational initiatives and are required to complete 16 hours of community service.

Interns will culminate their experience by developing a research manuscript suitable for publication in a scientific journal and giving an oral poster presentation to their peers, mentors and other public health professionals. Interns receive a stipend, lodging on the campus of Morehouse College, course credit and travel expenses to and from their city of origin.

ELIGIBILITY

- Current junior, senior, or recent graduate (within one year) of an undergraduate institution
- Cumulative GPA of **2.7 or higher**
- U.S. Citizen or Permanent Resident

APPLICATION PROCESS

The application for Project Imhotep launches **October 1st** on the Project Imhotep website, www.morehouse.edu/phsi/imhotep and closes on **January 31st at 11:59pm**. The following items must be submitted by the application deadline:

- Completed online application
- Official transcript mailed directly to the Public Health Sciences Institute at Morehouse College *(postmarked by January 31)*
- Resume or Curriculum Vita (CV)
- Two completed online recommendation forms *(sent to recommenders via email upon submission of application)*

For more information, visit www.morehouse.edu/phsi/imhotep

COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

SPHSP

The Summer Public Health Scholars Program (SPHSP) is a ten week program designed to increase interest and knowledge of public health and allied health professions among undergraduate students.

PROGRAM OFFERINGS

Field Trips ♦ Professional Development Seminars ♦ Field Placement

Public Health Coursework ♦ Trip to CDC in Atlanta, GA

Stipend, Housing, and Travel Expenses Included

PROGRAM ELIGIBILITY

- Rising juniors, seniors, or recent college graduates within one year of graduation. Cannot be accepted to or enrolled in a graduate program.
- African American, Hispanic/Latino, Asian American, American Indian/Alaskan Native, Native Hawaiian, Pacific Islander, people with disabilities, and the economically-disadvantaged are encouraged to apply.
- Minimum GPA of 2.7

Applications must be submitted online at:
www.ps.columbia.edu/sphsp
For more information go online or email us at:
sphsp@cumc.columbia.edu

Application Opens: November 1, 2018

Center for Diversity in
Public Health Leadership Training
at Kennedy Krieger Institute

Maternal Child Health Careers/Research Initiatives for Student Enhancement - Undergraduate Program (MCHC/RISE-UP)

Application Deadline: Thursday, January 31, 2019 at 11:59 PM EST
Program Dates: May 27, 2019 to July 31, 2019
Duration: 10 weeks
Brief Description: MCHC/RISE-UP is a national consortium of institutions including the Kennedy Krieger Institute, Johns Hopkins University School of Medicine, Nursing, and Public Health, University of South Dakota Sanford School of Medicine Center for Disabilities, and University of California, Davis MIND Institute partnering with UC-Davis Office of Diversity, Equity, and Inclusion that provides opportunities for enhanced public health leadership in the area of maternal and child health. MCHC/RISE-UP focuses on the social determinants of health, CDC Winnable Battles, elimination of health disparities, and evaluation and treatment of developmental disabilities. Diverse undergraduate junior, senior, and recent baccalaureate degree scholars (within 12 months of the MCHC/RISE-UP orientation) who are interested in learning more about public health are encouraged to apply. Scholars must have at least a 2.7 GPA on a 4.0 scale. Three leadership tracks are offered: (1) clinical, (2) research, and (3) community engagement and advocacy. MCHC/RISE-UP's ultimate goal is to promote a more equitable health system by providing these highly qualified MCHC/RISE-UP scholars with public health leadership experiences. Following Orientation (Monday, May 27 through Thursday, May 30, 2019), the scholars at the Kennedy Krieger Institute and University of South Dakota sites will begin their MCHC/RISE-UP experience on June 3, 2019 and end on July 31, 2019. Following Orientation Week, University of California-Davis scholars will begin their summer experience on Monday, June 17, 2019 and end on July 31, 2019.

Website: kennedykrieger.org/RISE-UP

Point of Contact: Dr. Jenese McFadden, Program Manager
Email: MCHC-RISE-UP@kennedykrieger.org
Phone: (443) 923-5901
Fax: (443) 923-5875

James A. Ferguson Emerging Infectious Diseases Research Initiatives for Student Enhancement (RISE) Fellowship Program

Application Deadline: Thursday, January 31, 2019 at 11:59 PM EST
Program Dates: May 27, 2019 to July 31, 2019
Duration: 10 weeks
Brief Description: The Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship Program is a Centers for Disease Control and Prevention (CDC)-funded, ten-week summer program that provides a research-based educational and professional development experience for students interested in infectious diseases, public health, mental health, maternal and child health and/or health disparities research. Fellows work with research mentors at the CDC or Johns Hopkins University School of Medicine, Nursing, and Bloomberg School of Public Health or the Maryland or Baltimore City Department of Health. These locations offer Fellows laboratory, clinical, state, and community-based research experiences. Specifically, the CDC site in Atlanta offers a research externship focused on infectious diseases, prevention of injury, and other CDC research initiatives. Fellows in Baltimore work with research mentors on projects related to infectious diseases, health disparities, mental health, developmental disabilities, substance abuse, and epidemiology. The overarching goal of the Ferguson RISE Fellowship is to promote diversity among future public health research leaders. Following Orientation (Monday, May 27 through Thursday, May 30, 2019), the Fellows research experience start on June 3, 2019 and end on July 31, 2019.

Website: kennedykrieger.org/Ferguson

Point of Contact: Dr. Jenese McFadden, Program Manager
Email: Ferguson_Fellowship@kennedykrieger.org
Phone: (443) 923-5901
Fax: (443) 923-5875

UCLA

PUBLIC HEALTH SCHOLARS TRAINING PROGRAM

UCLA FIELDING
SCHOOL OF PUBLIC HEALTH


The UCLA Public Health Scholars Training Program provides undergraduate students the opportunity to address health disparities and explore public health through hands-on training, workshops, and leadership and professional development.

2019 Program Overview:

- 8 week full-time summer training program (June 23 - August 16, 2019) with follow-up activities in the fall
- Internship with a partner organization in Los Angeles
- $3,000 stipend, housing, some meals, metro pass, transportation to and from the program
- Trip provided to the Centers for Disease Control and Prevention in Atlanta, Georgia with Public Health Scholars from other programs across the nation

Program Eligibility Criteria includes:

- Interest in exploring a career in public health
- By the start of the program, scholars must
  (1) be enrolled in a four-year institution and have completed at least two years of undergraduate education (community college transfers eligible) OR
  (2) graduated Spring 2018 or after and have not been accepted into a graduate program
- No GPA requirement

Applications Open November 1, 2018-Deadline is January 31, 2019

Find out more about our program and access the application at:

ph.ucla.edu/ucla-public-health-scholars-training-program

email: phscholars@ph.ucla.edu

Future Public Health Leaders Program (FPHLP)

Application Deadline: Thursday, January 31, 2019 @11:59 pm EST

Program Dates: Approximately May 28 – August 2, 2019

Duration: 10 weeks

Brief Description: The Future Public Health Leaders Program is a 10-week summer program designed for undergraduates in their junior and senior year and recent baccalaureate degree students. The participants explore public health through seminars, workshops, and engagement in a community-based research project. Throughout the program the experience is guided by mentors from public health disciplines. The participants receive leadership training, orientation to the public health disciplines, real world work experience, and a trip to the Centers for Disease Control and Prevention to meet public health professionals.

Point of Contact: Hannah Hoelscher

Email: fphl.program@umich.edu

Phone: (734) 763-8688

YELLOWHAWK
TRIBAL HEALTH CENTER

CURRENT OPENINGS 12/31/18

- Medical Director
- Human Resources Director
- Mental Health Clinical Manager
- Accountant II
- Network Systems Administrator
- Mental Health Counselor
- Child and Family Therapist
- Certified Medical Coder
- Accounts Receivable Clerk
- EFDA Dental Assistant
- **Community Health Representative (CHR)

**DENOTES INTERNAL AND CTUIR ONLY

FOR COMPLETE JOB DESCRIPTIONS VISIT
YELLOWHAWK.ORG/CURRENT-OPENINGS

SUQUAMISH TRIBE
JOB DESCRIPTION

Title: Director, Tribal Child Welfare Services Program **Department:** STCW

Exempt/Non-exempt: Exempt **Reports to:** Deputy Executive Director

Job Summary:

Administers and provides direction to the Suquamish Tribal Child Welfare Services Program which includes multifaceted programs and services in order to provide equitable and timely delivery of or referral to services to Suquamish families as mandated by the Tribal Code or the Indian Child Welfare Act.

Major Responsibilities and Duties:

Ensure that the Suquamish Child Welfare Program operations are consistent with Tribal ordinances, policies, procedures, and culture.

Develop programs and services that will promote the positive stabilization of family units in which Suquamish children's right to safety is paramount.

Collaborate across programs, departments, and divisions to achieve holistic, integrated, services that meet the diverse needs of Suquamish families.

Ensure that Tribal Child Welfare services are implemented with due care and within the available funding protocols, that services are delivered using best practices, and that client information and records are confidential and protected.

Ensure that a record management system for Tribal Child Welfare services is established, implemented, maintained and evaluated, and that compliance and timely submittal of reports is a priority.

Engage in collaborative work to achieve necessary Tribal code, program policies, procedures and protocols development and implementation including, but not limited to, conducting public forums, soliciting input of those for whom the codes are meant to regulate, and, that such codes and policies contain provisions for cultural appropriateness.

Coordinate and execute major program activities with agencies of other governments and/or private agencies in the effective provision of services to program recipients.

Ensure direct social services to clients through recognized best practices, monthly home visits, telephone contacts, written reports and documents.

Provide case consultation to caseworkers and other staff and ensure the delivery of comprehensive, coordinated, and individualized child welfare services to eligible families under the Suquamish Tribal Code.

Ensure that Tribal Child Welfare staff interactions with Tribal and state courts are of the highest professional standards including professionally prepared court reports, case plans, testimony, and that timelines established by statute, ordinance, or the court are consistently met.

Set job expectations for staff and supervise performance; prepare written performance evaluations; initiate corrective and disciplinary action if necessary in accordance with Tribal personnel policies and procedures.

Ensure the education and training of Tribal Child Welfare staff and care providers is current, meet best practice standards, and is in compliance with relevant regulation and or obligations.

Administer all contracts and grants including ensuring that all required reports are submitted on time and contract requirements are met.

Specific Knowledge, Skills and Abilities

Demonstrated ability to plan, direct, and evaluate a performance-based complex work program.

Demonstrated knowledge of the professional and technical aspects of the programs and services administered.

Demonstrated successful supervisory skills including, but not limited to staff evaluations, problem-solving, maintaining effective working relationships, and facilitating staff productivity.

Demonstrated knowledge of Tribal Courts, Indian Child Welfare and culturally appropriate services.

Must be well-organized with the ability to prepare and distribute information confidentially and with discretion.

Demonstrated ability to express ideas effectively, both orally and in writing.

Demonstrated skills in word processing, spreadsheets, database, and presentation software.

Qualifications:

Must have certification in child welfare services, such as National Indian Child Welfare Association certification or State certification or obtain certification before the end of the probationary period.

Must have CPR/First Aid certification and tuberculosis test.

Education and/or Experience

M.S.W. preferred.

Minimum Bachelor's Degree in relevant field and 5 years' experience in children's services program administration or management.

Supervisory Responsibilities:

Direct supervision of Tribal Child Welfare managers, caseworkers and administrative staff; potential supervision of volunteers.

Interpersonal Contacts:

Regular in-person and electronic communication with other tribal departments, particularly Tribal Court, Human Services, Wellness, Police and Legal Department.

Regular contact with external agencies related to child and family welfare services policies and procedures and accessing services for client families.

Job Conditions:

Work is performed in an office setting but frequent travel to perform client services and attend meetings is required.

Disclaimer:

This job description in no way implies that these are the only duties to be performed by the incumbent. At all times, employee will be required to follow any instruction and to perform any other duties within this or a lower job level upon the request of the supervisor. At times employees may also be required to perform Higher-level duties and may need to receive additional instruction and/or increased supervision to accomplish these higher-level duties.

State and Tribal Background check required; Valid WA State Driver's License required
Pre-Employment drug testing required; Native American preference

_____ _____

Employee Signature Date

_____ _____

Supervisor Signature Date

_____ _____

Executive Director Date