Public Health Committee Meeting Minutes

April 18, 2017

In Attendance:

Karen Hanson, Health Director, Kootenai Tribe

Kelle Little, Tribal Health Director, Coquille Tribe

Jim Steinruck, Health Administrator, Tulalip Tribe

Andrew Shogren, Health Director, Quileute Tribe

Bridget Canniff, Project Director, NPAIHB

Victoria Warren-Mears, Director, NWTEC, NPAIHB

Meeting began with brief welcome.

Public Health Expansion:

The group discussed public health expansion efforts that are occurring in both Washington and Oregon States.

In Washington, Victoria has attended the Advocacy Committee for the *Public Health is Essential* campaign. The committee is trying to get more tribal involvement in this effort. Victoria shared some of their materials, particularly around the longer-term cost-saving potential of public health investments, and suggested that NPAIHB might produce something similar for tribes. Many tribal leaders have been involved in various committees throughout the process. One key challenge in the state of Washington is that the amount of funding being requested in the Secretary’s budget provides only a small amount of funds to the 39 counties in Washington. There is no current request for tribal funds. It was expressed that the concept, while valuable, has little return on time invested for tribes at this time, due to the small amount of potential funding available. Participation is challenging, given the multiple responsibilities of tribal leaders.

In Oregon, Coquille is the pilot site for data collection for the State’s project. The EpiCenter will also provide pilot data. There is a kick off call with Burke consulting and Coquille very soon. The EpiCenter is available to provide TA for any tribes needing help with this evaluation.

Public Health Accreditation Planning:

Bridget held a call with Carrie Sampson (Umatilla) and Kelle Little (Coquille) to discuss future group calls on public health accreditation. There is a general sentiment that these calls could be highly supportive for tribes seeking more information on public health accreditation readiness. Bridget is exploring a teleconference platform for these calls and hopes to establish a regular call time beginning in May.

Potential Future Grant Topics:

Victoria will be sending out a survey to tribal leaders to gauge interest in participating in two potential grant opportunities; please respond when you receive the survey. The two grant opportunities are from NIH NIDDK. The first is PAR 17-178 entitled “Evaluating Natural Experiments in Healthcare to Improve Diabetes Prevention and Treatment.” It requires that clinics have established policies for community and clinical linkages in place, and are willing to provide clinical data. The second is entitled, “Grants for Pragmatic Research in Healthcare Settings to Improve Diabetes and Obesity Prevention and Care.” It is focused on the prevention of pre-diabetes, diabetes, and obesity. The Board will use its usual procedure to determine if tribes are planning to apply. If no tribe is planning to apply, we will seek partners on this project.

Environmental Health Project:

We held a brief discussion of the interaction of public health and environmental health. The EpiCenter has a small grant from CDC to look at the state data portal in Oregon and determine what tribal environmental health is doing in the 9 Oregon tribes. The EpiCenter is looking to identify meaningful intersection between public health and environmental health. Two tribal examples were brought forward: one example where interaction is limited, and another where interaction is more robust around housing issues and public health, specifically in relationship to asthma.

EpiCenter Funding:

We discussed funding for the NWTEC. In FY 2018, money from CDC and from NIH will not be included in the Core EpiCenter funding as it previously had been. This is due to issues with the way the current (and previous) EpiCenter grants were written. The issue is with the authority for the Interagency Agreements (IAA) between other Federal partners and IHS. The EpiCenter RFP did not include information about sources outside of IHS providing part of the funding. Our funding from CDC will come through another mechanism; however our NIH funding, which is $50,000 per year, has not been approved for another mechanism. This means that in FY 2018, the EpiCenter funding could decrease by $50,000. There are two potential solutions for this issue: NIH could release a competitive application for the funding for all 12 EpiCenters ($50,000 each), or IHS could terminate the current EpiCenter grant after year 2 of this cycle and fix the issues, thus reopening the competition and being transparent in where the funding comes from.

Until we have resolution on this issue, we are applying for additional grants in the hopes of minimizing any fiscal impact.