

# Northwest Portland Area Indian Health Board Strategic Plan 2002

The 43 member tribes constitute all the federally recognized tribes of Washington, Oregon and Idaho.

*Burns Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribes  
Coos, Siuslaw and Lower Umpqua  
Tribe  
Coquille Tribe  
Cow Creek Band of Umpqua  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
Northwest Band of Shoshoni Tribe  
Port Gamble S'Klallam Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Indian Nation  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone Bannock Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Indian Nation*



## **Mission Statement**

***The mission of the Northwest Portland Area Indian Health Board is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.***

***Adopted January 15, 2003***

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## Overview

### **2002 Strategic Planning**

In April 2002 the Northwest Portland Area Indian Health Board conducted its strategic planning at the Quinault Beach Resort during the regular quarterly board meeting. This document was prepared and presented and discussed at the July 2002 Board meeting at the Confederated Tribes of Warm Springs. Staff made additional revisions and distributed a second draft of this document at the October 2002 quarterly board meeting at the Confederated Tribes of Umatilla.

### **Guidance for the preparation of the 2002 Strategic Plan**

The Executive Committee of the Northwest Portland Area Indian Health Board instructed the Executive Director to plan a meaningful process that would be inviting for delegates to contribute their views on future directions for the Board. The goal was to have a plan that would provide guidance to delegates and staff and to produce a document that would contain the information necessary to understand the fundamental values and purpose of the Board in order to inform future decisions about programs and activities.

## **Background**

### **Formation of the Northwest Portland Area Indian Health Board**

The Northwest tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, in 1972 they formed the Northwest Portland Area Indian Health Board (NPAIHB or “The Board”). The NPAIHB is a nonprofit tribal organization, which represents the 43 federally recognized tribes of Washington, Oregon and Idaho on health-related matters and provides health-related technical assistance. Tribes become members of the Board through resolutions passed by the governing body for each tribe. Each member tribe is represented by a delegate designated by the respective tribal government to serve on the NPAIHB Board of Directors. There is no limit on the number of alternates.

The Board of Directors meet quarterly to review Indian Health Service (IHS) policies and activities and to advise the Portland Area IHS of priorities and concerns at the tribal level. They discuss and develop positions on current legislative and budget issues related to Indian health care. The Board of Directors values consensus decision-making that is inclusive and equitable and recognizes the diverse needs of tribes while promoting the unity of Northwest tribes.

### **Scope of Work and Program Guidance**

In keeping with the Board’s strong advocacy for tribal sovereignty and control over the design and development of health care delivery systems in their local communities, staff of the NPAIHB rely on tribal delegates on the NPAIHB Board of Directors to provide leadership and establish policy. NPAIHB supports a holistic view of health with culturally appropriate health care delivery and education and advocates for additional resources to support these programs. Staff of the NPAIHB provide services in four broad functional areas: 1. Legislative and Policy Analysis, 2. Technical Assistance and Training, 3. Health Promotion and Disease Prevention, and 4. Surveillance and Research.

### **Partnerships**

The NPAIHB is tribally controlled and works in partnership with the Indian Health Service and other organizations that share a responsibility or interest in the health of AI/AN population. These include Indian health boards and Indian organizations, Federal and state agencies, city and county governments, colleges and universities and private organizations.

### **Legal Status**

The NPAIHB is a 501 3(c) non-profit organization. More importantly, it is a Public Law 93-638 Tribal Organization.

## Mission of NPAIHB

The mission of the Northwest Portland Area Indian Health Board is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care.

## Vision for Healthy Tribal Communities

Several common themes developed as strategic planning participants were asked to think of the kind of community they envision seven generations ahead to their great-grandchildren's grandchildren.

### Themes

- The seventh generation will have balanced physical, mental, emotional, and spiritual lifestyles. They will have healthy diets, be fit, active and happy.
- The seventh generation will live in sovereign communities that are politically effective, assertive, goal-oriented, economically independent and run by American Indian/Alaska Native (AI/AN) people.
- The seventh generation will live in a unified and poverty-free community made up of stable, loving families living in adequate housing.
- Children born to the seventh generation will be healthy and free of chemical substances. They will experience strong parenting, mentorship and positive role models as youth and will become involved and empowered leaders.
- The seventh generation will live in accordance with their traditional values by knowing their native languages and practicing spiritual and cultural traditions.
- The seventh generation will live in a clean environment, have access to an abundance of natural resources, respect all life and practice sustainable and socially responsible environmental stewardship.
- Every member of the seventh generation will have access to technologically advanced and culturally responsible health care that includes well-equipped clinics, wellness centers, and health education; a health care delivery system that could serve as a national model.
- The seventh generation will have a plentitude of resources to support health care delivery including: strong networks with state and federal agencies, foundations and universities; research and information availability; financial resources; professional staff; and information technology.
- The health of the seventh generation will be a model for the general population; and they will experience no preventable illnesses and no substance abuse or addictions. Cures will have been found for cancer, diabetes, mental health diseases, HIV/AIDS. Old age will be the leading cause of death.
- The seventh generation will respect and care for their elders and celebrate as they live to 100 years or more.

## Vision for NPAIHB

- NPAIHB is recognized as the most credible resource for AI/AN health care legislative and policy analysis as it impacts Northwest tribes.
- NPAIHB is a powerful voice and partner for the Northwest tribes during legislative and consultative processes in the arena of AI/AN health care.
- NPAIHB has a holistic perspective on health and provides resources to support tribal programs that address physical, mental, spiritual, and environmental health.
- NPAIHB has effective relationships with the Indian Health Service, other Indian health boards and organizations, state and federal agencies, universities, foundations, and other health organizations to improve delivery of health care, increase funds for health services, and assure the consultative process.
- NPAIHB maintains comprehensive Northwest tribal health data and surveillance systems to support tribal health programs in their decision making, resource allocation, advocacy, and efforts to improve health status.
- NPAIHB maintains health promotion and disease prevention resources including intervention models tested in AI/AN communities, funding resources, grant proposal models and provides technical assistance that support Northwest tribal efforts to improve health status.
- NPAIHB is the primary training resource in the Northwest for tribal health care management, health promotion and disease prevention models, and research and information technology.
- NPAIHB develops AI/AN youth to become leaders in the field of health.

## Values of NPAIHB

The Board of Directors reconfirmed the underlying values of the organization as they were created in 1996. They are as follows:

- NPAIHB is a tribally driven organization, which respects tribal leadership, recognizes the diverse needs of tribes, is inclusive and equitable, values consensus and seeks to preserve the unity of Northwest tribes.
- NPAIHB is a role model of holistic health (physical, mental, spiritual, emotional) derived from traditional values – both in personal and organization behavior.
- NPAIHB respects the cultural values of all member tribes and communities.
- NPAIHB values providing service to member tribes at the highest possible standard in the quality of work performed.
- NPAIHB models leadership, which is visionary, courageous, progressive, hard working, dedicated, resilient, committed, knowledgeable, creative, respectful and trusting.
- NPAIHB provides Northwest tribes with influential and effective advocacy, which supports tribal sovereignty and strong government-to-government relations.
- NPAIHB believes in community education, health promotion and disease prevention.
- NPAIHB is a credible resource for health-related technical assistance, education, information and coordination.
- NPAIHB is family centered and provides for work/family balance.
- NPAIHB acknowledges, respects and values the wisdom of our tribal elders.

## Internal Strengths and Weaknesses

### Strengths

NPAIHB greatest strength lies in the unified support of 43 federally recognized tribes in Idaho, Oregon and Washington, and its continued reliance on tribal political leadership to establish the direction and priorities of the organization. The NPAIHB is a national role model with a 30-year track record of managerial stability and fiscal soundness, and high quality program performance and accountability in the areas of information gathering, analysis, technical assistance and advocacy. The organizational culture is deeply rooted in AI/AN identity and this in combination with reputation and stability has allowed the organization to attract and retain determined and competent leadership, and experienced and knowledgeable staff. The NPAIHB has created strong working relationships with external agencies locally and nationally, including IHS, health boards, executive staff and tribes and is regularly sought after to participate in regional and national programs. The NPAIHB is responsive and flexible to meet the needs of a constantly shifting environment and continues to show initiative, develop new ideas and be the first to work on issues.

### Weaknesses

The success and growth of the NPAIHB also presents some of its greatest challenges. The NPAIHB must cope with getting bigger without becoming bureaucratic or losing its unique organizational culture and strong ties to tribal communities. New delegates and staff need strong orientation and training programs to instill the seventh generation vision and values and the mission of the NPAIHB. Staff needs to recognize tribes and tribal political leaders as the source of political authority and direction for the organization. The NPAIHB's increasing involvement in national programs has the potential to alter priorities, shift focus, and provide less contact between NPAIHB staff and the communities of member tribes. The increasing shift in program of work from health promotion/disease prevention programs to research and technology-based programs could make the function of the NPAIHB less accessible and understandable. The organizational structure could be weakened by lack of consistent delegate attendance and need for more tribal leader participation. Many specific health program areas have consistently lacked adequate funding and attention and the NPAIHB is currently unable to address all of them. Examples certainly would include behavioral health issues including mental health and alcohol and drug misuse.

## External Opportunities and Threats

### Opportunities

Many opportunities exist for the NPAIHB to leverage its strong position in terms of capacity, reputation, and relationships. The focus of effort by the NPAIHB will continue to be in support of northwest tribes within the four functional areas of legislative and policy analysis and advocacy, technical assistance and training, health promotion and disease prevention and surveillance and research.

Opportunities exist to build a stronger organization through cultivation of support from tribal leadership, and increasing involvement and training of Board delegates and staff. Opportunities also exist in the increasing availability and usefulness of technologies to support the activities of the Board. The NPAIHB will pursue national leadership and continued rapid growth only where benefits accrue to member tribes.

### Threats

The political landscape continues to pose the greatest threat to health care for northwest tribes. The negative congressional and administrative climate, restructuring of IHS, difficult relationships with States, and budget reductions will require close attention and analysis and effective consultation and advocacy.

Changes in the health care system in the United States and rising costs of health care delivery will impact tribal health programs. Lack of knowledge by government officials and the public of tribal sovereignty, culture, issues of concern require continuous education efforts. The NPAIHB is also threatened by the failure to make health a top priority at the tribal level.

## Strategic Priorities by Functional Area

The work of the NPAIHB can be divided into four broad functional areas:

1. Legislative and Policy Analysis
2. Technical Assistance and Training
3. Health Promotion and Disease Prevention
4. Surveillance and Research

During the April 2002 quarterly NPAIHB meeting, the Board of Directors developed strategic priorities in each of the functional areas. In addition, they identified managerial priorities which span all functional areas that will be necessary to maintain and build on current success. These critical success factors are:

1. Maintaining strong support for the NPAIHB at the tribal level by increasing the visibility of the work performed by the NPAIHB and developing the effectiveness and frequency of communication between the NPAIHB and member tribes.
2. Maintaining leadership in the ability to analyze policy, organize consultation with member tribes, and advocate on behalf of member tribes.
3. Maintaining and building strong relationships with external partners.
4. Expanding knowledge base in providing technical assistance, training, and health promotion/disease prevention that is culturally appropriate and effective.
5. Increasing research and information technology capacity and building awareness and tribal ownership of the function and benefits of the EpiCenter

## **Legislative and Policy Analysis**

1. Provide a forum for the development of unified tribal positions on matters affecting health care in Indian communities throughout the Northwest. Facilitate communication among tribes, federal agencies, state agencies and Congress to insure that there is full understanding of issues. Develop efficient and effective tribal consultation process that ensures timely notification, adequate tribal representation and staffing, and necessary documentation. Maintain purposeful agendas and productive NPAIHB quarterly board meetings.
2. Stay at the forefront of legislative initiatives affecting tribes and the health care of their members. Develop annual legislative plan to provide a strong voice on health related issues at the national and state level including support for National Tribal Leaders Advisory Group to the DHHS, analysis and recommendations on the President's annual budget, development of budget enhancement packages, support for the passage of the reauthorization of the Indian Health Care Improvement Act, analysis and recommendations on Medicare, Medicaid and welfare reform, and monitor and quantify the Portland Area unmet need.
3. Emphasize face-to-face communication with tribal leaders in tribal communities on health policy issues in order to understand individual tribal concerns and to offer available programs and resources. Encourage elected tribal leaders to participate at Board meetings.
4. Maintain an effective partnership with the IHS to strengthen and improve the delivery of health services to Indian communities throughout the Northwest. Analyze IHS policy and strategies to assess impact on Northwest tribes. Review distribution of workload between Area Office and NPAIHB to assure most efficient and effective service delivery. Work with IHS to assure equitable resource allocation methodologies are in place.
5. Develop relationships with state offices and other agencies dealing with health matters to assure that tribal interests are taken into account as health policy is formulated. Coordinate meetings with Idaho, Oregon, Washington State health officials.
6. Provides timely and effective information and tools to support Northwest tribal legislative and policy initiatives, and health program delivery. Provide legislative updates via email and post analysis, issue papers, position statements, and resolutions on web site. Allow tribal leaders to communicate with NPAIHB staff and congressional representatives directly via NPAIHB web site.
7. Advocate for continued IHS development of RPMS. Follow IHS information systems strategy and maximize tribal consultation and participation in its development. Ensure ambulatory needs are clearly addressed in HHS consolidations directives as well as HIPAA compliance.
8. Collaborate with other Indian organizations such as NCAI, NIHB, NICOA, NIGA, NICWA, and the National Tribal Environmental Council through attendance at meetings and following web sites.
9. Monitor activities of health organizations that are not Indian specific.
10. Provide public relations leadership by cultivating media contacts and producing press releases.
11. Facilitate communication between committees and workgroups of the NPAIHB

## **Technical Assistance and Training**

1. Provide training and technical assistance on tribal health program policy development, health program general and financial management, program evaluation, assessment, and credentialing, funding resource availability, grant proposal writing, and contract and grant management.
2. Provide training and technical assistance on research tools, process, and analysis. Provide access to health research.
3. Provide training and technical assistance on a variety of health promotion and disease prevention topics especially those available through the Tobacco Support Center and Dental Support Center.
4. Provide RPMS training and technical assistance regionally and at tribal locations. Increase technical assistance availability. Perform clearinghouse function for RPMS tools and improvements. Share best practices and program modifications. Provide tools and training for data extraction.
5. Maintain mechanisms to recruit and retain health professionals.
6. Develop tribal youth into future leaders in health care by making NPAIHB accessible to youth through attendance at NPAIHB meetings and training, and through internships. Integrate youth leadership training and travel into scope of work for new projects. Develop awareness of career and educational opportunities AI/AN entering health professions and research careers.
7. Heavily utilize information technology where appropriate to provide information and solicit feedback from tribal communities including conversion of weekly mailouts and tribal health director communication to a user-friendly electronic format, making large documents or data sets available on CD, and providing more frequent email updates.
8. Build a strong organizational structure through training of new NPAIHB Board members by 3<sup>rd</sup> quarterly board meeting, and development of strong orientation and training program for NPAIHB staff.
9. Systematically notify tribal communities of NPAIHB activities, training and technical assistance availability through publication of training catalog and training schedules in print and on the website.

## **Health Promotion and Disease Prevention**

1. Develop networks both regionally and nationally to address priority areas of health promotion and disease prevention including cancer, prevention of tobacco use, women's health, injury prevention, and others.
2. Provide technical assistance and training in tribal communities and at tribal health fairs to address priority areas of health promotion and disease prevention including: cancer, prevention of tobacco, drug and alcohol use (especially targeting youth), women's health, injury prevention, elder care, diabetes, mental health, and wellness including diet and exercise.
3. Provide public relations leadership on health issues of concern to northwest tribal communities including developing relations with regional media and providing ongoing information through press releases and expert opinion.
4. Disseminate health promotion/disease prevention resources on best practices in tribal communities, AI/AN traditions and health, and traditional healing resources via user-friendly web site.
5. Actively research and develop grant and funding opportunities and disseminate information to member tribes via user-friendly web site.

Specifically research funding opportunities for:

- Tribal pre-natal and maternal health care programs, mental health services for new parents, early childhood screening and interventions
- Tribal youth health programs that promote awareness of healthy choices/lifestyles and address substance abuse and treatment, suicide, STD's, confidential family planning, teen pregnancy, and parenting
- Wrap around services for elder care, assisted living and skilled nursing facilities for elders, foster care for the elderly/disabled
- Services for to the disabled, chronic disease sufferers, and veterans
- Pilot projects and facilities for substance abuse treatment including regional in-patient facility, youth alcohol and substance abuse centers with aftercare, prevention and outpatient treatment, family treatment facilities
- Pilot projects and facilities for mental health treatment, domestic violence resource and advocacy centers, suicide prevention programs
- Healthy lifestyle promotions including traditional lifestyles, nutrition, exercise programs and wellness facilities

## **Surveillance and Research**

1. Successfully complete all currently funded projects including diabetes surveillance capacity building for Northwest and California tribes, development of a diabetes surveillance national training model, tribal and state registry linkages, infant mortality research, chlamydia surveillance, tooth caries and obesity research, Indian community health profiles, and Northwest Tribal health research.
2. Increase visibility and understanding of the EpiCenter by communicating purpose and results of current projects face-to-face in tribal communities as well as through newsletter and web site.
3. Develop infrastructure to allow *EpiCenter* to be responsive to Northwest tribal communities' needs including creation of an advisory committee and development of a system for prioritizing research projects.
4. Build capacity of member tribes by providing training and technical assistance on research tools, process, and analysis.
5. Develop information products based on current research and surveillance that assist tribes in advocacy to improve health care and policy development. Disseminate information products utilizing user-friendly information technology.
6. Develop capacity to attract future research funding by establishing track record of excellence in project completion, building relationships with funding sources, and increasing internal technical skills and relationships with external sources of technical resources.

## Program Support for Vision

- The seventh generation will have balanced physical, mental, emotional, and spiritual lifestyles. They will have healthy diets, be fit, active and happy.

The NPAIHB supports balanced lifestyle and work/family balance for its staff through policy and practice. Health promotion/disease prevention programs stress a model of balance.

- The seventh generation will live in sovereign communities that are politically effective, assertive, goal-oriented, economically independent and run by American Indian/Alaska Native (AI/AN) people.

The NPAIHB advocates for tribal sovereignty and facilitates government-to-government consultation process. Legislative and policy analysis activities are undertaken for the purpose of making tribes more effective political advocates. The NPAIHB develops tribal youth into leaders in the health care field.

- The seventh generation will live in a unified and poverty-free community made up of stable, loving families living in adequate housing.

The NPAIHB advocates for needed resources to provide health care in tribal communities. Poverty, family environment and housing are not currently addressed in scope of work.

- Children born to the seventh generation will be healthy and free of chemical substances. They will experience strong parenting, mentorship and positive role models as youth and will become involved and empowered leaders.

The NPAIHB has developed national tobacco use prevention programs and provides support to regional treatment facilities.

- The seventh generation will live in accordance with their traditional values by knowing their native languages and practicing spiritual and cultural traditions.

All programs acknowledge traditional values of tribal communities. No programs currently exist to support language, spiritual and cultural traditions.

- The seventh generation will live in a clean environment, have access to an abundance of natural resources, respect all life and practice sustainable and socially responsible environmental stewardship.

No programs currently exist to support environmental health.

- Every member of the seventh generation will have access to technologically advanced and culturally responsible health care that includes well-equipped clinics, wellness centers, and health education; a health care delivery system that could serve as a national model.

The NPAIHB monitors policy, advocates for technology and other resources, and provides technical assistance and training to support health care delivery.

- The seventh generation will have a plentitude of resources to support health care delivery including: strong networks with state and federal agencies, foundations and universities; research and information availability; financial resources; professional staff; and information technology.

The NPAIHB has built a strong network of relationships, advocates for increased resources and technology and recruits health professionals.

- The health of the seventh generation will be a model for the general population; and they will experience no preventable illnesses and no substance abuse or addictions. Cures will have been found for cancer, diabetes, mental health diseases, HIV/AIDS. Old age will be the leading cause of death.

The NPAIHB is creating a 20-year cancer control plan and has programs to support diabetes intervention.

- The seventh generation will respect and care for their elders and celebrate as they live to 100 years or more.

No elder-specific programs currently exist.

## 2005 Strategic Planning Cycle

<b>Task</b>	<b>Responsible</b>	<b>Date</b>
<b>Needs assessment survey of Delegates and Tribal Health Directors</b>	<b>Staff</b>	<b>August-December, 2004</b>
<b>Needs assessment from EpiCenter research</b>	<b>Staff</b>	<b>August-December, 2004</b>
<b>360° performance evaluation and strength/weakness assessment</b>	<b>Staff</b>	<b>January-March, 2005</b>
<b>External environment scan of opportunities/threats</b>	<b>Staff</b>	<b>January-March, 2005</b>
<b>Evaluate 2002 Strategic Plan accomplishments</b>	<b>Staff</b>	<b>March 2005</b>
<b>Develop presentation of assessments for April 2005 Board Meeting</b>	<b>Staff</b>	<b>March 2005</b>
<b>Discuss assessment results and set priorities</b>	<b>Delegates</b>	<b>April 2005</b>
<b>Create objectives to measure progress in each priority area</b>	<b>Staff</b>	<b>May-June 2005</b>
<b>Create draft strategic planning document</b>	<b>Staff</b>	<b>May-June 2005</b>
<b>Review objectives</b>	<b>Delegates</b>	<b>July 2005</b>
<b>Finalize Strategic Plan</b>	<b>Staff</b>	<b>August 2005</b>