



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD**

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

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RESOLUTION # 17-04-03

**[The Health Board's Opioid ECHO: Collaboration to Strengthen Our Nations]
MP-CPI-17-004 – Empowered Communities for a Healthier Nation Initiative
93.137 – Community Programs to Improve Minority Health Grant Program
Department of Health and Human Services – Office of the Assistant Secretary for Health**

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a non-governmental "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the NPAIHB's Project Red Talon has worked with tribes and tribal clinics throughout the U.S. for over 28 years to improve, and is authorized to operate nationally to carry out the goals and objectives of the Empowered Communities for a Healthier Nation Initiative

WHEREAS, The NPAIHB's HIV/STI/HCV Clinical Program seeks to prevent opioid abuse, increase access to opioid treatment and recovery services, and reduce the health consequences of opioid abuse; and

WHEREAS, this specific funding opportunity supports the prevention of opioid abuse, increased access to treatment and recovery services, and implementing strategies to reach, engage, and retain people who inject drugs in substance abuse treatment; and

WHEREAS, the goals of this initiative are consistent with the goals and objectives of both the NPAIHB and the *NW Tribal EpiCenter*; and

THEREFORE BE IT RESOLVED that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue funding through the **OMH MP-CPI-17-004-059100 – FY17 Empowered Communities for a Healthier Nation Initiative** funding OMH MP-CPI-17-004-059100 – FY17 Empowered Communities for a Healthier Nation Initiative opportunity.

- assist Indian tribes, tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data;
 - make recommendations for the targeting of services needed by the populations served;
 - make recommendations to improve health care delivery systems for Indians and urban Indians;
 - provide requested technical assistance to Indian tribes, tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community;
 - provide disease surveillance and assist Indian tribes, tribal organizations, and urban Indian communities to promote public health.”
- b. “The Director of the Centers for Disease Control and Prevention shall provide technical assistance to the centers in carrying out this section” (the functions listed above).
- c. “Epidemiology center(s) shall be treated as a public health authority(s) for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA; Public Law 104–191; 110 Stat. 1936).”
- (Note: The HIPAA Privacy Rule - Standards for Privacy of Individually Identifiable Health Information - provides national standards for protecting the privacy of health information. The Privacy Rule regulates how certain entities, called covered entities (i.e. health plans, health care clearinghouses, and health care providers), use and disclose certain individually identifiable health information, called Protected Health Information (PHI). The Privacy Rule expressly permits covered entities to disclose PHI, without authorization, to public health authorities (i.e. agencies or authorities of the United States, states, territories, political subdivisions of states or territories, American Indian tribes, or an individual or entity acting under a grant of authority from such agencies and responsible for public health matters as part of an official mandate) for public health purposes including but not limited to public health surveillance, investigations, and interventions.)

WHEREAS, the Centers for Disease Control and Prevention have released a funding opportunity to enhance the infrastructure of individual Tribal Epidemiology Centers to provide data and technical assistance to tribes in their region, entitled: PPHF-2017-Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country (CDC-RFA-DP17-1704PPHF17), which is specifically for Tribal Epidemiology Centers.

WHEREAS, the Northwest Tribal Epidemiology Center has a 20 year history of leadership in providing epidemiology services and technical assistance to the Portland Area Tribes.

WHEREAS, enhanced data provision, training provision and staffing to provide such services are aligned with the Strategic Plan of the Board.

THEREFORE, BE IT RESOLVED that the Northwest Portland Area Indian Health Board supports the application of the Northwest Tribal Epidemiology Center to enhance and build data infrastructure, training and technical assistance to the Portland Area Tribes.

CERTIFICATION

NO. 17-04-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 26 for, 0 against, 0 abstain on July 18, 2017.

Andrew C. Joseph Jr.

Chairman

July 18, 2017
Date

Mary J. Abrahamson

Secretary