

Northwest Portland Area Indian Health Board



Good Health & Wellness in Indian Country (WEAVE-NW)
Request for Applications (RFA)
Informational Webinar
Applications Due 1/5/2020 11:59 PST

INDIAN LEADERSHIP FOR INDIAN HEALTH



11/20/2019

Your WEAVE-NW Team



Victoria - PI



Tam - PD



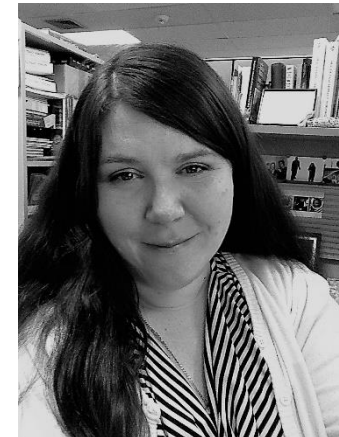
Chelsea - PA



Ryan - PM



Nora - PM



Jenine - PE





General Housekeeping

- Be sure to mute your phone or computer- This reduces background noise and audio feedback
- Submit questions through the chat box
- We will answer your questions at the end of the webinar
- You may contact us at weave@npaihb.org for further guidance or questions

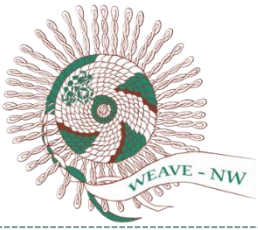




Overview

- Northwest Portland Area Indian Health Board
 - Northwest Tribal Epidemiology Center
- WEAVE-NW funding available from the Centers for Disease Control and Prevention under the Good Health & Wellness in Indian Country (GHWIC) Initiative
 - www.npaihb.org/weave
 - <https://www.cdc.gov/chronicdisease/resources/publications/aag/indian-country.htm>





Overview

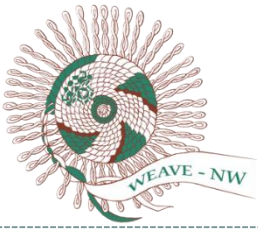
GHWIC Long-
Term Goal:

- To decrease cardiovascular disease and stroke, commercial tobacco use, obesity, and type 2 diabetes for AI/AN

Focus:

- Policy, systems and environment (PSE) projects
- Culturally relevant and appropriate prevention activities





RFA Timeline

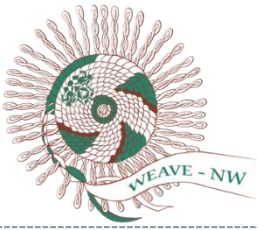
Date	Description
Wednesday, November 13 th , 2019	RFA Opens
Wednesday, November 13 th , through Friday, November 22 nd , 2019	Proposal idea guidance from WEAVE-NW staff available via phone or email: Please contact Chelsea at cjensen@npaihb.org to schedule
Wednesday, November 20 th , 2019	RFA Informational Webinar
Sunday, January 5th, 2019	RFA CLOSES



Who and What Are We Funding?

- **5 subcontracts of up to \$124,000 each**
- To federally recognized Tribes in Idaho, Oregon, and Washington
- Projects must use policy, system or environment change (PSEs) approaches
- Must address one the following health areas:
 1. Obesity – Food Systems Change
 2. Obesity – Breastfeeding Promotion and Support
 3. Commercial Tobacco Use
 4. Type 2 Diabetes
 5. Heart Disease and Stroke

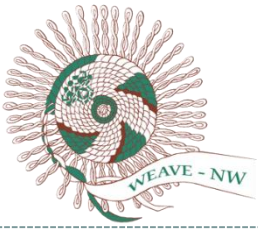




Why PSE approaches?

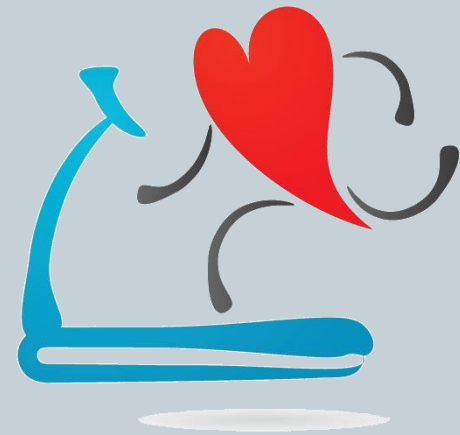
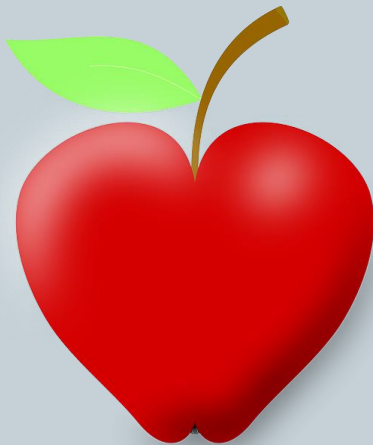
- We can try to educate people and encourage them to make healthier choices, but
 - What if your environment makes it hard to change your behavior?
 - What if the policies that are in place makes it easy to keep doing things the way you're used to?
 - What if there are systems that prevent you from changing?
- *Where* you live affects *how* you live – PSE changes the context in which people make decisions that impact their health

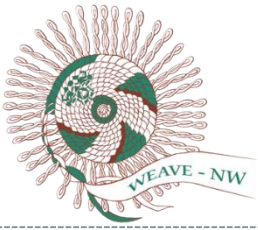




Policy Change

- Passing of or change to a law, ordinance, resolution, regulation, or rule designed to guide or influence behavior





Systems Change

- Changes made in organizational procedures (such as personnel, resource allocation, programs)

Systems & policy change often work hand-in-hand





Environmental Change

- Physical, observable changes in the built, economic and/or social environment.





Programs vs. PSE Change

Programs

- Often one-time events
- Additive
- Individual level
- Short term
- Non-sustaining

Policy, Systems, Environmental Changes

- Ongoing
- Foundational
- Community level
- Long term
- Sustaining





Programs vs. PSE Change

Setting	Programs/Events	Policy, Systems and Environmental Change
School	Celebrate national nutrition month	Add fruits and vegetables to the a la carte options in all tribal schools
Community	Host a community bike ride and parade. Meals for seniors.	Implement a Complete Streets and/or Dog Ordinance policy to ensure community roads are safe for biking, walking and driving. Enhance an existing community garden.
Worksite	Hold health screenings for all staff	Establish worksite wellness programs to increase physical activity and nutrition
Health Care	Host health fair	Implement policy requiring all tribal clinic health care professionals to screen for tobacco use among all clients



Category 1- Obesity- Food Systems

Potential projects include:

- Food code development to distribute food at farmers' markets, schools, childcare settings, tribal enterprises, etc.
- Developing and/or expanding community gardens or model farms
- Restoring traditional food habitats
- Food sovereignty or traditional/healthy foods media or education, if in support of the PSE change activities listed above.

All projects under this area must have a medium-term goal of **increasing the number or percentage of places offering healthy/traditional foods within the community.**



Category 2- Obesity- Breastfeeding

Potential projects include:

- Developing or expanding peer breastfeeding counselor training/programs
- Establishing connections and/or MOU between hospitals and tribal clinics, WIC, or other partners to increase access to baby friendly and culturally competent birthing rooms for tribal mothers and strengthen connection between pre-natal care, delivery, and tribal services for new mothers
- Developing tribal policies to support and encourage breastfeeding, e.g. paid breaks for milk expression
- Data-driven breastfeeding media and education campaign based on assessment of community needs

All projects under this area will have the short-term goal of **increasing the number of places that implement culturally-adapted continuity of care/community support strategies to promote and support breastfeeding** and a medium-term goal of **increasing the number of mothers who use these services.**



Category 3- Commercial Tobacco

Potential projects include:

- Implementing commercial tobacco-free policies/flavored vape restrictions
- Providing commercial tobacco cessation training for community providers and clinical staff
- Improving health system to increase screenings and referrals to commercial tobacco cessation treatment
- Creating tribal cessation training in conjunction with IHS
- Incorporating traditional cultural activities/medicines into tobacco cessation programs
- Developing education and/or media campaigns around commercial tobacco/vaping health risks, if in support of the PSE change activities listed above

PLEASE NOTE: Commercial tobacco prevention funding is available only to Washington and Idaho Tribes.

All projects under this area will have the medium-term goal of **increasing the number of places in the community that implement commercial tobacco-free policies OR increasing the number of commercial tobacco users who receive cessation interventions.**



Category 4- Type II Diabetes

Potential projects include:

- Improving screening, identification of at-risk patients, outreach and recruitment to diabetes prevention programs, including provider training
- Establishing new diabetes prevention programs, or expanding the reach of existing programs
- Develop culturally-relevant approaches to increase diabetes prevention program participation such as incorporating tribal cultural practices, utilizing traditional medicines, or connecting with traditional/healthy foods programs

Please Note:

Preference will be given to applicants who describe specifics of **how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines** into diabetes prevention programs.

All projects under this area will have the medium-term goal of **increasing the number of community members at high risk for diabetes enrolled in type 2 diabetes prevention programs offered in the community.**



Category 5- Heart Disease/Stroke

Potential projects include:

- Improving or developing team-based systems of care to support prevention, self-management and control of hypertension and high blood cholesterol
- Developing culturally-relevant materials to link community members with clinical services to support prevention, detection and control of high blood pressure and/or high blood cholesterol.
- Tribal adaptation of self-management and treatment programs for patients with high blood pressure and/or high blood cholesterol

Please Note:

Preference will be given to applicants who describe **how they will incorporate traditional and/or healthy, locally grown foods and traditional medicines** in self-management and treatment programs for patients with high blood pressure or high blood cholesterol.

All projects under this area will have the medium-term goal of **increasing the percentage of patients with high blood pressure or high blood cholesterol engaged in self-management and treatment programs.**



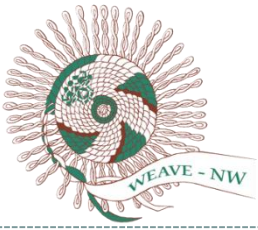


Budget

One year budget of **no more than \$124,000** that includes:

- 10% for evaluation activities
- Salary and Fringe **for no less than 0.50 FTE** site coordinator
- Travel costs for 1-2 project staff members to attend **a two-day orientation meeting** at NPAIHB in Portland, Oregon.
- **5% of the overall budget** to hold a local training in collaboration with WEAVE-NW (*with the exception of those applying under Heart Disease/Stroke prevention*)
 - Potential trainings may include the following, **based on staff or community needs** and your project proposal:
 - Food Sovereignty Assessment or Food Policy Development
 - Breastfeeding Peer Counselor Training
 - Tobacco Cessation/Prevention Policy Development
 - In-Person Tribal Diabetes ECHO (Extension for Community Healthcare Outcomes) Clinic





Budget Justification

Please include in your budget justification (template provided pg 12):

- Personnel
 - Title
 - Salary & Fringe
 - Time spent on this project as a proportion of one full time equivalent (FTE)
 - Role and responsibilities within the project
- Consultant costs
 - Number of hours
 - Total contract amount
 - Roles/Responsibilities of the consultant
- Equipment (details can be found on page 11 of the RFA)
- Training costs
- Supplies
- Travel





Workplan & Evaluation

- Applicants need to put aside 10% of their budget for evaluation activities. This could include
 - printing
 - interviewer salary
 - data entry hours
 - incentives
 - hosting community feedback sessions/talking circles, etc.
- In the first quarter, applicants will plan their evaluation including collection of baseline data (if none exist) or review of existing data





Workplan & Evaluation

- WEAVE-NW will provide TA on
 - Developing objectives, outcomes, and measures
 - Identifying data sources
 - Creating data collection tools and plans
 - Analyzing data and reporting evaluation results
- Applicants do NOT need to submit a complete evaluation plan, but should outline
 - Overall objective (in project narrative)
 - Anticipated outcomes (in project narrative)
 - Potential measures (in workplan)
- Consider both:
 - What measures will be relevant and credible to our community? AND
 - How can we incorporate and measure the goal(s) listed in the RFA for our selected Project Activity Area?



Questions?



Thank you!

WEAVE-NW Team

- **Victoria Warren Mears**, PI, NWTEC Director - vwarrenmears@npaihb.org
- **Tam Lutz**, Project Director - tlutz@npaihb.org
- **Chelsea Jensen**, Project Assistant - cjensen@npaihb.org
- **Jenine Dankovchik**, Biostatistician & Project Evaluator - jdankovchik@npaihb.org
- **Nora Frank-Buckner**, Food Sovereignty Project Manager - nfrank@npaihb.org
- **Ryan Sealy**, Tobacco & Breastfeeding Project Manager - rsealy@npaihb.org

For questions please contact weave@npaihb.org

