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)
- Response Circles – Domestic & Sexual Violence Prevention
- 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 Health and Wellness Fair, March 12, 2018.

January Technical Assistance Requests
- Tribal TA Requests = 5
  - 6 (NativeLove, Kognito, Santa Ana Pueblo, Eric North [BIE]), PSU [Rick Mogren], OR DOH

February Technical Assistance Requests
- Tribal TA Requests = 2 (Chemawa, Port Gamble)
  - 5 (OR DOH, NativeLove, BIE, UNITY, SNOHD)

March Technical Assistance Requests
- Tribal TA Requests = 4 (Chemawa, NARA, Fort Hall, Swinomish)
  - 5 (IHS HIV; Kognito; FosterClub; Rocky Mountain Tribal Leaders Council; OMH NPAE)

Project Red Talon / We R Native / Native VOICES
During the quarter, Project Red Talon staff participated in eleven planning calls, three partner meetings, and presented during two conferences/webinars, including:
- Call: Native STAND Training at ITCA, Planning Call, February 12, 2018.
- Call: NativeLove Tweet Planning Call, January 19th and 26th, 2018.
- Call: Steven Hafner – Violence Intervention check-in calls
- Meeting: w/ Pharah Morgan & Sarah Hall from Rocky Mtn Tribal Leaders Council, March 22, 2018.
- Presentation: We R Native at NARA Spring Break Camp. March 26, 2018. Approximately 20 AI/AN youth in attendance.

Gen I / Bootcamps
- None.

Youth Spirit Evaluation
During the quarter, Project staff participated in seven planning calls and one meeting:

Native It’s Your Game and Healthy Native Youth
During the quarter, *Native It’s Your Game* staff participated in five planning calls with study partners, and the following trainings/events:
- Call: Nicole Treviño, re: updates to the We R Native Curricula for HNY, March 15, 2018.

OHSU Native American Center of Excellence and SIP
During the quarter, staff participated in seventeen planning calls with study partners, including:

ANA – I-LEAD
During the quarter, staff participated in four grantee calls and the following I-LEAD meetings and activities:
- Call: Colleen Billiot, ANA Communications Specialist (Contractor), March 13, 2018.
- Call: Text-Mentorship workgroup w/ OHSU and We Are Healers: March 30, 2018.
- Presentation: I-LEAD Grant, NPAIHB Quarterly Board Meeting, Portland, OR, January 17, 2018.
- Strategic Planning w/ OHSU and We Are Healers: Text Mentorship Plan, February 28, 2018.

**Health Promotion and Disease Prevention**

**Website:** The Healthy Native Youth website launched on August 15, 2016: [www.healthynativeyouth.org](http://www.healthynativeyouth.org)

Last month, the Healthy Native Youth website received:
- Users = 300
- Sessions = 404
- Session Duration = 2m 58s

**Website:** The We R Native website launched on September 28, 2012: [www.werneative.org](http://www.werneative.org)

Last month, the We R Native website received:
- Page views = 15,203
- Sessions = 8,750
- Users = 7,910
- Percentage of new visitors = 92.1%
- Average visit duration = 2:51
- Pages per session = 1.74

**Text Message Services:**
- Northwest Portland Area Indian Health Board has 6,779 active subscribers.
- We R Native has 5,509 active subscribers.
- The Text 4 Sex Ed service currently has 375 active subscribers. Broken down by opt-in path:
  - Sex (Facebook): 258
  - Condom (Text Message): 183
  - Love (Text Message): 156
  - Snag, Banana (Instagram): 33
  - Hook up (twitter): 4
- Hepatitis C project has 116 active subscribers.
- Healthy Native Youth has 114 active subscribers.
- THRIVE-DBT has 34 active subscribers.

**Twitter Followers** = 5,364 (20,100 Impressions)

**YouTube:** The project currently has 626 uploaded videos, has had 196,056 video views, with 290,081 estimated minutes watched. (18,433 views last month)

**Facebook:** By the end of the month, the page had 48,861 Likes.

**Instagram:** By the end of the month, the page had 7,264 followers. (2,812 likes/video plays)

**Social Media Messages:** Number/Reach of We R Native messages addressing...
- Bootcamp PSAs = 0 posts, 0 text message, 0 people reached
- Concerning Social Media Post Tips = 0 post, 0 text message, 0 people reached
- Sexual health/Healthy Relationships = 6 posts, 1 text message, **10,131** people reached
  - DVPI = 0 post, 0 text message, 0 people reached
  - Sexual Assault Campaign (to be created this year) = 0 posts, 0 text message, 0 people reached
- Substance prevention = 2 post, 0 text message, **6,564** people reached
- Suicide (general) = 9 posts, 1 text message, **49,788** people reached
  - #WeNeedYouHere Campaign (specifically THRIVE) = 0 post, 0 text message, 0 people reached
  - #WeNeedYouHere - LGBT2S = 0 post, 0 text message, 0 people reached
  - #WeNeedYouHere – Veterans = 0 post, 0 text message, 0 people reached
- Mental health = 6 posts, 2 text messages, **103,164** people reached
- Youth leadership/empowerment = 13 post, 0 text message, **31,209** people reached

**Native VOICES:** Since their release, the Native VOICES videos have been viewed 3,566 times on YouTube and reached 2,224,388 people on Facebook.

**Monthly reach, across all We R Native Channels:** **250,111 (8,068/day)**

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**Surveillance and Research**

**Concerning Social Media:** The NPAIH 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 is partnering with Steven Hafner to carryout formative research to design a violence prevention intervention that will be delivered to Native young men via Facebook. The team recently completed a pilot test of the text messages, survey sequence, and roll model videos, and is making improvements to the video script based on their feedback.

### Other Administrative Responsibilities

**Publications**

- Texting 4 Sexual Health: Improving Attitudes, Intention, and Behavior Among American Indian and Alaska Native Youth Health Promotion Practice | 2018-03 | journal-article | DOI: [10.1177/1524839918761872](10.1177/1524839918761872)
- We R Native: Harnessing Technology to Improve Health Outcomes for American Indian and Alaska Native Youth Journal of Adolescent Health | 2018-02 | journal-article | DOI: [10.1016/j.jadohealth.2017.11.168](10.1016/j.jadohealth.2017.11.168)
- Comprehensive Approaches Using Technology to Address Mental Health Technology and Adolescent Mental Health | 2018 | Book Chapter | DOI: [10.1007/978-3-319-69638-6_19](10.1007/978-3-319-69638-6_19)
- Waiting: Native VOICES outcomes paper (w/ Steven)
- Waiting: "Usability and Psychosocial Impact of Decision Support to Increase Sexual Health Education in American Indian and Alaska Native Communities" in JHDRP

**Reports/Grants Submitted**

- Expectant and Parenting Teens – Sub-Contract Proposal Submitted
- ANA I-LEAD Continuation Application

**Administrative Duties:** Budget tracking and maintenance; Managed Project Invoices and Subcontracts; Staff oversight and evaluations
Clinical Programs-STI/HIV/HCV
Jessica Leston, Project Director
David Stephens, RN Case Manager

Contractors: Brigg Reilley-Epidemiologist, Carolyn Crisp-MPH, Crystal Lee-PhD (Navajo)

Technical Assistance and Training

NW Tribal Site Visits
Grand Ronde HCV Elimination – January 18, 2018

Out of Area Tribal Site Visits
Great Plains Area HCV ECHO Training – January 30-31, 2018

January Technical Assistance Requests
- Tribal TA Requests = 7 (Jessica), 5 (David), 3 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, VA, OHA, USET, OHSU, NIHB)
- Formation of HCV National Workgroup

February Technical Assistance Requests
- Tribal TA Requests = 8 (Jessica), 9 (David), 7 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, VA, OHA, USET, OHSU, NIHB)
- HCV National Workgroup

March Technical Assistance Requests
- Tribal TA Requests = 10 (Jessica), 2 (David), 5 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, USET, AETC Oregon, NIHB, NCAI)
- HCV National Workgroup

HIV/STI/HCV
During the quarter, HIV/STI/HCV clinical project staff participated in sixty-four technical assistance calls, including:
- Meeting: Washington DC IHS Planning – January 2-5, 2018
- Conference Call: Tribal PREP – January 3, 2018
- Zoom: HCV pharmacist ECHO planning—January 4, 2018
- Zoom: Hep-C Alignment Conference Call – January 8, 2018
- Zoom: ANTHC Liver Connect — January 9, 2018
- Conference Call: IHS HIV/HCV Planning Meeting – January 9, 2018
- Zoom: ECHO model introduction for IHS, January 10, 2018
- Zoom: HIV ECHO, January 10, 2018
- Zoom: Data and Fibroscan Discussion with Lummi – January 11, 2019
- Zoom: IHS/CDC PWID Call – January 12, 2018
- Adobe: Rapid City IHS Hospital HCV Panel – January 12, 2018
- Meeting: QBM – Portland OR – January 16-18, 2018
- Zoom: Lummi HCV ECHO – January 18, 2018
- Call: OK Area HCV – January 19, 2018
- Presentation: ATNI Opioid – January 24, 2018
- Zoom: NW HCV ECHO – January 24, 2018
• Zoom: Navajo Area HCV Elimination Call
• Skype: HOPE Harm Reduction Workgoup – January 25, 2018
• Zoom: UNM alignment call – January 25, 2018
• Call: Fibroscan at Lummi – January 26, 2018
• Great Plains HCV Clinical Training – January 29-31, 2018
• Adobe: Great Plains Regional ID – February 1, 2018
• Conference Call: HIV/HCV National Team – February 2, 2018
• Conference Call: HIV/HCV National Team – February 6, 2018
• Zoom: IHS ECHO – February 7, 2018
• Adobe: PREP Cluster Call – February 8, 2018
• Zoom: NW HCV ECHO – February 8, 2018
• Meeting: NCAI —February 12-15, 2018
• Zoom: AK ECHO – February 13, 2018
• Zoom: Lummi Cascade – February 16, 2018
• Zoom: NW HCV ECHO – February 16, 2018
• Zoom: HIV/HCV National Team – February 20, 2018
• Zoom: Cherokee Nation ECHO – February 21, 2018
• Zoom: HCV Workgroup – February 23, 2018
• Meeting: AETC – February 27, 2018
• Zoom: HIV/HCV National Team – February 27, 2018
• Zoom: ECHO UNM/NPAIHB Collaboration – February 27, 2018
• Adobe: Taxonomies in iCare Rapid City – February 28, 2018
• Zoom: Northern Tier ECHO – February 28, 2018
• Zoom: NW ECHO – February 28, 2018
• Skype: HOPE SSP – March 1, 2018
• Skype: CDC PWID – March 2, 2018
• Meeting: EPI Intern – March 6, 2018
• Zoom: HCV ECHO – March 7, 2018
• Zoom: IHS HIV Grantee Meeting – March 9, 2018
• Conference Call: HIV/HCV National Team – March 13, 2018
• Zoom: AK ECHO – March 13, 2018
• Zoom: ID Task Force Great Plains – March 16, 2018
• Call: Fibroscan at Lummi – March 20, 2018
• Meeting: Tribal Endo ECHO – March 20, 2018
• Zoom: Lummi HCV data – March 20, 2018
• Zoom: NW HCV ECHO – March 21, 2018
• Zoom: HIV/HCV Urban Logistics – March 26, 2018
• Adobe: Chehalis taxonomy – March 27, 2018
• Skype: IHS HCV Evaluation Call – March 27, 2018
• Zoom: ECHO disuussion – March 27, 2018
• Meeting: Matthew Town HIV Project – March 27, 2018
• Zoom: Northern Tier ECHO – March 28, 2018
• Zoom: NW ECHO – March 28, 2018
• Skype: CDC TRIP Planning – March 30, 2018

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

To date, the project has sent 7,157 and received 590 messages from 134 text message subscribers. The project sent 12 marketing emails and had a reach of 1,751 through constant contact in the month of March.

Currently, the program has strategic partnerships with: ANTHC, UNM, Cherokee Nation and IHS.

Text Message service

HCV Education Materials: Based on Tribal feedback, a campaign was created for the Northwest, non-specific for Baby Boomers. www.npaihb.org/hcv. Mail outs were sent to all NW Tribes in December 2017.
Surveillance and Research

**STD/HIV/HCV Data Project:** The project is monitoring STD/HIV GPRA measures 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.

Annual data on HCV screening for IHS sites nationwide has shown strong improvement, with an increase to 54% from 46% the prior year.

**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.

- **1/18:**
  - **Case Management:** 7 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation.

- **1/24:**
  - **Case Management:** 4 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation.

- **1/30-1/31:**
  - **Case Management:** 17 cases were presented and given recommendations for treatment by our Medical Expert from UNM and Fort Peck.

- **2/8:**
  - **Case Management:** 7 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation at the Lummi ECHO.

- **2/13:**
  - **Case Management:** 1 cases were presented and given recommendations for treatment by our Medical Expert at the first AK ECHO.

- **2/28:**
  - **Case Management:** 5 cases were presented and given recommendations for treatment by our Medical Experts from UNM and Fort Peck at the first Great Plains ECHO
  - **Case Management:** 6 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation at the NW ECHO.

- **3/13 – Alaska ECHO Clinic:**
  - **Case Management:** 4 cases were presented and given recommendations for treatment by our Medical Experts at AK ECHO.

- **3/28 – Great Plains ECHO Clinic:**
  - **Case Management:** 2 cases were presented and given recommendations for treatment by our Medical Experts from UNM and Fort Peck at the first Great Plains ECHO

- **3/28 – NW ECHO Clinic:**
  - **Case Management:** 6 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation at the NW ECHO.

**A total of 187 patients have received recommendations via the NPAIHB ECHO HUB.**

**Publications**

- AI/AN HIV paper – published
- AI/AN HCV paper – submitted for publication
- AI/AN Opioid paper – working on paper
- AI/AN PWID Interview Methods – submitted to Public Health
- Funding editorial published in “The Hill”
- HBV paper, national data, manuscript to be completed by IHS counterparts

Reports/Grants Submitted
- 1.8 Million in SMAIF Funds in FY18

**Epicenter Biostatistician**  
Nancy Bennett

Conference Calls:
- TPHEP 2018 conf planning committee call bi-weekly
- eMars conference call w/ Cayuse to discuss project

NPAIHB Meetings:
- All staff meeting – monthly
- Biostat meeting – bi-weekly
- Staff retreat wrap up meeting
- QI work group meeting
  - Review survey questions for onboarding survey
- Meeting at Marriott to go over NARCH meeting accommodations
- Meeting at Benson to review for future meetings
- CWDA project meeting to review analysis requirements
- Essence training
- Onboarding committee meeting
- Safety meeting fire alarm

Conferences/QBMs/Out of area Meetings
- QBM in Portland Or.

Miscellaneous
- Policy brown bag with Laura and Sarah

Reports:
- none

Site Visits:
- none

**Epicenter National Evaluation Project**  
Birdie Wermy, 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 three to five Tribes regarding T.A., reporting and program implementation

**Reporting**

**January**
- Tribal EpiCenter (TEC) Area Project Officer (APO) call on 1.04 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) TEC workgroup call on 1.10 @ 10am
- DVPI call 1.11 @ 12pm
- Good Health and Wellness in Indian Country (GHWIC) Component 2 (C2) call on 1.24 @ 10am

**February**
- Tribal EpiCenter (TEC) Area Project Officer (APO) call on 2.01 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) TEC workgroup call on 2.14 @ 10am
- Good Health and Wellness in Indian Country (GHWIC) Component 2 (C2) call on 2.28 @ 10am

**March**
- Tribal EpiCenter (TEC) Area Project Officer (APO) call on 3.01 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) TEC workgroup call on 3.14 @ 10am
- Good Health and Wellness in Indian Country (GHWIC) quarterly evaluation call on 3.15 @ 10am
- Methamphetamine and Suicide Prevention Initiative (MSPI) call on 3.20 @ 10am
- Domestic Violence Prevention Initiative (DVPI) call on 3.21 @ 10am

**Updates**

- Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas and GHWIC NW WEAVE Project.
  - Correspondence with Lower Elwha Klallam Tribe (LEKT) regarding survey results and presentation
    - Presentation on January 25th 2018 @ 6pm via ZOOM with LEKT Tribal members
  - New project officer for MSPI/DVPI purpose area; Sarah Tillman will be taking over for Steven Whitehorn as of January 2018
  - 5 new programs funded for DVPI; *Alaska Native Justice Center, Bakersfield American Indian Health Project, Fresno American Indian Health Project, Gerald L. Ignace Indian Health Center, and the Native American Rehabilitation Association of the NW*
  - T.A. provided to Grand Ronde on 2.12 regarding funding
  - T.A. provided to Neah Bay on 2.12 regarding reporting
  - T.A. provided to Port Gamble on 2.14 regarding evaluation
  - T.A. provided to Warm Springs (MSPI) on 3.12 regarding reports
  - T.A. provided to Neah Bay (MSPI) on 3.12 regarding their Local Data Collection Plan (LDCP)
  - T.A. provided to Marimn Health (MSPI) on 3.21 regarding evaluation & program implementation

**Challenges/Opportunities/Milestones**

- Successful presentation via ZOOM platform on January 25th 2018 with Lower Elwha Tribe and community members.
• Successful presentation on Wellness in the Workplace; NPAIHB wellness policy and wellness challenges on March 25th in New Orleans, LA.
• Continuing to make contact with all MSPI/DVPI programs for future or virtual site visits.

**Meetings/Trainings**
- NPAIHB Indian Health Policy Luncheon 1.26 @ 12pm
- Maternal Child Health Webinar 1.29 @ 11am
- NDSU Dr. Warne Presentation 2.1 @ 4pm
- NPAIHB HIPAA overview webinar 2.14 @ 9am
- DVPI Webinar on 3.22 @ 11am

**Site Visits**
- None.

**Upcoming Calls/Meetings/Travel**
- Oregon Food Bank 1st Annual NPAIHB Volunteer 4.02 @ 9am
- TEC APO call 4.05 @ 11am
- GHWIC TEC Workgroup call 4.10 @ 10am
- GHWIC all hands call on 4.11 @ 10am
- Quarterly Board Meeting; North Bend, Or. 4.17-4.19.

**Publications**
- NONE

**Immunization and IRB**
**Clarice Charging, Project Coordinator**
Meetings:
- NPAIHB all-staff meeting, January 8, 2018
- Public Health Emergency Preparedness Conference planning meeting, January 25, 2018
- Indian Health Policy Lunch & Learn for staff, NPAIHB, January 26, 2018
- NPAIHB all-staff meeting, February 5, 2018
- Public Health Emergency Preparedness Conference planning meeting, February 7, 2018
- WEAVE Food Sovereignty Strategic Planning Meeting, Lloyd Center Double Tree, Portland, OR, March 1, 2018
- AIHC Food Sovereignty Policy Summit, Swinomish Casino, Ana Cortes, WA, March 6, 2018
- Breast Cancer Issues Conference, Lloyd Center Double Tree, Portland, OR, March 17, 2018
- Indian Health Policy Lunch & Learn for staff, NPAIHB, March 20, 2018
- Public Health Emergency Preparedness Conference planning meeting, March 21, 2018
- Public Health Emergency Preparedness Conference planning meeting, March 28, 2018
Quarterly board meetings/conferences/site visits:
- NPAIHB quarterly board meeting, Embassy Suites at Airport Hilton, January 16-18, 2018
- HIPPA webinar, NPAIHB, February 14, 2018
- TOTS to TWEENS data meeting, Quinault Nation, March 26-28, 2018
- NPAIHB Western Tribal Diabetes Program (WTDP) Conference, Embassy Suites, Washington Square, March 29-30, 2018

Conference Calls:
- Portland Area Immunization Group, January 26, 2018
- Native America Calling, January 30, 2018
- Public Health Emergency Preparedness planning meeting, February 21, 2018
- Portland Area Immunization Coordinator’s, March 16, 2018
- Indian Health Service Immunization Coordinator’s quarterly call, March 20, 2018

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

PA IRB Meetings:
- PA IHS IRB committee meeting, January 10, 2018
- PA IHS IRB committee meeting, February 14, 2018

During the period of July 1 – September 30, Portland Area IRBNet program has 128 registered participants, received 1 new electronic submission, processed 8 protocol revision approvals, 2 publications/presentations, and approved 3 annual renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:
1) Confederated Tribes of the Umatilla Indian Reservation
2) Port Gamble S’Klallam Tribe
3) NPAIHB
4) Confederated Tribes of Warm Springs Tribe
5) OHSU
6) Swinomish Tribe

Injury Prevention Project/Public Health Improvement & Training
Bridget Canniff, Project Director
Luella Azule, Project Coordinator

Meetings/Calls/Conferences/Presentations

- 1/3, 1/4, WA Tribal Environmental Health Summit planning calls and 3/9 debrief call (Bridget, Taylor)
- 1/4 NWCPHP Public Health Training Center Local Performance Site Check-in (Bridget)
- 1/7-9 WA Tribal Environmental Health Summit – NPAIHB assisted with outreach, logistics, and supervised registration (Bridget, Taylor)
- 1/12 NIHB Tribal Accreditation Learning Community (Taylor)
- 1/16-18 Attend QBM, Portland (Luella, Bridget, Taylor)
- 1/24 Attend ATNI Conference, Portland (Luella)
- 1/30 IHS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) call with project officers (Bridget, Luella, Taylor)
- 2/14-2/15 Attended Oregon Tribal Preparedness Coalition meeting in Salem (Taylor and Bridget)
• 2/16, 3/16 CDC Public Health Association Program (PHAP) Tribal Workgroup calls (Taylor)
• 3/1 Tribal Assistance Coordination Group (TAC-G) meeting (Taylor)
• 3/7 SHARE-NW Rural Health Equity Advisory Group meeting, hosted by UW/NWCPHP (Bridget)
• 3/15 Conference Call: Falls toolkit module planning with Dr. Deborah Behre (Chehalis/Skokomish), Pam James (AIHC), Carolyn Ham (DOH) (Bridget, Taylor, Luella)
• 3/19 Environmental Health meeting with staff from US Dept. of the Interior (Taylor, Bridget)

**Trainings/Webinars**

• 1/17- 3/14: Evidenced-Based Public Health Practice weekly online course offered by Rocky Mountain Public Health Training Center (RM-PHTC) (Taylor)
• 1/10 PHAP Webinar (Taylor)
• 1/29 Ted Talk: Donald Warne (Taylor, Luella)
• 1/30 Webinar: Native America Calling (Luella and Taylor)
• 2/1 Tribal Public Health Accreditation Advisory Board Meeting w/ NIHB/PHAB
• 2/5 Call with NIOSH Western States Division, with Victoria, Sarah, Celeste (Bridget)
• 2/7, 2/14, 2/21, 2/28 Online Evidence-Based Public Health live learning meetings
• 2/9 Tribal Accreditation Learning Committee (TALC) webinar (Taylor and Bridget)
• 3/6 How to Use the New PHAB Supplemental Guidance for Tribal Public Health Departments webinar (Taylor & Bridget)
• 3/14 PHAP – Program Evaluation webinar (Taylor)
• 3/21 Firearm Safe Storage webinar hosted by University of Washington, Tacoma (Taylor)
• 3/27 Trauma Informed Practice – a Rural Perspective webinar (Taylor)
• 3/28 The Impact of Women Leaders webinar (Taylor)

**Funding**

• 2/9 subcontract finalized with Oregon Health Authority to support 2018 Tribal Public Health Emergency Preparedness Training/Conference ($20K)
• Northwest Regional Public Health Training Center subaward for NPAIHB as Local Performance Site: Year 4 Subcontract finalized with UW Northwest Center for Public Health Practice ($50K)
• 3/29 Submitted Letter of Intent to apply for CDC-RFA-OT18-1802: Tribal Public Health Capacity Building

**Technical Assistance**

**January**

• Chehalis/Skokomish: Preliminary discussions to collaborate with them and establish a small advisory committee for revamp of Elder Falls module in IP toolkit – with Dr. Deborah Behre from Chehalis/Skokomish, Pam James of AIHC, and Carolyn Ham of WA DOH

**February**

• Coquille Tribe: responded to request for updates and contact info for Tribal Support Unit at CDC Office of State, Tribal, Local, and Territorial Support (OSTLTS), as well as Tribal Advisory Committee (TAC)

**March**

• None

**Core Activities**
• NARCH-sponsored 2018 Contemporary Tribal Health Conference, 4/27-28, Portland: Save the Date flyer sent 1/18, Registration and Call for Abstracts open on 2/2, original abstract deadline of 2/28 extended to 3/5, agenda finalized and distributed
• Tribal Public Health Emergency Preparedness Training and Conference, 5/14-18, Suquamish: Registration and Call for Proposals open on 2/13, original abstract deadline of 3/5 extended to 3/12, draft agenda to be sent in early April
• Drafted and submitted (with Victoria’s signature) letter of support for NWCPHP’s application to HRSA for next round of Public Health Training Center funding (Bridget)
• Began creating a data analysis plan for maternal substance use among Washington and Oregon residents from 2011-2013 (Taylor)
• Began researching and creating an outline for a literature review on the Human Effects of Methamphetamine Contamination in Homes (Taylor)
• Revised and completed analysis proposal and ICD-9-CM codes for maternal substance use data analysis (Taylor)
• Began writing initial components of the firearm safety module of Injury Prevention in Indian Country Toolkit (Taylor)

**Travel/Site Visits**

| Tribe: Chehalis | Location: Portland, OR |
| Date: January 7-9, 2018 | Date: January 16-17, 2018 |
| Purpose: Environmental Health Summit | Purpose: Quarterly Board Meeting |
| Who: Bridget, Taylor | Who: Bridget, Luella, Taylor |

| Location: Salem, OR | Date: February 14-15, 2018 |
| Purpose: Oregon Tribal Preparedness Coalition | Date: February 14-15, 2018 |
| Who: Bridget, Taylor | Purpose: Oregon Tribal Preparedness Coalition |

**Medical Epidemiologist**

Thomas Weiser, Epidemiologist (IHS)

Projects:
* Opioid Epidemic
* Hepatitis C
* Immunization Program-routine immunization monitoring
* IRB
* Children with Disabilities
* EIS Supervision
* Adult Composite Measure Project
* MCH Assessment
* IHS Budget Analysis-complete for 2020

Travel/Training:
* Tribal Environmental Health Summit 1/8-9, Centralia, WA
* QBM 1/16 (Portland)
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)
Ashley Swetzof, Intern
Cathy Ballew, Lummi Site Coordinator
Veronica John, Quinault Site Coordinator

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 initially 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 awarded 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 aimed 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](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](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 mini grantees who Beta tested our Native CARS Atlas website, continued to wrap up their tribal community activities that utilized our electronic platform, to provide access what we know about improving child passenger safety, along with accessing tons of interactive tools that can help them create change within their own tribal community. Intervention activities selected by Tribes include 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. Tribes have reported on the implementation of these activities and their specific tasks on their timelines.

**Disseminating**
Back at the office Native CARS staff has keep the Native CARS Atlas updated and respond to individual sites requests. Staff have worked with Warm Springs to plan a car seat clinic and met with Swinomish to plan for a focus group and media production. Much or our time has been spent drafting three new papers (main outcome, CBPR and Qualitative findings) to disseminate to peer reviewed journal. Native CARS Director has partnered with Doernbecher’s Tom Sargent Safety Center to conduct car seat clinics and prepare for an April Car Seat Clinic in April and a Car Seat class for NAYA staff in late Spring or Early summer. Native CARS has also continued investigate and prepare for presentations at future regional and national venues, such as the NARCH Contemporary Native Health Conference and the Lifesavers Conference in April and the KIM Conference in August to get the word out that the Native CARS Atlas is up and running at [www.nativecars.org](http://www.nativecars.org).

**Feature Story**
We were also selected to author and submit and feature article on the NIMHD website that shared information about Native CARS and the NW Tribal EpiCenter. This feature story can be found at: [https://nimhd.nih.gov/news-events/features/community-health/native-cars-partnership.html](https://nimhd.nih.gov/news-events/features/community-health/native-cars-partnership.html)

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

**Native CARS Activities**

**Meetings - Conference Calls – Presentations – Trainings**
- Staff Meetings – each Monday
- Meeting with Tribal Site Coordinators
- Native CARS / Tom Sargent Safety Center Conference Calls, Jan, March
- Native CARS / Tom Sargent Safety Center tour and Car Seat Clinic Preparation Meeting, March
- Tom Sargent Safety Center CAR Seat Clinics, Jan, Mar
- Eugene Fire Department CAR Seat Clinic, Jan
- Meeting with Josh Smith to discuss figure for CBPR paper
- Communication with NAYA on CPS training/Car Seat Clinic

Program Support or Technical Assistance
- Communication with Jeff Nye/Julia Hammond regarding
- Native CARS Outcome and CBPR Paper writing
- Lifesavers Conference Poster Presentation Submission
- NARCH Contemporary Native Health Conference Poster Presentation Submission
- Kids in Motion Conference Presentation Submission
- Tam completed 7 CEU credit mini courses/exams for CPST certification continuation
- Coordinated Warm Springs Car Seat Safety Clinic with CPS techs

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 TOTS to Tweens Study 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 TOTS2Tweens 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

This quarter the TOTS2Tweens Study continued with the qualitative phase of the study as well as preparing for the last TOTS2Tweens Dental Screening. This quarter TOTS2Tweens collected dental data, child questionnaires and Parent KAB questionnaires at one partner site. Study team also began cleaning and conducting a preliminary analysis of quantitative data collected to date that was used for each site to prepare for their qualitative interviews. The Study are preparing to disseminate their work and study processes as NARCH Contemporary Tribal Health Conference in Portland in April.

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
- Meeting with Quinault Site Coordinator for Dental Screening/KAB Completion

Program Support or Technical Assistance
- Meeting coordination, minutes and action item documentation, Oct-Dec
- Email communication with Makah for Interview Setup
- Email communication with Shoshone-Bannock Site Coordination for T2T KABs
- KAB/Dental Form Management and Tally
- T2T Data Cleaning and Re-coding
- NARCH Presentation/Poster Submission
- KAB Data input for Quinault analysis
- Dental form input for Quinault analysis
- Data Codebook Development
- Data Analysis
- Dental screening preparation and logistics planning for final screening
- Travel set up
- Manage budget, order supplies, construct contracts and submit purchase orders

**MCH Core Activities**

Staff of the Native CARS and TOTS2Tweens Projects also provide support to the greater MCH Core activities of the EpiCenter.

**Meetings - Conference Calls – Presentations – Trainings**
- MCH Workgroup Meeting
- MCH Workgroup Presentation at QBM
- Conference call with intern Alyssa Bolyard to discuss changes to poster board and framework
- Meeting with Josh Smith regarding MCH model figure for MCH framework

**Program Support or Technical Assistance**
- MCH Work Group Presentation Material Prep (Tam, Monika, Candice)
- Revised the MCH Framework, inputting comments made at QBM (Tam, Monika)
- Created presentation for QBM (Tam, Monika)
- Review and suggest edits for Poster Board
- Met with both Chris and VWM to go over ideas on add section on MCH on the NPAIHB Board website and augmenting the EPICENTER section so that is consistent
- Worked on Specific Aims of MCH Opioid Grant
- Brainstormed potential grant proposal ideas
- Collected background literature
- Finalized Tribal Symposium submission for MCH Epi & CityMatCH

**No. of Requests Responded to for Technical Assistance, including the following: Data Requests to Tribal and Urban Organizations, Communities or AI/AN Individuals**

How many requested: 5
How Many NW Tribe Specific: 3
Email Assisting with: 2 (Yakama, Swinomish, Quinault)
Phone Call Assisting with: 3
How Many Responded To: 5

**No. of Tribal Epidemiology Center-Sponsored Trainings and Technical Assistance Events Provided to Build Tribal Public Health Capacity**

Number of project trainings: 0
Training Titles: N/A
Number of individuals in attendance: N/A

SITE VISITS
- Quinault – TOTS to Tweens Dental Screening – 3/27-29

Project Contact Information

Thomas Becker, Co-Principal Investigator, TOTS2Tweens
beckert@ohsu.edu

Jodi Lapidus, Principal Investigator, Native CARS
Lapidusj@ohsu.edu

Tam Lutz, Project Director, Co-Investigator, Co-PI
503-416-3271, tlutz@npaihb.org

Nicole Smith, Biostatistician
503-416-3292, nsmith@npaihb.org

Candice Jimenez, Graduate Research Assistant
503-416-3264, cjimenez@npaihb.org

Northwest Native American Research Center for Health (NARCH)
Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Tanya Firemoon, Coordinator
Jacqueline Left Hand Bull

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 5th year of funding in a five year cycle. This report also covers NARCH 9, a cancer prevention research training grant, now in year one.

The Summer Research Training Institute planning is nearly complete, and we are soon awaiting the arrival of over 80 tribal guests from around the country. Our last effort was the 14th 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 15th anniversary offering. We were successful in filling up our course instructors and our student enrollment in just a few days—Ms. Donald 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 first round, in cancer research and public health in Indian country. 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. Ms. Donald took over for Ms. Firemoon when the latter decided to work full time on the dental health initiative, instead of splitting her job between grants. She will be sorely missed!
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 year 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.

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 went to the delegates for a resolution to go after NARCH 10 funding, seeking a chance at continued funding for research training for tribal people. We are worried, however, that the new federal administration may not support continued such efforts.

Ashley Thomas has taken the lead in planning the NARCH 9 cancer prevention course, designed to train and mentor tribal people to conduct projects that are responsive to tribal needs in the cancer arena. We got a late start, but have caught up at present and expect to fulfill our commitment to the NIH, the federal agency that is funding us.

Last, we are planning a NARCH-sponsored health research conference on April 27 and 28, at the Native American Student and Community Center. We hope all tribal delegates can come!

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**
**Antoinette Aguirre, Cancer Prevention Coordinator**

**Training/Site Visits/Technical Assistance**
- Grand Ronde Native Youth Wellness Day
  - Youth Tobacco 101 Presentation
  - 160 participants, 117 youth
  - 5 NW Tribes (4 OR, 1 WA)
- CLUSI: follow up on tobacco signage
- Coeur d’Alene: Cancer mini-grant information and CRC screening resources
- Coquille: Sent over Tobacco Factsheets (smoking and pregnancy, diabetes, asthma, second hand smoke, third hand smoke and e-cigarettes) and websites where the information was gathered and presented on the factsheets
- Puyallup: Cancer Comic Book Informant; CRC Screening Resources
- Stillaguamish – Clinical Cancer Update logistics
• Warm Springs (Tobacco 21 ta call) - Colorectal Cancer Screening
• Yakama: Tobacco quit line materials

**Special projects**

• BRFSS Project
  o 233 interviews – home stretch
  o Mail incentives to participants
  o Data input for group interviews

• Preparation for CRC focused Northwest Tribal Cancer Coalition meeting
  o Recruitment of tribal health programs – Outreach to all 43 NPAIHB member tribes and urban Indian clinics
  o Survey of clinical screening and immunization rates
  o Contact Tribal Colorectal Cancer Programs for example materials
  o CEU paperwork completed
  o Clinicians confirmed for presenters

• Cancer Survivorship ECHO
  o Followed up with MD Anderson Program – Primary Care and Promotores

• NPAIHB Tobacco Conference - May
  o Recruitment continued
  o Logistics in place

• Preliminary preparation for July Tobacco Cessation Training
  o SPIPA tribes (others invited)

• HPV Vax Project with PRC carry forward proposal request
  o Updated HPV Vaccination Rates

• Edit and Updated Youth Tobacco 101 presentation for upcoming presentation and gather materials for tobacco activities

• Co-write an article for the upcoming Health News and Notes – Tribal Policy Guide

• WRN Wellness Wednesday Video – Physical Activity Challenge and Traditional Foods

• January 29th Cervical Cancer Webinar
  o 30 participants from 20 tribes
  o Follow up with participants CEU’s and evaluation

• Opioid disposal after surgery brochure
  o Disseminated to tribal health programs and IHS Area CMO

• NTCCP CDC grant report completed

• Canadian First Nations Cancer Comic Book
  o Followed up and will be attending Northwest Tribal Clinical Cancer Update

• Dental Externship information shared with NPAIHB DHAT program

• Cancer Survivorship ECHO
  o Contacted MD Anderson Program

• Research on the new e-cigarette device called IQOS

• Research cost summary analysis for tobacco in Oregon, Washington, and Idaho

• Developing Cost summary analysis factsheet for tobacco in Oregon, Washington, and Idaho

**Meetings/Conferences**
• All Staff Meeting
• NTCCP Team Meeting
• NPAIHB QBM meeting
• HPCDP Follow-up Meeting (OHA) Tobacco Cessation
• Oregon Colorectal Cancer Coalition Meeting
  o CRC Taskforce Meeting: Underserved Populations
  o CRC media and outreach
• ASCO Cancer Survivorship Symposium
• National HPV Roundtable Meeting - Atlanta
• Tobacco conference meeting planning – NTCCP and WEA
• NNACOE: meeting with student coordinator for NPAIHB project partnership; meeting with OHSU native med student (overview of NPAIHB, areas of interest, potential projects)
• NCI grant opportunities OHSU collaboration meeting
• NCI grant opportunities follow-up meeting – Smoking Cessation
• NCI grant opportunities follow-up meeting – CRC Screening
• Conversations for Health Equity – OHSU NACOE Dr. Don Warne presenter
• Pathways Advisory Council Meeting
• NPAIHB Contract Meeting – expansion of Tobacco contract
• Indian Health Policy Lunch & Learn
• Northwest Tribal Diabetes Regional Conference – Tobacco Cessation and Childhood obesity
• Policy Health News and Notes Meeting; article on Policy toolkit

Conference / Webinar calls
• CDC Project Directors’ call
• Policy, Systems and Environmental Change: A PSE Primer.
• DCPC Tribal Bi-Monthly
• Webinar: Oregon Tobacco Retail Evaluation
• Webinar: Nicotine Cessation Services Access Workgroup
• Tobacco Retail Evaluation
• NTCCP Evaluation and report to CDC
• Colorectal Cancer Screening assessment with Idaho DOH call

Northwest Tribal Dental Support Center
Ticey Mason, Project Director
Bonnie Bruerd, Prevention Consultant
Bruce Johnson, Clinical Consultant
Kathy Phipps, Epidemiology Consultant
Joe Finkbonner, NPAIHB Executive Director

The Northwest Tribal Dental Support Center (NTDSC) is in their 18th 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.

- NTDSC staff and consultants provided three site visits this quarter for a total of 8 site visits in coordination with the Area Dental Consultant. NTDSC is on track has met this objective this fiscal year.

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

- The work with ARCORA (The Foundation of Delta Dental of Washington) on our Baby Teeth Matter Initiative (BTM) has continued with 12 dental programs participating. There was a BTM meeting in February 2018.

- An Elder Initiative was launched in November 2017 with a course focused on treating elderly patients. Nine Portland Area Dental programs attended the course. A second course was held in March 2018. This course focused on community-based interventions.

- Portland Area met and exceeded all three dental GPRA objectives this past year.

- NTDSC Prevention Consultant serves as the Portland Area dental representative on the national HP/DP 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.

- There was not a national oral health survey in 2017 but plans are being laid to survey 0-5 year olds later in 2018.

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.
- NTDSC, in collaboration with ARCORA and the Coeur d’Alene tribe’s Marimn Dental Program, sponsored a hands-on clinical training in minimally-invasive dentistry. Dental staff from the Marimn and Lake Roosevelt clinic participated in this training.

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
Joshua Smith, Health Communications Specialist
Email: IdeaNW@npaihb.org

Staff Updates
- Chiao-Wen Lan, PhD, joined the IDEA-NW team on March 26th. She will be working with us on the NWTEC Public Health Infrastructure grant.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages
- We prepared a new Northwest Tribal Registry file (version 14) for our upcoming data linkages. The dataset includes records from the Portland Area Indian Health Service (IHS), Seattle Indian Health Board, NARA, Inc., and the Puyallup Tribal Health Authority.
- IDEA-NW staff completed Information Systems Security Awareness and confidential file handling training for linkages.

Data Analysis Projects
- Tribal Health Profiles (THP) project
  - Continued work on a data brief describing diabetes risk factors, prevalence, hospitalizations, and mortality in Washington’s AI/AN population.
    - Finalized figures and text for background, hospitalizations, mortality
    - Organized figures and text into an InDesign document for publishing
    - Began running statistics on gestational diabetes and complications
  - Moved Washington Cardiovascular Disease profile into a new format
    - Moved and reorganized figures and text into a new 14-page document in InDesign
    - Worked on developing color schemes and design elements for template
    - Developed two-page brief with key statistics and highlights from longer report
- Substance Abuse Analysis
  - Submitted manuscript on drug and opioid overdose mortality to the CDC’s Morbidity & Mortality Weekly Review, currently awaiting the manuscript to be cleared by CDC
- Communicable Diseases data
  - Completed cleaning and coding Washington General Communicable Diseases dataset, awaiting final review by Sujata
  - Ran pre- and post-linkage counts and rates on Washington Hepatitis C data for abstract submitted to the Northwest Contemporary Tribal Health Research conference

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities
- Continued onboarding and project orientation activities for Joshua Smith and Chiao-Wen Lan
- Health Communications Specialist
  - Worked on developing InDesign templates for state-level data briefs
  - Working with WEAVE-NW project to develop standard operating procedures and templates for their Community Health Assessment surveys
  - Drafted description of data requests/technical assistance (DR/TA) and created a process flow chart for responding to DR/TA requests
• Began work on putting WEAVE-NW’s policy handbook into InDesign
• Worked on presentation for OHSU School of Nursing on AI/AN mortality trends in Oregon
• Met with Chris Sanford to discuss current process and format of NPAIHB’s weekly mail out
• Created a media use agreement for the Board, currently in process of obtaining feedback from project staff and administrative officer
• Developed a flier for the 2018 Portland Area Dental Training
• Developed flier for May 2018 Health Data Literacy Workshop at Swinomish
• Created a visual for the Maternal and Child Health (MCH) framework and poster

  • BioStat Core
    • Created BioStat Core Team Charter
      ▪ Established goals and objectives of BioStat Core
      ▪ Created and updated matrix of team members’ areas of expertise and interest
      ▪ Created running list of priority areas, topics, and calendar of upcoming meetings
    • Presented 1st and 2nd drafts of rationale and process for data requests/technical assistance (DR/TA) and requested feedback from BioStat Core members
    • Started “wish list” of analyses for EpiCenter, discussed strategies for prioritizing and completing projects
    • Amanda Morse (Washington Department of Health) provided a training on ESSENCE/RHINO syndromic surveillance systems
    • Reviewed and received feedback on Washington Cardiovascular profile
    • Held “Datasets 101” training to review list of datasets, core variables, and restrictions on use for linkage-corrected datasets

  • Tribal Suicide surveillance pilot project
    • Began work on goals, objectives, and pilot project description

  • Health Data Literacy Trainings
    • Monika met with Nanette to go over GIS mapping module content and logistics
    • Swinomish Health Data Literacy Training (May 2nd – 3rd)
      ▪ Executed contract with hotel
      ▪ Developed and sent out registration flyer and began recruitment and registration

  • TEC-PHI Evaluation Workgroup
    • Reviewed and provided input on the TEC-PHI national evaluation plan, including logic model, evaluation questions, and performance measures

  • Maternal and Child Health (MCH) Workgroup
    • Continued work on the NPAIHB’s MCH needs assessment/guiding framework
      • Presented the MCH Guiding Framework (Monika and Tam) at QBM to receive feedback from tribal delegates (1/16), and continued making modifications to the MCH Guiding Framework based on the feedback
    • Finalized and presented poster “A Road Map for Maternal and Child Health” at the International Indigenous Women’s Health Meeting in Albuquerque, NM
    • The MCH team began work on a group mission statement
    • Began planning a grant proposal concerning maternal substance abuse and breastfeeding

Data requests/Technical assistance
• Provided Mattie Tomeo Palmanteer with links to the mortality sections from the Idaho, Oregon, and Washington community health profiles for mortality statistics on our area
• Provided technical assistance in the form of phone consultations and SAS code to David Shih and Richard Leman (Oregon Public Health Division) on using LinkPlus for de-duplication and matching, and working with LinkPlus output results
• Provided pre- and post-linkage statistics for Washington hospital discharge and Washington deaths to Adrian Dominguez (Urban Indian Health Institute) for use in a presentation to a University of Washington class lecture

Presentations & Results Dissemination
• Presented on the MCH Guiding Framework at January’s QBM
• Presented poster “A Road Map for Maternal and Child Health” at the International Indigenous Women’s Health Meeting in Albuquerque, NM
• Presented information on the IDEA-NW project and linkage findings during the March Diabetes Management System training in Portland, OR

Trainings Provided to Tribes/Tribal Programs
• None

Institutional Review Board (IRB) applications and approvals/Protocol development
• Submitted data access agreement amendment and personnel change forms for request for additional Oregon Medicaid records

Grant Administration and Reporting
• Completed semi-annual Prevention and Public Health Fund report for the CDC TEC-PHI grant

Collaborations with other programs and other activities
• Monika continued work with WeRNative to help produce informational “Wellness Wednesday” videos/blogs on nutrition, exercise and culture

Travel

Linkages
• None

Site visits
• None

Meetings, Trainings, and Conferences
• TEC-PHI Grant Kickoff and Steering Committee Meeting, Phoenix, AZ 3/19-3/20
• International Indigenous Women’s Health Meeting, Albuquerque, NM 3/21-3/23

Data reports, fact sheets, and presentations are posted to our project website as they are completed: [http://www.npaihb.org/idea-nw/](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
Response Circles – Domestic & Sexual Violence Prevention
Colbie Caughlan, Project Manager
Ethan Newcomb, Project Assistant

Site Visits

Tribal Site Visits
- QBM dinner hosted by the Cowlitz Indian Tribe at iLani, Ridgefield, WA – January 16
- OR 9 Tribes Prevention meeting, Siletz Tribe, Lincoln City, OR – March 5

Out of Area Site Visits
- QBM at the Embassy Suites, Portland, OR – January 16-18
- Choose Respect Workshop – Men’s Mentoring Program to End Violence, Reno, NV – Feb. 6-8

Technical Assistance & Training

During the quarter, project staff:
- Participated in 6 meetings and conference calls with program partners.
- Updated the Sexual Assault Prevention campaign materials and prepped them to be disseminated in April for Sexual Assault Awareness Month.

During the quarter, Response Circles (RC) staff provided or participated in the following presentations, webinars and/or trainings:
- Training (1) – Attended the Choose Respect – Men’s Mentoring Program to End Violence workshop
- Webinar (3) – Hosted a Response Circles project description webinar for 15 participants; attended two webinars, Neni-Ingwangoon Tevi-tsi Ow-tees (Family Is Sacred) Project and White Buffalo Calf Women’s Society Inc.: Taking Care of Our Relatives

During the quarter, the RC project responded to over 14 phone or email requests for domestic or sexual violence prevention, or media campaign-related technical assistance, trainings, or presentations. Four requests included providing funding for Tribes or tribal staff to attend domestic or sexual violence prevention trainings or conferences and to also purchase necessary allowable items for their clients affected by domestic or sexual violence.

Health Promotion and Disease Prevention

Response Circles Media Campaign: All RC promotional materials (including the almost completed updated materials) are available on the web. Materials include: posters, brochures, tip cards, and radio PSAs.

Domestic & Sexual Violence Prevention Messages January - March: Number/Reach of We R Native messages addressing...
- Teen Dating Violence Prevention (DVPI grant) = 9 posts, 1 text message, 55,570 people reached
- Sexual Assault Prevention Campaign (DVPI grant) = 9 posts, 1 text message, 64,191 people reached

Other Administrative Responsibilities

Staff Meetings
- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events
Publications
- None during this reporting period.

Reports/Grants
- Submitted the financial report for year 1 quarter 1 of the Domestic Violence Prevention Initiative (DVPI) grant.

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

Tribal Health: Reaching out InVolves Everyone (THRIVE)
Colbie Caughlan, Project Manager
Celena McCray, Project Coordinator

Site Visits

Tribal Site Visits
- QBM dinner hosted by the Cowlitz Indian Tribe at iLani, Ridgefield, WA – January 16
- Question Persuade Refer (QPR) trainings for Grand Ronde, Grande Ronde, OR – February 27-March 1
- OR 9 Tribes Suicide Prevention meeting, Siletz Tribe, Lincoln City, OR – March 5
- Site visit for Healing of the Canoe (HOC) sub-recipient Cowlitz Tribe, Longview, WA – March 8
- Zero Suicide (ZS) sub-recipient site visit and training for Coeur d’Alene’s Marimn Health, Plummer, ID – March 30

Out of Area Site Visits
- Zero Suicide Academy with MN state and tribes, Bloomington, MN – February 26- March 1
- Garrett Lee Smith (GLS) grantee meeting, Washington D.C. – March 18-21

Technical Assistance & Training

During the quarter, project staff:
- Participated in 67 meetings and conference calls with program partners.
- Disseminated 72 boxes of the three suicide prevention campaigns for AI/ANs.
- Began script writing and editing for the Violence & Suicide Prevention videos and text messages.

During the quarter, THRIVE provided or participated in the following presentations and trainings:
- Presentations (5)—Presented on the THRIVE project at the Washington Action Alliance for Suicide Prevention meeting, 25 attendees, Dept. of Health offices in Tumwater, WA; Presented on the NPAIHB AI/AN Veterans suicide prevention campaign for the IHS Tele-Behavioral Health Center of Excellence Program Webinar, 29 attendees; provided a few short presentations during a Zero Suicide Academy with MN state and tribes, 75 participants, Bloomington, MN; presented on ZS in NW Tribes at the Oregon Suicide Prevention Conference, 20 participants, Clackamas, OR and;
presented on organizations in the Urban setting at the GLS meeting, about 25 attendees, Washington D.C.

- **Facilitation/Training (4)** – facilitated a webinar showcase for 3 NW tribal Zero Suicide (ZS) sites, 11 participants; facilitated 3 Question Persuade Refer (QPR) trainings for Grande Ronde staff and the community, 11 attendees, 8 attendees, and 8 attendees in Grand Ronde, OR and; hosted a Screening & Lethal Means training for Coeur d’Alene’s Marimn Health, 44 participants, Plummer, ID
- **Booth (1)** - At the GLS meeting, 60 attendees, Washington D.C.

During the quarter, the THRIVE project responded to over 115 phone or email requests for suicide, bullying, Zero Suicide Model, 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.

**GLS Messages January – March**: Number/Reach of We R Native Facebook messages addressing...
- Suicide (general) = 14 posts, 1 text message, 83,488 people reached
  - #WeNeedYouHere Campaign (specifically THRIVE) = 1 post, 0 text message, 18,300 people reached

### Other Administrative Responsibilities

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

**Publications**
- None during this reporting period.

**Reports/Grants**
- Submitted the year 5 continuation application and year 4 quarter 1 reports for the SAMHSA GLS grant.
- Submitted the FFR for year 3 quarter 1 of the Meth & Suicide Prevention Initiative (MSPI) Purpose area 2 grant.

**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
Nanette Yandell, Project Director and Epidemiologist
Jenine Dankovchik, Evaluation Project Specialist
Nora Frank, Health Educator
Ethan Newcomb, Project Assistant
Ryan Sealy, Tobacco Project Specialist
Birdie Wermy, National Evaluation Specialist

Meetings (excluding internal)

- Conference/committee: 1
- Tribal Community: 5
- Funding Agency: 4
- Sub-Awardee: 9
- Community (non-tribal): 2
- Government Partner: 2
- Other: 1

Total Meetings: 24

Site Visits

<table>
<thead>
<tr>
<th>Date</th>
<th>Tribe</th>
<th>Short Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/27/18</td>
<td>Chehalis Tribe</td>
<td>Site Visit</td>
</tr>
</tbody>
</table>

Total number of site visits this quarter: 1

Presentations

WEAVE-NW gave a total of 3 presentations this quarter

Professional Development

WEAVE-NW staff completed a total of 7 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 20 requests for technical assistance this quarter

Trainings Provided

In-Person

- 3/1/2018 NW Tribal Food Sovereignty Coalition Strategic Planning Meeting
- 3/18/2018 BAAD tobacco prevention classes
- 3/21/2018 Truth Initiative & Tobacco Jeopardy

Webinar

- 3/8/2018 Tribal EndoECHO Mock

WEAVE-NW provided a total of 5 trainings this quarter
Western Tribal Diabetes Project
Kerri Lopez, Director
Don Head, Project Specialist
Erik Kakuska, Project Specialist

Site Visits:
- Lower Elwha – diabetes team meeting, registry clean up, web audit submission
- Makah – registry clean up, web audit submission
- Nisqually - registry clean up, web audit submission
- Skokomish - registry clean up, web audit submission
- Pt Gamble - registry clean up, web audit submission
- Quinault – registry clean up; web audit submission
- Cowlitz – registry orientation, SOS, audit submission new diabetes coordinator

Technical Assistance:
- Ongoing for updating new program staff
- Billings Area Office, ta security keys
- CA Area Office, next gen issues
- Chehalis – ta locking SOS data, through the interim Audit
- Chehalis, ta program audit to use for submitting the RKM for SOS
- Cow Creek (2) - ta for Audit help. General information about audit regarding timeframe, how to submit audit; ta with the Audit and SOS, target population; ta with getting Greenway into the format that Web Audit would accept, but it was an old format, sent the new format
- Cowlitz TA RKM and audit; using a template to run her audit on, and I told her that’s the usual way to do it, Feb 20
- DDTP, Urban Inter-Tribal Center of Texas - ta SOS register
- First Nations - ta audit timeline, forms and how to upload data. Utilized IHS Website and Shortcut Reference manual
- Great Plains Area – ta on missing BDMZ EDIT security key
- IHS, Oklahoma Area - ta SOS target population register; how to create a QMAN search, and populate SOS register
- K’ima:w Medical Center, webinar TA session
- Las Vegas Paiute, training to conduct the Audit and in using DMS
- Makah - ta submitting audit; ta with taxonomy issues
- NARA - ta diagnosis of Hep C and data entry on their part
- Nashville Area Office, ta information about the DMS training in March, 26
- Nisqually - ta look up billing within DMS. Suggested obtain the billing package within RPMS
- Nooksack- ta enter the UACR portion for patients, TB
• Puyallup, request for HSR
• Quinault  ta Taxonomy; prescription drugs; ta to recreate a new search template of registered patients; fixed taxonomies; ta for audit prep
• Samish- ta uploading to the Web Audit; SOS baseline RKM
• Skokomish, ta running the reports; web audit
• Squaxin Island ta on upload registry to the Web Audit
• Tohono O’odham Nation, ta April on line training schedule and information on the THRIVE youth conference

DMS training
• Portland
  o 10 participants
• Aberdeen DMS training
  o 30 participants
• IHS Audit training set up
  o Various emails with IHS OIT in preparation for audit help on a national level
• Preparations for Regional DM conference
  o CE’s, travel scholarship, hotel conference room logistics, participant registration.
• Prepared for the April 3-5 online training that we are conducting for IHS National
• Online Office Hours Webinar, 10a-1130a, and 1200p-130p (two sessions due to a mix-up in the advertised times of the webinar)
• Online Office Hours Webinar, 1200p-130p

Special Projects:
• Northwest SDPI Gathering
  o Received CV’s and bios CEU’s approved
  o 44 attendees
  o Key notes speaker – Dr. Ann Bullock
    ▪ Childhood obesity, epigenetics, protective factors, prenatal MCH nursing program, national SDPI statistics, SDPI overview
  o Key note Speaker – Lou Moerner tobacco training
    ▪ Tobacco rates for AI/AN, tobacco industry targeting, effective tobacco cessation interventions in native communities, interactive tobacco cessation activities
  o 5 roundtables: Traditional foods, physical activity, youth, DPP programs, and healthy cooking
  o Presentation on adaption of “Shake the Sugar” – NARA
  o Presentation on integrated team model and new clinic - Coeur d’Alene
  o Data session: key dates, Portland area HSR, using your health status report for identifying gaps and tracking audit measures
• Best practice session; interactive session identifying best practice, RKM, and documenting successes and barriers
• Poster board session for SDPI programs
• Evaluation and closing
  • SDPI Steering Committee
    o Program updates, resource list, NW gathering, SDPI update
    o Final plans for NW gathering – round table facilitators

Partnerships and collaborations
• THRIVE meetings
  o Planning for Youth track at THRIVE conference
• Native Fitness 2018 reserved and scheduled with Nike at TWC
  o September 507 2018
• OHA – tobacco contract meeting – planning for presentation to state staff on Oregon tribal communities
• OHA - Diabetes Coordination Efforts Meeting OHA
  o Kirsten Aird; follow up with NPAIHB policy analyst on Oregon DPP program – pilot state for Medicaid and Medicare reimbursement
• NNACOE/NPAIHB Tribal Engagement Team
  o Meeting – Rosa – interns at NPAIHB
  o Meeting Rosa and Brittany – overview of NPAIHB programs, potential projects for interns
  o Meeting – Dr Don Warne presentation on AI/AN historical trauma
  o Project directors meeting – ideas for projects for interns, med students, and post bac
  o Met with Puyallup THD – gathered information on their residency program – protocol, resources and training (they have hired a number of their residents at their clinic)
  o Warm Springs IRB documents for focus group edits
• Met with ADC
  o NW gathering – final details
  o Assignment for round table facilitators from tribal programs
    • Confirmation, round table guidance information sent to facilitators
• NPAIHB Tobacco Conference
  o Shared information at NW gathering
  o Recruitment and outreach – flyer and registration
  o Hotel block reserved
• BRFSS Project
  o Finishing up 233 interviews
  o Data entry – mail incentives and track

Meetings/Conferences
• NPAIHB Staff meeting
• IHS Webinar meetings (National DMS training)
• Web Audit Office Hours Webinar
• Onboarding Committee Meeting
• Obesity Prevention Stakeholder Meeting (Oregon)

Conference Calls:
• NW Gathering advisory board call conference call
• Medicare Diabetes Prevention Program (Oregon)
• IHS Food Sovereignty Webinar
• American Association of Physicists in Medicine – Health IT workgroup call
• Medicare Diabetes Prevention Program Model Expansion Call
• NNN and IHS HP/DP Technical Assistance Webinar - Nicotine Cessation Services Access Workgroup
  Introduction and Update
IT Department Quarterly Report for 
Jan-Feb-Mar 2018

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:
- Mgmt Meeting
- Project Dir Meeting
- All Staff Meeting
- NW NARCH Health Conf planning mtg
- Safety Meeting
- Policy Toolkit Meeting
- National Pharmacy Council monthly meeting
- MU National Updates call
- Weekly national Clinical Application Coordinators call
- EHR Office Hours (weekly)
- Portland Area CAC call (monthly)
- IHS MACRA Work Group – weekly
- Wellness video
- IHS MACRA Work Group – weekly
- NIHB MACRA QPP Work Group
- MMPC Workgroup meeting
- Washington HCA Tribal Monthly meeting
- NPAIHB QI Meeting
- Pharmacy PSG monthly meeting

Conferences and Trainings Supported/Provided:
- January Quarterly Board Meeting
- Indian Health Policy brownbag
- EHR/RPMS training
- RPMS Pharmacy Informatics
• NIHB MACRA QPP Work Group
• MMPC Workgroup meeting
• Washington HCA Tribal Monthly meeting
• NPAIHB QI Meeting
• Pharmacy PSG monthly meeting
• Deployment to assist recovery efforts for Hurricanes Maria and Irma
• WTDP Staff training
• RPMS/EHR for HIM clinical Documentation Improvement
• Native Patient Navigator
• HIPAA Webinar
• DMS/RPMS training
• EHR/HIM training
• Native Patient Navigator

Presentations:
• N Quick Orders and Menus – for RPMS Pharmacy national training
• MACRA Overview 2018 – national audience webinar
• Prescription Print Formats and Autofinish – for RPMS Pharmacy national training

NPAIHB Activity:
• Continued applying styling/formatting to Ubermenu under Divi theme – was able to get a nice working configuration suitable for production use
• Helped Tom Becker with backing up his iPhone – process took a while because we had to guess what password iTunes had been using for previous backups
• Set up new MacBook Pro computer for Danica – applied available updates to MacOS, then installed Bootcamp, Windows 10, Office 21016 Pro, Chrome, Adobe Reader and Xerox printer drivers, then applied Windows updates, and activated Windows and Office
• Continued working on web site menu tweaks – applied Ubermenu formatting/styling to Karma theme as a short-term option – ran into issues as expected but was able to resolve most of them
• Worked on Mac Outlook email signature problem brought to my attention by Tana – tested potential workarounds, but no satisfactory solutions yet (it’s possible to get a decent looking signature with images, however it doesn’t retain formatting when received by a Gmail account) – still in progress
• Continued working on the development website implementation of Ubermenu plugin with various themes – down to a single issue with font colors under Karma (both version 4.7 and 4.9)
• Applied MS Updates to Danica’s new MacBook
• Troubleshooting EHR – helpdesk activities
• Project with Cowlitz developing training videos for new RPMS EHR CACs
• Producing and editing EHR RPMS training videos – ongoing project, many videos planned
12,532 views on NPAIHB RPMS EHR YouTube channel as of 2/5/18
93 Subscribers
Working with IHS OIT to continue to be able to post videos
- Researching MACRA and MIPS for future impacts on Tribes and RPMS
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov
- Collaborating with other Area CACs to establish a National Informatics Council
- Researched remote tech support tools – downloaded and tested TeamViewer software which I loaded on my PC and my Mac – was able to share the Mac’s desktop to the PC
- Continued to try and troubleshoot Wi-Fi connectivity problems – rebooted all of the Apple AirPorts
- Provided IT support for the Tribal Endo ECHO pilot planning meeting (using Zoom)
- Troubleshooting EHR – helpdesk activities
- Nisqually Integrated Behavioral Health – configuring RPMS and creating new screening documentation tools
- Project with Cowlitz developing training videos for new RPMS EHR CACs
- Producing and editing EHR RPMS training videos – ongoing project, many videos planned
  - 12,532 views on NPAIHB RPMS EHR YouTube channel as of 2/5/18
  - 93 Subscribers
- Researching MACRA and MIPS for future impacts on Tribes and RPMS
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov
- Collaborating with other Area CACs to establish a National Informatics Council
- MU and MACRA helpdesk activities – providing answers and resources
- Continued to work on Wi-Fi connection problem – tracked DHCP address delivery for wireless devices – still seeing the wrong address range assigned in some cases, even after the latest DHCP changes I made (still in progress)
- Worked through Java-related issues with connecting to the CISCO ASA firewall – tried all previous solutions (clearing temp files, deleting program file cache, commenting out line in java.security file) but none would allow the program to run, finally grabbed an old conference laptop that did not have Java installed and then downloaded/installed a copy of Java 6, and was able to use the ASDM again