


















**Northwest Tribal Epidemiology Center
(The EpiCenter)
January-March 2017 Quarterly Report**



Northwest Tribal Epidemiology Center Projects' Reports Include:

-  **Adolescent Health**
-  **Clinical Programs-STI/HIV/HCV**
-  **Epicenter Biostatistician**
-  **Epicenter National Evaluation Project**
-  **Immunization and IRB**
-  **Injury Prevention Program (IPP)/Public Health Improvement & Training (PHIT)**
-  **Medical Epidemiologist**
-  **Native Children Always Ride Safe (Native CARS) Study/TOTS to Tweens Study**
-  **Northwest Native American Research Center for Health (NARCH)**
-  **Northwest Tribal Cancer Control Project**
-  **Northwest Tribal Dental Support Center**
-  **Northwest Tribal Registry Project-Improving Data and Enhancing Access (IDEA-NW)**
-  **Tribal Health: Reaching out InVolves Everyone (THRIVE)**
-  **Wellness for Every American Indian to View and Achieve Health Equity (WEAVE)**
-  **Western Tribal Diabetes Project**

Adolescent Health

Stephanie Craig Rushing, Project Director

David Stephens, Multimedia Project Specialist

Tommy Ghost Dog, Project Red Talon Assistant

*Contractor: Amanda Gaston, MAT, IYG Project
Students: Steven Hafner, Harvard PhD Student Intern*

Technical Assistance and Training

NW Tribal Site Visits

- Chemawa Indian Boarding School's Wellness Day, January 20, 2017. Approximately 300 AI/AN high school students in attendance.
- Swinomish: OMH AI/AN Health Equity Grant RFP, January 18 and 30, 2017.
- Chemawa Indian Boarding School, Bootcamp Mtg. February 8, 2017.

Out of Area Tribal Site Visits

- None

January Technical Assistance Requests

- Tribal TA Requests = 5 (Stephanie), 3 (David), 1 (Tommy)
- Other Agency Requests = 5 (OHSU, SAMHSA, FYSB/ACF, WA DOH/Cardea, Ohio State University)

February Technical Assistance Requests

- Tribal TA Requests = 4 (Stephanie), 3 (David), 2 (Tommy)
- 8 (OMH, Focus on Youth, OHSU, UNITY/CNAY, Urban Clinic Utah, EngenderHealth, PSU, WA DOH)

March Technical Assistance Requests

- Tribal TA Requests = 3 (Stephanie), 1 (David)
- 6 (UNITY/CNAY, OHSU, IHS, ITCA, SAMHSA, OMH)

Project Red Talon / We R Native / Native VOICES

During the quarter, Project Red Talon staff participated in fourteen planning calls, four partner meetings, and presented during two conferences/webinars, including:

- Call and Meeting: Swinomish re: OMH AI/AN Health Equity Grant RFP, January 18 and 30, 2017.
- CDC site visit: Lisa Neel, March 23, 2017.
- Meeting: Native STAND Planning Team, January 9, 2017 and March 6, 2017.
- Presentation: We R Native @ Chemawa Indian Boarding School's Wellness Day, January 20, 2017. Approximately 300 AI/AN high school students in attendance.
- Webinar: Native STAND cohort 3 recruitment, January 18, 2017.

Native It's Your Game and Healthy Native Youth

During the quarter, *Native It's Your Game* staff participated in eight planning calls with study partners, five site calls, and supported the following trainings and events:

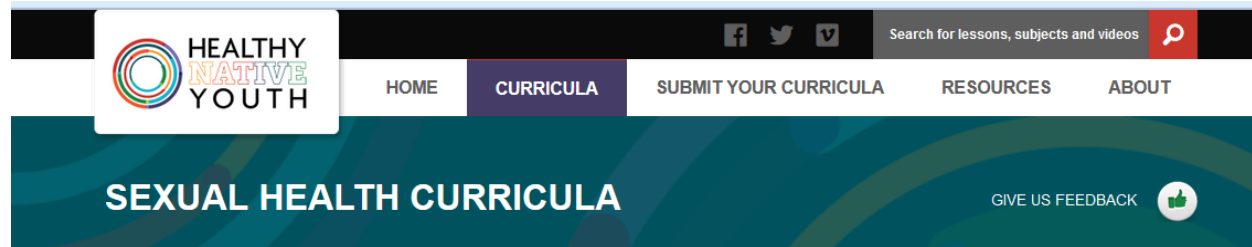
- AdobeConnect: HNY Workgroup Conference Call, February 22, 2017.
- Native American Calling: February 13, 2017:
<http://www.nativeamericacalling.com/monday-february-13-2017-steering-teens-informed-decisions-sex/>



- Webinar presentation: WRN and HNY, Supporting Native Youth Wellness Through HIV Strategies Webinar, March 16, 2017. With 47 adult attendees.

Health Promotion and Disease Prevention

Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org



Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org

The site contains health curricula for AI/AN youth. It is designed for tribal health educators, teachers, and parents – providing the training and tools needed to access and deliver effective, age-appropriate programs.

This month, the site received:

Page views	876
Sessions	341
Percentage of new visitors	60%
Average visit duration	2:24
Pages per visit	2.57

Total **Healthy Native Youth Facebook reach** for the month: 1,980.

Facebook page “likes” = 349: <https://www.facebook.com/HealthyNativeYouth>



Website: The We R Native website launched on September 28, 2012: www.weRnative.org

This month, the site received:

Page views	9,649
Sessions	4,832
Percentage of new visitors	86.8%

Average visit duration	3:12
Pages per visit	2.00

- Over 360 health/wellness pages are included on the website.
- We continue to refine and improve the website, sitemap and wireframe.

Text Messages: *We R Native* has 4,491 active subscribers.

Twitter: Followers = 4,409

YouTube: <http://www.youtube.com/user/wernative#p/f>

The project currently has 478 uploaded videos, has had 84,708 video views, with 150,570 estimated minutes watched.

Facebook: <http://www.facebook.com/pages/We-R-Native/247261648626123>

By the end of the month, the page had 44,277 Likes.

Instagram: <http://instagram.com/wernative>

By the end of the month, the page had 4,562 followers.

Native VOICES Videos: 23 videos are included in the Native VOICES playlist on *We R Native's* YouTube Channel. Since their release, the Native VOICES videos have been viewed 3,080 times (16/17) on YouTube and reached 2,138,944 (2016/17) people on [Facebook](#).

- Native VOICES is the **only** intervention purposefully designed for AI/AN youth included in the CDC's compendium of effective HIV interventions: effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/VOICES.aspx

Surveillance and Research

Native It's Your Game: We are wrapping up TA to 3 tribal ACF sites implementing Native IYG + parent-child components.

Concerning Social Media: The NPAIHB has partnered with the Social Media Adolescent Health Research Team at Seattle Children's Hospital to design educational tools to address concerning posts on social media. We are evaluating the video intervention for adults who work with Native youth (March – December 2017).

Violence Prevention Messages: *We R Native* partnered with Steven Hafner to carryout formative research to design a violence prevention intervention that will be delivered to Native young men via Facebook. Interviews with young men 18-24 have been collected and are being analyzed for themes.

Other Administrative Responsibilities

Publications

- Published: Shegog, R., Craig Rushing, S., Gorman, G. et al. NATIVE-It's Your Game: Adapting a Technology-Based Sexual Health Curriculum for American Indian and Alaska Native youth. *J Primary Prevent* (2017) 38: 27. [doi:10.1007/s10935-016-0440-9](https://doi.org/10.1007/s10935-016-0440-9)
- Working on Native VOICES Outcomes paper
- Working on *Texting 4 Sexual Health* papers (x3)
- Working on *IYG* papers (x2)

Reports/Grants Submitted

- Submitted Teen Preg Proposal, as a sub recipient to UTHealth
- Submitted CDC SIP grant application through OHSU
- Submitted OAH grant application: Expectant and Parenting Teen
- Working on OMH Health Equity Grant: w/ Swinomish

Clinical Programs-STI/HIV/HCV

Jessica Leston, Project Director

David Stephens, Project Manager

Contractor: Brigg Reilley, MPH, TA

Students: Melony Hart, OHSU PhD Student Intern

Technical Assistance and Training

NW Tribal Site Visits

- Swinomish: Hepatitis C Training – January 30-31st (25 attendees)

Out of Area Tribal Site Visits

- None

January Technical Assistance Requests

- Tribal TA Requests = 6 (Jessica), 8 (David)
- Other Agency Requests = 2(OHSU, Cherokee Nation)

February Technical Assistance Requests

- Tribal TA Requests = 8 (Jessica), 10 (David)
- Other Agency Requests = 2 (OHSU, CDC, IHS)

March Technical Assistance Requests

- Tribal TA Requests = 7 (Jessica), 13 (David)
- Other Agency Requests = 2 (OHSU, CDC, IHS, NNAAPC, NIHB)

HIV/STI/HCV

During the quarter, HIV/STI/HCV clinical project staff participated in forty-one technical assistance calls, including:

- Zoom: HCV ECHO –January 4, 2017
- Adobe: Regional Great Plains ID Call – January 5, 2017
- Conference Call: UIHI and OMH PrEP call – January 9, 2017
- Conference Call: STI Monthly call with IHS – January 12, 2017
- Conference Call: IHS/ANTHC Liver Cancer Trends – January 12, 2017
- Conference Call: Tribal PrEP – January 18, 2017
- Zoom: HCV ECHO –January 18, 2017
- Adobe: Roundtable NAV-PIMC-OK- PrEP and HIV Screening – January 25, 2017
- Conference Call: IHS HIV Team Meeting – January 25, 2017
- Conference Call: PWID in NV Debrief and Follow-up – January 26, 2017
- Conference Call: CDC PrEP Curriculum – January 27, 2017
- Conference Call: Tribal PrEP – February 1, 2017
- Zoom: HCV ECHO –February 1, 2017
- Adobe: Regional Great Plains ID Call – February 2, 2017
- Conference Call: OHSU ECHO follow-up – February 2, 2017
- Adobe: CMOP HCV Medication for NW – February 6, 2017
- Meeting: NPAIHB/OHPRN ECHO discussion – February 6, 2017

- Conference Call: IHS HIV Team Meeting – February 7, 2017
- Conference Call: STI Monthly call with IHS – February 9, 2017
- Conference Call: Tribal PrEP – February 15, 2017
- Zoom: HCV ECHO –February 16, 2017
- Adobe: HCV, NAS Area/USET– February 22, 2017
- Zoom: NW HCV ECHO – February 22, 2017
- Conference Call: AI/AN PWID and HIV vulnerability project – February 23, 2017
- Conference Call: IHS HIV Team Meeting – February 28, 2017
- Conference Call: Evaluation Goals for ECHO with OHPRN – February 28, 2016
- Conference Call: Tribal PrEP – March 1, 2017
- Zoom: UNM HCV ECHO –March 1, 2017
- Adobe: Regional Great Plains ID Call – March 2, 2017
- Conference Call: STI Monthly call with IHS – March 9, 2017
- Conference Call: AI/AN PWID and HIV vulnerability project – March 9, 2017
- Zoom: Lummi ECHO – March 9, 2017
- Conference Call: IHS HIV Team Meeting – March 10, 2017
- Conference Call: NNAAPC/NIHB Mtg RE: IRB Process – March 10, 2017
- Conference Call: PrEP UIHI TA call – March 13, 2017
- Conference Call: Tribal PrEP – March 15, 2017
- Zoom: UNM HCV ECHO –March 15, 2017
- Call: Neah Bay HCV iCare Panel – March 15, 2017
- Adobe: Rosebud HCV iCare Panel – March 16, 2017
- Zoom: NPAIHB HCV ECHO – March 22, 2017
- Conference Call: Lummi Case Management – March 28, 2017

Health Promotion and Disease Prevention

Overview: Hepatitis C Virus (HCV) is a common infection, with an estimated 3.5 million persons chronically infected in the United States. According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from hepatitis C of any race or ethnicity. But Hepatitis C can be cured and our Portland Area IHS, Tribal and Urban Indian primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and earning greatly deserved gratitude from the communities they serve.

Goals: HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken by mouth, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

It is estimated that as many as 120,000 AI/ANs are currently infected with HCV. Sadly, the vast majority of these people have not been treated. By treating at the primary care level, we can begin to eradicate this disease.

Our aim is to provide resources and expertise to make successful treatment and cure of HCV infection a reality in Northwest IHS, Tribal and Urban Indian primary care clinics. More at www.npaihb.org/hcv

Text Message service



Patient pamphlet: Based on Tribal feedback, a pamphlet was created for the Northwest, non-specific for Baby Boomers. www.npaihb.org/hcv

HEPATITIS C TEST, TREAT, CURE

Why should you get tested for Hepatitis C?

Most people with Hepatitis C do not have any symptoms and do not know they are infected. Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. Hepatitis C can be in your body for many years with no symptoms.

- Baby boomers (born between 1945-1965) are five times more likely to have Hepatitis C.
- The longer people live with Hepatitis C, the more likely they are to develop serious, life-threatening liver disease.
- Getting tested can help people learn if they are infected and get them into lifelong care and treatment.

It is estimated that 2.7-3.9 million people in the United States have chronic hepatitis C.

Why do baby boomers have such high rates of Hepatitis C?

The reason baby boomers have high rates of Hepatitis C is not completely understood. It is believed most boomers became infected in the 1970s and 1980s when rates of Hepatitis C were very high. Since people with Hepatitis C can live for decades without symptoms, many baby boomers are living with an infection they got many years ago.

Hepatitis C is mostly spread through contact with blood from an infected person. Many baby boomers could have been infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers with Hepatitis C do not know how or when they were infected.

What should you know about Hepatitis C?

Hepatitis C (HCV for short) is a serious liver disease that results from infection with the Hepatitis C virus. Some people who get infected with Hepatitis C are able to get rid of the virus, but most people who get infected develop a lifelong infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants. The good news: Hepatitis C is a preventable and curable disease.

People with Hepatitis C:

- Often have no symptoms
- Can live with an infection for decades without feeling sick
- Can usually be successfully treated with medications

How would you know if you have Hepatitis C?

The only way to know if someone has Hepatitis C is to get tested. Doctors use a blood test to find out if a person has ever been infected with Hepatitis C.

Hepatitis C Antibody Test results

When getting tested for Hepatitis C, be sure to ask when and how test results will be given to you. The test results usually take anywhere from 20 minutes to a few weeks to come back.

What do the results mean?

Non-reactive or a Negative Hepatitis C Antibody Test

- A non-reactive, or negative, antibody test means that a person does not have Hepatitis C.
- However, if a person has been recently exposed to the Hepatitis C virus, he or she will need to be tested again.

Reactive or a Positive Hepatitis C Antibody Test

- A reactive, or positive, antibody test means that Hepatitis C antibodies were found in the blood and a person has been infected with the Hepatitis C virus at some point in time.
- A reactive antibody test does not necessarily mean a person still has Hepatitis C.
- Once people have been infected, they will always have antibodies in their blood. This is true if even if they have cleared the Hepatitis C virus.
- A reactive antibody test requires an additional, follow-up test to see if a person is currently infected with Hepatitis C. It is important that you ask for this follow-up test.

For more information

Talk to a health professional at your local clinic Or visit www.cdc.gov/hiv/newsroom/hepatitis

Northwest Portland Area Indian Health Board
100 1st Northwest, Suite 300
Portland, Oregon 97201
www.npaihb.org

Surveillance and Research

STD/HIV/HCV Data Project: The project is monitoring STD/HIV GPRAs for IHS sites throughout Indian Country. Infographics are generated to provide visual feedback data to all 66 IHS sites, 13 Urban sites and any tribal site that provides access. PRT staff are assessing local strengths and weaknesses (administrative, staffing, clinical, and data) that influence screening.

PWID Study: To capture the heterogeneous experience of AI/AN PWID and PWHID, this project is being conducted in four geographically dispersed AI/AN communities in the United States using semi-structure interviews. The project is based on indigenous ways of knowing, community-based participatory research principles and implementation science.

HCV Paneling: American Indian/Alaska Natives have the highest rate of mortality from hepatitis C virus (HCV) of any race/ethnicity. New interferon-free antiviral drug regimens for chronic HCV infection have a sustained virologic response (cure) rate of over 90% with almost no clinical contraindications for

treatment. NPAIHB is helping local and national sites in ascertaining their current HCV burden and acuity.

HCV ECHO: Each month, the Northwest Portland Area Indian Health Board offers a TeleECHO clinic with Dr. Jorge Mera focusing on the management and treatment of patients with HCV. The 1 hour long clinic includes an opportunity to present cases, receive recommendations from a specialist, engage in a didactic session and become part of a learning community. Together, we will manage patient cases so that every patient gets the care they need. Thus far **30** cases have been presented to NPAIHB ECHO from **16** different sites.

Other Administrative Responsibilities

Publications

- Reilley B, Haberling D, Person M, Leston J, Iralu J, Haverekate R, Siddiqi A. (2017) HIV Trends in American Indian and Alaska Native Populations, 2005-2014. Submitted for publication
- Working on AI/AN HCV paper
- Working on AI/AN Opioid paper

Reports/Grants Submitted

- OMH Social Determinants Grant submitted with Swinomish

Epicenter Biostatitician

Nancy Bennett

Conference Calls:

- ✚ DAWG (Data Access Work Group) monthly call

NPAIHB Meetings:

- ✚ All staff meeting – monthly
- ✚ Onboarding work group, bi-weekly
- ✚ Art committee – choose remodeling colors
- ✚ TEC directors meeting
- ✚ Site visit from EPI HQ

Conferences/QBMs/Out of area Meetings

- ✚ QBM January, Grand Mound, WA
- ✚ SAS training, Raleigh, NC, Data repository data management software

Miscellaneous

- ✚ Data analysis, WeRNative social media survey
- ✚ Power analysis, Swinomish grant application

Reports:

Site Visits: None

Epicenter National Evaluation Project

Birdie Wermey, Project Specialist

Technical Assistance via telephone/email

January - March

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with the Puyallup Tribe on 3.31
- Email correspondence with UIHI regarding TIER 2 Evaluation Report on 3.31

Reporting

January

- GHWIC All Hands call on 1.05 @ 10am
- WEAVE NW Webinar on 1.12.17 @ 1pm
- GHWIC C2 call on 1.19 @ 11:30am
- GHWIC TEC Workgroup Call on 1.25 @ 10am

February

- GHWIC C2 call on 2.16 CANCELLED
- DVPI Call on 2.21 @ 11am

March

- Quarterly Evaluation call on 3.15 @ 10am
- GHWIC C2 call on 3.16 @ 11:30am CANCELLED
- DVPI call on 3.21 @ 11am

Updates

Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas. Writing and reporting on NW WEAVE GHWIC project; sent request to CRIHB surrounding qualitative piece of TIER 2 work. Reached out to WAEVE PD Nanette Yandell and Francesca regarding performance measures, all questions were clarified and answered promptly. I will also be working with the Puyallup Tribe regarding their data needs and evaluation needs.

Challenges/Opportunities/Milestones

- I am continuing to reach out to the programs to provide technical assistance around their programs evaluation needs.
- I received the call notes from the 1.17 DVPI call and will be in touch with DVPI programs surrounding their evaluation TA
- I received an evaluation plan/logic model from the Puyallup Tribe on 3.31 asking for guidance
- Finalized TIER 2 Evaluation report for UIHI on NW WEAVE GHWIC project

Meetings/Trainings

- Quarterly Board Meeting @ Chehalish 1.17-1.19
 - Recognized for 10yrs of service
- Wellness Meeting on 1.26 @ 10am
- Public Health Seminar Series: Building Climate Resilience within Oregon's Public Health System presentation on 1.31 @ 12pm
- AI/AN Health Lecture Series 2017: Dr. Katrina Claw (Navajo) 2.13.17 @ 12pm

- Wellness Meeting 2.08.17 @ 10am
- Team HANDS meeting on 2.14 @ 1pm
- Joint PhD Seminar (PSU & OHSU) 2.24.17 @ 2:30pm.
- WAEVE GHWIC Overall Evaluation role on 3.09 @2pm
- Team HANDS meeting on 3.14 @ 1pm
- Wellness Meeting 3.16 @ 10am w/ Mike Severson from Providence
- Staff retreat meeting on 3.20 @ 1:30pm
- All TECC website survey on 3.22 @ 11:15am
- WEAVE GHWIC TIER 2 meeting on 3.22 @ 10:30am
- NW Tribal EpiCenter Site Visit on 3.23 @ 12pm w/ Lisa Neel from CDC
- WEAVE webinar on 3.28 @ 11:30am
- WEAVE GHWIC qualitative report meeting on 3.31 @ 10:30am

Site Visits

- NONE

Upcoming Calls/Meetings/Travel

- CDC GHWIC All Hands call on 4.06 @ 10:30am
- Team HANDS meeting on 4.11.17 @ 1pm
- Wellness Committee Meeting on 4.13.17 @ 10am
- DVPI call on 4.18.17 @ 11am
- Quarterly Board Meeting at Quinault on 4.18-4.20.17
- GHWIC C2 call on 4.20.17 @ 11:30am
- GHWIC TEC workgroup call on 4.26 @ 10am

Publications

- NONE

Immunization and IRB

Clarice Charging, Project Coordinator

Meetings:

NPAIHB all-staff, January 9, 2017
 HPV Prevention Project, January 13, 2017
 NPAIHB all-staff, February 7, 2017
 Immunization Policy Advisory Team, March 2, 2017
 NPAIHB all-staff meeting, March 6, 2017
 Indian Day planning committee, March 14, 2017
 HPV Prevention Project, March 15, 2017

Quarterly board meetings/conferences/site visits:

NPAIHB quarterly board meeting, Great Wolf Resort, Grand Mound, WA, January 17-19, 2017
 Yakama Nation Women's Health Event, Toppenish, WA, March 9, 2017
 Breast Cancer Issues Conference, Portland, OR, March 11, 2017
 Northwest Tribal Epicenter site visit, March 23, 2017

Conference Calls:

Indian Health Service Immunization Coordinator's, January 5, 2017

IHS WIRB, January 20, 2017
 Portland Area Immunization Coordinator's, January 23, 2017
 IHS Influenza Prevention, January 31, 2017
 Portland Area Immunization Coordinator's, February 7, 2017
 Portland Area Immunization Coordinator's, March 23, 2017

Portland Area (PA) Indian Health Service (IHS) Institutional Review Board (IRB):

PA IRB Meetings:

PA IHS IRB committee meeting, January 12, 2017
 PRIMR webinar, September 2017

During the period of July 1 – September 30, Portland Area IRBNet program has 128 registered participants, received 2 new electronic submissions, processed 4 protocol revision approvals, 63 publications/presentations, and approved 3 annual renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:

- 1) Cow Creek Band of Umpqua Tribe of Indians
- 2) Port Gamble S'Klallam Tribe
- 3) NPAIHB
- 4) Confederated Tribes of Warm Springs Tribe
- 5) Healing Lodge of the 7 Nations
- 6) Portland State University
- 7) Coquille Tribe

Injury Prevention Project/Public Health Improvement & Training

Bridget Canniff, Project Director

Luella Azule, Project Coordinator

Conference Calls

- 1/19 Conference call: Tribal Epidemiology Centers & CDC National Center for Injury Prevention and Control (Luella)
- 3/9 TIPCAP Admin conference call w/ IHS, all grantees (Bridget)
- 3/15 TIPCAP Project conference call w/ Project Officer & TA Provider (Bridget and Luella)
- 3/15 7 Directions Workgroup call (Bridget)
- 3/16 Call w/Delight Satter, CDC, to identify tribal rep for meeting on Medical Countermeasures (MCM) to be held in Atlanta in June (Bridget)
- 3/22 Tribal Public Health Accreditation Workgroup initial planning call (Bridget)

Meetings/Conferences/Presentations

- 2/8 Attended Tribal Government Day at Capitol (Luella)
- 2/7-9 Oregon Tribal Preparedness Meeting hosted by OHA, at Seven Feathers, Canyonville, OR (Bridget)
- 2/15 Meeting with Northwest Center for Public Health Practice Staff (Betty Bekemeier, Barbara Rose) and Sheryl Lowe, WA Department of Health Tribal Liaison, at WA DOH, Tumwater, WA (Bridget)
- 3/6-9 NW Tribal Transportation (TTAP) Symposium, Spokane, WA (Bridget and Luella)
- 3/21-23 TEC Directors TEC-C Meeting (Bridget)
- 3/23 Tribal EpiCenter lunch/site visit w/ IHS (Bridget & Luella)

- 3/28-29 Northwest Center for Public Health Practice Regional Network Steering Committee Meeting, Seattle, WA (Bridget)

Trainings/Webinars

- 1/30 Webinar: Native Stand archive
- 2/10 Watched archived webinar: Understanding and Preventing Childhood Death and Injuries
- 2/23 Webinar: Learning Management System Discussion and TRAIN Q&A – hosted by Public Health Learning Network, National Network of Public Health Institutes (Bridget)
- Summer Institute 2017 registration information to tribal contacts
- 3/10 Webinar: WPIP (Luella)

Funding

- 1/20 Application: CDC Public Health Associate Program (PHAP) host site application submitted for 2017-2019 (Bridget)
- 1/27 Supplemental request: IHS Injury Prevention supplemental funding request submitted for \$5,000 (Bridget)
- 2/2 Letter of Support (approved/signed by Joe Finkbonner) to Seven Directions Center for Indigenous Public Health's application for membership to National Network for Public Health Institutes (Bridget)
- 2/28 Submitted Letter of Intent to WA DOH – Tribal Public Health Emergency Preparedness Conference RFA (Bridget)
- 2/2017 Emergency Preparedness 2017 Conference RFA submitted (Bridget)
- 3/31 TIPCAP Semi-Annual report submitted (Bridget, Luella, Tara, Eugene)

Technical Assistance – N/A

Core (Bridget)

Technical Assistance – Non-Tribal

- **March CDC:** Identify and confirm Steve Kutz as tribal rep for CDC MCM meeting in June

Technical Assistance – NW Tribal

- **March**
 - **Coquille:** Held preliminary call on new accreditation support workgroup on 3/22, at tribal request
 - **Umatilla:** Held preliminary call on new accreditation support workgroup on 3/22, at tribal request

Core Activities/Other (Luella)

- 2/16 Update NPIHB Injury Prevention and AI/AN contacts
- 3/23 Provide TEC Consortium website feedback (Luella)

Reviewed/Read:

January: WPIP January newsletter, NIHB WA report 16-35, Health News & Notes, ZIKA powerpoint, Draft

February: Harborview Injury Prevention and Research Center (HIPRC) newsletter, 101 Revolutionary Ways Wellness newsletter, video: Using the WPIP listserv for collaboration, subscribed to WPIP, Oregon Safekids newsletter, Emergency Preparedness video, Build a kit on a budget video, NIHB Washington Report,

March: NAYA newsletter, CDC in review, CDC Vital Signs, Healthy Native Youth, TIPCAP newsletter, WeRNative, OPHI insights, Friday Mailouts re: grant opportunities

Forward e-mails to Tribal IP contacts, and/or CPS techs, coalition committee:

February: TIPCAP Funding Opportunity

March: Forward BIA Safety Program grant application information to CPS Techs, Tribal IP contacts, Tam Lutz, Kids in motion conference to CPS Techs and T Lutz; Fairfax VA suicide prevention to Colbie, BIA CSS and Law Enforcement grant opportunities for tribes

Travel/Site Visits

<p>Tribe: Cow Creek Date: February 7-9, 2017 Purpose: OR Preparedness Tribal Meeting Who: Bridget</p>	<p>Location: WA State Department of Health Date: 2/15 Purpose: Meeting w/ WA DOH & NWCPHP Who: Bridget</p>
<p>Location: Spokane, WA Date: March 6-9, 2017 Purpose: Attend NWTAP Symposium Who: Bridget and Luella</p>	<p>Location: Seattle, WA Date: March 28-29, 2017 Purpose: Attend & Present at NWCPHP RNSC Mtg Who: Bridget</p>

Medical Epidemiologist

Thomas Weiser, Epidemiologist (IHS)

Projects:

- *Adult Immunization Improvement Project
- *Hepatitis C
- *Immunization Program-routine immunization monitoring
- *IRB
- *Children with Disabilities
- *EIS Supervision

Travel/Training:

1/24/17-Coquille; Outbreak investigation tabletop with Richard Lehman, Oregon DOH
 1/29-2/1-Rockville, MD: Participate in IPC evaluation focus group.

Opportunities:

- *IRB met in January and March. New proposal and continuing reviews were completed.
- *Immunization Coordinator's Calls-January, February and March. Among the topics discussed were: Flu updates, data reporting, discussion of current mumps outbreak in WA, updates from the field.
- *EIS Surveillance Project-EISO abstract #1 and oral presentation slides (HCV mortality) were submitted to the IRB and approved. Dr. Hatcher presented these at EIS Regional Conference in Tucson on March 27 and it was well received. Both abstracts were also accepted for oral presentation at the upcoming CSTE meeting in Boise in June. Dr. Hatcher will begin work on a manuscript for the HCV project after EIS conference in April.
- *Completed initial analysis on Children with Disabilities project for poster presentation at ICHC. Planning to submit to the 2017 Southwest Conference on Disability in October 2017 which will have a special focus on the AI/AN and disability.
- *Assisted with WSIRB submission for Communicable Disease linkage with WA DOH.
- *Completed Winter quarter facilitation of Epidemiology medical student course (OHSU)

Publications:

*Final edits for Immunizations Policy paper completed, manuscript submitted to Annuals of Epidemiology

Clinic Duty:

Chemawa/March10, 2017

Native CARS & PTOTS

Tam Lutz, Co-Investigator/Project Director (Native CARS), Co-PI (TOTS to Tweens)

Nicole Smith, Biostatistician

Candice Jimenez, Research Coordinator

Jodi Lapidus, PI (Native CARS), Co-Investigator (TOTS to Tweens)

Thomas Becker, Co-PI (TOTS to Tweens)

Cathy Ballew, Lummi Site Coordinator

Native CARS Study**Background**

In 2003, with funding from the Indian Health Service's Native American Research Centers for Health (NARCH, grant 1U269400013-01), six Northwest tribes conducted a child safety seat survey. We found that child safety seat use ranged from 25% to 55% by tribe. Forty percent of children were completely unrestrained in the vehicle, which was much higher than the 12% of unrestrained children in the general population in these same states. We concluded that culturally-appropriate efforts were needed to address child restraint use in the Northwest tribes. At the tribes' request, the EpiCenter pursued funding for child safety seat interventions.

The Native CARS study was funded in 2008 by the National Institute on Minority Health and Health Disparities (NIMHHD), and is a partnership with the NPAIHB, University of Washington, and the six Northwest tribes. This partnership aims to design and evaluate interventions to improve child safety seat use in tribal communities.

Between 2009 - 2013, during the intervention phase of this NIH-funded study, all six participating tribes received funding to implement community-based interventions.

All six tribes implemented intervention activities, but in a staggered design. Three tribes designed and implemented interventions from 2009-2011 and three tribes did so from 2011-2013. This gave us an evaluation time point in 2011 to compare child safety seat use in intervention tribes to tribes that had not yet implemented interventions. We evaluated child safety seat use again in 2013 to see if the interventions had a lasting impact in the first group and to see if child safety seat use increased in the second group of tribes.

Tribes planned their intervention efforts according to the data they collected from their community from surveys, interviews, and focus groups. Intervention activities included media campaigns, health education, car seat programs, getting child passenger safety technicians trained, community outreach, and even changing tribal policies or passing a tribal child passenger safety law.

By 2011, the percentage of kids riding in an age- and size-appropriate restraint increased by 50% in tribes that had implemented interventions, compared to an 11% increase in those that had not yet conducted child safety seat activities. In 2013, the increases we saw in the first group of intervention

tribes were mostly sustained, and the percentage of completely unrestrained children continued to decrease. Round 2 tribes also saw an increase in proper child restraint after their intervention activities.

The goal of the Native Children Always Ride Safe (Native CARS) project is to prevent early childhood vehicle collision morbidity and mortality in American Indian Alaskan Native children through the use of community base participatory model that incorporated tribal differences in cultural beliefs, family and community structure, geographic location, law enforcement and economic factors.

Objective/Aims of Dissemination Phase

Because of the demonstrated success of the Native CARS Study, in 2014 the study was award additional funds for a dissemination phase of the study, where the protocols, tools and intervention materials were translated for use by other tribes both locally and nationally. These evidence-based tribal interventions were adapted and disseminated via plans guided by a dissemination framework that leveraged and expanded upon tribal capacity built during the previous Native CARS intervention phase, by engaging the tribal participants as experts throughout this dissemination phase. Demonstrating the translation potential of Native CARS interventions into other tribal communities is an essential step toward reducing the disparity in motor vehicle injuries and fatalities experienced by American Indian and Alaska Native children in the United States.

During the current *dissemination* phase, we specifically aim to:

- Develop the Native CARS Atlas (link to <http://www.nativecars.org>), a toolkit to assist tribes in implementing and evaluating evidence-based interventions to improve child passenger restraint use on or near tribal lands.
- Facilitate the use of the Native CARS Atlas (link to <http://www.nativecars.org>) in the six tribes that participated in the original initiative, to help sustain improvements in child passenger restraint use achieved during the intervention phase and provide lessons on use of the toolkit for other tribes.
- Use the Native CARS Atlas (link to <http://www.nativecars.org>) to assist at least 6 new tribes in the Northwest with demonstrated readiness to implement interventions to improve child passenger restraint use in their communities

Project News & Activities

This quarter Native CARS kicked off the year, in January, with providing mini grant awards to six northwest Tribes to attend the first Native CARS Atlas training and return home with funds to support their local child passenger safety coalition, collect local data and implement two intervention activities. The Native CARS Atlas Native CARS Atlas is provided in an electronic platform, but it is more than just a website. In it provides everything we know about improving child passenger safety, along with tons of interactive tools that can be used to create change within one's own tribal community. It puts forth our best efforts to make sure **Native Children Always Ride Safe**.

While best efforts were made to get all six Tribe to Portland in January, mother nature had other plans, delivering a snow storm that shut down travel to Portland for two of the Tribes and shortening the available time to train. Thankfully, everyone returned home safely and we were able to add an additional training opportunity for the remaining two Tribes in March. Following receipt of their award and Native CARS Atlas training, all the Tribes have begun forming their child passenger safety coalitions, recruiting members, holding initial meeting and planning activities. Some have begun vehicle observation data collection other have begun recruiting for focus groups. Tribes have also finalized

budgets, timelines, evaluation measures and refining their interventions plans. Intervention activities selected by Tribes included creating Tribe specific media, providing passenger safety education, adopting the RPMS EHR Native CARS patch to link providers to Tribal car seat distribution, providing law enforcement education and training Child Passenger Safety Technicians to deliver car seat clinics. All Tribes have reported that they have begun planning these activities and some have begun to complete specific tasks on their timeline. Most notably are the following activities from Tribes: Yakama Indian Nation has collected planning to begin implementation of the Native CARS IHS EHR later in April. Confederated Tribes of Warm Springs also formed their coalition with members from six different programs who are already planning activities and participating in data collection. They have also implemented the Native CARS RPMS EHR patch and will be providing training to provider in April or May and have four individuals signed up for Child Passenger Safety Technician (CPS Tech) training this Spring. Lummi Nation has also identified 3-4 CPS Tech candidates, started recruiting members for their coalition and began recruiting focus group participants. Coeur d'Alene Tribe has also selected four candidate to send to CPS Tech training in April and has formed a coalition with four programs represented. They have distributed 35 cars seats while participating in a community baby fair and are making preparations for their focus groups.

Back at the office Native CARS staff have continued to worked with a our contracted web developer to complete or modify training modules for the Native CARS Atlas, provide technical assistance to mini grant awardees and present at regional venues to get the word out that the Native CARS Atlas is up and running at www.nativecars.org.

Specific activities of the Portland Native CARS team are as follow:

Native CARS Activities

Meetings - Conference Calls – Presentations – Trainings

- Staff Meetings – each Monday
- Site Coordinator Meetings – once per month
- Meetings with Mini Grant contractor Grazia Cunningham, January - March
- Meeting with Tribal Site Coordinator Kootsie Cunial via Phone, January
- Native CARS Atlas Training with 4 of 6 Mini Grant Communities on January 10-12, March

Program Support or Technical Assistance

- Atlas Module Revisions, January - March
- Drafted and dispersed Mini Grant Award Letters, Contracts and Correspondence, January
- Travel Preparation for Native CARS Mini Grant Training, January
- Communication with Jeff Nye/Julia Hammond regarding Atlas Revisions, January - March
- Native CARS Atlas meeting with Jeff Nye/Julia Hammond , January and March
- Meeting coordination, minutes and action item documentation, January - March
- Revised Native CARS Collection Instrument in Excel with Jenine's assistance, January
- Create Analysis File for Observations, January
- Mini-grant Training preparation, January and March
- Equipment Purchases/Invoice payments/Contract addendums to tribal sites and contractors, January
- Follow-up communication with mini grant sites, January - March
- Communication with potential replacement mini grant site, January
- Budget analysis, re-budget and identification of supplies, equipment, invoicing needed by end of fiscal year, January
- IRB renewal report submission, January
- Completed content for Atlas Module 2, February

- Creation of Stages of Readiness graphics for print/web use, February
- Native CARS Promotional item order completion for invoice payments, February
- Finished Version 1 of Observation Analysis in Excel and sent to Yakama for Testing/Implementation, February
- Wrote Tribal stories for Colville and Nez Perce for Atlas, February
- Preparation of Native CARS Atlas presentation of ATNI Tribal Transportation Summit, March
- Discussed and Facilitated Native CARS Atlas Speed Performance with Jeff Nye, March
- Reviewed CPS Tech Course Information for Lummi CPS Module, March
- Wrote and Posted Analysis Section for Data Module, March
- Reviewed Module 9 Distribution information for Warm Springs, March
- Reviewed Observation Analysis Excel Input for Nicole, March
- Revised/Updated FARS Section and Posted to Website, March
- Revised Distribution, RPMS and Coalition Modules, March
- Revised Qualitative Methods and Other Policy Modules, March
- Drafted and Sent Presentation for Yakama's Staff Training on Electronic Health Alerts for Car Seats, March
- Reviewed and Sent Feedback on Native CARS Atlas Homepage Re-design, March
- Revised Module 6 Data Driven Intervention Plans, March
- Constructed new continuation budget for Atlas, March
- Prepared for continuation meeting, March
- Created questionnaire for quarterly update phone calls, March
- Reviewed changes to home page, March

Number of requests responded to for technical assistance, including data requests, to Tribal and Urban organizations, communities, or AI/AN individuals.

How many requested: 36

How many responded to: 36

How many NW Tribe Specific:

Warm Springs (5), Yakama (15), Lummi (4), Swinomish (4), Coeur d'Alene (5), Northern Cheyenne (3)

TOT2Tweens Study

A staggering proportion, 3 of 4 American Indian/Alaska Native (AI/AN) children between the ages of 2-5, have experienced tooth decay, over two-thirds have untreated decay, and over half have severe tooth decay. While this may politely be referred to as a "health disparity," it could more aptly be termed a "health disaster." Many AI/AN children experience tooth decay before the age of two. Tooth decay in that age group leads to further tooth decay and other oral health problems later in childhood.

The newly funded TOTS to TWEENS is a follow up study to The TOTS Study (Toddler Obesity and Tooth Decay) Study an early childhood obesity and tooth decay prevention program. The goal of this study is to survey and conduct dental screenings with the original group of toddlers to test whether interventions delivered in the TOTS will influence the prevalence tooth decay in older children. Through qualitative approaches, the study will also assess current community, environmental and familial factors that can influence oral health in children to understand any maintenance of preventive behaviors over the last ten years within the entire family.

The TOTS2Tween Study is administered through the NW NARCH program at the NPAIHB. The TOTS2TWEENS Study will be led by Co-Principal Investigators, Thomas Becker, MD, PhD and Tam Lutz, MPH, MHA.

Project News & Activities

The TOTS2Tweens Study continued to make preparations for additional TOTS2Tweens Dental Screening event in partner communities. This quarter TOTS2Tweens did not hold a dental screening. Study team also began preparing for the next screenings to be held in Spring 2017.

For more information about the TOTS to Tweens Study, contact Tam Lutz at tlutz@npaihb.org

Meetings - Conference Calls – Presentations – Trainings

- Project Meetings – Every Wednesday
- Site specific meeting, January
- Met with University of Wisconsin Intern, Ashley Swetzof (Tom, Tam, Nicole, Candice)

Program Support or Technical Assistance

- Meeting coordination, minutes and action item documentation, January - February
- Prepared internship preceptor paperwork for UW intern (Tam)

Project Contact Information

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Northwest Native American Research Center for Health (NARCH)

Tom Becker, PI

Victoria Warren-Mears, Director

Tom Weiser, Medical Epidemiologist

Tanya Firemoon

Tasha Zaback

This report covers activities related to NARCH 7, which references the two training grants that the Board holds for provision of research training to American Indian and Alaska Native tribal members nationwide. The program is in the 4th year of funding in a five year cycle.

The Summer Research Training Institute planning is complete, and we are soon awaiting the arrival of over 100 tribal guests from around the country. Our last effort was the 13th such effort sponsored by the Board, with input from OHSU faculty and staff, as well as a host of consultants...so the upcoming event will be our 14th anniversary offering. We were successful in filling up our course instructors and our student enrollment in just a few days—Ms. Firemoon and Ms. Zaback did a masterful job at getting the advertisements around the country. As earlier reported, we will try a relatively new course again this year for the second round, in public health in Indian country and health priority decision making, under the guidance of Linda Frizzell, PhD. We will also have a lot of repeat classes that have been offered over the years. When possible, we have located tribal people to do the training for the summer students.

Ms. Firemoon has established hotel contracts for 2017, and we expect to award travel scholarships again this summer to around 60 trainees.

Also under NARCH funding, we recruited additional fellows who received small scholarships to help advance their careers in Indian health. Our scholarship program continues to graduate new researchers, and seems to be successful overall. We have added new fellows this last quarter who will receive partial scholarships. Ms. Firemoon has been extremely helpful in watching over this part of the NARCH, and her efforts to help the summer program have also been very valuable. The fellows whom we support consider her the ‘NARCH mom’. She is a busy mom, she has a total of 17 fellows to watch after this year. Some have graduated already this academic year, others will soon do so in the spring.

Our success rate with the NARCH graduate students remains high, and we have several excellent candidates waiting in the wings for support if we can get some more of the currently funded students through their degree programs. We are told by federal officials that this program is one of the big success stories for the federal effort. As you are aware, the program requires input from a university, and OHSU and PSU have been very good partners to the Board and its NARCH efforts. The collaboration is real, and palpable. We will come to the delegates for a resolution to go after NARCH 10 funding at this QBM, seeking a resolution. We are worried, however, that the new federal administration may not support continued such efforts.

To date, the NARCH funding stream has brought in approximately \$12 million to the Board to address health issues among tribal people in the Northwest and beyond. We are very pleased that the federal government continues to find funds to run this program. At the federal level, Mose Herne (Seneca), John Mosely Hayes, and Sheila Caldwell have been instrumental in finding federal funds to advance the health of tribal people in this national program. We are hopeful that we will be able to tap into additional NARCH resources to serve the regional tribes, as well as tribal people nationwide.

[Northwest Tribal Comprehensive Cancer Control Project](#)

Kerri Lopez, Director

Eric Vinson, Project Specialist

Training/Site Visits/ Yakima Women’s Health Day Tea Party (100 tribal women and staff)

- Yakima
 - Women health risk factors, smoking and diabetes

- Smoking and pregnancy, ETS
- Present on E-cigarettes
- Umatilla Kick Butt's Day Awareness Walk & Tobacco 101 Presentation
 - Kick Butt's Day Awareness walk attendees: 15 adults and youth
 - Youth Tobacco 101 Presentation: 37 youth

Technical assistance (78 total calls this quarter)

- Share resources with Oregon Tribal TPEP coordinators; *all month ((tribes)*
- Disseminated NTCCP mini grant – local implementation funding to all 43 NW tribes
- Examples of technical assistance:to tribes
 - Four tribal Colorectal Cancer Events– Kiki Colon logistics
 - Information on tobacco cessation training
 - Sent smoke free events toolkit per request, housing, and youth
 - Quite line flow sheet and information
 - Resource information for colorectal cancer screening;
 - Appointment Companion information for diabetes and chronic care program
 - Information on cancer survivors
 - Tobacco cessation information; TA on getting No Smoking signs for Local Park
 - TA HPV and tobacco cessation information shared discussions, possible planning for BTIST training
 - Youth tobacco trainings and materials

Special projects

- Grant Application
 - NTCCP application submitted
- Tobacco cessation training June 20, 2017
 - Setup meeting space and hotel contracts
- Oregon Tribal Tobacco Coordinator meeting June 21, 2017
 - Setup meeting space and hotel contracts
 - Met with OHA staff to discuss agenda
- Continued Planning clinical update April 12, 2017 Northwest Tribal Cancer Coalition meeting
 - Topic survey returned from providers
 - Working with Dr. Becker and Legacy CME for presenters
 - Ongoing CME paperwork
 - Invitation to presenters sent
 - OHSU cardiologist unavailable
- Planning for women's health day April 11, 2017
 - Contact with Dr. DeRoin and Bruegl
 - Planning with NARA and SPIPA
- Oregon & Washington quit line research continues
 - Information on Oregon quit line from vendor and state employee

- Creating flow / algorithm on setting up a tribal tobacco cessation program
 - Curriculums,
 - Looking at what are tribes doing for cessation – community and clinic
 - Developing Tobacco Policy Flow Chart for Klamath Tribes & Coquille Tribe
- Follow up with CDC AI/AN inclusion in tobacco data
 - Emailed additional CDC article authors
- Follow-up with Oregon tribes on tobacco program characteristics
- Update Native Stand Curriculum
 - Waiting on feedback for updated material
- HPV Oregon roundtable conference
 - Presentation and break out workgroups
 - Established AI/AN workgroup
- HPV state round table strategy meeting – after roundtable
- HPV AI/AN workgroup - Oregon tribes (Kerri, Amanda, Clarice, Steph, Antoinette, Eric)
 - HPV Planning for tribal specific work group
 - Discussion of future activities – tribal site visit / provider training and parent information
 - OHSU, NPAIHB, OHA??
 - Invitation extended to CTGR OHSU pediatrician
 - Research and review HPV curriculums
- HPV AI/AN workgroup – Meeting scheduled for January
 - Create agenda for Januarys HPV workgroup meeting
 - Document notes from Novembers HPV workgroup meeting
- National Tobacco Conference
 - Plenary sessions – data, tobacco industry, 21
 - Data, cessation, quit line, industry tactics, smoke free tribal casinos
 - Tobacco Use Disparities to Improve Public Health, Youth Role in Impacting Population Health, Translating Data and Evidence to Action across Multiple Sectors, Advancing Cessation Strategies with Mental Health or Substance Use Disorders, Walk about Poster Session
- BRFSS –Tribe 5
 - 200 surveys complete
 - BRFSS records: document all completed or in-completed surveys
- BRFSS Tribe 6
 - Awaiting feedback on questions from tribal health committee
- BRFSS – Tribe 7
 - Survey development and
 - updates and input enrollment list into tracking sheet
 - Conference call updates with THD
- Policy Toolkit development and research
- Lung Cancer Screening Data – follow-up on race coding in screening registry
- Developing Nutritional Observation scan tool
- Developing Mental Health Observational scan tool
- Present in WeRNative Wellness Wednesday video

- Lead wellness exercises
- Tobacco cessation training for three staff –
 - Certified in RX change tobacco cessation 5a's

Meetings/Conferences

- Policy Toolkit meeting (NTCCP, WEAVE-NW, NICWA)
- Meeting with Oregon Komen to meet new staff and discuss collaboration
- OHA Meeting - Immunization QI with Tribal Clinics
- WeRNative Culture for Wellness workgroup meeting
- Quality Improvement at NPAIHB meeting
- Portland Area Cancer Survivorship Forum
 - Inaugural meeting with OHSU and Legacy Cancer Survivorship Programs
- Oregon Place Matters conference
 - Facilitated Oregon TPEP session
 - Attended 2 day conference and attended contractors meeting
- OPHA Annual Conference- Presented on Risky Business
 - Cultural competency
- OHSU PRC Tribal and Rural Advisory Board monthly meeting
- Policy Toolkit meeting (NTCCP, WEAVE-NW, NICWA)
- NW NARCH Luncheon Presentation: Erik Brodt
 - AI/AN Center for Excellence Grant meeting
- Kerry Kruehl OHSU (Sports Medicine Program) Carol, MI Esther, and
 - Discussion grant collaboration
 - Topics – fitness, nutrition, mi, youth curriculum (Athena) tobacco, cancer screening
- Preventing Harassment & Discrimination Training
- NPAIHB on boarding meeting for new staff orientation
- Portland Area Dental conference planning meeting – collaboration
 - Diabetes and tobacco
- All Staff meeting
- Project directors meeting
- Staff meetings – WTDP & NTCCP
- NPAIHB Quarterly Board Meeting
 - NTCCP project report, focus on tobacco rates
- **Conference / Webinar calls**
- Cancer Education meeting – planning committee conference call
- American Association for Cancer Education Board conference call

- Oregon quit line – focus CCO and tobacco metrics and loop for reimbursement
- Cancer Programs Tribal Call with CDC
- CDC program call with project officer
- CPCRHPV Vaccination Workgroup Call
- PRC Tribal/Rural advisory call
- Webinar- New Technology to Improve Wellness in Indian Country
- Teleconference- CDC Vital Signs: Cancer and Tobacco use
- Webinar- NNN: Lung Cancer in Indian Country;
- Webinar- Nat'l Cancer Institute Research to Reality: Cancer Caregiving in the Community
- Webinar- How to support nationwide to encourage Walgreens to no longer sell tobacco
- Webinar- TRUTH: Smoking in video games;
- Webinar- Supporting cancer survivors through comprehensive control programs
- American Society of Radiation Oncology Health IT workgroup call – cancer survivorship plans
 - Addressing the Impact of Viruses and Related Cancers on Minority Populations

Northwest Tribal Dental Support Center

Joe Finkbonner, Executive Director

Tacey Mason, Project Manager

Bonnie Bruerd, Prevention Consultant

Bruce Johnson, Clinical Consultant

Kathy Phipps, Epidemiology Consultant

The Northwest Tribal Dental Support Center (NTDSC) is in their 17th year of funding. The overall goals of NTDSC are to provide training, quality improvement, and technical assistance to the IHS/Tribal Dental programs, and to ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people served in the Portland Area. NTDSC activities are listed in categories corresponding to the current grant objectives.

Ensure quality and efficient care is provided in Portland Area dental programs through standardization of care and implementation of public health principles to improve dental access and oral health outcomes.

- Clinical and prevention site visits were provided this quarter for Tulalip, Seattle Indian Health Board, and Muckleshoot. NTDSC is on track to meet the grant objective for this fiscal year.

Expand and support clinical and community-based oral health promotion/ disease prevention initiatives in high-risk groups to improve oral health.

- NTDSC has expanded their collaboration with WA Dental Services Foundation (Delta Dental) to meet some identified mutual objectives. Nine dental programs are currently participating in the "Baby Teeth Matter" program that is aimed at increasing dental access for 0-5 year olds and reducing the number of children referred for dental work under general anesthesia. This program includes data collection, face to face and webinar meetings, and ongoing program evaluation. Data from the first year demonstrated that dental access for 0-5 year olds more than doubled.
- Portland Area met all three dental GPRA objectives this past year.

- NTDSC Prevention Consultant serves as the Portland Area dental representative on the national HP/DP Committee and the national Early Childhood Caries Committee.

Implement an Area-wide surveillance system to track oral health status.

Data from the surveillance system will be used to identify vulnerable populations and plan/evaluate clinical and community-based prevention programs.

- Portland Area completed the Basic Screening Survey for 6-9 year olds this fall. Results will be available in 2017.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

- NTDSC continues to provide 2 hours of CDE during site visits and recently provided CDE for the February BTM session. We are currently planning our yearly meeting in August 2017.

NTDSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

Northwest Tribal Registry Project-Improving Data and Enhancing Access (IDEA)

Victoria Warren-Mears, P.I.

Sujata Joshi, Project Director

Monika Damron, Project Biostatistician

Jenine Dankovchik, Biostatistician

Email: IdeaNW@npaihg.org

Project news and activities

This quarter, we began work on updating the Northwest Tribal Registry with fresh data pulls from the Portland Area Indian Health Service and Seattle Indian Health Board. We began work on a data brief describing the burden of cardiovascular diseases among Washington AI/AN. We continued working with Dr. Amanda Bruegl (OHSU) on submitting data requests to the Idaho, Oregon, and Washington state cancer registries to obtain data needed for an analysis of gynecologic cancers among Northwest AI/AN women. We also worked in partnership with Washington's Office of Communicable Disease Epidemiology to update our protocols for conducting linkages with Washington's communicable disease systems. We began work on an Environmental Health project in partnership with the Oregon Environmental Public Health Tracking program and the Great Lakes Tribal Epidemiology Center. For this project, we will conduct a needs assessment to determine environmental health priorities and data needs for Oregon's 9 tribes. Finally, we completed a grant application to replace our project's current funding from the Office of Minority Health, which ends in August 2017.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages

- Obtained data for annual NTR update, and began cleaning and preparing new NTR file
- Worked on project description for using IHS EpiDataMart data for creating the NTR file

Data Analysis Projects

- Tribal Health Profiles (THP) project

- Developed template for Washington AI/AN cardiovascular disease data brief
- Ran hospitalization rates for diabetes and cardiovascular diseases in Washington
- Ran mortality indicators for Washington cardiovascular diseases
- Cancer Registry Data and Cancer Fact Sheets
 - Gynecological Cancers Analysis
 - Submitted application for exempt determination and variable request to Washington State IRB
 - Submitted research request form to Oregon State Cancer Registry
- Death certificate Data
 - Finished cleaning Washington 2015 death records, merged with multi-year Washington dataset, updated data dictionary and data notes
- Birth certificate data
 - No updates
- Substance Abuse Analysis
 - No updates
- Hospital discharge data
 - Completed merging Oregon 2014 data with Combined 2010-2013 data, updated data dictionary
 - Ran pre- and post-linkage age-adjusted rates for most recent Oregon and Washington data
- Oregon Tobacco Fact Sheet Development
 - Met with Oregon Health Authority staff to narrow down indicators and begin finalizing content for fact sheet
- Environmental Health Project
 - Had kickoff meeting with Oregon Environmental Public Health Tracking (EPHT) staff
 - Met with current and former IHS Environmental Health staff re: surveys, environmental health toolkit, and ideas for EPHT projects
 - Worked on reviewing Oregon Tribes' websites to identify environmental health projects and contacts
 - Met with Julie Sifuentes (Oregon EPH Program Manager) to discuss opportunities for collaboration outside of EPHT. Learned that there are some opportunities related to climate change work.
- Other
 - Created new population denominator file using National Center for Health Statistics' vintage 2015 bridged race data for Idaho, Oregon, and Washington

Data requests/Technical assistance

- Provided updated information to Tara Fox on Northwest AI/AN population and health disparities for grant/subcontract
- Sent Stephanie updated demographic and health information for grant application

Trainings Provided to Tribes/Tribal Programs

- Developed content and presented two sessions (data for Tribal Action Plans, NPAIHB's experience with developing Tribal Action Plans) at U.S. Department of Justice/Substance Abuse & Mental Health Services Administration's Tribal Action Plan workshop

Institutional Review Board (IRB) applications and approvals/Protocol development

- Washington communicable disease linkages
 - Updated and revised protocol for communicable disease linkages

- Completed forms for exempt determination request to Washington State IRB, sent to state partners for review

Grant Administration and Reporting

- Submitted application for new grant (Northwest Tribal Partnerships for Health Equity) to HHS Office of Minority Health (OMH)
- Submitted OMH progress report for Year 5 Quarter 2

Collaborations with other programs and other activities

- Monika began working with WeRNative to help produce informational “Wellness Wednesday” videos/blogs on nutrition, exercise and culture
- Sujata and Monika completed IHS Information Security Systems Awareness training to maintain access to the EDM
- We submitted forms and training documents for NWTEC’s annual access renewal for the EpiDataMart
- Sujata applied for and was accepted to a MMWR writing course
- Monika assisted the BRFSS project with the Cow Creek and Coquille surveys
 - Helped make edits and changes to the 2017 Cow Creek BRFSS questionnaire
 - Worked on inputting the Cow Creek BRFSS questionnaire into CAPI
 - Ran frequencies and completed a spreadsheet of frequencies for all Coquille BRFSS questions

Data dissemination

- Presented about Tribal BRFSS and IDEA-NW Projects during IHS Project Officer’s site visit

Travel

Linkages

- Picked up Seattle Indian Health Board Data (Seattle, WA) 1/19

Site visits

- None

Meetings, Trainings, and Conferences

- Presented at Tribal Action Plan Workshop (Columbia, SC) 1/24-1/26
- SAS Training : Macro Language Essentials, San Francisco, CA 3/16-3/17

Other Meetings, Calls and Trainings

- Call re: Suquamish Community Health Assessment 1/10
- Planning call with David Dickinson for TAP workshop 1/23
- Call with Washington State re: Informatics Field Assignee 1/20
- Discussion re: Washington communicable disease linkage 2/3
- Meeting with Oregon EPHT 2/16
- Attended GDM/EDM training (Monika) 2/22 – 2/24
- OMH Grant Conference Call 3/3
- Meeting with OHA re: Tobacco Fact Sheet Development 3/6
- Environmental Health Project Conference Call w/ GLITEC 3/9
- Quality Improvement Workgroup Meetings 3/9, 3/13
- Meeting with Suzanne Zane re: PRAMS/MCH 3/17

- MMWR Intensive Writing Training Session 1 3/20
- OMH Grants Program Closeout requirements webinar 3/29

Data reports, fact sheets, and presentations are posted to our project website as they are completed:

<http://www.npaihb.org/idea-nw/>

Please feel free to contact us any time with specific data requests.

Email: sjoshi@npaihb.org or IdeaNW@npaihb.org

Phone: (503) 416-3261

Tribal Health: Reaching out InVolves Everyone (THRIVE)

Colbie Caughlan, Project Manager

Celena McCray, Project Coordinator

Site Visits

Tribal Site Visits

- Chehalis Tribe – January 17
- Coeur d'Alene Tribe – January 25
- Skokomish Tribe – February 3
- Suquamish Tribe – February 24
- Snoqualmie Tribe – February 24
- Stillaguamish, Samish, Swinomish, Nooksack, Lummi and Upper Skagit Tribes – March 17
- Sauk Suiattle – March 30-31

Out of Area Site Visits

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 62 meetings and conference calls with program partners.
- Disseminated 72 boxes of the two suicide prevention campaigns for AI/ANs.
- Confirmed the slogan and 2 looks for the Veteran campaign. The slogan will be: **You Protected Us. Let Us Walk With You.** (draft mock up to the right).
- The 13 videos for behavioral health professionals who work with Dialectical Behavior Therapy (DBT) were uploaded to the *Healthy Native Youth* webpage with an attached post-survey and will be re-disseminated to DBT professionals in mid-April.
- THRIVE partnered with the Social Media and Adolescent Health Research Team (SMAHRT) from Seattle Children's in the fall of 2016 to pilot, evaluate, and disseminate a webinar developed by Project Red Talon and SMAHRT in early 2016. This *Social Media Concerning Post Webinar* was launched as a randomized research project with 65+ adults working with Native teens enrolled in the evaluation.

During the quarter, THRIVE provided or participated in the following presentations and trainings:

- Presentations (4)– Chemawa Wellness Day THRIVE/WeRNative presentation, 350 participants, Salem, OR; NARA Veterans Monthly Meeting re: Veterans campaign call for lived experience video participants, Portland, OR; NIVA Veterans Monthly Meeting re: Mock up Veterans campaign posters,



Vancouver, WA and; Community of Learning (CoL) Webinar presentation led by SPRC re: ZS Tribal Academy and ZS implementation element “LEAD”.

- Facilitation/Training (7) – Hosted a HOC refresher webinar via Adobe Connect, 10 participants; hosted ZS Introduction for the Coeur d’Alene Tribe, 17 attendees, Plummer, ID; hosted Screening training for the Coeur d’Alene Tribe, 17 attendees Plummer, ID; facilitated QPR workshop, 27 participants, Skokomish, WA; facilitated QPR workshop, 19 participants, Skokomish, WA; hosted an AMSR training, 20 participants, Arlington, WA and; facilitated ASIST workshop, 19 participants, Darrington, WA.

During the quarter, the THRIVE project responded to over 300 phone or email requests for suicide, bullying, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

THRIVE Media Campaign: All THRIVE promotional materials are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

The next expansion of the suicide prevention campaign is being developed to reach the Native Veteran population and is slated to launch for Memorial Day in May 2017. The Lived Experience videos for this new campaign will be recorded in May.

GLS Messages: Number/Reach of We R Native Facebook messages addressing...

- Suicide = 8 posts, 52,411 people reached
 - #WeNeedYouHere Campaign = 8 posts, 52,411

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- Staff submitted articles for the NPAIHB January Health News and Notes:
 - *Insights and Lessons Learned from Zero Suicide Implementation*
 - *What is Zero Suicide*
 - *Language Around Suicide Matters*

Reports/Grants

- Submitted quarterly to SAMHSA for year 3 quarter 1 of the GLS youth suicide grant.
- Submitted SAMHSA year 4 GLS continuation application.
- Submitted quarterly FFR’s for both MSPI grants for year 2 quarter 1.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing



Wellness for Every American Indian to View and Achieve Health Equity (WEAVE)

Victoria Warren-Mears, Principal Investigator

Jessica Marcinkevage, Epidemiologist

Jenine Dankovchik, Evaluation Coordinator

Nora Alexander, Health Educator/Communication Spec.

Birdie Wermey, National Evaluation Specialist

Meetings

External committee meetings

- 09-Feb-17 Wellness Committee Meeting
- 09-Mar-17 Training planning meeting w/ FGC

Internal Meetings

- 04-Jan-17 Collaboration tobacco projects follow up with Oregon tribes
- 05-Jan-17 #WellnessWednesday Content Creation
- 10-Jan-17 Wellness Wednesday Content Creation
- 26-Jan-17 Wellness committee
- 01-Feb-17 Art Committee
- 02-Feb-17 WEAVE Team Meeting
- 02-Feb-17 Onboarding Work Group
- 08-Feb-17 Nora's Annual Review
- 01-Mar-17 GHWIC Conference
- 06-Mar-17 All Staff Meeting
- 08-Mar-17 WEAVE TEAM meeting
- 10-Mar-17 WEAVE team sub-awardee check in
- 16-Mar-17 On boarding committee
- 16-Mar-17 Wellness Committee
- 29-Mar-17 Touch base & updates meeting

Meetings with Sub-Awardees

- 15-Mar-17 Phone call with Cow Creek to discuss Million Hearts project

Meetings with Funding Agency

- 07-Feb-17 Pick up tobacco sign
- 28-Feb-17 CDC Mid-Point Grantee Meeting
- 06-Mar-17 Oregon AI/AN Tobacco Fact Sheets
- 15-Mar-17 GHWIC quarterly evaluation call

Meetings with Tribal Communities

- 03-Feb-17 Youth Track July Planning Meeting

Other types of meetings

- 06-Feb-17 WRN #WellnessWednesday Monthly Planning
- 10-Feb-17 Introduction meeting with UIHI re: GHWIC
- 15-Feb-17 WRN #WellnessWednesday Resource Creation
- 24-Feb-17 Tribal Policy Toolkit Workgroup Meeting

Summary of Meetings by Type

Internal: 15

Conference/committee: 2

Tribal Community: 1

Funding Agency: 4
Sub-Awardee: 1
Community (non-tribal): 0
Government Partner: 0
Other: 4

Total Meetings: 27

Site Visits

Date(s)	Tribe	Short Summary
WEAVE-NW Staff		
01/27/17	Klamath Tribe	Site Visit with Klamath Tribe
02/15/17	Grand Ronde Tribe	Site Visit with Grand Ronde
03/15/17	Umatilla Tribe	Site visit to Yellowhawk/wildhorse
03/21/17	Muckleshoot Tribe	Site visit with Muckleshoot to get an update on their progress

Total number of site visits this quarter: 4

Presentations

Date Given: 3/9/2017 **Type:** Women's Health Day
Title: You Take my Breath Away
Presented at: Pamper and Empower Women's Health Event
Location: Corvallis Oregon

Total number of presentations given this quarter: 1

Professional Development

Date	Title	WEAVE-NW Staff	Topics
01/19/17	Integrating Health Impact Assessments via Environmental Community Health Assessments		
01/17/17	Basic skills for working with smokers		Tobacco, Training Methods, Evaluation

Total number of professional development activities this quarter: 5

Technical Assistance Given

Guidance to analyze their own data

- 1/23/2017 NPAIHB program - EIS Assisted EIS Officer with analysis of mortality data Officer

Provided fact sheet

Sharing Resources

- 1/4/2017 C1 and C2 tribes Sent weekly WEAVE E-Newsletter with Tribal Digest, trainings, resources, and publications.
- 1/11/2017 C1 and C2 tribes Sent weekly WEAVE E-Newsletter with Tribal Digest, trainings, resources, and publications.
- 1/18/2017 C1 and C2 Tribes Sent weekly WEAVE E-Newsletter with Tribal Digest,

trainings, resources, and publications.

- 1/25/2017 C1 and C2 Tribes trainings, resources, and publications. Sent weekly WEAVE E-Newsletter with Tribal Digest,
- 2/1/2017 C1 & C2 Tribes WEAVE Weekly E-newsletter- Tribal Digest & Resources
- 2/1/2017 C1 and C2 tribes Sent weekly WEAVE E-Newsletter with Tribal Digest, trainings, resources, and publications.
- 2/8/2017 C1 & C2 Tribes WEAVE Weekly E-newsletter- Tribal Digest & Resources
- 2/15/2017 C1 & C2 Tribes WEAVE Weekly E-newsletter- Tribal Digest & Resources
- 2/22/2017 C1 & C2 Tribes WEAVE Weekly E-newsletter- Tribal Digest & Resources

Survey design & implementation

- 1/10/2017 Lummi Assisted Lummi Tobacco Coordinator with design of youth tobacco survey
- 1/26/2017 Coquille
- 1/26/2017 Warm Springs Assisted Warm Springs in developing a community readiness survey

Western Tribal Diabetes Project

Kerri Lopez, Director

Don Head, Project Specialist

Erik Kakuska, Project Specialist

Trainings

- Diabetes Management Systems Training (DMS)
 - 14 participants
 - 7 Portland area
 - 6 other IHS areas
- Diabetes Management Systems Training (DMS)
 - 15 participants
 - 3 Portland area – Cowlitz and area office
 - 6 other IHS areas
- Diabetes Management Systems Training (DMS)
 - Aberdeen, SD 35 attendees
- Assistance with SOS report for documenting required key measures for IHS best practice
- Technical assistance to tribal programs for Audit and SOS
 - Worked with Albuquerque area tribes Audit and SOS

Site Visits (10)

- Cowlitz (2)
- Lower Elwha
- Neah Bay (Makah)
- Nisqually
- Port Gamble
- Quileute
- Quinault
- Skokomish
- Squaxin Island

- Yakima Women's Health Day 100 tribal community and staff attended
 - Take care of yourself
 - Smoking and diabetes, E-cigarettes and pregnancy and tobacco presentation

Technical Assistance (60 technical assistance calls)

- Portland Area Office, ADC request for a contact list for Portland Area SDPI grantees work with ADC on updating SOS and audit
- .Albuquerque Area; ta with patient education taxonomies. And DM Audit edu topics
- Examples of technical assistance calls
 - ta Audit forms to us. and entered forms into WebAudit
 - SOS target population
 - Taxonomy clean up. Tobacco screenings are not getting captured. Nor is LDL and Diet Education
 - ta to upload Audit file; FTP upload via area office
 - SOS baseline data
 - TA to run GPRA indicators
 - TA with RPMS. Taxonomy issues with pre-diabetes package
 - TA create a search template in QMAN, based on the provider
 - pulled the Audit from previous years, and the A1cs not being reported were significantly higher than the Area average.

Special projects

- Submitted call for proposals for Native wellness conference – diabetes data, improvement and wellness
- Working with N7 staff – NF
 - New staff person to complete internal request for training at TWC
 - Still waiting -
- Compiled Best Practice information about SDPI programs here in the Portland Area
- Assisted with slides for TLDC representatives presentation
- Reached out to Portland Area ADC, to offer assistance with the SDPI Outcomes System (SOS) submissions in the Portland Area – She responded with a spreadsheet of programs' status
- Article for Health News & Notes: Audit and SDPI Outcomes System
- Registered students for the Feb DMS training
- Updated the Shortcut & Reference Manual
- Printed and bound 55 Shortcut & Reference Manuals for Feb-Mar trainings
- Travel project collaboration
 - Transported Suicide prevention signs for PRT to various clinics (Makah, Lower Elwha, & Jamestown)
 - Transported Kiki the inflatable colon back to NPAIHB

Meetings/Conferences

- NPAIHB All Meeting
- Project Directors Meeting
- Diabetes in Indian Country planning committee conference call
- HPV/Dental toolkit – conference call for resources for dental conference
- Onboarding workgroup
- Staff meeting WTDP NTCCP

Conference Calls:

- OHA DPP Quarterly Call Oregon DPP Program Providers
- DDTP & SDPI Website Update Webinar
- Webinar on Baseline SOS RKM Data
- DDTP & SDPI Website Update Webinar

IT Department Quarterly Report for Jan-Feb-Mar 2017

Overview

The Northwest Portland Area Indian Health Board has a high level of office automation and extensive information services. The staff uses desktop computers, laptops, PDAs and office equipment that require periodic maintenance and upgrades. This is in addition to 11 servers and other electronic equipment housed in a secure and temperature-controlled server room. The Board also has a 24 station training room using Dell PCs and Microsoft Terminal Server technology. The purchase of technical equipment, configuration, and maintenance is handled by the department director and the network administrator. The Electronic Health Record – RPMS training and support is now a part of the IT Department and its activities will be part of this report.

Strategic Priorities by Functional Area

Meetings Attended:

- All Staff Meeting
- National MU Team meetings (every 2 weeks)
- National Pharmacy Council monthly meeting
- Pharmacy PSG monthly meeting (chair)
- MU National Updates call
- Weekly national Clinical Application Coordinators call
- EHR Office Hours (weekly)
- Washington HCA-BHA Monthly Tribal Meeting
- MACRA E-learning sessions – multiple
- IHS MACRA Work Group – weekly
- NIHB MACRA QPP Work Group
- Data Repository meeting with Lisa Neel from IHS
- Oregon Health Authority - Medicaid EHR Incentive Program Rule Advisory Committee (RAC) meeting on new and proposed changes to Oregon MU program
- Indian Day Planning Meet
- EHR Office Hours (weekly)
- Portland Area CAC call (monthly)
- Max.gov training
- Safety Committee Meeting

Conferences and Trainings Supported/Provided:

- RPMS Pharmacy Informatics National Training – planned, facilitated, presented, and delivered in conjunction with IHS OIT training to 5 classroom plus 60+ remote e-learners.
- January NPAIHB Quarterly Board Meeting at Great Wolf Lodge
- RPMS HIM CAC Informatics National Training
- RPMS/Diabetes Training

Presentations:

- RPMS Autofinish and RPMS Troubleshooting and FAQs for Pharmacy Informatics Training
- MACRA – QPP Qualifications: Group vs Individual for national web series

NPAIHB Activity:

- Troubleshooting EHR – helpdesk activities
- Assist with qualification, registration, and attestation for MU for 2016
 - Cow Creek, Siletz, Warm Springs
- Planning an preparations for RPMS Pharmacy Package national training
- Producing and editing EHR RPMS training videos – ongoing project, many videos planned
- Update Property Database
- Help Tom W. connect to IHS VPN
 - 6060 views on NPAIHB RPMS EHR YouTube channel as of 2/2/17
- Researching MACRA and MIPS for future impacts on Tribes and RPMS
- National Pharmacy Council Communications Committee - organizing and initiating
- Meeting with Washington HCA to facilitate actions for RPMS users to submit to Washington’s Clinical Data Repository
- Updated Abilia/MIP accounting software to version 17.1.1 per Nancy S’s request
- Tried unsuccessfully to help a meeting participant connect to our wireless network – gave her work-around suggestions
- Updated the Apple Airport wireless routers to firmware version 7.7.8
- Workgroup for MACRA education for IHS wide webinar series on the basics and what to do for 2017
- Producing and editing EHR RPMS training videos – ongoing project, many videos planned
 - 6539 views on NPAIHB RPMS EHR YouTube channel as of 3/6/17
- Researching MACRA and MIPS for future impacts on Tribes and RPMS
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov
- Site Visit to Quinault to assess EHR use and training and improvement
- Troubleshooting EHR – helpdesk activities
- Assist with qualification, registration, and attestation for MU for 2016
 - Wellpinit, Warm Springs, Yakama, Colville
- Workgroup for MACRA education for IHS wide webinar series on the basics and what to do for 2017
- Producing and editing EHR RPMS training videos – ongoing project, many videos planned
 - 7144 views on NPAIHB RPMS EHR YouTube channel as of 4/10/17
- Researching MACRA and MIPS for future impacts on Tribes and RPMS
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov

- Resolved an error that Don and Erik were seeing with the Visual DMS v10 software on the training server – rebooted and then repaired the existing install using the admin account, and then set the shared reports directory to a folder on the public desktop
- Resolved a problem with the EpiDataCenter tape backup getting hung up during an “inventory” job, power-cycled it and removed a tape from the access door, then restarted the inventory job