

MEMORANDUM

DATE: November 10, 2016

TO: Northwest Portland Area Indian Health Board (NPAIHB) Delegates, Tribal Health Directors and Tribal Chairs

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

RE: Weekly NPAIHB "News and Information"

**To view a bulletin of interest, click on a title*

NPAIHB Delegates, Tribal Health Directors, Tribal Chairs

- ✦ OHA Interim Tribal Affairs Director
- ✦ 2016 Mini Grant Announcement – Three day workshop, January 10-12, 2017, Portland, Oregon
- ✦ Save the Date - Accessing Grants to Strengthen Justice System Capacity Workshop, January 18-19, 2014, Columbia, South Carolina
- ✦ Save the Date - The U.S. Department of Justice's National Indian Country Training Initiative (NICTI) Tribal Action Plan Development Workshop, January 25-27, 2017, Columbia South Carolina
- ✦ Tribal Action Plan Development Workshop: A Tribal Law and Order Act Training Initiative Nominations Form
- ✦ Career Opportunity – Mental Health Counselor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington
- ✦ Career Opportunity – Two positions; Chemical Dependency Counselor and CD Supervisor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington
- ✦ Career Opportunity – Youth Mental Health Counselor, Sophie Trettevick Indian Health Center, Makah Tribe, Neah Bay, Washington
- ✦ National Indian Health Board – Oral Health in Indian Country Survey
- ✦ Oregon PRC – News from the Center for Healthy Communities, November 2016

NPAIHB Delegates, Tribal Health Directors

- ✦ Good Health and Wellness in Indian Country Tribal Resource Digest, Issue no. 94

Oregon Tribal Health Directors, NPAIHB Delegates, Tribal Chairs

- ✦ Save the Date – BUDGET FORMULATION FY19 MEETING, November 29, 2016, Portland, Oregon

Dear Tribal Leaders-

I wanted to share with you that Lynne has asked me to step in as interim while we advertise and hire for the OHA Tribal Affairs Director position. I too was saddened with Karol leaving, she did a lot of great work and I wish her well in her endeavors.

Lynne asked that I share with you that we have already expressions of interest from some really great candidates. She is committed to ensuring the active involvement and engagement of all nine tribes in the hiring and selection process. The position is open, and we would greatly appreciate you sharing the opportunity with your networks <https://www.governmentjobs.com/careers/oregon/jobs/1577935/principal-executive-manager-e-tribal-affairs-director>.

Please feel free to contact me with any questions or concerns you may have. Thank you for your patience and understanding.

Julie A. Johnson, CPS Paiute/Shoshone

Tribal Health Liaison

Health Promotion and Chronic Disease Prevention

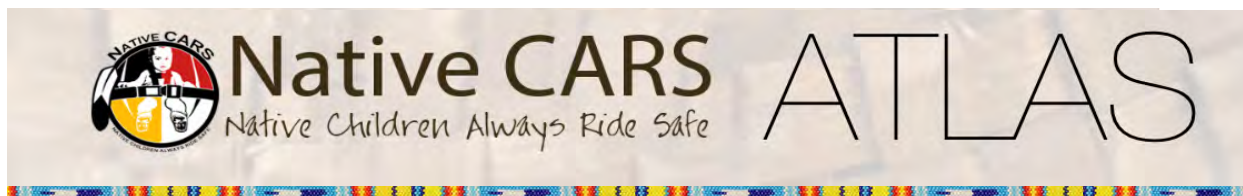
Public Health Division and Tribal Affairs

julie.a.johnson@state.or.us

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*****Mini-grant and Website Launch Announcement*****

Posting Date: November 10, 2016

Funding Activity: Child Passenger Safety Intervention Activity Funding

Funding Purpose: The overall goal is to support existing or create new child passenger safety efforts in tribal communities.

Application Deadline: December 12th, 2016

Dear Sir or Madam:

Motor vehicle injuries are the leading cause of death among Native American and Alaska Native children. Administered by the Northwest Portland Area Indian Health Board and funded by the National Institute for Minority Health and Health Disparity, the Native CARS Study is dedicated to improving the use of child safety seats in tribal communities and keeping children safe.

Enclosed, please find information about mini-grant opportunities from Native CARS that will be available with the launch of the Native CARS Atlas website, a community guided resource from Tribes for Tribes. Mini grants will cover a selection of activities available to your community related to child passenger safety. **To receive intervention activity funding, you will be required to attend & complete a 3-day workshop in Portland, OR (all travel expenses paid) from January 10-12, 2017.** While some documentation is required before this workshop, we will provide instruction on data collection and provide assistance with activity plans and evaluation measures at this workshop. **Only seven** Tribes or tribal organizations will be awarded funding.

Feel free to contact me at nativecars@npaihb.org or 503-228-4185 with questions.

Thank you for supporting child passenger safety in your community. We look forward to working with you to improve child passenger restraint use in your community.

Sincerely,

Tam Lutz, MPH, MHA
Native CARS Project Director



Native CARS
Native Children Always Ride Safe

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Mini-Grant Application Checklist

As you go through the steps of completing your mini-grant application, please use this checklist to ensure the application is completed correctly.

- Signed Application Form (part 1)
- Selected Data Collection Method (part 3)
- Selected Community Intervention Activity (part 4)
- Attach Tribe or Tribal organization documentation (*at the discretion of the Tribe or Tribal organization*) that indicates Tribe or Tribal organization supports mini-grant application (e.g., letter of support, Tribal resolution).
- Return application to nativecars@npaihb.org or send by **COB 12/12/16** to:
Tam Lutz
Native CARS Project
Northwest Portland Area Indian Health Board
2121 SW Broadway, Ste 300
Portland, OR 97201





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Native CARS Mini-Grant Application
CFDA: 93.307

Part One: Applicant Information

Tribal Organization:

EIN:

Address:

Phone:

Email:

Contact Name for Proposal:

Lead (if different than contact above), the person who will lead the scope of the work described in this application and attend workshop:

Name:

Phone:

Email:

Total Award Amount: \$7,000 (\$1,000 for coalition building;\$1,000 for data collection;\$5,000 for intervention)

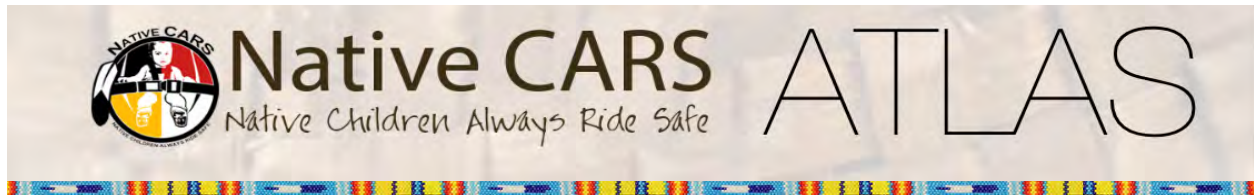
Facilities and Administration (F&A) costs or indirect rate:

Transportation/Hotel Accommodations: All travel expenses – lodging at Marriott Residence Inn Riverside in Portland Oregon, per diem, air travel and/or mileage – will be provided by NPAIHB.

Statement of Intent/Terms of Reimbursement:

By signing this application, I agree to attend all three days of the Native CARS mini-grant workshop. Upon successful completion of the workshop, I will be awarded the full grant amount to be spent only on coalition building, data collection activities and the selected community activity intervention plan.

Signature: _____ Date: _____



Part Two – Building Your Child Passenger Safety Coalition

\$1,000

The Child Safety Coalition functions as advocates for appropriate child passenger safety in the community. Creating a Child Safety Coalition of individuals who have knowledge about or interest in child passenger safety can help you with the planning and execution of your proposed activities.

Further information about building your Child Safety Coalition will be provided at the Native CARS Atlas workshop. Prior to application, please begin investigating potential collaborators and list below. Potential collaborators may include a Head Start staff member, Police Chief, Tribal Attorney etc. Note: you may finalize this during the workshop.

The Coalition can expect to meet four times during the year to be determined by the members. Coalition members may attend a Safe Native American Passenger (SNAP) training provided by a Child Passenger Safety Technician within their community.

Collaborators: (This may be a tentative list that you finalize during workshop)

Budget:

We anticipate the following expenses will be incurred to form your Coalition.

	Expense
SNAP Training Expenses	
• Trainer	100
• Food	90
• Materials (for Binders/Printing SNAP materials)	30
Team Vests (\$30 x 6 vests)	180
Honorarium (\$100 x 6)	600
Total	\$1,000



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Part Three – Collecting Data

\$1,000

Data collection is a necessary component in any successful community intervention. To ensure sustainable interventions, it is important to understand current child safety seat usage in the community as well as community beliefs about child safety seat usage. For those communities who already have car seat data, you may consider expanding on existing data with a focus group. NOTE: we will provide data collection training to applicants during the workshop.

Below are two choices of data collection: vehicle observation or focus group. **Please review and select one of the following data collection methods, by checking the box next to the data collection method you prefer.**

- VEHICLE OBSERVATION** (e.g. current car seat usage, # observed vehicles)

The tribal organization above will use the Native CARS vehicle observation protocol to collect data on how community children ride in motor vehicles. This will allow us to determine the proportion of children who are properly restrained, assess risk factors for improper restraint, and focus our intervention efforts accordingly. Each survey takes 1-2 minutes to complete. The driver will receive a token of appreciation for their time.

Objectives:

Objective 1: Collect data on 100 vehicles with child passengers age 8 & younger traveling on or near tribal communities

Objective 2: Enter the data into a database for automatic analysis

Objective 3: Review the data report to understand the percent of children who are properly restrained, incorrectly restrained, and unrestrained and identify which children are at increased risk for riding incorrectly restrained or unrestrained. Use of computer with Microsoft Excel will be needed.

Evaluation Measures:

- Number of vehicles observed
- Number of children observed
- Data was entered into database (Yes, No)



Budget:

	Expense
Incentive items for participating drivers (\$5 per observation/interview)	\$500
Clipboard with storage (2 at \$15 each)	\$30
Printing of survey forms	\$70
Interviewer honorarium	\$400
Total	\$1,000

Time Line: To be completed at workshop

Date Due: TBD

FOCUS GROUP (e.g. community knowledge, attitudes, beliefs, barriers, facilitators)

The tribal organization above will use the Native CARS focus group protocol to obtain a community context about child passenger restraint usage; community members will share what they know about child passenger restraints, their observations of restraint use in their community, as well as “their stories” to illuminate any common attitudes or beliefs about child passenger restraints. This will allow the Tribe to identify barriers that may prevent drivers from properly restraining their child passenger and facilitators of proper restraint of child passengers. The focus group should take no more than one hour.

Objectives:

Objective 1: construct no more than 10 focus group questions

Objective 2: recruit 8-12 focus group participants

Objective 3: Hold 1 focus group

Objective 4: Review the transcripts or written notes to understand the common themes discussed, barriers and facilitators

Evaluation Measures:

- Number of participants in attendance
- Completion of focus group (Yes, No)
- Focus group data were transcribed, organized and reviewed (Yes, No)



Budget:

	Expense
Incentive items for participating participants (\$25 per observation/interview)	\$300
Dictation recorder	\$400
Printing	\$70
Focus group facilitator honorarium	\$100
Transcription of 60 minute focus group	\$130
Total	\$1000

Time Line: To be completed at workshop

Date Due: TBD



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Part Four: Intervention Activity Plans

\$5,000

Creating *intervention activity* plans will allow you to design effective, community-based interventions and develop strategies to improve car safety seat use in your community. Attached are six intervention activity plans that other northwest Tribes have designed and implemented successfully. **Please review and select one of the intervention activity plans below.**

- Child Passenger Safety Technician/Car Seat Clinic (Total Cost: \$5,000)
- Child Passenger Law (Total Cost: \$5,000)
- Law Enforcement Training* (Total Cost: \$5,000)
- Distribution of Child Safety Seats/RPMS Patch** (Total Cost: \$5,000)
- Media Campaign (Total Cost: \$5,000)
- Community Education & Outreach (Total Cost: \$5,000)

*Must work with a CPS Tech (local or Native CARS) for Law Enforcement Training

**Must have CPS Tech locally available for Child Safety Seats/RPMS Patch

Enclosed, please find the community intervention proposals.



Intervention Activity Plan

Lead:

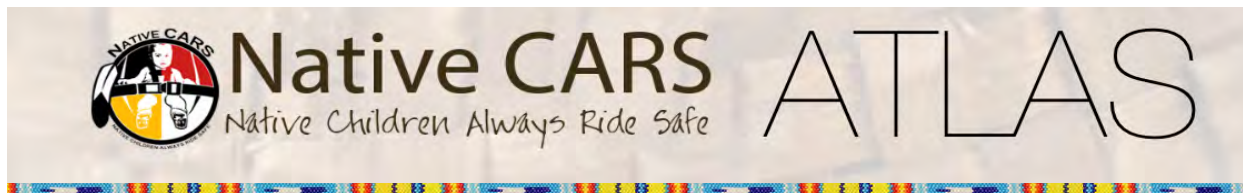
Tribe:

Date:

Title of Intervention Activity: Child Passenger Safety Technician Training and Car Seat Clinic	
Approach (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Health and Safety Education; Public Health and Safety Practice
Issues Addressed	- Lack of experienced CPS technicians in the community; - Lack of or inappropriate use of child safety seats in the community; - Instruction on proper installation of proper child safety seats needed
Collaborators	

Audience:

- Staff and/or volunteers who serve families with children age 12 and under
- Non-parent caregivers, parents of children 12 and under
- Children 12 and under
- Potential CPS Tech Candidates



Description:

Part 1: CPS Technician Training

Tribe will recruit tribal staff and volunteers who serve families with children age 12 and under to attend a Child Passenger Safety Technician (CPST) Certification course. The locations of these courses vary within each state and are available throughout the year. Three identified candidates will travel to take the 3-day course. The course requires candidates finish all three consecutive days and must pass a certification written and practical test. Upon completion of the course and receipt of certification, CPS Techs will provide community members with car seat installation and education support. CPS Techs will provide a minimum of four hours of community car seat education training to community members, complete five individual car seat checks observed by a certified CPS Tech Instructor (instructor in nearby town), and six continuing education credits (in-person or online).

Objectives:

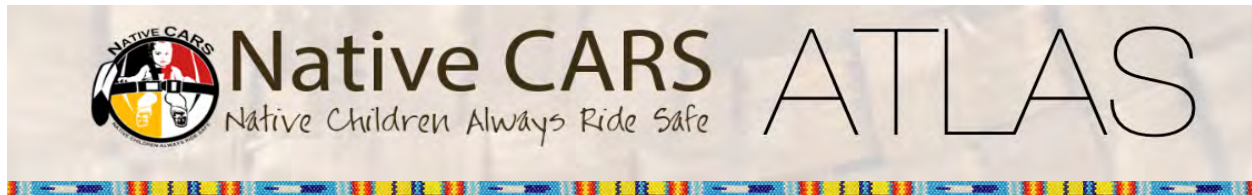
1. Promote proper use of child car seats via community-based CPS technicians at local clinics, schools and/or car safety events.
2. Increase the number of certified CPS technicians serving the families of children 12 and under within the reservation community.
3. Provide opportunities for CPS technicians to maintain their certification

Potential Evaluation Measures:

- Total count of individuals registered for CPST course
- Total count of attendees who complete CPST course
- Total count of individuals who receive CPST certification
- Number of CPS technician opportunities reported that fulfill recertification (car seat clinics with certified instructors, integrated car seat education classes)

Part 2: Car Seat Clinic

The three certified community-based CPS Technicians will organize 2-3 community car seat clinics in 2017. The purpose of this clinic is to ensure the proper installation and usage of appropriate child safety seats in the community. CPS techs will provide one-on-one checks of installed child safety seats and educate driver about proper installation/usage of these seats in their vehicles. Drivers will be encouraged to bring their child passengers to the car seat clinic. Consultations will last roughly 20 minutes. We plan on a total of 5 consultations per CPS Techs per car seat clinic.



During the car seat clinic, CPS Technicians will:

- Record the type/number of car seat(s), location of seat(s) in the vehicle and observations of misuse or damage;
- Ensure that the seat(s) is appropriate for the child's age and size;
- Review seat instructions and vehicle owner's manual with the caregiver;
- Ensure appropriate position in vehicle;
- Check current seat safety, e.g. seat recalls, expiration date and damage/defects to the seat;
- Observe the caregiver install the seat(s) on their own and provide education when needed;
- Educate caregivers as to the importance of car safety for all passengers, especially children;
- Educate the caregiver about the transition to the next type of car seat for their child/children;
- Answer any questions the caregiver may have.

Objectives:

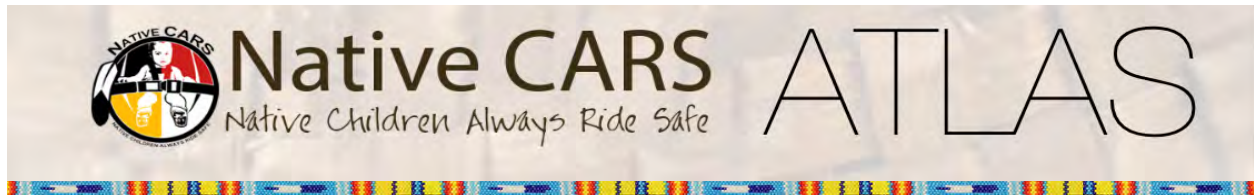
1. Ensure proper selection and installation/use of safety seats in vehicles
2. Educate drivers about proper selection installation and positioning of child safety seats
3. Provide 3 car seat clinics

Potential Evaluation Measures:

- Total number of car seat clinics held
- Total number of each type of child safety seats (e.g., infant, forward facing, combination, convertible, booster) checked at car seat clinics
- Total number of drivers who were able to properly installed child safety seats
- Total number of seats identified that need to replaced (e.g., recalled, damaged, not proper for child's age or size, not compatible for vehicle)

Time Line: To be completed at workshop

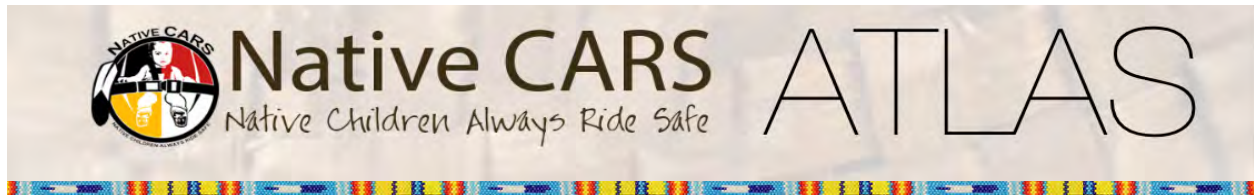
Due Date: TBD



Budget

	Expense
CPST training Tuition	
CPST certification course fee (3x\$85)	\$255
Travel to course	
Per diem (includes 3 attendees) (230 x3)	\$690
Mileage/rental/gas (includes all 3 attendees)	\$200
Lodging (includes 3 attendees) (420 x3)	\$1260
Car Seat Clinic	
Mileage for CPT Techs	\$305
Snacks (200 x 3)	\$600
Promotion materials	\$600
Supplies (Clip boards, cones, promotional materials, demo dolls)	\$970
CPS Vests (3 X \$40)	\$120
Total Cost	\$5000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



Intervention Activity Plan

Lead:

Tribe:

Date:

Title of Intervention Activity: Child Passenger Law	
Approach: (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Environment, Policy
Issue Addressed	Revise or create a seat belt law that meets current National Highway Traffic Safety Administration (NHTSA) recommendations; Update or create a fee schedule and fine process that encourages police to enforce the law
Collaborators	Police, Courts, Tribal Attorney, Business Council, General Membership; Media

Audience:

Reservation Residents, Tribal and Non Tribal member drivers, parents and guardians of children 12 and under.

Description:

The tribe will review current (if existing) tribal child safety seat law and order code, fee schedule and fine process and compare to current NHTSA recommendations. Following this review, the tribe will propose changes to the code so that all children are in appropriate seats and/or safety restraints while riding in vehicles. The Lead will also consult with the Tribal attorney’s office (1) to determine proper channels for submission to council, law and justice committee and the public and (2) to review proposed changes.



Objectives:

1. To review current child passenger safety law
2. To compare current child passenger law (if any) to NHTSA recommendations
3. To review fee schedule and fine process
4. Propose changes to law and fine process
5. To ratify new child passenger safety law or change
6. Mount media campaign to notify community of law change

Potential Evaluation Measures:

- Title/Number of new law or proposed law change
- Changes to fine process as proposed to Law and Justice committee
- Number of community review meetings
- Count of attendees at review meetings

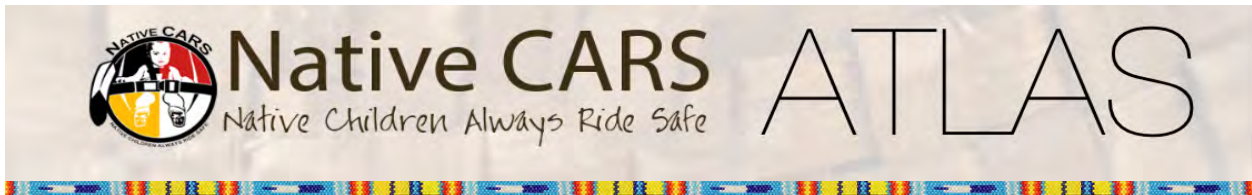
Time Line: To be completed at workshop

Date Due: TBD

Budget

	Expense
Consultant (code development, code draft review, final code)	\$3500
Printing Costs for Public Review (documents, code change brochures)	\$600
Meeting Expenses (refreshments or dinners)	\$400
Site Rental for Public Review Meetings	\$400
Mileage to travel to Public Meetings	\$100
Total Cost	\$5000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



Intervention Activity Plan

Lead:

Tribe:

Date:

Title of Intervention Activity: Law Enforcement Training	
Approach: (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Awareness; Public Safety Practice
Issue Addressed	Lack of knowledge of current tribal passenger safety law; Inadequate enforcement of current tribal child passenger safety law
Collaborators	Tribal Police Officers, Tribal Police Chief, Tribal Court, CPS Techs,

Pre-requisite: Must have a CPS Technician available to provide instruction or utilize the CPS Technicians we have available to refer.

Audience:

Tribal Police on the Reservation

Description:

The Lead will review law and order practices including traffic data collection (e.g. how traffic data is collected, number of safety citations, citations per officer, and frequency of data review) in order to educate police officers on current child passenger safety law. This intervention proposes to train tribal police about consistent and proper enforcement of current tribal child passenger safety law. **CPS Technicians** will lead two training sessions. Focus areas will address specific needs discovered in data collection phase, e.g. better



defining gross misuse of car seat. As part of this training, law enforcement officers will receive a certificate of participation. Upon completion, officers will also receive a bag (to be stored in their car) of educational swag and other incentive items for distribution to drivers and passengers during initial warning stops. These will serve as child safety educational tools. The lead will contract a graphic artist to design print media to support the vision of police officers enforcing the child passenger restraint law and providing guidance to drivers on proper child passenger restraint use.

Objectives:

1. Educate tribal law enforcement on specifics of child passenger safety law (e.g. difference between gross misuse of car seat laws and incorrect seat for child).
2. Engage local tribal police department to consistently enforce child passenger safety laws.
3. Emphasize the role of law enforcement as “Educator” about child passenger safety in the community.
4. Develop print media to support vision of police officers as child passenger restraint enforcers and educators.

Potential Evaluation Measures:

- Number and type of media developed
- Number of posters developed and locations posted
- Count or schedule of radio PSA airing
- Count or schedule of video PSA airing
- Number of articles published in [tribal newspaper]
- Count of social media hits

Time Line: To be completed at workshop

Date Due: TBD



Budget

	Expenses
CPS Tech to lead training	\$400
Training Expenses (room rental, food etc)	\$400
10 Officer Educational Swag Bags	\$2000
Print Training Materials, binders, forms	\$200
Promotional print materials (e.g., posters brochures)	
Graphics contractor	\$800
Printing	\$1200
Total	\$5000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



Intervention Activity Plan

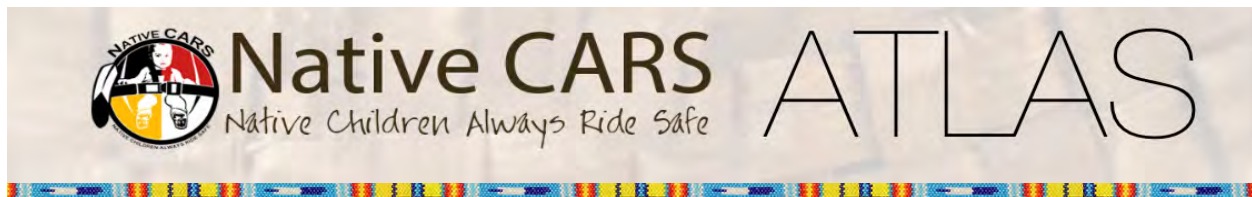
Lead:

Tribe:

Date:

Title of Intervention Activity: Child Safety Seat RPMS/EHR Patch and Child Safety Seat Distribution	
Approach: (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Public Safety Practice, Health Education.
Issue Addressed	<ul style="list-style-type: none"> - Lack or inadequate knowledge of appropriate child safety seat recommendations and referrals for the right type of seat among parent and non-parent caregivers; - Inadequate access to car seats (particularly booster seats) for all children 12 and under; - Lack of education regarding car safety best practices for children
Collaborators	Community Health, Medical (All Providers), IT, Maternal/Child Health

Pre-requisite: Must have a local CPS Technician available to provide consultation to parents or guardians of children in need of a car seat and car seat installation support.



Part 1: Electronic Health Record Patch

Audience:

- Health care providers and parent/caregivers utilizing clinic who have a child or children of safety seat age and size (12 and under)
- Parents and caregivers of children 12 and under.

Description:

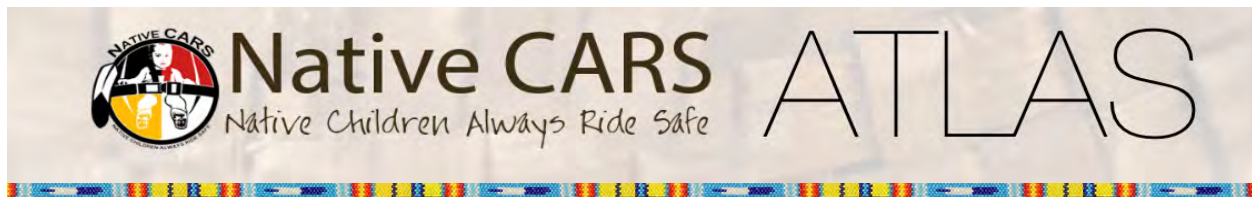
The tribal organization listed above will use the Native CARS RPMS/EHR patch to increase use of appropriate child car seats among parents/caregivers. A tribal Child Passenger Safety Technician (CPST) will train all providers in the medical department to (1) consistently and systematically counsel parents/caregivers on child safety seat recommendations and (2) help families access child safety seats (CSS) through the tribal distribution program.

Specifically, the patch will:

- Set up a reminder in the electronic health record (EHR) for provider to discuss and document if appropriate car seat is currently being used.
- Set up a reminder for provider to counsel parent/caregiver when next child safety seat transition is and discuss best practices for age and size.
- Offer the provider the option to issue a referral (or prescription) for child safety seat via CSS Referral/Prescription.
- Give access to CPS Tech for referral review and parent follow-up.
- Give access to CPS Tech to document distribution of CSS and expiration date of distributed seat in EHR.

Objectives:

1. Create a seamless system to track car seat referrals and distribution.
2. Utilize medical providers to emphasize the importance of implementing child safety seat recommendations.
3. Increase knowledge and compliance of parent/caregiver on appropriate seats for a child's age/size.
4. Encourage providers to talk to parents/caregivers and children about the transition to the next stage of child safety seats.



Potential Evaluation Measures:

- Count of CSS distributed/ CSS referrals via patch reports
- Number of providers utilizing the CAR RPMS patch via patch user report
- Number of child medical visits in which CSS education was provided and documented on RPMS
- Provider feedback of the CSS patch, e.g. whether the new CSS patch helped them to talk to parents about car seats

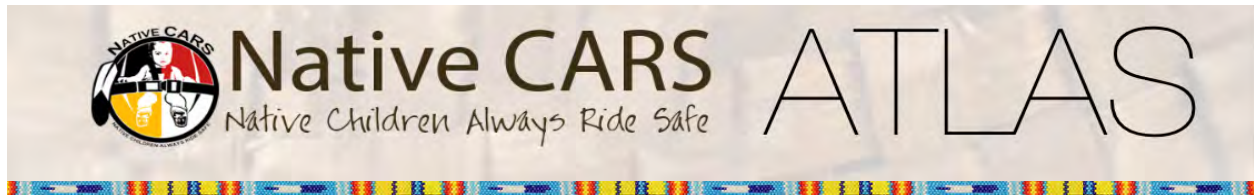
Part 2: Distribution of Child Safety Seats

Based on children identified by providers and documented in CARS RPMS patch, we plan to increase access to car seats that are right for children's age and size. We will purchase car seats for distribution to parents or guardian of children who have been provided a consult via the Native CARS patch. A CPS Technician will be identified to coordinate car seat distribution. The car seat distribution processes will be agreed upon in conjunction with the CAR RPMS patch implementation planning. The CPS Technician will distribute the car seat so parents or guardians of the children receive instruction as to the appropriate car seat for their child/children as well as proper installation of the seat. The CPS technician will be available to guide parents or guardian as they install car seats into their vehicles.

Communities that do not wish to give car seats free of charge can choose to establish a reimbursement system for parents or guardians who purchase their own seats. For example, the Tribe awards \$100 for convertible car seats and \$20 for booster seats.

Objectives:

1. Educate parent or guardian about child seat safety, particularly the importance of age/size-appropriate car seats for children 12 and under.
2. Increase the number of children in appropriate car seats when riding a vehicle
3. Provide access to a child safety seat distribution programs on reservation



Potential Evaluation Measures:

- Number of parents or guardians who access the distribution program
- Number of seats distributed
- Number of parents or guardians who came to distribution program as a result of a CARS RPMS Patch consult order by provider

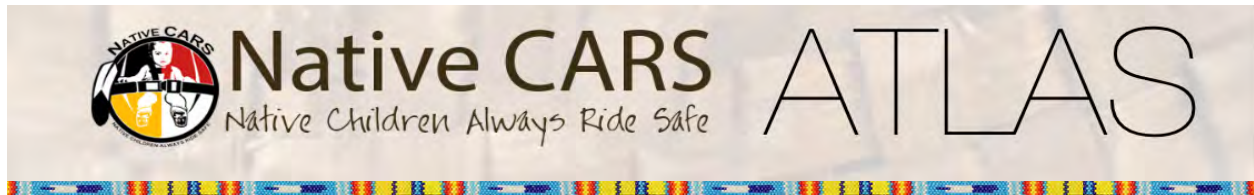
Time Line: To be completed at workshop

Date Due: TBD

Budget:

CARS RPMS Patch	Expense
Incentive items for providers who have the most referrals	\$300
Lunch provisions for patch training	\$250
Printing for CPS Tech cards, referral cards and training Materials	\$200
Snack provision to present progress at all staff meeting using patch	\$200
Car seat distribution	
Purchase of car seats	\$4000
Purchase of CPS Tech materials (e.g., LATCH Manual, recall list notification)	\$50
Total Cost	\$5000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



Intervention Activity Plan

Lead:

Tribe:

Date:

Title of Intervention Activity: Child Safety Seat (CSS) Media Campaign	
Approach: (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Awareness
Issue Addressed	Will be determined after review of child safety seat data
Collaborators	Tribal Communications

Audience:

Drivers and passengers within the tribal community (may be focused on specific sub-group depending on review of data)

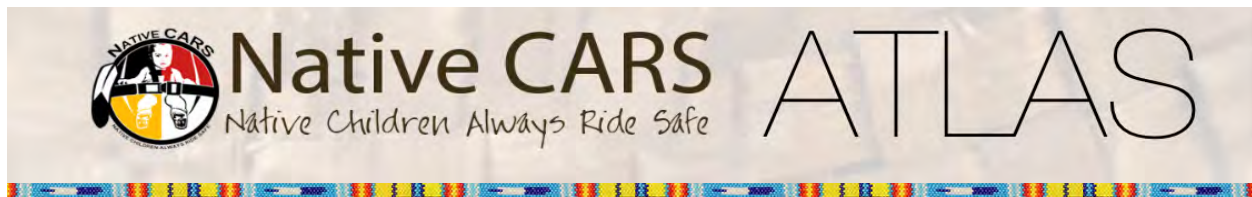
Description:

This intervention proposal builds off of data collection efforts. Issues addressed by the media campaign will depend on the themes discovered in the data, such as short car trips, on and off Reservation or trips with non-parent caregivers. The media campaign may promote child car safety and injury prevention on and off the Reservation. Messages may include tribal specific vehicular injury and mortality data, proper child car seat usage and qualitative data gathered from focus groups. Messages should be concise and brief and address the issues discovered in your data collection.

Applicant can select **one** of the following four media campaign options below:

Option 1: Video and Radio PSA

Develop one 30-second video public service announcement (PSA) for local TV station, IHS clinic or administrative building featuring tribal youth, Native CARS information and current CSS information. Develop two 30-second radio PSA spots.



Option 2: DIY Billboard

- Build three site-specific 8 x 6 ft plywood billboards to be placed at strategic locations.
- Contract graphic artist to produce six vinyl banners to be placed on three billboards

Option 3: Professional Billboard

- Contract with graphic artist to produce billboards
- Contract with a commercial billboard company to advertise on a billboard (such as Lamar, Outdoor Billboard, Pattison)

Option 4: Print Media

- Develop print media (e.g., posters, displays, and/or brochures) to be placed in strategic locations including social media

Objectives:

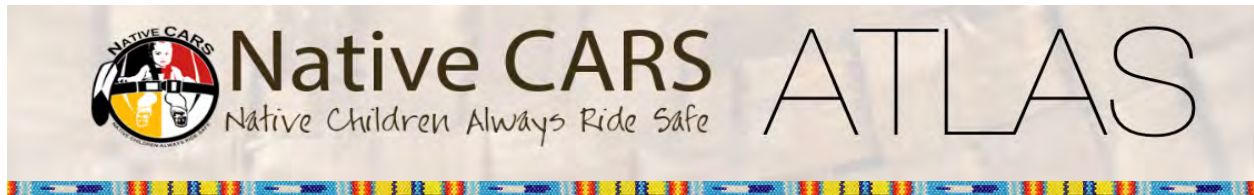
1. Develop tribe-specific, data-driven media campaign that emphasizes the importance of child safety seat use every trip, every time, including reservation and on short trips in 2017.
2. Implement media components and distribute messages at designated locations in 2017.
3. Have a visible presence throughout the community and various media channels to better promote the message of child passenger safety.

Potential Evaluation Measures:

- Number and type of media developed
- Number of posters developed and locations posted
- Count or schedule of radio PSA airing
- Count or schedule of video PSA airing
- Number of articles published in [tribal newspaper]
- Count of social media hits

Time Line: To be completed at workshop

Date Due: TBD



Budget

Video and Radio PSA	Expense
Consultant to draft scripts, story boards, contact stations, scout locations, recruit cast, organize schedule	\$4000
Incentives	\$240
Mileage	\$260
Supplies	\$500
Total	\$5000

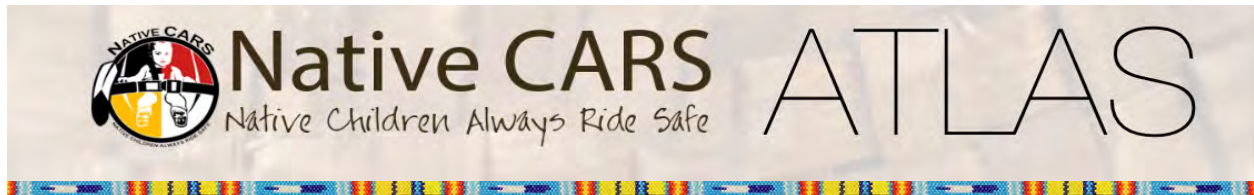
Billboards – Professional Rental	Expense
Photographer/Graphic Designer	\$610
Professional Billboards 2 (2195 each) full scale billboard for 4 months	\$4390
Total	\$5000

Billboards - DIY	Expense
Construct and erect 3 8' x 6' plywood billboard (3x\$1200)	\$3600
Printing of vinyl billboard banners (6x\$100)	\$600
Photographer/Graphic Design	\$800
Total	\$5000

Video and Radio PSA	Expense
Consultant to draft scripts, story boards, contact stations, scout locations, recruit cast, organize schedule	\$4000
Incentives	\$240
Mileage	\$260
Supplies	\$500
Total	\$5000

Print Media	Expense
Photographer	\$1620
Graphic Designer	\$1670
Model Incentives (10 x \$40)	\$400
Printing (posters, brochures, displays, inserts)	\$1110
Snacks/water bottles	\$200
Total	\$5000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.



Intervention Activity Plan

Lead:

Tribe:

Date:

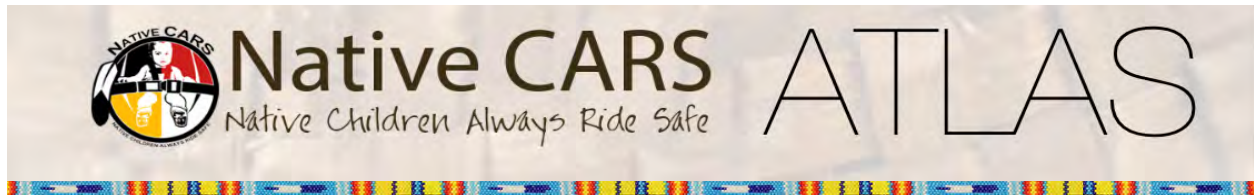
Title of Intervention Activity: Community Education and Outreach	
Approach: (Awareness, Behavior Change, Public Health Practice, Environment, Policy)	Health Education, Awareness
Issue Addressed	Low knowledge and awareness of child safety seat recommendations
Collaborators	Community Action Partnership, Head Start, Elementary Schools, WIC, Health Clinics

Audience:

Staff and personnel at tribal and non-tribal entities who interface with tribal children in need of proper child passenger restraints

Description:

The tribal organization listed above will increase awareness of available child safety seat resources in the community via education and information sessions held at child-focused organizations, e.g. Head Start, Elementary schools, WIC, local health clinics etc. At these locations, community members will receive the necessary information they need to educate parents and caregivers about child passenger safety and/or direct them to the proper resource for additional information. For instance, children may be weighed and measured to determine the appropriate child safety seat for them.



Objectives:

1. Mobilize community partners to be advocates of child passenger safety and informational resources for the parents/caregivers.
2. Increase awareness of child passenger safety among organizations throughout the community that serve young children who require safety seats.

Potential Evaluation Measures:

- Count of and contact information for all organizations approached to educate about car safety
- Number of families/children consulted regarding car seat safety

Time Line: To be completed at workshop

Date Due: TBD

Budget

	Expense
Table cloth with Tribal & Native CARS logos	\$100
Canopy	\$200
Small Equipment (scales, portable stadiometer, demonstration dolls)	\$700
Child Passenger Safety Video tapes	\$500
Education materials (e.g., charts, handouts, window clings,	\$2000
Sample child safety seats, retractors, webbing and latchplate for demonstration	\$1500
Total Cost	\$5,000

With approval from Native CARS, line items in the above budget may be altered to meet the needs of community specific costs projected for the intervention activities described above but total cost of intervention plan activity may not exceed \$5,000.

DATE: November 2, 2016

TO: Tribal Leaders and Tribal Program Managers

FROM: Monty Wilkinson, Director
Executive Office for United States Attorneys

BY: Cameron G. Chandler, Associate Director
Office of Legal Education

SUBJECT: **Accessing Grants to Strengthen Justice System Capacity Workshop**
Columbia, South Carolina
January 18-19, 2017

DUE DATE: **Nominations are due by November 28, 2016**

CONTACTS: **National Indian Country Training Coordinator:**
Leslie A. Hagen, (803) 705-5061, E-Mail: leslie.hagen3@usdoj.gov

Training Specialist:
Delores McCarter, 803-705-5123, E-Mail: delores.mccarter@usdoj.gov

LEARNDJOJ SCHEDULED OFFERING NUMBER: 56429

The U.S. Department of Justice's National Indian Country Training Initiative, together with the Bureau of Justice Assistance and the Office on Violence Against Women, is pleased to announce the Accessing Grants to Strengthen Justice System Capacity Workshop. This workshop will be held January 18-19, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by the Office of Legal Education.

In Fiscal Year 2010, the Department of Justice (Department) launched its Coordinated Tribal Assistance Solicitation (CTAS) in direct response to concerns raised by tribal leaders regarding the Department's grant process and how it did not provide the flexibility tribes needed to address criminal justice and public safety needs in their communities. Through CTAS, federally-recognized tribes and tribal consortia were able, for the first time ever, to submit a single application for most of the Justice Department's tribal grant programs. The Department designed this comprehensive approach to save time and resources and to allow tribes and the Department to gain a better understanding of the tribes' overall public safety needs.

In Fiscal Year 2016, the department awarded 236 CTAS grants to 131 American Indian tribes, Alaska Native villages, tribal consortia and tribal designees. The grants provided more than \$102 million to enhance law enforcement practices, and sustain crime prevention and intervention efforts in nine purpose areas including public safety and community policing, justice systems planning, alcohol and substance abuse, corrections and correctional alternatives, violence against women, juvenile justice, and tribal youth programs.

This workshop is designed to provide previous and new CTAS applicants with tools and guidance that may assist with the tribe's efforts to access grant funding and other resources to improve their justice systems. Workshop sessions will be led by Department personnel and experienced technical assistance providers and will focus on topics such as: 1) strategic planning to support a strong program design; 2) writing a proposal; 3) grant writing tips; and 4) DOJ funding opportunities and training and technical assistance resources.

Please complete the attached form for each of your nominees and E-Mail it to the attention of Delores McCarter, Office of Legal Education. **Nominations are due by November 28, 2016.**

The NICTI will review all nominations and will send an e-mail advising nominees of their selection on or about December 5, 2016. Selected nominees will also receive information on how to book travel and lodging.

In order to ensure that our records are correct, please **type** in the required information when completing the nomination forms. Illegible and/or incomplete forms will not be considered.

Due to the increasing number of last minute cancellations, we must ask that only nominations for those who are certain to attend be submitted.

The Executive Office for United States Attorneys will provide reasonable accommodations to people with disabilities. Requests should be made to Delores McCarter as early as possible, preferably at least two weeks in advance of the seminar. No nominee will be excluded from a course on the basis of a disability-related accommodations request.

This training is authorized under the Government Employees Training Act.

Any questions regarding this training seminar should be directed to Delores McCarter at (803) 705-5123.

Accessing Grants to Strengthen Justice System Capacity Workshop

January 18-19, 2017

#56429

NOMINATION FORM

PLEASE COMPLETE THIS NOMINATION FORM BY **NOVEMBER 28, 2016**, AND E-MAIL IT
 TO: Delores McCarter at delores.mccarter@usdoj.gov

*Order of Preference:	_____ of _____
------------------------------	----------------

Please type your information below:

Name of Nominee:	
Nominee's Job Title:	
Name of Tribe and/or Agency:	
Office Mailing Address:	
City, State, Zip Code:	
Office Telephone Number:	
Secondary Telephone Number:	
E-Mail Address <i>(please confirm)</i>:	
Supervisor's Name and Number:	

**If multiple applicants are from the same agency, please have the Training Officer or Supervisor rank applicants in order of preference.*

1. Was your tribe previously awarded CTAS funding? Yes No
2. Did your tribe/consortia/agency apply for CTAS funding but was unsuccessful? Yes No
3. Did your tribe/consortia/agency ever apply for CTAS funding? Yes No

The U.S. Department of Justice's National Indian Country Training Initiative (NICTI), together with the Substance Abuse and Mental Health Services Administration (SAMHSA), is pleased to announce the Tribal Action Plan (TAP) Development Workshop. This workshop will be held January 25-27, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by DOJ's Office of Legal Education. There is no tuition fee to attend this training. Tribes are encouraged to register a team to attend.

The Tribal Law and Order Act (TLOA) of 2010 addresses the development of Tribal Action Plans (TAP). TAPs support the principle of tribal self-determination and provide tribes the opportunity to take a proactive role in the fight against alcohol and substance misuse in their communities. TLOA also requires interagency coordination and collaboration among the Department of Health and Human Services (HHS), Department of Justice (DOJ), and the Department of the Interior (DOI) in addressing Indian alcohol and substance use problems.

The TAP Workshop will be led by experienced faculty and include sessions focused on: 1) community readiness; 2) local resource identification; 3) areas of prevention/intervention; and 4) strategic plan development.

The TAP Workshop is designed for tribes who have not previously participated in intensive tribal action plan training. Tribes who are chosen to participate are required to send a core team of five representatives comprised of individuals who represent the following disciplines: the tribe's TAP Tribal Coordinating Committee, Tribal leadership, Tribal behavioral health director, public health nurse, community health representative, Tribal judicial service representative, law enforcement, spiritual leader, and the education system representative. Tribes who have participated in a Gathering of Native Americans (GONA) training possess important preparation for the TAP Workshop.

Core Tribal TAP Team members will be required to participate in pre and post workshop technical assistance, attend the entire workshop, and sign a letter of commitment to work with Federal TAP points of contacts and consultants to complete a tribal-specific TAP. Tribes selected to attend the TAP Workshop must adopt a resolution (or legally-equivalent action) to develop and implement a tribal action plan.

If interested in having a team apply to attend, please have each team member fill out the attached application form and submit as directed.

Leslie A. Hagen
National Indian Country Training Coordinator
US Department of Justice
1620 Pendleton St.
Columbia, SC 29201
Leslie.Hagen3@usdoj.gov

DATE: October 31, 2016

TO: Federal Bureau of Investigations, Bureau of Indian Affairs,
and Tribal Leaders

FROM: Monty Wilkinson, Director
Executive Office for United States Attorneys

BY: Cameron G. Chandler, Associate Director
Office of Legal Education

SUBJECT: **Tribal Action Plan Development Workshop:
A Tribal Law and Order Act Training Initiative**
Columbia, South Carolina
January 25-27, 2017

ATTENTION: Training Officers

DUE DATE: **Nominations are due by November 18, 2016**

CONTACTS: **National Indian Country Training Coordinator:**
Leslie A. Hagen, (803) 705-5061, E-Mail: leslie.hagen3@usdoj.gov

Training Specialist:
Delores McCarter, 803-705-5123, E-Mail: delores.mccarter@usdoj.gov

LearnDOJ SCHEDULED OFFERING NUMBER: 53917

The U.S. Department of Justice's National Indian Country Training Initiative (NICTI), together with the Substance Abuse and Mental Health Services Administration (SAMHSA), is pleased to announce the Tribal Action Plan (TAP) Development Workshop. This workshop will be held January 25-27, 2017, at the National Advocacy Center in Columbia, South Carolina. Travel and lodging accommodations will be provided by the Office of Legal Education.

The Tribal Action Plan Training Initiative was established in direct response to TLOA, and it includes an intensive training workshop co-sponsored by SAMHSA and NICTI. This workshop is designed to provide tribes with the tools and guidance to assist their efforts in developing a TAP.

The Tribal Law and Order Act (TLOA) of 2010 addresses the development of Tribal Action Plans (TAP). TAPs support the principle of tribal self-determination and provide tribes the opportunity to take a proactive role in the fight against alcohol and substance misuse in their communities. TLOA also requires interagency coordination and collaboration among the Department of Health and Human Services (HHS), Department of Justice (DOJ), and the Department of the Interior (DOI) in addressing Indian alcohol and substance use problems.

The TAP Workshop will be led by experienced faculty and include sessions focused on: 1) community readiness; 2) local resource identification; 3) areas of prevention/intervention; and 4) strategic plan development.

The TAP Workshop is designed for tribes who have not previously participated in intensive tribal action plan training. Tribes who are chosen to participate are required to send a core team of five representatives comprised of individuals who represent the following disciplines: the tribe's TAP Tribal Coordinating Committee, Tribal leadership, Tribal behavioral health director, public health nurse, community health representative, Tribal judicial service representative, law enforcement, spiritual leader, and the education system representative. Tribes who have participated in a Gathering of Native Americans (GONA) training possess important preparation for the TAP Workshop.

Core Tribal TAP Team members will be required to participate in pre and post workshop technical assistance, attend the entire workshop, and sign a letter of commitment to work with Federal TAP points of contacts and consultants to complete a tribal-specific TAP. Tribes selected to attend the TAP Workshop must adopt a resolution (or legally-equivalent action) to develop and implement a tribal action plan.

Please complete the attached form for each of your nominees and E-Mail it to the attention of Delores McCarter, Office of Legal Education. **Nominations are due by November 18, 2016.**

The NICTI will review all nominations and the NICTI will send an e-mail advising nominees of their selection on or about November 28, 2016. Selected nominees will also receive information on how to book travel and lodging.

In order to ensure that our records are correct, please **type** in the required information when completing the nomination forms. Illegible and/or incomplete forms will not be considered.

Due to the increasing number of last minute cancellations, we must ask that only nominations for those who are certain to attend be submitted.

The Executive Office for United States Attorneys will provide reasonable accommodations to people with disabilities. Requests should be made to Delores McCarter as early as possible, preferably at least two weeks in advance of the seminar. No nominee will be excluded from a course on the basis of a disability-related accommodations request.

This training is authorized under the Government Employees Training Act.

Any questions regarding this training seminar should be directed to Delores McCarter at (803) 705-5123.

**Tribal Action Plan Development Workshop:
A Tribal Law and Order Act Training Initiative
January 25-27, 2017
#53917**

NOMINATION FORM

PLEASE COMPLETE THIS NOMINATION FORM BY **NOVEMBER 18, 2016**, AND E-MAIL IT TO:
Delores McCarter at delores.mccarter@usdoj.gov

*Order of Preference:	_____ of _____
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Please type your information below:

Name of Nominee:	
Nominee's Job Title:	
Name of Tribe and/or Agency:	
Office Mailing Address:	
City, State, Zip Code:	
Office Telephone Number:	
Secondary Telephone Number:	
E-Mail Address <i>(please confirm)</i>:	
Supervisor's Name and Number:	

**If multiple applicants are from the same agency, please have the Training Officer or Supervisor rank applicants in order of preference.*

1. Did your tribe develop a TAP? Yes No
2. Did your tribe receive intensive TAP training within the past three years? Yes No
3. Did your tribe pass a resolution (or legally-equivalent action) to develop and implement a tribal action plan? Yes No
4. Did your tribe assemble a Core Tribal TAP Team committed to developing and implementing a TAP? Yes No

Sophie Trettevick Indian Health Center

Mental Health Counselor

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking an energetic and enthusiastic counselor or clinical social worker who truly cares about patients as unique individuals with their own challenges, hopes, and dreams. Your work will include both one-on-one appointments and the creation of innovative and culturally sensitive group activities, with an emphasis on family and community as well as the individual. We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

Neah Bay is a great place to live and work. Become a part of our community!

Requirements: LMHC, minimum of 2 years post-masters experience is preferred, Master's or doctoral degree in mental health counseling, clinical social work, or a related field from an accredited university. Must be licensed in Washington state or able to become licensed before starting work.

The qualified candidate must have knowledge of and experience with dual-diagnosis/addiction treatment, understand teaching principles necessary to carry out a patient health education program, and have the ability to respond to emergency/urgent care situations.

You can find a full list of our Career Opportunities located on our website at: <http://makah.com/makah-tribal-info/employment/>

How to Apply

<http://makah.com/makah-tribal-info/employment/>

Makah Tribal Council

Personnel Office

P.O. Box 115

71 Makah Bay Drive

Neah Bay, WA 98357

Phone: (360) 645-2055

Fax: (360) 645-3123

E-mail: tabitha.herda@makah.com

Sophie Trettevick Indian Health Center

Two Positions available: Chemical Dependency Counselor and CD Supervisor

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking two experienced Chemical Dependency counselors to complete our addiction recovery team. Our counselors share clinical care responsibilities including conducting intake interviews, evaluations, and assessments; individual and group counseling for clients and their families; case management; referrals and follow-up services; and collaborating with our Healing to Wellness Court. The right match may also be enlisted to take on the role of clinical supervisor, including overseeing clinical care at our agency and supervising our Chemical Dependency counselor trainees. This includes the implementation of and guidance for the clinical substance abuse program, clinical supervision for our other CDPs and trainees, collaboration on the development of a Medication Assisted Treatment program, and periodic reviews of each counselor's clinical files

We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

Neah Bay is a great place to live and work. Become a part of our community!

Requirements: Current certification as a Chemical Dependency Professional, and must have completed or be willing and able to complete an HIV/AIDS training approved by DBHR. Must be licensed in Washington state or able to become licensed before starting work.

The qualified candidate must have knowledge of group and individual counseling techniques to effectively communicate with clients, understand the disease of alcoholism and substance abuse and the implication of physical, spiritual, emotional and psychological factors, be able to maintain effective working relationships with staff, public and private agencies, and the general public, and be able to operate effectively in crisis and/or emergency situations.

You can find a full list of our Career Opportunities located on our website at: <http://makah.com/makah-tribal-info/employment/>

How to Apply <http://makah.com/makah-tribal-info/employment/>

Makah Tribal Council Personnel Office

P.O. Box 115

71 Makah Bay Drive

Neah Bay, WA 98357

Phone: (360) 645-2055

Fax: (360)645-3123

E-mail: tabitha.herda@makah.com

Sophie Trettevick Indian Health Center

Youth Mental Health Counselor

Sophie Trettevick Indian Health Center is owned and managed by the Makah Tribe in Neah Bay, Washington. We offer family practice, mental health counseling, chemical dependency services, massage therapy, physical therapy, acupuncture, and a Tribal youth center. We are seeking an energetic and enthusiastic counselor or clinical social worker who has a knack for working with teens and young adults. Your work will include both one-on-one appointments and the creation of innovative and culturally sensitive group activities, with an emphasis on family and community as well as the individual. We collaborate with our school, social services, and other child- and family-serving organizations, aim to practice fully integrated care within our health center, and actively seek input from our community. You'll have the opportunity to work with traditional weavers, carvers, drum-makers, and experts in native plants and foods. You'll also be working with a team supported by a Circles of Care grant, a major SAMHSA grant that will allow us to create our own mental health care system strictly focused on Makah ways of living for children, teens, young adults, and their families.

Neah Bay is a great place to live and work. Become a part of our community!

Requirements: LMHC, minimum of 2 years post-masters experience is preferred, Master's or doctoral in mental health counseling, clinical social work, or a related field from an accredited university. Must be licensed in Washington state or able to become licensed before starting work.

The qualified candidate must have knowledge of and experience with dual-diagnosis/addiction treatment, understand teaching principles necessary to carry out a patient health education program, and have the ability to respond to emergency/urgent care situations.

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Phone: (360) 645-2055
Fax: (360) 645-3123
E-mail: tabitha.herda@makah.com

National Indian Health Board



Oral Health in Indian Country Survey



We are giving away an Amazon gift card for \$100 to three (3) people who fill out our survey on oral health, so be sure to give us your input by completing the survey at the link below!

[CLICK HERE: Oral Health in Indian Country Survey](#)

We need your help! The National Indian Health Board (NIHB) is committed to bringing together stakeholders to explore solutions and develop recommendations to address oral health disparities and lack of access to oral health treatment and prevention services in Indian Country.

Diseases of the mouth and access to oral healthcare are critical issues for many American Indians and Alaska Natives. In fact, American Indians and Alaska Native children ages 2-5 years have an average of 6 decayed teeth, while the same age group in the U.S. population has only one decayed tooth. Half of Native

Americans live in what are considered "dental shortage areas." Often, oral healthcare has been so under-prioritized, that people do not know just how important oral health is to overall health.

In an effort to assess community knowledge and find effective paths forward, the NIHB is conducting an "Oral Health in Indian Country" survey. The survey will allow Tribal members, Tribal leaders and others to provide feedback on oral healthcare access and patient satisfaction in Indian Country. By telling us the state of oral healthcare in Indian Country, you are charting the course for future action. NIHB needs as much information as possible to provide an accurate picture to policymakers.

*****Please fill out this survey to help the NIHB assess Tribal leader and Tribal member knowledge of access and quality of oral healthcare issues in Tribal communities.

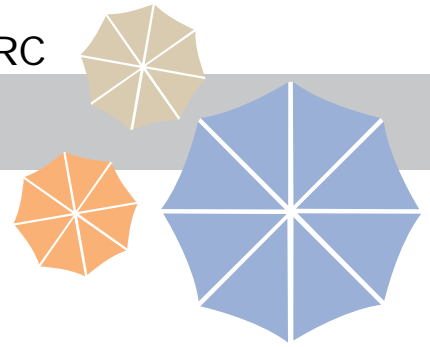
The survey should take no longer than 10 minutes. Responses are anonymous. If you would like to receive further information or be entered to win one of three \$100 Amazon gift cards, please provide your contact information when prompted.

[CLICK HERE: Oral Health in Indian Country Survey](#)

National Indian Health Board | www.nihb.org
910 Pennsylvania Avenue SE | Washington, DC 20003 | Phone: 202-507-4070

[Join Our Mailing List](#)

November 2016



What's New at the Center

New Book from PRC researcher, Raina Croff, PhD

In this Issue

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Up Close

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Special Feature

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Project Updates



Robert Hale was born with a mystery disorder. A stick-skinny boy with digestion problems and night blindness, doctors didn't know what was wrong. When the tremors began as a young man in 1975, Robert enrolled in clinical research at Oregon Health & Science University. It was a year of medical mysteries solved, nurse crushes, and first experiences. With a name for his disorder, abetalipoproteinemia, and treatment that curbed some of its neurological characteristics, Robert set out to find his destiny. But he had no idea what lay ahead. As his vision faded, employment and fatherhood brought challenge and heartbreak. Using a cane, then a walker,

and finally a wheelchair in a world built for people who walk and see, Robert's trials were great. But his determination to find happiness was greater.

From a year of interviews with medical anthropologist and writer Raina Croff, PhD (PI of the PRC study, SHARP, and Assistant Professor of Neurology, OHSU), Robert's story of hope beyond hardship shines through his appreciation, determination, and positive attitude. Written with humor and depth, *Elevate Your Thinking* is at once a gripping story, a guide on disability sensitivity training, and an exercise in the power of gratitude. Their new book, *Elevate Your Thinking* (Luminare Press, 2016) is available now. See Raina's author page at <https://rainacroff.wordpress.com/>



Oregon Health & Science University
Center for Healthy Communities
3181 SW Sam Jackson Park Rd., CB669
Portland, Oregon 97239
p: 503.494.1126
f: 503.494.7536
e: oregonprc@ohsu.edu
w: www.oregonprc.org

Message from the Director



*Thomas M. Becker, MD, PhD,
Director*

Greetings,

I returned a few hours ago from the International Conference on Epidemiology and Public Health, held in London for the 4th time. I presented some unpublished data on hearing health in an American Indian tribe in the Northwest, a project that included Kapuaola Gellert, a former MPH thesis student, and a host of other 'usual suspects' in our hearing health studies. The topic seemed well received, and I answered many questions about hearing health in the tribes, as well as more general questions about Indian health in the Northwest and nationwide. Many of the conference participants came from African countries where tribal affiliations remain distinct and tribal health issues vary from tribe to tribe. The Africans were asking most of the questions. Of course, I am always pleased when our PRC research topics are met with enthusiasm. However, I would like to highlight some of the remarkable epidemiologic and public health challenges around the globe that were presented over that four day conference.

Many of these issues do not appear on our radar screens in the Northwest, in the nation, or much less in Indian tribes. However, other issues were more familiar as 'bread and butter' topics that NIH or CDC might fund. Among the more memorable highlights was a talk on skeletal tuberculosis in Nigeria, including Pott's disease/s that have nearly completely disappeared in the US. Although I have seen one clinical case of skeletal TB in a tribal person about 30 years ago, this condition is now extremely rare in the US. Another speaker from Northwest Nigeria discussed childhood trauma, the effects of violence and kidnapping, as well as drug use among youth that was suggested to be strongly related to the undercurrent of violence and extremism in that part of the planet. Household air pollution and childhood mortality in South Asia was an interesting topic, and a cluster of Creutzfeldt-Jacob disease in mid-Essex, United Kingdom was also remarkable. This is a very rare neurologic disease that is similar to mad cow disease, but without the cows. Some of the topics were more closely related to health services and health outcomes, and a large handful of methodologic papers were presented from investigators around the globe, including one from Dr. Eduardo Simoes who ran the national Prevention Research Center program until five years ago. Ours was the only prevention research center that participated in the conference this year, although I am hopeful that more of our PRC colleagues will try to attend future international meetings like this one. Judging from the topics I attended, dissemination and implementation research (like our ongoing Native STAND project) is less common in other countries than in the US.



4th International Conference on Epidemiology and Public Health in London, United Kingdom

The only down side to the conference was related to my translation of all of the non-English speakers and their accents... they may have said the same thing about mine! So, you have to try extra hard to glean the take-home messages from these international talks. However, the networking opportunities were great and I hope that I made a few alliances that will result in some visiting lecturers to our new School of Public Health and to our PRC. I hope to return to another such conference next year, the fates be willing, and will be curious to see what new public health marvels have captured the attention of our colleagues worldwide.

Tom Becker

What's New at the Center?

New Healthy Native Youth Website

Healthy Native Youth is a one-stop-shop for educators and health advocates who want to expand learning opportunities for AI/AN youth (www.HealthyNativeYouth.org). The site contains curricula, quizzes, handouts and training tools needed to access and deliver effective, age-appropriate sexual health programs.



The goals of the site are to:

- Expose AI/AN youth to age-appropriate, culturally tailored sex education across the lifespan.
- Support and empower tribal health educators and teachers to access and deliver evidence-based programs.

Healthy Native Youth was collaboratively designed by the Northwest Portland Area Indian Health Board (NPAIHB), the Alaska Native Tribal Health Consortium (ANTHC), the Inter Tribal Council of Arizona (ITCA), the University of Texas School of Public Health (UTSPH), and a team of national stakeholders, including the Oregon PRC. The portal currently includes Native It's Your Game (Native IYG), Native STAND, Native VOICES, and Safe in the Village, amongst others. The portal allows visitors to filter and compare curricula on several key dimensions, including age, delivery setting, duration, cost, and evidence of effectiveness, to determine best-fit for their community or setting. Visitors are invited to upload their own culturally-relevant programs for inclusion on the website. The site is supported by the Indian Health Service HIV Program and the Secretary's Minority AIDS Initiative Fund.

Become a Certified Native STAND Educator - **APPLY NOW!**

The Center for Healthy Communities is partnering with the Northwest Portland Area Indian Health Board (NPAIHB) to select 25 Tribes and American Indian/Alaska Native (AI/AN) organizations to receive training on the delivery of Native STAND (Students Together Against Negative Decision Making), a positive youth development program that builds decision making skills on healthy relationships, STD/HIV prevention, and reproductive health. Tribes and AI/AN organizations that serve high school age youth (14-18 years) are encouraged to apply!

Summer Training Program Opportunity



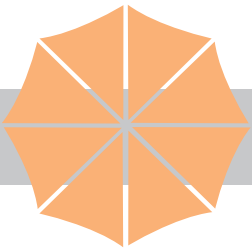
Training Program: The Native STAND Summer Training Program will take place June 26-30, 2017 in Portland, Oregon.

To apply, please visit:

<https://www.surveymonkey.com/r/NativeSTAND2017>

Applications are due March 1, 2017.

For more information about the Native STAND program or eligibility visit Oregonprc.org



Introducing New PRC Staff



Caitlin Donald (Osage/Ponca), MSW - PRC Program Manager

Caitlin serves as Program Manager, where she oversees the day-to-day activities of the PRC and acts as the liaison between the CDC, partner organizations, and the University. Caitlin has spent the last 7 years working in partnership with Native communities in workforce development, mental health, child welfare, the arts, and most recently in health research. She received her Bachelor's in Social Work from Portland State University and her Master's in Social Work from Washington University in St. Louis. In her free time, Caitlin loves museums, found things, and spending time with her family.

Kavita Rajani, BA - PRC Data Manager

Kavita Rajani graduated from Bryn Mawr College with a BA in Biology and a minor in Health Studies in 2016. She serves as the Data Manager of the Native STAND (Students Together Against Negative Decisions) Program. In this role, she assists with the evaluation of the program impact as well as works towards determining different strategies for dissemination of this program. Outside of the Center for Healthy Communities, Kavita enjoys spending time with her family, trying new restaurants, reading and exploring the outdoors.



Brittany Morgan, BS - PRC Assistant Program Manager

Brittany Morgan graduated from Portland State University with a Bachelor of Science in Community Health Education and a minor in Biology in 2016. She is the Assistant Program Manager and develops communication materials related to PRC projects. She is also currently attending OHSU's Master of Public Health program with an emphasis in Epidemiology. When she's not studying, she's hanging out with her dog and rooting for the Trailblazers!



PREVENTION RESEARCH CENTERS PROGRAM

Building Healthier Communities



Network of University Research Centers

Primary Areas of Research

Obesity, Nutrition & Physical Activity Healthy Heart Issues Sexual Health Violence Cancer Smoking and Substance Abuse



Return on Investment = \$8
for every **\$1** funded in added funds

Our Work (since 2009)

3,411 publications
166 books/chapters

Over **56,000** persons trained

3,306



Scientific presentations

7 Thematic Research Networks

- Cancer Prevention and Control
- Workplace Health
- Global and Territorial Health
- Physical Activity Policy
- Healthy Brain
- Nutrition and Obesity Policy
- Managing Epilepsy Well

14 PRCs work with Community Health Workers (CHWs) on:



- ▶ Health Education & Screening
- ▶ Team-based Care
- ▶ Patient Navigation
- ▶ Community Organization
- ▶ Outreach & Enrollment

www.cdc.gov/prc



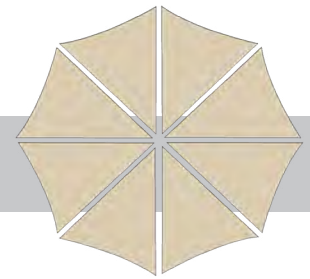
30th Anniversary of The Prevention Research Centers Program

In 2016, the **Prevention Research Centers (PRC) Program** celebrates its 30th anniversary. The PRC Program began in 1984 when Congress authorized the US Department of Health and Human Services to create a network of academic health centers to conduct applied public health prevention research. In 1986, the Centers for Disease Control and Prevention (CDC) was selected to provide leadership, technical assistance and oversight for this network of Prevention Research Centers.

The PRCs are university-based research centers that study how people and their communities can avoid or counter the risks for chronic illnesses, such as heart disease, obesity and cancer. As leaders in translating research results into policy and public health practice, the centers work with communities to develop, evaluate, and implement major community changes that can prevent and control chronic diseases. They identify gaps in research and develop innovative approaches to improving public health that can be shared broadly with public health partners.

Over the past 30 years, PRCs have demonstrated the use of new and innovative research in public health approaches that improve the health of the population, particularly those experiencing health disparities. PRCs tap into the expertise of diverse disciplines across their universities and beyond to address health issues and use diverse ways appropriate to their research questions. The centers continue to produce a wealth of research supporting effective evidence-based research to practice approaches for communities experiencing health disparities.





Native STAND Improves Sexual Health of Tribal Teens

Contributed by Michelle Singer (Navajo)
Project Manager

Since 2014, 30 representatives from tribes and tribal organizations across 14 states have received training on the delivery of the *Native STAND* curriculum. Health educators, with the support of local agencies, schools, and youth organizations were trained in Portland, Oregon and have returned to their home communities to implement the curriculum with high school youth. The educators are supported by website resources, expert coaches, and \$5,000 mini-grants in each of their first two years of program delivery.

Native STAND (Students Together Against Negative Decision Making) is a healthy decisions curriculum for enhancing and promoting positive Native youth development and well-being. The curriculum is highly interactive and the learning activities were developed by a national group of tribal health professionals. It incorporates Native tradition and values to address STIs/HIV, early pregnancy, healthy relationships, and substance use while teaching healthy decision-making skills.



Native STAND Youth
Show Their Confidence!

The educators are at various points of program delivery in their home communities and we are seeing strong signs of success. For example, a tribal community in Central Oregon wrote an original song and created a music video on their website. To view the website and the song, visit: <http://www.nativestandwarmsprings.com/index.html>

One educator offered this story of how *Native STAND* is making an impact -

Since implementing Native STAND at our site, we have had a slight increase in referrals to our School-Based Health Center for family planning. Students have been more open to talking about facts they have learned from Native STAND with their peers and building a trusting relationship with their facilitators. A student who attended Native STAND encouraged another student to talk to me about getting condoms because I "wouldn't judge" the student for asking for them, which led to a conversation about social interactions, home life, and the student's contemplation to drop out of school. The friend from the Native STAND was present and encouraging during this conversation, and as a result, the student in need continued to attend Native STAND sessions

The second group of educators trained this past June have developed a special bond that has carried over from the summer training through social networking for peer support. Many have already started implementation and several are now moving forward with delivery of the curriculum as the school year begins.



(continued on page 7)



Native STAND continued...

While these newly trained educators are a little bit nervous about the challenge of working on these sensitive but essential life skills, they are excited to be moving ahead with their youth. We expect to be able to share stories of their successes very soon!



The Proud “Class of 2016” Native STAND Health Educators

We are now recruiting the last group of educators for the 2017 Native STAND Summer Training. We hope to train 25 additional educators in this final offering.

Applications are available now at: <https://www.surveymonkey.com/r/NativeSTAND2017> and are due on March 1, 2017.

For more information about the Native STAND Project and Program, please attend one of our informational webinars or visit www.oregonprc.org. To discuss eligibility requirements or for a program consult, please contact Michelle Singer, Project Manager, at 503-418-2199 or singem@ohsu.edu

Why We Walk: Older African Americans remember community for a healthier future -A SHARP Pilot Program Update

Contributed by Raina Croff, PhD

We’ve all laced up our sneakers with rock-solid determination not to quit. Yet we all have. And we start again. And we quit again. It’s what humans do, and it’s called life. Somewhere between start and stop our motivation wanes. What if our motivation to exercise was more than improving our personal health, but our community’s health, too? What if by walking, we were contributing to the preservation of our community’s history for generations to come? This is what motivates the 21 African Americans 55 and older participating in the SHARP walking program.

She and I have been trying to walk 3 times a week for several years now. We both agreed to do this because we could never seem to get past the first 2 weeks.

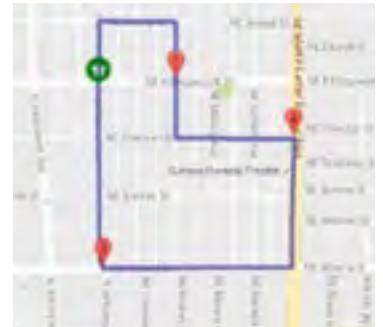
In SHARP (Sharing History through Active Reminiscence and Photo-imagery), participants are recording their community memories of living and working in Portland’s historically Black neighborhoods while they walk there. Three times a week in teams of three, participants follow GPS-mapped routes on a tablet and view three historic neighborhood images from 1940-2010 to stimulate conversational reminiscence. (continued on page 8)



Why We Walk Continued...

Participants’ recorded narratives will be integrated into educational programming that uses community memory to engage African Americans in learning about memory and brain health as we age. With 72 themed 1-mile walks, participants are creating quite the digital community memory archive. From “Nightlife” walks showcasing swinging 60’s singers and men in crisp tuxedos, to “Food & Markets” walks recalling corner grocery stores and Kwanzaa feasts, to “Social Change” walks picturing NAACP voter registration and neighborhood clean-ups, the area’s Black history is rich and participants’ memories of what was are priceless. Especially in the face of what is – gentrification.

As the African American historical landscapes in North and Northeast Portland fade, our memories of them don’t have to. And as we age, our cognitive ability to hold onto the memories of the people and places that made us, sustained us, and still carry us forward, doesn’t have to fade either. Dr. Croff, SHARP’s principal investigator and Portland native, hopes that the walking and social engagement that participants get in a program like SHARP will keep their brains healthy and help curb cognitive decline before it happens. And she hopes using participants’ narratives will be a culturally celebratory way to inform other African Americans about maintaining cognitive health as they age, particularly because African Americans may be at higher risk for cognitive decline, including Alzheimer’s, due to higher rates of chronic conditions like diabetes and hypertension.



The incentive to walk is for me tied to a purpose. It is about getting the exercise and social engagement—all of that, but the historic piece, looking at what was and what is now community, having a purpose involved in the walks is important to me.

--SHARP Participant

Two groups have completed SHARP’s 6-month program; five groups are currently walking. In focus

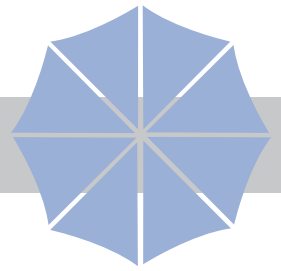
groups, participants reported that neighborhood

walking makes them feel visible when gentrification makes them feel invisible, and that recording their community memories is a meaningful way to sustain interest and motivation to walk. They also reported that participation in SHARP increased their social engagement in and outside the program.

Dr. Croff’s team hopes to expand SHARP to include people experiencing mild cognitive impairment and limited mobility, and to other neighborhoods across the country.

SHARP is funded by the CDC’s Prevention Research Center and the CDC Healthy Brain Research Network, and by the Oregon Roybal Center for Aging and Technology. Images courtesy of (in order shown): Rutherford Collection at PSU, City of Portland Archives.





Warm Springs Site Visit

The Center for Healthy Community's Project Officer from the Atlanta-based CDC conducted an Oregon PRC site visit this past April which included Warm Springs. During the site visit Oregon PRC showcased the core research project, Native STAND. The Project Officer was also able to visit with key tribal community representatives that have been involved in Oregon PRC activities to obtain a community perspective of the research projects and/or training programs.

During the visit, the Project Officer met with Scott Kalama (Warm Springs Lead Educator/Prevention Specialist), Anita Davis (Warm Springs Co-Facilitator/Prevention Specialist), Carol Sahme (Warm Springs Educator/Community Health Prevention), Paige Farris (OR-CCRC Program Administrator), Jackilen Shannon (Co-Director of OR-CCRC), Judith Charley (CTWS Community Health Information Specialist and Rural Tribal Advisory Committee Member), Orvie Danzuka (CTWS Tribal Council Member), and several community members during a community engagement and networking lunch.

In the photo to the right: Paige Farris, Jackie Shannon, and Judith Charley present the Oregon PRC special interest project, Oregon Community Cancer Research Collaborative, to the Project Officer.



In the photo to the left: Scott Kalama and Anita Davis (along with Dr. William Lambert, Dr. Stephanie Craig Rushing, and Michelle Singer) present the Native STAND Warm Springs website and music video they created in hopes of reaching other Native Youth with their empowering messages.



The Team

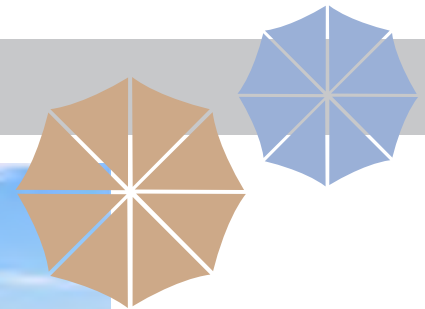
Director.....Thomas Becker, MD, PhD
 Associate Director.....William Lambert, PhD
 Program Manager.....Caitlin Donald, MSW
 Assistant Program Manager.....Brittany Morgan, BS
 Investigator, NIHLP Project.....William Martin, PhD
 Project Manager, Native STAND.....Michelle Singer, BS
 Investigator, CER Project.....Steven Mansberger, MD, MPH
 Investigator, Native CARS Project.....Jodi Lapidus, PhD
 Project Director, Native CARS Project.....Tam Lutz, MPH, MHA
 Investigator, VOICES.....Stephanie Craig Rushing, PhD, MPH
 Investigator, OR-CCRC.....Jackie Shannon, PhD, RD
 Investigator, OR-CCRC.....Kerri Winters-Stone, PhD
 Program Manager, OR-CCRC.....Paige Farris, MSW
 Investigator, OR-HBRN.....Raina Croff, PhD
 Investigator, OR-HBRN.....Linda Boise, PhD, MPH
 Project Manager, THRIVE.....Colbie Caughlan
 Program Manager, NW NARCH.....Tanya Firemoon

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 Angela Mendez, MEd
 Liling Willis Sherry
 Kerri Lopez



The Center for Healthy Communities

Our mission is to address the health promotion and chronic disease prevention needs of tribal and other underserved communities through community-based participatory research, and through training, dissemination, and evaluation activities.

Welcome to Centers for Disease Control and Prevention’s (CDC) tribal resource digest for the week of November 7, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

November is Native American and Alaska Native Heritage Month!

Read more about it [here](#).

Additional articles are found [here](#) and [here](#).

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Request for Photos

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

Announcements

Preventing and Responding to Suicide Clusters in American Indian and Alaska Native Communities Report

Highlights the effects of suicide clusters on American Indian and Alaska Native communities. Discusses effective prevention strategies. Explores resources communities can use to decrease the prevalence of suicide clusters.

Full PDF Report [here](#).



Native American Congressional Internship

Offers a 10-week summer internship for Native American and Alaska Native students who wish to learn more about the federal government and issues affecting Indian country. Learn more [here](#).

Deadline: **January 31, 2017**



Native American Heritage Month We R Native November Contest

Did you know, less than 1% of the US population is Native? In observation of Native American Heritage Month, let's show the world what it means to be Native.

This month's contest asks American Indian and Alaska Native youth ages 15-24 to post a picture of themselves on social media, tag their Native friends and challenge them to show the world what #weRnative means. Youth can win We R Native gear and up to \$75 (1st place), \$50 (2nd place), or \$25 (3rd place) cash prizes! Enter [here](#).

Deadlines for entries: **November 20, 2016**

National Indian Health Board Oral Health in Indian Country Survey

We need your help! The National Indian Health Board (NIHB) is committed to bringing together stakeholders to explore solutions and develop recommendations to address oral health disparities and lack of access to oral health treatment and prevention services in Indian Country.

Click [here](#) for article and link to survey.

Articles

Urban Diabetes Care and Outcomes Summary Report, Audit Years 2011-2015

This report summarizes trends in clinical outcomes among AI/AN patients with diabetes from 32 Urban Indian Health Organizations.

Full PDF report [here](#).



Sustainable Food System Policy

The [Lower Sioux Indian Community](#) and the American Indian Cancer Foundation have developed a sustainable food system policy that encourages growing indigenous foods in community gardens.

Learn more [here](#).

Trainings and Conferences

National Conference on Tobacco or Health

The National Conference on Tobacco or Health (NCTOH) is one of the largest, long-standing gatherings of the United States tobacco control movement. It attracts a diverse set of public health professionals to learn about best practices and policies to reduce tobacco use—the leading preventable cause of disease and death in the United States. Learn more [here](#).

When: **March 22-24, 2017**

Where: Austin, TX

Webinars

“Set! Designing your Community Food Sovereignty Assessment”

Identifying priority issues for focus in the CFSA; designing the assessment tools, methods and questions; publicizing the work and setting up logistics for success. An organization or tribe will share experiences and best practices. Register [here](#).

When: **November 15, 2016 1:00pm MST**



Introduction to CDC Diabetes Prevention Programs in Tribal Communities

CDC's Division of Diabetes Prevention is offering two introductory webinars.

When: **Tuesday, November 15 4:00 – 5:30 p.m. EST**

Join to hear more about:
Overview of the National DPP and DPRP
Shared testimony from Tribal applicants

Click link to: [Join Skype Meeting](#) All can access the Skype for Business Web App for free and then follow the instructions in the Web browser window to join the meeting.

Join by phone: (855) 644-0229 Conference ID: 2351261
Email Kavitha Muthuswamy at lhs8@cdc.gov for questions. No registration is required. All welcome, please distribute widely through your networks.



Native STAND Program

A one-hour live webinar will be offered to those interested in learning more about the Native STAND program, curriculum, the dissemination project, eligibility, application process and implementation timeline. Learn more [here](#).

When: **November 17, 2016 11am PST**



Northwest Portland Area Indian Health Board

In partnership with OMHRC a webinar on Healthy Native Youth: Offering Engaging, Relevant, Effective Health Resources. Will share tips for navigating the Healthy Native Youth website, highlight a few of the health curricula available on the site, and encourage participants to submit their own programs for inclusion. Register [here](#).

Date: **November 22, 2016, 2:00 pm ET**

Funding Opportunities

USDA Community Facilities Direct Loan and Grant Program

Direct USDA loans and/or grants to construct, enlarge, or improve essential community facilities for healthcare, public safety, education, and public services in rural areas. This program provides affordable funding to develop essential community facilities in rural areas.

Read more [here](#).



USDA: Food Insecurity Nutrition Incentive (FINI) Grant Program

National Institute of Food and Agriculture (NIFA) - The purpose of the grant program is to support projects to increase the purchase of fruits and vegetables among low-income consumers participating in the Supplemental Nutrition Assistance Program (SNAP) by providing incentives at the point of purchase.

Read more [here](#).

Employment Opportunities

National Indigenous Women's Resource Center

Position: Recruiting for a FT Native Affairs Senior Advisor for the Strong Hearts Helpline. Position is based in Washington, DC. Open until filled. Read more [here](#). Apply [here](#).

Contact Information

National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director
4770 Buford Highway, MS F80
Atlanta, GA 30341
(770) 488-5131

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

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at AQUIROZ@cdc.gov with the words “TRIBAL DIGEST” in the subject line.

BUDGET FORMULATION FY19 MEETING

NOVEMBER 29, 2016 | 8:30 a.m.—3:00 p.m.

Embassy Suites by Hilton

7900 NE 82nd Ave

Portland, Oregon

This meeting is for Tribes and Indian Health Service to come together to exchange information and determine the health priorities for the FY19 Portland Area Indian Health Service budget submission. More details to follow.

Questions? Call CAPT Ann Arnett (503) 414-5555 or e-mail ann.arnett@ihs.gov



Our Mission... to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.