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**Northwest Tribal Epidemiology Center
(The EpiCenter)**
October-December 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

- Yakama, WA – Behavioral Health Committee. NPAIHB Quarterly Board Meeting. October 11, 2017. Approximately 8 people in attendance.
- Grand Ronde – Training: Native IYG, October 23, 2017.
- Chemawa Presentation: We R Native, Student Assembly, November 20, 2017.

October Technical Assistance Requests

- Tribal TA Requests = 2 (Stephanie), 4 (David), 4 (Tommy)
- 9 (PSU, CDC, CMS, IHS, Navajo, Utah Navajo Health System, Inc., NA in Philanthropy, NativeLove, Regroup)

November Technical Assistance Requests

- Tribal TA Requests = 4 (Stephanie), 3 (David), 5 (Tommy)
- 4 (CDC, NIHB, NA in Philanthropy, NativeLove)

December Technical Assistance Requests

- Tribal TA Requests = 0 (Stephanie), 2 (David), 2 (Tommy)
- 4 (CRIHB, Student, Population Council, NativeLove)

Project Red Talon / We R Native / Native VOICES

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

- Booth: 2017 ACF Grantees Meeting, Crystal City, VA, Nov 7-9.
- Call: Native Americans in Philanthropy, Allie Young, October 20, 2017.
- Call: NativeLove Tweet Planning Call, December 12, 2017.
- Call: SMAHRT Team – Concerning Post Study, Nov 29, 2017.
- Presentation: We R Native, Chemawa Student Assembly, November 20, 2017. Approximately 300 AI/AN youth in attendance.

Gen I / Bootcamps

- Meeting: UNITY Bootcamp (UNITY, WRN, CNAY). Oct 18, 2017.
- Meeting: Generation Indigenous 2.0 Visioning Session. Hosted by Native Americans in Philanthropy, LA, California. Nov 30, 2017.

Native It's Your Game and Healthy Native Youth

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

- Journalist: Rita – Interested in HIV in Indian Country. Nov 2, 2017.
- Presentation and Booth: Healthy Native Youth and IYG. NIEA Annual Conference. Oct 4-6, Orlando, FL. Approximately 100 people in attendance.



- Presentation: Concerning Posts and HNY. NPAIHB Quarterly Board Meeting, Yakama, WA. October 11, 2017. Approximately 40 people in attendance.
- Presentation: Healthy Native Youth and Concerning Social Media Posts. 2017 WA State Prevention Summit. Nov 3-4, Yakima, WA. Approximately 15 people in attendance.
- Presentation: WRN, HNY, and Concerning Social Media Posts. 2017 ACF Grantees Meeting, Crystal City, VA, Nov 7-9. Approximately 30 people in attendance.
- Training: Native IYG, Grand Ronde, October 23, 2017.
- Webinar: Healthy Native Youth, Hosted by OMH, Nov 16, 2017. Approximately 195 people in attendance.
- Webinar: HNY Sexual Health Workgroup, October 25, 2017. Approximately 15 people in attendance.
- Webinar: Likes, Links and Texts, Hosted by NCSD, Nov 16, 2017. Approximately 60 people in attendance.
- 3 Part Webinar: Native STAND, MT-Fort Peck Project. November 1, 2017. Approximately 10 people in attendance.

OHSU Native American Center of Excellence and SIP

During the quarter, staff participated in three planning calls with study partners, and supported the following activities:

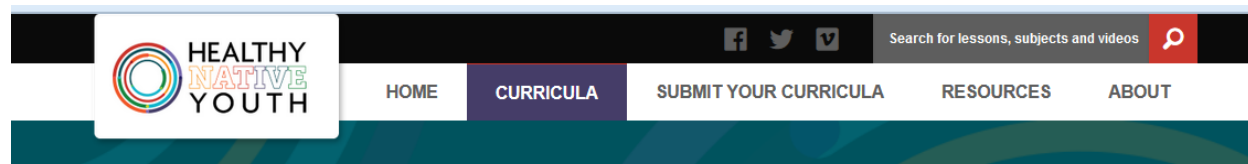
- Call: CDC Project Officer – Catherine Rasberry, October 19, 2017.
- Interview: Pathways Team. October 30, 2017.
- Interview: Pathways Team. November 1, 2017.

ANA – I-LEAD

During the quarter, staff participated in the following meetings and activities:

- Training: 2017 ACF Grantees Meeting, Crystal City, VA, Nov 7-9.
- Meeting: STEM Workgroup (WAH, WRN, CHAY). Oct 3, 2017.
- Call: Project Specialist. Oct 18, 2017.
- Meeting: STEM Workgroup (WAH, WRN, CHAY). Oct 19, 2017.
- Call: Cohort Call. Oct 19, 2017.
- Call: Dan – TA Provider. Oct 25, 2017.
- Meeting: STEM Workgroup (WAH, WRN, CHAY). Nov 2, 2017.
- Call: EngenderHealth, December 19, 2017.
- Call: ANA Grantee Call, December 19, 2017.

Health Promotion and Disease Prevention



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

Last month, the **Healthy Native Youth** website received:

- Users = 216
- Sessions = 279
- Session Duration = 2m 27s



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

Last month, the **We R Native** website received:

- Page views = **11,583**
- Sessions = 7,146
- Percentage of new visitors = 84.7%
- Average visit duration = 2:46
- Pages per visit = 1.62

Text Message Services:

- *We R Native* has 5,408 active subscribers.
- The *Text 4 Sex Ed* service currently has 242 active subscribers. Broken down by opt-in path:
 - Sex (Facebook): 225
 - Condom (Text Message): 183
 - Snag, Banana (Instagram): 27
 - Hook up (twitter): 3
- *Hepatitis C* project has 108 active subscribers.
- Healthy Native Youth has 100 active subscribers.
- *THRIVE-DBT* has 34 active subscribers.

Twitter Followers = 5,003 (**28,800 Impressions**)

YouTube: The project currently has 604 uploaded videos, has had 147,715 video views, with 231,250 estimated minutes watched. (**9,270 views last month**)

Facebook: By the end of the month, the page had 47,939 Likes.

Instagram: By the end of the month, the page had 6,928 followers. (**1,952 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 = 4 post, 0 text message, 22,400 people reached
- Substance prevention = 6 post, 0 text message, 22,732 people reached
- Suicide (general) = 6 posts, 0 text message, 13,449 people reached
 - #WeNeedYouHere Campaign (specifically THRIVE) = 0 post, 0 text message, 0 people
 - #WeNeedYouHere - LGBT2S = 0 post, 0 text message, 0 people reached
 - #WeNeedYouHere – Veterans = 0 post, 0 text message, 0 people reached
- Mental health = 4 post, 2 text message, 19,297 people reached
- Youth leadership/empowerment = 12 post, 2 text message, 48,290 people reached
- DVPI = 0 post, 0 text message, 0 people reached
 - Sexual Assault Campaign (to be created this year) = 0 post, 0 text message, 0 people reached
 - Healthy Relationships = 0 post, 1 text message, 5464 people reached

Native VOICES: Since their release, the Native VOICES videos have been viewed 3,393 times on YouTube and 2,140,068 times on Facebook.

Monthly reach, across all We R Native Channels: 135,140 (4,359/day)

Surveillance and Research

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 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 is currently pilot testing a text message and survey sequence with roll model videos.

Other Administrative Responsibilities

Publications

- Waiting: *Native VOICES* outcomes paper (w/ Steven)
- Accepted: *Texting 4 Sexual Health* paper (w/Patty)
- Published: [Responding to Concerning Posts on Social Media: Insights and Solutions from American Indian and Alaska Native Youth](#), 63-87
<http://dx.doi.org/10.5820/aian.2403.2017.63>
 Jesse Gritton, MPH; Stephanie Craig Rushing, PhD, MPH; David Stephens, RN; Thomas Ghost Dog; Bradley Kerr, MEd; and Megan A. Moreno, MD, MEd, MPH
- Published: **Native IYG: Improving Psychosocial Protective Factors for HIV/STI and Teen Pregnancy Prevention among Youth in American Indian/Alaska Native Communities.** Has been published to Journal of Applied Research on Children: Informing Policy for Children at Risk.
<http://digitalcommons.library.tmc.edu/childrenatrisk/vol8/iss1/3>

Reports/Grants Submitted

- MPSI Annual Reports - Submitted

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

- NARA EHR and iCare Session – October 18, 2017

Out of Area Tribal Site Visits

October Technical Assistance Requests

- Tribal TA Requests = 10 (Jessica), 9 (David), 7 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, VA, OHA, USET, OHSU, NIHB)
- Formation of HCV National Workgroup

November 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)
- Formation of HCV National Workgroup

December Technical Assistance Requests

- Tribal TA Requests = 6 (Jessica), 2 (David), 7 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, VA, OHA, USET, OHSU, NIHB)
- Formation of HCV National Workgroup

HIV/STI/HCV

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

- Conference Call: IHS HIV/AIDS Team Call – October 3, 2017
- Zoom: UNM ECHO – October 4, 2017
- Adobe: Great Plains Regional Infectious Disease Update – October 5, 2017
- Conference Call: PWID Project-Carolyn Crisp and Crystal Lee-October 5, 2017
- Zoom: Alaska ECHO Strategy – October 6, 2017
- Presentation: OPHA October 9, 2017
- Conference Call: IHS HIV/AIDS Team Call – October 10, 2017
- Conference Call: PWID Project-Carolyn Crisp and Crystal Lee-October 10, 2017
- Zoom: Infectious Disease Taskforce Meeting w/Great Plains – October 11, 2017
- Zoom: NW HCV ECHO – October 12, 2017
- Conference Call: Great Plains HCV ECHO-Carolyn Crisp, Dr. Matt Tobey and Dr. Julian Mitton-October 13, 2017
- Conference Call: PWID Project-Carolyn Crisp and Crystal Lee-October 17, 2017
- Meeting: Data Update for 2019 PAO Budget Request – October 17, 2017
- Zoom: UNM HCV ECHO – October 18, 2017
- Zoom: ECHO Planning and Great Plains Strategy – October 20, 2017
- Conference Call: PWID Project-Carolyn Crisp and Crystal Lee-October 20, 2017
- Meeting: IHS CMO and national HCV clinical leads, Washington DC October 24th 2017

- Zoom: NW HCV ECHO – October 25, 2017
- Conference Call: GP HCV Echo Webinar Discussion-Carolyn Crisp and Neelam Gazarian-October 26, 2017
- Conference Call: IHS-CDC PWID Collaboration – October 26, 2017
- Conference Call: PWID Project Manuscript-October 27, 2017
- Conference Call: Fibroscan Eval – October 30, 2017
- Conference Call: IHS HIV/AIDS Team Call – October 31, 2017
- Zoom: UNM ECHO – November 1, 2017
- Adobe: November Great Plains CAC call Re: HCV and HIV – November 2, 2017
- Conference Call: CSTE HCV Sub-committee – November 2, 2017
- Zoom: ECHO Planning for GP Regional Conference – November 3, 2017
- Zoom: ECHO Paper “Getting to Know You” – November 7, 2017
- Conference Call: Tribal Prep Call – November 8, 2017
- Conference Call: IHS HIV Team – November 8, 2017
- Zoom: “An Introduction to Project ECHO” – November 9, 2017
- Zoom: NW HCV ECHO – November 9, 2017
- Meeting: NARA Hepatitis C Kick-off – November 14, 2017
- Zoom: UNM HCV ECHO – November 15, 2017
- Zoom: ECHO Planning for GP Regional Conference – November 17, 2017
- Zoom: NW HCV ECHO – November 22, 2017
- Zoom: ECHO Diabetes Hub Planning – December 5, 2017
- Conference Call: IHS HIV Team – December 5, 2017
- Conference Call: Tribal PREP – December 6, 2017
- Zoom: Oct QI Meeting/Nov ECHO planning-November 8, 2017
- Zoom: NW HCV ECHO – December 7, 2017
- Zoom: Cardea/UIHI Call Re: eLearning modules – December 9, 2017
- Conference Call: IHS HIV Team – December 12, 2017
- Zoom: “How Belcourt Started a HCV Clinic” – December 14, 2017
- Zoom: NW HCV ECHO – December 14, 2017
- Zoom: IHS HCV Workgroup – December 15, 2017
- Zoom: CARE Oregon – December 18, 2017
- Conference Call: CDC EIS Opiate Presentation – December 19, 2017
- Zoom: UNM HCV ECHO – December 20, 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


To date, the project has sent 4,831 and received 489 messages from 124 text message subscribers. The project had a reach of 1,015 through constant contact in the month of December.

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.



**“Hep C is MY RESPONSIBILITY because...
...as a primary care provider, working on both prevention and treatment, I feel it is my duty to link our people to the services and treatment they need.”**



Shannon Walker
Inspire, Family Practitioner, ARNP FNP-C

American Indians and Alaska Natives have the highest hepatitis C mortality rate of any race or ethnicity.

→ It's time to raise awareness. Encourage your patients to get tested and treated for hepatitis C. Together, we can eliminate Hep C.






NPAIHB
Indian Leadership for Indian Health

This mask, from the exhibit "Aggravated Organisms," was carved by Drew Michael and painted by Elizabeth Ellis to represent hepatitis C. The 10 human-sized wooden masks in the exhibit explored how different diseases can devastate human cells. The exhibit traveled through Alaska and the Seattle area, ending with the masks being burned in a traditional ceremony.

Get tested for Hepatitis C

We are responsible for each other and ourselves.

-  Up to 75% of people with Hepatitis C do not know they have it.
-  Many people live with Hepatitis C for decades with no symptoms.
-  Baby boomers born from 1945-1965 are 5 times more likely to have Hep C.
-  Hepatitis C can cause liver damage, liver failure, and even death.
-  Successful treatment can eliminate Hepatitis C from the body.

NPAIHB
Indian Leadership for Indian Health

www.npaihb.org/hcv

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.

- **10/27:** There were approximately 30 participants from 14 different sites that joined.
 - **Case Management:** 13 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation. **A total of 102 patients have received recommendations via the NW ECHO.**
- **11/27:** There were approximately 30 participants from 14 different sites that joined.
 - **Case Management:** 13 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation. **A total of 102 patients have received recommendations via the NW ECHO.**
- **12/14:** There were approximately 20 participants from 8 different sites that joined.
 - **Case Management:** 9 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation. **A total of 120 patients have received recommendations via the NW ECHO.**

Publications

- AI/AN HIV paper – accepted for publication in Public Health Reports
- IHS ECHO –submitted to Public Health journal
- AI/AN HCV paper – clearance pending
- AI/AN Opioid paper – working on paper – abstracted accepted to Croix
- AI/AN PWID Interview Methods
- HBV paper, national data, manuscript to be completed by IHS counterparts

Reports/Grants Submitted

- 1.359 Million in SMAIF Funds

Epicenter Biostatistician

Nancy Bennett


Conference Calls:

- 📅 DAWG (Data Access Work Group) monthly call
- 📅 Call with staff retreat facilitator
- 📅 TPHEP 2018 conference planning committee call bi-weekly

NPAIHB Meetings:

- 📅 All staff meeting – monthly
- 📅 BRFSS Webinar
- 📅 Preventing harassment training
- 📅 Christmas Party
- 📅 EDM data analysis webinar

Conferences/QBMs/Out of area Meetings

 Staff retreat – Suquamish, WA

Miscellaneous



Out of the office on Medical leave 11/8/17-12/4/17

Reports:

Site Visits:

Epicenter National Evaluation Project

Birdie Wermy, Project Specialist

Technical Assistance via telephone/email

October - December

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with the Lower Elwha Klallam Tribe regarding survey results
- Email correspondence with Grand Ronde for site visit and TA on Workforce Survey

Reporting

October

- Good Health and Wellness in Indian Country (GHWIC) Component 1 (C1) call @ 8:30am
- Good Health and Wellness in Indian Country (GHWIC) Component 2 (C2) call @ 10am

November

- Oklahoma/Portland Domestic Violence Prevention Initiative (DVPI) call on 11.09 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) Component 2 (C2) call on 11.29 @ 10am

December

- Tribal EpiCenter (TEC) Area Project Officer (APO) call on 12.07 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) TEC workgroup call on 12.13 @ 10:30am
- Oklahoma/Portland DVPI call on 12.14 @ 11am
- Good Health and Wellness in Indian Country (GHWIC) Component 2 (C2) call on 12.20 @ 10am

Updates

Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas and GHWIC NW WEAVE Project

- Birdie sent Survey Monkey results and final report from youth and adult/elder survey on 10.24
 - Created PowerPoint slide with top results from both surveys along with a word cloud
- Birdie submitted the GHWIC Tier 2 Regional brief report on 10.06
 - Requested future report dates for 2018
- Completed WEAVE evaluation work plan for 2017-2018
- Meeting with Jan, Kim, Harris and Joe at Grand Ronde 11.28
- Purpose of evaluation TA; LDGP, survey and data entry, written report on analysis
 - Use of Survey Monkey
 - Zero Suicide Workforce Survey conducted with staff
 - ZOOM platform

- Discussed other MSPI/DVPI programs for TA Evaluation
- Grants manager, Kim, will be in touch with Tara Fox regarding future grants
- Discussed other projects and website link for more project information
- Accomplishments from past year
 - Community events w/ youth and elders
 - Annual powwow
 - Canoe journey
 - Harris – teaches basketball every Tuesday evening
 - Engagement with children
- Tour of BH facility
 - “Sand” Therapy – one room dedicated to sand therapy; Jan specializes in this therapy for children
 - Received training in the last 2 years
 - Received grant to expand facility to allow for more office space and confidentiality
 - Turnover in the last 2 years; recently lost child specialist, in process of hiring new specialist
 - Walls are filled with ceramic art done by children, carpet has basketry
- Follow-Up
 - Birdie sent Grand Ronde DSA
 - Spoke to NPAIHB MSPI program regarding Zero Suicide Workforce Survey
 - Birdie will send ZOOM information for future virtual meetings
- Invitation to present on the survey results on 12.21; using the ZOOM platform.
- Correspondence with Lower Elwha Klallam Tribe (LEKT) regarding survey results and presentation
 - Virtual presentation for survey results was cancelled on 12.21 and rescheduled for 12.22.
 - Due to low attendance, this presentation was moved to January 25th 2018.

Challenges/Opportunities/Milestones

- Successful site visit with Grand Ronde in November. Shared information on the workforce survey the NPAIHB MSPI program conducted with other sites – very useful for Grand Ronde to administer.
- Survey results for the Lower Elwha Klallam Tribe were accepted and I was invited to present on the findings. There were two surveys completed with the Tribe involving youth, adults and elders. Baseline data was collected on domestic violence and the presentation was cancelled and rescheduled for late January 2018.

Meetings/Trainings

- NPAIHB Staff Retreat; Suquamish WA., 10.04-10.06
- NPAIHB Harassment Training on 11.07 @ 12pm
- Internal NPAIHB meeting on 11.09 @ 10am
- Navigating Mental Health in the Workplace Symposium on 11.30 (all day)
- NW NARCH Luncheon Presentation: Dr. Katharine Zuckerman 12.06 @ 12pm

Site Visits

- Grand Ronde site visit on 11.28

Upcoming Calls/Meetings/Travel

- Tribal EpiCenter (TEC) Area Project officer (APO) call 1.04 @ 11am
- GWICH TEC Workgroup call 1.10 @ 10am
- Oklahoma/Portland DVPI call 1.11 @ 11am
- GHWIC C2 call on 1.24 @ 10am
- Indian health policy luncheon 1.26 @ 12pm

Publications

- NONE

Immunization and IRB**Clarice Charging, Project Coordinator****Meetings:**

NPAIHB all-staff meeting, October 2, 2017
 Washington DOH Tribal Public Health Emergency Preparedness Conference planning meeting, October 18, 2017
 Breast cancer survivorship panel, Women's Health Caucus, BPA, Portland, OR, October 31, 2017
 Within Reach Immunization Update, Westin Hotel, Seattle, WA, October 27, 2017
 DOH Tribal Public Health meeting, NPAIHB, November 1, 2017

Quarterly board meetings/conferences/site visits:

NPAIHB staff retreat, Suquamish Clearwater Casino and Resort, Suquamish WA, October 4-6, 2017
 Tribal Health Directors and NPAIHB quarterly board meeting, October 9-12, 2017, Legends Hotel and Casino
 PRIMR Conference (IRB), Henry B. Gonzalez Convention Center, San Antonio, TX, November 5-8, 2017

Immunization:

Immunization Policy Advisory Team, Oregon DOH, December 7, 2017
 PHN flu activity vaccine discussion, November 14, 2017

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

PA IHS IRB committee meeting, October 18, 2017
 PA IHS IRB committee meeting, November 15, 2017
 PA IHS IRB committee meeting, December 13, 2017

During the period of October 1 – December 31, 2017 Portland Area IRBNet program has 142 registered participants, received four new electronic submissions, processed 18 protocol revision approvals, five publications/presentations, and approved 8 annual renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:

- 1) Confederated Tribes of the Warm Springs Indian Reservation
- 2) Swinomish Tribe
- 3) NPAIHB
- 4) Confederated Tribes of the Umatilla Indian Reservation
- 5) Yakama Indian Health Service
- 6) Seattle Indian Health Board

- 7) OHSU
- 8) Native Project of Spokane

Injury Prevention Project/Public Health Improvement & Training

Bridget Canniff, Project Director

Luella Azule, Project Coordinator

October

- 10/12 Northwest Center for Public Health Practice – Local Practice Sites conference call (Bridget)
- 10/18 Conference Call: Planning Committee - Tribal Public Health Emergency Preparedness Training (Bridget and Luella)
- 10/24 EPHT Project call w/ GLITEC & CDC – planning for 11/2 meeting at NPAIHB (Bridget)

November

- 11/1, 11/15, 11/29 Conference Call: Planning Committee - Tribal Public Health Emergency Preparedness Training (Bridget, Luella, Taylor)
- 11/1 TIPCAP Administrative Call with IHS (Bridget)
- 11/15 Quarterly PHAP Host Site Supervisor Conference Call (Bridget)
- 11/16 TIPCAP Part II Biannual Project Call with IHS (Bridget, Luella, Taylor)

December

- 12/6 Call with Charles Dayton, Action Strategies re: strategic planning/public health accreditation readiness tools for tribes and tribal leaders (Bridget)
- 12/13, Conference Call: Planning Committee - Tribal Public Health Emergency Preparedness Training (Bridget, Taylor, Luella)
- 12/18 WA Tribal Environmental Health Summit planning call (Taylor & Bridget)

Meetings/Conferences/Presentations

October

- 10/9-12 Quarterly Board Meeting, Yakama Nation (Luella)

November

- 11/2 Environmental Public Health Tracking (EPHT) meeting @ NPAIHB – Year 1 recap and planning for Year 2 with GLITEC, AASTEC, DOH, OHA (Bridget, Taylor, Sujata, Victoria, Sarah, Monika, Celeste)
- 11/8 IP & Suicide Prevention joint project meeting re: Toolkit (Bridget, Colbie, Luella, Taylor)
- 11/9 IP & WEAVE joint project meeting re: PH Accreditation readiness activities – CHA, CHIP, Strategic Planning, Data Literacy, etc. (Bridget, Nanette, Taylor)
- 11/16 WA Statewide Regional MCM Coordinators meeting (Bridget, Taylor – via GoToMeeting)
- 11/30 NWCPHP Oregon Pop-Up Institute Planning meeting with OSU, OHSU, PSU, OHA, OR CHLO – Save the Date for June 2018 in Portland (Bridget, Taylor)

December

- 12/12 Injury Prevention & Environmental Health Meeting with Matthew Ellis and Celeste Davis (Bridget, Taylor, Luella)

Trainings/Webinars

October

- Webinar: 10/24 Hot Topics– Change Management Principles for Public Health Modernization (Taylor)

November

- 11/1 Webinar: Rural Health (Taylor)
- 11/14 Webinar: Meeting the Challenges of Measuring and Preventing Maternal Mortality in the United States (Taylor)
- 11/28 Influenza Forecasting Lunch and Learn (Bridget, Luella, Taylor, et al.)

December

- 12/6 Webinar: After an Active Shooter Incident, What Next? (Taylor)
- 12/6 CHAT and BRFSS Training (Taylor & Bridget)
- 12/13 Webinar: Climate Change & Air Quality (Taylor)
- 12/13 Archived Webinar: Keeping Children 8-14 years old Safe as Motor Vehicle Occupants
- 12/18 Webinar: Positive Youth Development for AI/AN Youth - Suicide Prevention (Luella)

Funding

- 11/29 TIPCAP/IPP Semi-Annual Project Report & FFR submitted to IHS (Bridget, Luella)

Technical Assistance**October**

- 10/13 OHA: Jennifer Burnette, Medical Countermeasures Coordinator – response to query re: listing of pharmacies on tribal lands, in collaboration with Tom Weiser and tribal/IHS contacts (Bridget)

November

- None

December

- Tribal outreach and planning support provided to WA DOH & ASTHO re: WA Tribal Env PH Summit, Jan 2018

Travel/Site Visits

Tribe: Yakama Nation Location: Toppenish, WA Date: 10/9-12/2017 Purpose: Quarterly Board Meeting Who: Luella	Tribe: Quinault Location: Taholah, Queets, WA Date: 11/19-22/2017 Purpose: Tots to Tweens Who: Luella
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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

Travel/Training:

- *NPAIHB retreat, 10/4-6 2017, Suquamish, WA
- *OPHA, 10/9-10 2017, Corvallis, OR
- *Chemawa IHS clinic dedication, Salem, OR, 10/19 2017
- *Washington Immunization Conference, Seattle, WA, 10/26-27 2017
- *Clinic Directors Meeting, 11/16-17 2017, Spokane, WA
- *Clinic Duty, 11/20, 11/24, 12/18-12/20, 2017, Chemawa IHS Clinic, Salem, OR

Opportunities:

- *IRB met in October, November and December and reviewed 4 new protocols, approved 18 protocol revision submissions, 5 publications/presentations, and approved 8 annual renewals.
- *Immunization Coordinator's Calls-October, November and December. Among the topics discussed were: influenza updates, Quarterly Reports.
- *EIS Surveillance Project-Participated in EH Tracking Project meeting and initial meeting with new EH consultant. Continued work on revising Hep C manuscript, on-call duty with State, and completing work on Epi-Aid report. While at State HD, EISO became involved in a case investigation and potential write-up of a case of Brucellosis.
- *Children With Disabilities project: Additional analysis is planned and the drafting of a manuscript.
- *Opioid Epidemic: Met with HOPE metrics team to discuss possible measures from NDW and other national data, including a CDC analysis of AI/AN impacts. Local analysis will be shared with additional stakeholders at future meetings.
- *MCH Assessment: Team meetings have continued. Considering requests for updates to PRAMS data from OR, WA
- *Summer intern, Karuna Tirumala completed drafting an abstract on contraceptive use and this was submitted to IRB and to the Indigenous Women's Health Conference. We are awaiting a more complete data set to include NHW patients for making comparisons that we would like to publish.
- *Final edits to IHS budget narrative with data updates from NWTEC projects and other available national and regional data sources.

Publications:

- *Manuscripts (Adult Immunization Composite Measure) Awaiting final Phoenix Area IRB approval and CDC clearance.
- *HCV Manuscript (Sarah Hatcher, first author) revisions to address concerns raised by CDC clearance.

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

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 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 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 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>) 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 mini grantees who Beta tested our Native CARS Atlas website, began 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. Tribes have continued to work with their child passenger safety coalitions, held meetings and planned activities. One tribe conducted focus groups. 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. Much of our time has been spent drafting three new papers (main outcome, CBPR and Qualitative findings) to disseminate to peer reviewed journal. Native CARS have continued investigate and prepare for future regional and national venues, such as the Lifesavers Conference and KIM Conference, to get the word out that the Native CARS Atlas is up and running at 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>

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
- Meeting with Tribal Site Coordinators
- Native CARS Mini-Grant Teleconference Calls – Oct-Dec
- NIMHD Project Officer Meeting Oct-Nov
- NIMHD TEC RFP Information Teleconference
- NIMHD TEC RFP Planning Meeting Oct-Nov
- Focus Groups in Coeur D’Alene-Nov
- NIMHD Feature Story meeting on edits and layout-Dec

Program Support or Technical Assistance

- Communication with Jeff Nye/Julia Hammond regarding Atlas Revisions, Oct - Dec
- Meeting coordination, minutes and action item documentation, Oct-Dec
- Follow-up communication with mini grant sites, Oct-Dec
- Intervention Evaluation Review, Dec
- Atlas Module Revisions, Oct
- Final analyses – Change over time, intervention v. control, pre/post intervention risk factors, Oct
- Outcome paper & CBPR paper writing, Oct-Dec
- Research intervention plans and qualitative themes for each Native CARS tribe for CBPR Paper, Oct-Dec
- Began collection of Quarterly Updates via Phone Calls with Native CARS Sites, Dec
- MV Data Grant writing and completion
- Focus Group preparations

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 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

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 qualitative interviews 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 disseminated their work and study processes as they presented at the national NARCH meeting in Denver, CO and one site coordinator, a dental examiner and a co-PI participated in the Engage for Equity Study workshop in Albuquerque, NM. Study staff also completed the annual progress report this quarter.

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

Meetings - Conference Calls – Presentations – Trainings

- Intern meetings, Oct
- Project Meetings – Every Wednesday
- Site specific meetings, Oct – Nov
- Engage for Equity Workshop, Oct
- Annual NARCH Mtg, Oct

Program Support or Technical Assistance

- Meeting coordination, minutes and action item documentation, Oct-Dec
- KAB/Dental Form Management and Tally, Oct-Dec
- Preparation for Quinault Dental Screening, Oct-Nov
- Data Management & Preliminary Analysis, Oct-Dec
- T2T Data Cleaning and Re-coding review, Oct-Nov
- Communication with Site Coordinators for site specific issues, Oct-Dec
- Prepare slides and talking points for NARCH presentation, Oct
- Draft and submit NIMHD Carryover Request budget and Forms, Sept
- Budget review and revised spending plan, Oct
- Preparation for Quinault Dental Screening, Oct-Nov
- Set up travel, July – Oct
- Manage budget, order supplies, construct contracts and submit purchase orders, Oct-Dec

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: 4

How Many NW Tribe Specific: 4

Phone Call Assisting with: 4 (Swinomish)

How Many Responded To: 4

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

- Nez Perce: (Nimiipuu Health) – TOTS to Tweens Elicitation Interviews – 10/10-13/17
- Coeur'd Alene- Native CARS – 11/17-18
- Quinault – TOTS to Tweens Dental Screening – 11/19-21/17

Project Contact Information

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Cathy Ballew, Lummi Site Coordinator

Tom Becker, Co-PI
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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, Coordinator

Jacqueline Left Hand Bull

This report covers activities related to NARCH 7 funding cycle

Our last Summer Research Training Institute ended in June, 2017, but we began planning again right away for 2018. This 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. The staff did a masterful job at getting the advertisements out and we hosted 102 trainees from around the country, almost all American Indian/Alaska Native. We tried to accommodate the needs assessment related to the course we offered, with some good success. The courses got excellent to outstanding reviews. We offered a course entitled, “The other public health system”, referring to Indian health, which got positive reviews. This was the first time the course was offered. We have a new needs assessment going out tonight per Caitlin Donald, consultant.

Scholarships were awarded to many of the out-of-town students to help defray expenses for the winter grant writing course—we provide funds to pay for flights and hotels for as many as possible. Of course, we will do the same for summer 2018. Ms. Firemoon has established hotel contracts for 2018, and we expect to award as many travel scholarships as the budget will allow, again next summer.

Under NARCH funding, we recruited additional fellows and hope to support a larger group of Board-based scholars who will receive small scholarships to help advance their careers in Indian health. Our scholarship program continues to graduate new researchers, and seems to be successful overall. During the past quarter, we have added new fellows who will receive partial scholarships, and several new

fellows who will receive full scholarships under the NARCH program. The grants provided funding for career development for four people per year who work at the Board, and all five of these staff members are performing at highest standards. 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. We have 16 trainees whom we are supporting now...in our grant, we promised that we would support four. I check in with each of them regularly.

The Indian Health Service and NIH have required us, and the other NARCH programs nationwide, to send in extensive progress reports on each cycle of funding. This activity has consumed a substantial proportion of our time but we have met their deadlines.

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 expect more funds from NARCH 10 cycle. It got an impact score of 30, but no reviewer comments are available yet. We will also apply for NARCH 11 funds next summer if there is an announcement. We are very pleased that the federal government continues to find funds to run this program. At the federal level, Drs. Kathy Etz and Sheila Caldwell have been instrumental in finding federal funds to advance the health of tribal people in this national program. Many others have assisted these efforts.

Northwest Tribal Comprehensive Cancer Control Project

Kerri Lopez, Director

Eric Vinson, Project Specialist

Antoinette Aguirre, Cancer Prevention Coordinator

Training/Site Visits/Technical Assistance

- Coquille: Youth council training on tobacco policy and education
 - . 6 participants (3 youth council, 3 advisors)
 - Coquille attorney presented on their ordinance, resolution and governing process
 - Pilot NACOE flyer with youth
 - Request and discussed Tribes healthy foods policy; provided Tribes healthy food policy
- Colville – information on summer internship-
- Coos, Lower Umpqua, & Siuslaw: Tobacco prevention signage vendor information
- Coquille: TA strategies and best practices on how to reach and engage tribal members that live outside the service area in different states around wellness activities and to present a youth tobacco education and policy training in December. Request assistance on *tobacco use* definition for policy updates.
- Cow Creek: Requested *The myths and facts of marijuana* brochure to have electronic version for tribes requesting marijuana facts and information
- CTULSI - TA Tribes healthy foods policy; working on advocating before trying to implement policy
- Grand Ronde – edit community readiness survey for Smoke-Free Tribal Campus; provided_ a revised version survey for Smoke-Free Tribal Campus to use for upcoming community event per request
- Makah – Information for elder care, bicycling grant, update on Quileute THD
- Nez Perce – Information on SANE trainings and related resources
- Port Gable – Youth tobacco training policy development

- Puyallup: Tribal Cancer Navigator professional group information
- Shoshone Bannock: Tribal Cancer Navigator professional group information, HPV Vaccination information
- Umatilla: Tribal Cancer Navigator professional group information
- Warm Springs: - BRFSS project comments, questions and concerns

Special projects

- BRFSS Tribe 5
 - TA for data collection
 - Data entry of paper based surveys
 - Make cold calls and set up interview date/time
 - Conduct interviews
 - Record and document interview in google doc system
 - File and document all incentives
 - Mail incentives to participants
 - 120 completed
- Preparation for CRC focused Northwest Tribal Cancer Coalition meeting; April 24th 2018
 - Planning committee met to discuss agenda
 - Invitation to Idaho, Oregon DOH to present on their CRC Project
- Preparation for January 29th Cervical Cancer Webinar
 - Completed paperwork for CME provider
 - Contacted tribes for any difficult cases to be reviewed
 - Recruitment and registration of participants
- Preparation for NW cancer clinical update – April 25th 2018
 - Analysis of survey for topic selection
 - Confirmation of speakers
 - Begin work on CEU's
- CRC screening standing orders – researched and contacted various sources for examples
- H. pylori surveillance – followed up on work by CDC assignee regarding H. pylori and possible surveillance
- Update of IHS Externship Program – Closed for 2018

- Health Promotion and Chronic Disease Prevention Grantee Meeting
 - Breakout for Tribal Tobacco Programs
 - Breakout for Tribal Tobacco and Prevention Program Collaborations
 - HPCDP Follow-up Meeting (OHA)
- NACOE – Tribal curriculum: provided prior examples from UW, Puyallup Tribe, and Navajo Nation
- Requested small grant funding to support travel to Cancer Survivorship Symposium
- Summer Institute
 - Information for possible GIS instructor
- Cancer Education Grant
 - Discussed recruitment with PI – outreach to northwest tribes and tribal colleges
- Colorectal Cancer Planning Meeting
 - Tribal coalition chair, NPAIHB, ACS
 - Discussion of format and agenda
 - Contract signed: scope of work and budget
- Research on the new e-cigarette device called JUUL
- Edit and revise Grand Ronde’s community readiness survey for Smoke-Free Tribal Campus
- Tribal Tobacco Factsheet (OHA)
 - Update stats, modify format
- Proposal Reviewer Meeting OHSU – Step it up for cancer survivors
- Colorectal Cancer Workgroup Meeting – ACS
- Inclusion of racial misclassification correction in National Cancer Database
 - Contacted CDC staff regarding data sharing to include correction
 - Contacted American College of Surgeons to include data variable for misclassification correction
- Cervical Cancer Screening Guidelines
 - Received clarification from IHS that guidelines are staying same for time being
 - Received current screening standing orders in us at IHS clinic
- Strong for Surgery
 - Received toolkit for nutrition, physical activity, and tobacco cessation
 - Inclusion of IHS/Tribal/Urban clinics in National EHR assessment – Not included
- Tribal Policy Toolkit
 - Develop checklist guide for Tribal Policy toolkit/guide – Review and Edit

Meetings/Conferences

- All Staff Meeting (3)
- Project Directors Meeting (2)
- NTCCP Team Meeting (2)
- Tribal Policy Toolkit Meeting (NTCCP, WEAVE-NW, NICWA)

- HPCDP Follow-up Meeting (OHA) –@ NARA Tribal Prevention coordinators
- NW NARCH presentation: Disparities in Early Identification of Autism Spectrum Disorder
- NPAIHB Employee Benefit Meeting

Conference / Webinar calls

- American Association for Cancer Education Board conference call
- American Association of Physicists in Medicine – Health IT workgroup call
- Webinar:
- BRFSS for Beginners (and Refresher for Returning Users)
- National Native Network – Traditional Tobacco
- Presented on policy toolkit – Great Lakes Tribal Board

Northwest Tribal Dental Support Center

Ticey Mason, Project Manager

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, in conjunction with the Portland Area Dental Consultant, have provided five site visits this quarter. The Northwest Tribal Dental Support Center visited Chehalis, Klamath, and Lummi. The Portland Area Dental Consultant visited Grand Ronde and Yakama. Two hours of CDE were provided during three of the site visits. NTDSC is on track to meet this objective.

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. There was a BTM meeting in October. An additional four dental programs have asked to join this initiative during the coming year, making a total of 12 programs involved.
- Groundwork has also been laid for an Elder Initiative in collaboration with ARCORA and nine Portland Area dental programs attended a course in November 2017 that focused on treating

elderly patients. There will be a follow-up training later this year and then a strategy will be developed to offer the training to additional Portland Area dental programs.

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

- NTDS continues to provide 2 hours of CDE during site visits.
- NTDS, in collaboration with ARCORA and the Coeur d'Alene's dental program, will be developing and hosting a hands-on clinical training in minimally-invasive dentistry.

NTDS 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

- We hired Joshua Smith as the Health Communications Specialist for the NWTEC Public Health Infrastructure (PHI) grant. Joshua started on 12/18.
- We recruited Chiao-Wen Lan as the NWTEC PHI Epidemiologist. She will join us in March 2018.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages

- None

Data Analysis Projects

- Tribal Health Profiles (THP) project
 - Completed work on Washington State Cardiovascular Disease data brief and disseminated through email lists and website
 - Continued work on incidence, mortality, and screening indicators for Washington State diabetes data brief

- Cancer Registry Data and Cancer Fact Sheets
 - Worked with Dr. Elizabeth Harris (evaluation consultant) on a draft manuscript describing cancer incidence and mortality rates for AI/AN in Idaho and the Nez Perce Tribe's CHSDA
 - Dr. Harris has sent the manuscript for tribal approval and comments.
- Death certificate Data
 - No updates
- Birth certificate data
 - No updates
- Substance Abuse Analysis
 - Continued analysis and writing on Morbidity & Mortality Weekly Review manuscript on drug and opioid overdose deaths among Washington AI/AN
- Hospital discharge data
 - No updates
- Communicable Diseases data
 - Completed cleaning, coding, and creating data dictionaries for Washington State Hepatitis C and tuberculosis datasets
 - Began cleaning and coding the Washington general communicable disease dataset
- Environmental Health Project
 - Helped with planning and logistics for in-person meeting with the Great Lakes InterTribal Epidemiology Center, Albuquerque Area Southwest Tribal Epidemiology Center, Centers for Disease Control and Prevention (CDC), and Oregon and Washington Environmental Public Health Tracking Programs
 - Completed gathering responses on environmental health priorities survey from the nine Oregon Tribes
- Maternal and Child Health (MCH) Projects
 - Continued work on the NPAIHB's MCH needs assessment/guiding framework
 - Contacted organizations listed in the report for edits to information about their organizations
 - Began planning a presentation on the framework for the January Quarterly Board Meeting
 - The MCH team began work on a group mission statement

Data requests/Technical assistance

- Responded to Shoshone Bannock Tribe's delegate regarding questions about cancer rates in community; sent Tribe's CHSDA cancer profile and information on linking environmental exposures to cancer outcomes
- Provided Tam Lutz and Jodi Lapidus with publications (trauma manuscript and links to injury sections in Washington THP report), list of injury-related datasets, and information on linkages for grant application addressing Motor Vehicle Crashes in Northwest Tribes
- Sent Dr. Erik Brodt (Oregon Health & Science University) a list of tribal CHSDA counties and zip codes that intersect with tribal reservations in Idaho and Oregon
- Provided information on diagnostic related group coding in clinical datasets in response to email to Tribal EpiCenter Consortium group
- Sent Victoria Warren-Mears an updated list of the top ten causes of death in Washington (2011-2015)

- Provided technical assistance (TA) to Vivian Siu (Oregon Public Health Division MCH section) on setting up LinkPlus and exporting/merging linkage output
- Provided updated demographic data of Portland Area AI/AN to Victoria Warren-Mears for use in Portland Area Indian Health Service (IHS) budget formulation documents
- Sent articles and data tools to Eric Vinson regarding the effect of Human Papilloma Virus (HPV) vaccine on cervical cancer rates and other endpoints

Trainings Provided to Tribes/Tribal Programs

- None

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

- Submitted continuation approval request to Washington State IRB for Trauma Registry linkages
- Submitted continuation approval request to Washington State IRB for linkages with birth/fetal death records
- Received approval for continuation application for Washington hospital discharge/deaths linkages
- Completed data sharing agreement and individual user data requests for the Washington Rapid Health Information NetwOrk (RHINO – Washington’s syndromic surveillance system)

NWTEC Public Health Infrastructure (PHI) Grant Activities

- Completed interviews and recruitment for the Health Communications Specialist and Epidemiologist positions
- Held first Biostatistics (Biostat) Core meeting
 - The biostatistics core is made up of NPAIHB’s biostatisticians and epidemiologists. Our purpose is to support NPAIHB by building internal research and surveillance capacity, standardizing practice and processes, and providing excellent customer service.
 - During our first meeting we identified the major services the Biostat Core will provide to NPAIHB tribes and projects.
- Provided copies of work plan and follow up information to Amy Groom and National Coordinating Center staff during conference calls and by email

Grant Administration and Reporting

- Completed and submitted final close out reports for the Office of Minority Health AI/AN Health Disparities grant program (ended August 2017)
- Assisted with completing annual EpiCenter grant report to the Indian Health Service

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

Data dissemination

- Disseminated Washington State Cardiovascular Disease data brief – posted to website, sent to Washington delegates, sent through newsletter

Travel

Linkages

- None

Site visits

- Staff Retreat at Suquamish Tribe, Suquamish WA 10/4-10/6

Meetings, Trainings, and Conferences

- Washington AI/AN Data Workgroup Meeting, Olympia, WA 10/24

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

- Suquamish Tribe, Staff Retreat, Suquamish, WA – October 4-6
- Yakama Nation, Quarterly Board Meeting (QBM), Toppenish, WA – October 10-11

Out of Area Site Visits

- Zero Suicide (ZS) Academy with Tribal and Urban Indian sites, Helena, MT – October 11-12

Technical Assistance & Training

During the quarter, project staff:

- Participated in 40 meetings and conference calls with program partners.
- Disseminated 93 boxes of the three suicide prevention campaigns for AI/ANs.
- The Native Veterans suicide prevention campaign, **You Protected Us. Let Us Walk With You** has been disseminated! Materials were mailed out for a second time in early November in time for launched again before Veteran's Day!
- The 3 Lived Experience videos for Native Veterans were posted on the NPAIHB website and the WeRNative Youtube channel during this reporting period.



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

- Presentations (6)– Presented with our University partner, Heritage University about suicide prevention on their campus at the October 2017 QBM, 70+ attendees; presented on multiple elements of the Zero Suicide model at a Zero Suicide Academy with Tribal and Urban Indian programs in Montana, 80 participants; presented on the *Responding to Concerning Post Webinar* at the Washington State Prevention Summit, 15 attendees; presented the Veterans Suicide Prevention campaign at the monthly Veterans Integrated Service Network 20 (VISN 20) meeting, 8 participants; presented about suicide prevention on a Hepatitis C Virus (HCV) TeleECHO clinic (virtual clinic), 6

participants; THRIVE update at the OR 9 Tribes Prevention Quarterly Meeting, NARA Northwest, 28 attendees;

- Facilitation/Training (1) – facilitated a Question Persuade Refer (QPR) training for Seattle Indian Health Board (SIHB) staff, 11 attendees, Seattle, WA

During the quarter, the THRIVE project responded to over 90 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 (including the new Veteran materials) are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

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

- Suicide = 14 posts, 2 texts, 85,254 people reached
 - #WeNeedYouHere Campaign = 5 posts, 55,738 people reached
 - #WeNeedYouHere – Veterans = 4 post, 0 text message, 55,500 people reached
- NPAIHB Facebook group page – posts for:
 - Veteran's Day = 4 post, 0 text messages, 2,293 people reached
 - Survivors of Suicide Day = 1 post, 0 text messages, 206 people reached

Other Administrative Responsibilities

Staff Meetings

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

Publications

- Submitted an article for the October NPAIHB Quarterly News & Notes about the THRIVE Conference in June 2017, *Native Artists Ignite Hope at Annual Youth Conference*
- Submitted an article about the Veterans Suicide Prevention Campaign for the November issue of the Veteran Affairs Office of Tribal Government Relations Newsletter

Reports/Grants

- Submitted the year 3 quarter 4 quarterly and year 3 annual and budget reports to SAMHSA for the GLS youth suicide prevention grant.
- Submitted IHS DVPI grant application.
- Submitted year 2 annual & budget reports to IHS for both MSPI grants.

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 Wermey, National Evaluation Specialist

Summary of Meetings by Type

(Excluding internal meetings)

Internal: 0
 Conference/committee: 0
 Tribal Community: 6
 Funding Agency: 77
 Sub-Awardee: 83
 Community (non-tribal): 4
 Government Partner: 19
 Other: 29

Total Meetings: 218

Site Visits

Date(s)	Tribe	Short Summary
11/14/17	Port Gamble S'Klallam Tribe	Port Gamble S'Klallam Tribe Tobacco Program

Total number of site visits this quarter: 1

Presentations

WEAVE-NW gave a total of 2 presentations this quarter

Publications

WEAVE-NW completed 1 publications this quarter

Professional Development

WEAVE-NW staff completed a total of 5 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 13 requests for technical assistance this quarter

Trainings Provided

In-Person

- 10/11/2017 WEAVE-NW 2017 Annual Gathering
- 11/13/2017 Youth Tobacco Policy Training

WEAVE-NW provided a total of 2 trainings this quarter

Western Tribal Diabetes Project

Kerri Lopez, Director

Don Head, Project Specialist

Erik Kakuska, Project Specialist

Trainings / Site Visit

- Diabetes Management System Training 9 participants
 - NPAIHB; Albuquerque Area, California, Navajo
- Lower Elwha Site Visit – new DC
- NARA site visit - DMS

Technical Assistance

- Ongoing for updating new program staff
- Adobe connect for practice on diabetes – January session with Chris Lamer
- Colville, ta request for the iCare listserv, planning training
- Great Plains Area, ta on the RPMS supplement, up-to-date and current with RPMS; ta Shortcut & Reference Manual, sent an updated PDF
- Isleta Pueblo (ABQ area) TA with EHR not pulling data over to RPMS. Specifically with Nutrition Education. Later found that they had no Taxonomy setup for Nutrition; TA for an A1C search. Suggested using QMAN and showed her the steps.
- Kalispel Tribe, 2017 Health Status Report, I emailed her a PDF
- Klamath, ta for HSR for the Excel
- Lower Elwha; TA for 2016 Annual audit report; and finding the number of DM patients in register.
- Owyhee Community Health Facility, TA for numbers for SOS submission for this year and next month's (January) deadline, the steps to running the audit and uploading to WebAudit and submitting through SOS
- Skokomish, ta request for HSR
- Southern Ute Indian Tribe (ABQ area); TA help uploading patients A1C to an excel spreadsheet. Suggested using 'Session Login' to capture data. TA to import the data into excel through QMAN's 'delimited file; TA finding new patients with diabetes that are not in their register
- Squaxin Island, emailed HSR for the Excel files for Squaxin Island
- Technical assistance over call with IHS and NPAIHB CAC regarding education codes for the diabetes audit
- Washington State Office of Secretary; TA about Opioid treatment ; can it be tracked through RPMS, if the tribe is using the Behavior Health package in RPMS
- Yakama, DMS training registration question

Special projects

- Updated the board website & updates and changes to the audit for the next year

- Posted DMS training schedule
- Contact with all SDPI NW programs
 - Time to start looking at your 2017 registry
 - Webinar planning; Startup meeting for National DMS training.
- Preventing Harassment and Discrimination training – NPAIHB staff training
- Northwest Gathering
 - Flyer and registration complete
 - Invite to Dr. Ann Bullock – childhood obesity
 - Invite to Lou Moerner – tobacco cessation
 - Call with NW gathering planning committee
 - Contract/logistics with Hotels for DM conference
- SDPI Steering Committee Meeting-Agenda
 - Planning committee for NW Diabetes gathering formed
 - Update on funding
 - Flyer and registration completed
- Met with ADC (2)
 - Program update
 - NW gathering -
- NNACOE/NPAIHB Tribal Engagement Team (3)

Partnerships and collaborations

- Review of Tribal Policy Guide
 - Editing
- NNACOE/NPAIHB Tribal Engagement Team
 - 2 conference call updates
 - Meeting with tribal engagement – resident project – curriculum development for residents
 - Phone conference – David Buckley and Rosa Frutos– process for Resident and Med student projects at NPAIHB
 - Youth flyer feedback for recruitment with Coquille tribal youth council
- Policy Toolkit workgroup
 - Draft toolkit update
 - Getting close
- Tribal Grantees and Contractors Meeting Oregon Health Authority
 - Facilitated two sessions; Tobacco Coordinators and A & D Prevention
 - Presented on plenary session of tribal and state partnerships
- OHA Follow-up debrief meeting
 - Tribal successes; barriers
 - Concerns for new reporting and invoicing
 - List of take away from the conference
- Diabetes in Indian Country Conference; Albuquerque 3 staff attended
 - Anxiously awaiting feedback from evaluations from NW sessions
- Staffing at Veterans committee at Quarterly Board Meeting

- Lead on the October QBM Newsletter
 - Chronic disease edition
 - Contributed article NF and tobacco

Meetings/Conferences

- NPAIHB All Meeting
- Project Directors Meeting
- Wellness meeting
- Tribal Epicenter director meeting
- Staff Retreat
- On Boarding
- Clinical Advances in Eye Care for People with Diabetes
- All Tribes' Call CY 2018 Medicare Diabetes Prevention Program; Model Expansion Final Rule Program
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Conference Calls

- iCare: Office Hours - eLearning
- Diabetes in Indian Country Immunizations
- ADC web audit call
- Diabetes in Indian Country Immunizations
- Medicare Diabetes Prevention Program Model Expansion Call