

Northwest Portland Area Indian Health Board

Northwest Tribal Epidemiology Center
















Quarterly Report



July 2017



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

- Colville: Booth and Workshops, We R Native. NW Indian Youth Conference, April 2–7, 2017, in Nespeelem, WA. Approximately 200 AI/AN youth in attendance.
- Quinault: NPAIHB Quarterly Board Meeting and Behavioral Health Committee Meeting, WA, April 18, 2017.
- Umatilla: 9 Tribes Prevention Meeting, Pendleton, OR. June 6, 2017.

April Technical Assistance Requests

- Tribal TA Requests = 4 (Stephanie), 1 (David), 1 (Tommy)
- 8 (UNITY/CNAY, OHSU, IHS, SAMHSA, Great Lakes ICH, UColorado, EDC, Navajo)

May Technical Assistance Requests

- Tribal TA Requests = 6 (Stephanie), 3 (David), 1 (Tommy)
- 8 (UNITY/CNAY, OHSU, IHS, SAMHSA, Great Lakes ICH, OR AETC, OR OPS, Navajo)

June Technical Assistance Requests

- Tribal TA Requests = 3 (Stephanie), 3 (David), 4 (Tommy)
- 6 (IHS, IHART, UNITY/CNAY, OHSU, AK, Child Trends)

Project Red Talon / We R Native / Native VOICES

During the quarter, Project Red Talon staff participated in ten planning calls, five partner meetings, and presented during seven conferences/webinars, including:

- Booth and Workshops: We R Native. NW Indian Youth Conference, Colville, April 2–7, 2017, in Nespeelem, WA. Approximately 200 AI/AN youth in attendance.
- Booth: ATNI National Conference, Portland, OR. May 23-26, 2017. Approximately 40 AI/AN adults in attendance.
- Call: Brandon Stratford of Child Trends re: Teen Parenting programs/challenges. June 16, 2017.
- Call: CNAY/UNITY Bootcamp Discussion, April 12, 2017
- Meeting: iHART Advisory Meeting and Writing Workshop, April 17-21, 2017.
- Meeting: NPAIHB Quarterly Board Meeting and Behavioral Health Committee Meeting, Quinault, WA, April 18, 2017.
- Meeting: OR AETC Planning Meeting, April 25, 2017. Approximately 20 in attendance.

- Meeting: Tribal Adolescent Health Alliance meeting. May 18, 2017. Approximately 25 participants in attendance.
- Meeting: UIHI and Salt Lake Urban Indian Center, re: Teen pregnancy prevention programs. Seattle, WA, May 15, 2017.
- Presentation: Intro to Public Health, Portland State University, May 3, 2017.
- Training: Native STAND Summer Institute Cohort 3 Training. June 26-30, 2017. 20 STAND facilitators in attendance.
- Training: Social Marketing, Great Lakes Tribal EpiCenter. WI, April 23, 2017. Approximately 16 participants in attendance.
- Training: THRIVE Youth Conference. June 26-30, 2017. 60 youth in attendance.
- Webinar: Native STAND Cohort 3 – MOA, April 13, 2017.
- Webinar: Native STAND cohort 3, June 1, 2017.

Native It's Your Game and Healthy Native Youth

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

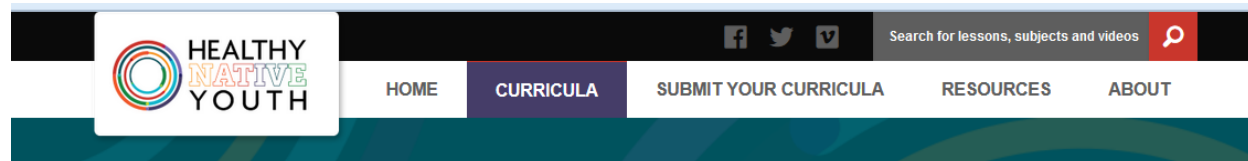


- e-Update to Workgroup: June 8, 2017
- Meeting: 9 Tribes Prevention Meeting, Pendleton, OR. June 6, 2017.
- Presentation: Healthy Native Youth and We R Native: Keeping up with the trends of today's youth to promote health. 35th Annual Protecting Our Children National American Indian Conference on Child Abuse and Neglect, April 2-5, 2017, in San Diego, California. Approximately 40 adults in attendance.
- Presentation: Healthy Native Youth and We R Native: Access culturally relevant health information for both young adults and health professionals. Oregon Indian Education Association 40th Annual Conference, April 20-21, 2017, in Ashland, Oregon. Approximately 15 adults in attendance.
- Presentation: IYG and Healthy Native Youth, NIH National Tribal Public Health Summit, Anchorage, AK, June 7, 2017.
- Webinar: Preventing Risk Behavior by Building Resilience Among Youth – with slides on Healthy Native Youth, June 15, 2017 – to 119 participants. Recording is available at: <https://cc.readytalk.com/cc/playback/Playback.do?id=fn0zft>

Health Promotion and Disease Prevention

Website: The Healthy Native Youth website launched on August 15, 2016:

www.healthynativeyouth.org



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



David on paternity leave – will update web and social media numbers next month.

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 partnered with Steven Hafner to carry out formative research to design a violence prevention intervention that will be delivered to Native young men via Facebook. Interviews with young men 18-24 have been collected and are being analyzed for themes.

Other Administrative Responsibilities

Publications

- Working on Native VOICES Outcomes paper
- Submitted: *Changing STI and HIV risk perceptions among American Indian and Alaska Native emerging adults: Effectiveness of a group-randomized culturally-adapted video-based intervention.* for possible publication in Prevention Science
- Submitted: *Usability and Psychosocial Impact of Decision Support to Increase Sexual Health Education in American Indian and Alaska Native Communities,* in Journal of Health Disparities Research and Practice
- Working on *Texting 4 Sexual Health* papers

Reports/Grants Submitted

- Worked on NARCH X
- Swinomish's OMH grant was awarded.
- Working on i-LEAD
- Working on SMAIF proposal

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, Project Manager

Contractor: Brigg Reilley, MPH, TA

Students: Melony Hart, OHSU PhD Student Intern

Technical Assistance and Training

NW Tribal Site Visits

Out of Area Tribal Site Visits

- Sacramento, CA, Best Practices Conference. Three Presentations 1) HCV update to medical directors, 2) HCV program implementation to clinicians, 3) HIV epidemiology and PrEP

April Technical Assistance Requests

- Tribal TA Requests = 10 (Jessica), 8 (David), 5 (Brigg)
- Other Agency Requests = 4 (CDC, IHS, HHS, VA)

May Technical Assistance Requests

- Tribal TA Requests = 7 (Jessica), 7 (David), 6 (Brigg)
- Other Agency Requests = 3 (CDC, IHS, HHS, VA, OHA, USET)

June Technical Assistance Requests**Technical Assistance Requests**

- Tribal TA Requests = 5 (Jessica), 6 (David), 4 (Brigg)
- Other Agency Requests = 8 (CDC, IHS, OMH, HHS, VA, OHA, USET, OHSU)

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 – April 4, 2017
- Zoom: UNM HCV ECHO – April 5, 2017
- Adobe: Quentin N. Burdick Memorial Health Care Facility HIV Panel – April 5, 2017
- Zoom: HCV Advisory Committee Cherokee Nation – April 11, 2017
- Conference Call: IHS HIV/AIDS Team Call – April 11, 2017
- Conference Call: Tribal PrEP – April 12, 2017
- Adobe: IHS STD Grand Rounds – April 13, 2017
- Presentation: NPAIHB QBM – April 18, 2017
- Conference Call: IHS HIV/AIDS Team Call – April 11, 2017
- Zoom: UNM HCV ECHO – April 19, 2017
- Conference Call: IHS HIV/AIDS Team Call – April 25, 2017
- Zoom: NPAIHB ECHO – April 26, 2017
- Conference Call: Tribal PrEP – April 26, 2017
- Adobe: PrEP/HIV in ER Collaborative Group, April 29, 2017
- Conference Call: Viral Hepatitis Interagency Group (VHIG) April 27, 2017
- Conference Call: Syringe and Harm Reduction call with CDC – May 1, 2017
- Conference Call: SMAIF Review – May 2, 2017
- Zoom: UNM HCV ECHO – May 3, 2017
- Zoom: Navajo Social Media and Texting – May 4, 2017
- Conference Call: G. Wash. Univ, Ryan White HIV/HCV evaluation team, May 8, 2017
- Conference Call: IHS HIV/AIDS Team Call – May 9, 2017
- Meeting: HCV Clinician Discussion with UNM – May 9, 2017
- Zoom: UNM IHS HIV ECHO—May 10, 2017
- Conference Call: Tribal PrEP – May 10, 2017
- Conference Call: CDC IHS national HCV data analysis May 15, 2017
- Conference Call: IHS HIV/AIDS Team Call – May 16, 2017
- Zoom: UNM HCV ECHO – May 17, 2017
- Zoom: iCare panel creation USET – May 17, 2017
- Adobe: Hunter Health Clinic TA HIV/STI/HCV Reminders with UIHI – May 18, 2017
- Zoom: Lummi HCV ECHO – May 18, 2017
- Conference Call: AIP, IHS, CDC HBV national data analysis
- Zoom: UIHI Gender Identity and Sexual Orientation Call in EHR – May 19, 2017
- Zoom: Navajo Social Media and Texting – May 19, 2017
- Call: Kauffman & Associates to discuss HCV Campaign Materials – May 22, 2017
- Conference Call: Klamoth HCV Call – May 22, 2017
- Conference Call: IHS HIV/AIDS Team Call – May 23, 2017
- Conference Call: Tribal PrEP – May 24, 2017

- Zoom: NW HCV ECHO – May 24, 2017
- Zoom: AI/AN STI Data Call with Oregon Health – May 25, 2017
- Call: Riverside San-Bernardino PREP Call – May 25, 2017
- Call: VA HCV Collaboration Call – May 25, 2017
- Conference Call: Syringe and Harm Reduction call with CDC – June 1, 2017
- Adobe: Great Plains Regional ID – June 1, 2017
- Adobe: HIV and HCV overlap with Community Health Educators – June 1, 2017
- Zoom: Hepatitis C is Everyone’s Responsibility conversation with videographers – June 2, 2017
- Conference Call: IHS HIV/AIDS Team Call – June 6, 2017
- Meeting: Fibroscan – June 6, 2017
- Zoom: Coding PWID Interviews—June 6, 2017
- Conference Call: Tribal PrEP – June 7, 2017
- Zoom: UNM HCV ECHO – June 7, 2017
- Zoom: Lummi HCV ECHO – June 8, 2017
- Meeting: NACCHO Adolescent STD/HIV Prevention Meeting, Washington DC – June 13th – 17th, 2017
- Zoom: UNM HIV ECHO-June 14, 2017
- Conference Call: Planning for Fall HCV Clinical Training – June 16, 2017
- Zoom: Case Management & Text Messaging, Process Development – June 16, 2017
- Zoom: Discussion teleECHO Opioid opportunity with Cardea and OHSU – June 16, 2017
- Zoom: PWID ECHO for Coding – June 16, 2017
- Conference call: Viral Hepatitis Implementation Group (VHIG)—June 18, 2017
- Zoom: PWID Coding – June 19, 2017
- Meeting: Eastern Cherokee – June 20, 2017
- Conference Call: NCSD Planning Committee Call – June 21, 2017
- Zoom: PWID Coding – June 22, 2017
- Meeting: 2017 National Combined Councils, Nashville, TN – June 20th – 22nd, 2017
- Meeting: 2017 FYSB Adolescent Pregnancy Prevention Grantee Conference, St. Louis, MO – June 27th – 29th, 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

Text Message service



Patient pamphlet: Based on Tribal feedback, a pamphlet was created for the Northwest, non-specific for Baby Boomers. www.npaihb.org/hcv

Why should you get tested for Hepatitis C?

Most people with Hepatitis C do not have any symptoms and do not know they are infected. Chronic Hepatitis C is a serious disease that can result in long-term health problems, including liver damage, liver failure, liver cancer, or even death. Hepatitis C can be in your body for many years with no symptoms.

- Baby boomers (born between 1945-1965) are five times more likely to have Hepatitis C.
- The longer people live with Hepatitis C, the more likely they are to develop serious, life-threatening liver disease.
- Getting tested can help people learn if they are infected and get them into lifesaving care and treatment.

It is estimated that 2.7-3.9 million people in the United States have chronic hepatitis C

Why do baby boomers have such high rates of Hepatitis C?

The reason baby boomers have high rates of Hepatitis C is not completely understood. It is believed most boomers became infected in the 1970s and 1980s when rates of Hepatitis C were very high. Since people with Hepatitis C can live for decades without symptoms, many baby boomers are living with an infection they got many years ago.

Hepatitis C is mostly spread through contact with blood from an infected person. Many baby boomers could have been infected from contaminated blood and blood products before widespread screening of the blood supply began in 1992. Others may have become infected from injecting drugs, even if only once in the past. Still, many baby boomers with Hepatitis C do not know how or when they were infected.

What should you know about Hepatitis C?

Hepatitis C (HCV for short) is a serious liver disease that results from infection with the Hepatitis C virus. Some people who get infected with Hepatitis C are able to get rid of the virus, but most people who get infected develop a lifelong infection. Over time, chronic Hepatitis C can cause serious health problems including liver damage, cirrhosis, liver cancer and even death. In fact, Hepatitis C is a leading cause of liver cancer and the leading cause of liver transplants. The good news: Hepatitis C is a preventable and curable disease.

People with Hepatitis C:

- Often have no symptoms
- Can live with an infection for decades without feeling sick
- Can usually be successfully treated with medications

How would you know if you have Hepatitis C?

The only way to know if someone has Hepatitis C is to get tested. Doctors use a **blood test** to find out if a person has ever been infected with Hepatitis C.

Hepatitis C Antibody Test results

When getting tested for Hepatitis C, be sure to ask when and how test results will be given to you. The test results usually take anywhere from 20 minutes to a few weeks to come back.

What do the results mean?

Non-reactive or a Negative Hepatitis C Antibody Test

- A non-reactive, or negative, antibody test means that a person does not have Hepatitis C.
- However, if a person has been recently exposed to the Hepatitis C virus, he or she will need to be tested again.

Reactive or a Positive Hepatitis C Antibody Test

- A reactive, or positive, antibody test means that Hepatitis C antibodies were found in the blood and a person has been infected with the Hepatitis C virus at some point in time.
- A reactive antibody test does not necessarily mean a person still has Hepatitis C.
- Once people have been infected, they will always have antibodies in their blood. This is true if even if they have cleared the Hepatitis C virus.
- A reactive antibody test requires an additional, follow-up test to see if a person is currently infected with Hepatitis C. It is important that you ask for this follow-up test.

For more information

Talk to a health professional at your local clinic or visit www.cdc.gov/norwhepatitis

Northwest Portland Area Indian Health Board
2101 SW Broadway, Suite 100
Portland, Oregon 97201
www.npaihb.org

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.

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. Thus far **55** cases have been presented to NPAIHB ECHO from **20** different sites.

- **4/24:** There were 15 participants from 7 different sites that joined, including two new sites-Cowlitz and Northern Cheyenne
 - **Case Management:** Four cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation.
- **5/18 and 5/24:** There were approximately 20 participants from 8 different sites that joined, including three new sites-UIHI, Belcourt and Grand Ronde
 - **Case Management:** Fourteen cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation.
- **6/18 and 6/28:** There were approximately 15 participants from 5 different sites that joined, including one new site-Puyallup
 - **Case Management:** 11 cases were presented and given recommendations for treatment by our Medical Expert from Cherokee Nation.

Other Administrative Responsibilities

Publications

- Reilley B, Haberling D, Person M, Leston J, Iralu J, Haverekate R, Siddiqi A. (2017) HIV Trends in American Indian and Alaska Native Populations, 2005-2014. Submitted for publication – Public Health Reports
- Reilley B, Leston J. (2017) The Tale of Two Epidemics: Hepatitis C in Two Federal Health Organizations. Submitted for publication – New England Journal of Medicine
- Working on AI/AN HCV paper
- Working on AI/AN Opioid paper
- April Healthy News and Notes – Expanding Medicaid Access for Hepatitis C Medication
- Expanding Access to Hepatitis C Screening and Treatment – IHS Blog
- HCV in IHS – IHS Blog
- Working on Liver Cancer paper

Reports/Grants Submitted

- OMH Social Determinants Grant submitted with Swinomish in April APPROVED and FUNDED

Epicenter Biostatitician

Nancy Bennett

Conference Calls:

- ✚ Skype call with staff retreat facilitator

NPAIHB Meetings:

- ✚ All staff meeting – monthly
- ✚ Epi center meeting - Quarterly
- ✚ Assisted in preparation of Indian day Pow Wow
 - Sent out donation letters
 - Received some donations/promises of donation
- ✚ QBM
 - Ocean Shores, WA
- ✚ QI Work Group meeting
 - Set up training for Qi
 - Travel for trainer, supplies, lunch , location
- ✚ Art Committee
 - Prepared art work for storage during remodel
 - Emptied break room cabinets to prepare for demolition
- ✚ Staff retreat
 - Interviewed and chose a facilitator
 - Planned event
- ✚ Onboarding committee
 - Reviewed definitions for new hire packet
- ✚ Safety committee
 - Planned fire drill
 - Planned Mr. Bullwinkle drill
 - Refilled first aid kits

Conferences/QBMs/Out of area Meetings

- ✚ SAS global forum
 - Attended forum
- ✚ ATNI Meeting
 - Ran NPAIHB booth

Miscellaneous

Reports:

- ✚ BRFSS report for Coquille, OR

Epicenter National Evaluation Project

Birdie Wermey, Project Specialist

Technical Assistance via telephone/email

January - March

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with the Puyallup Tribe on 3.31
- Email correspondence with UIHI regarding TIER 2 Evaluation Report on 3.31

Reporting

April

- CDC GHWIC All Hands call on 4.06 @ 10am
- Session 1 Overview of the Local Data Collection Plan on 4.14 @ 9am
- GHWIC C2 call on 4.20 @ 11:30am

May

- LDCP TA Provider call on 5.11 @ 9am
- DVPI Call on 5.11 @ 11am
- DVPI call on 5.16 @ 11am
- CDC GHWIC C2 call on 5.18 @ 11:30am
- Portland MSPI call on 5.23 @ 11am

June

- Meeting with NPAIHB MSPI Project Coordinator – Zero Workforce Survey

Updates

- I provided TA (Local Data Collection Plan) to 12 of the 15 MSPI sites, including PA2 and PA4. There were 6 new grantees who reached out to me regarding TA on their LDCP.
- I provided TA (LDCP) to 1 of 4 DVPI sites.

Challenges/Opportunities/Milestones

- I am continuing to reach out to the programs surrounding their programs and evaluation needs.
- I received emails and conference calls regarding the LDCP prior to the May 31st due date; set up 4 conference calls and 1 zoom call with our programs/tribes.
- During the month of June, I re-created a Zero Workforce Survey for our NPAIHB site and will be synthesizing and running the evaluation report in July.

Meetings/Trainings

- Wellness Meeting 4.13 @ 10am
- Team HANDS meeting on 4.11 @ 1pm
- Meeting w/ supervisor on collection plan on 4.28
- Wellness Meeting 5.13 @ 10am CANCELLED
- Team HANDS meeting on 5.11 @ 1pm
- Nutrition Day conference on 5.19 @ OHSU
- Wellness Meeting on 6.08 @ 10am
- Team HANDS meeting on 6.13 @ 1pm

Site Visits

- Future site visit w/ Makah – July/August

Upcoming Calls/Meetings/Travel

- CDC GHWIC All Hands call on 4.06 @ 10:30am
- Team HANDS meeting on 4.11.17 @ 1pm
- Wellness Committee Meeting on 4.13.17 @ 10am
- DVPI call on 4.18.17 @ 11am
- Quarterly Board Meeting at Quinault on 4.18-4.20.17
- GHWIC C2 call on 4.20.17 @ 11:30am

- GHWIC TEC workgroup call on 4.26 @ 10am

Immunization and IRB

Clarice Charging, Project Coordinator

Meetings:

NPAIHB all-staff meeting, April 3, 2017
NPAIHB Comprehensive Cancer Coalition meeting, Embassy Suites,
Tigard, OR, April 11, 2017
NPAIHB staff meeting, May 1, 2017
Indian Day planning meeting, May 2, 2017
NPAIHB Epicenter staff meeting, May 30, 2017
DOH Oregon HIV Prevention Coalition meeting, May 30, 2017
NPAIHB all-staff meeting, June 5, 2017

Quarterly board meetings/conferences/site visits:

Tribal Health Directors NPAIHB quarterly board meeting, April 17-20, 2017, Quinault
Hotel and Casino, Ocean Shores, WA
Within Reach Immunization Summit, Sea-Tac Conference Center, SeaTac Airport,
Seattle, WA, April 26, 2017
ATNI quarterly conference, Lloyd Center Doubletree, Portland, OR, May 23-26, 2017

Conference Calls:

National Immunization Coordinators, May 15, 2017
Portland Area Immunization Coordinators, June 26, 2017

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

PA IRB Meetings:

PA IHS IRB committee meeting, May 11, 2017
PA IHS IRB committee meeting, June 30, 2017

During the period of July 1 – September 30, Portland Area IRBNet program has 130 registered participants, received 2 new electronic submissions, processed 8 protocol revision approvals, 6 publications/presentations, and approved 6 annual renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:

- 1) Cow Creek Band of Umpqua Tribe of Indians
- 2) Port Gamble S'Klallam Tribe
- 3) NPAIHB
- 4) Confederated Tribes of Warm Springs Tribe
- 5) Healing Lodge of the 7 Nations
- 6) OHSU
- 7) Coquille Tribe
- 8) Confederated Tribes of the Umatilla Indian Reservation
- 9) Seattle Children's Hospital

Injury Prevention Project/Public Health Improvement & Training

Bridget Canniff, Project Director

Luella Azure, Project Coordinator

Conference Calls

- 6/14 WA DOH partner coordination call – Tribal Medical Countermeasures (MCM) & Medical Materiel Planning: 2017 Workplan, work in progress/anticipated/desired, next steps (additional partners, ongoing meeting schedule) – attended by DOH (Kristen Baird-Romero, David Owens), AIHC (Lou Schmitz), IHS/NPAIHB (Tom Weiser), NPAIHB (Bridget Canniff)
- 6/14 EP Conference planning call w/ WA DOH (Kristen Baird-Romero) – proposed conference date postponement to Spring 2018, later approved by DOH, received revised Scope of Work with new dates, final contract will be signed in early July, first planning committee call will be later in July (Bridget)
- 6/15 University of Chicago NORC evaluation interview for NWCPHP project: Translation, Dissemination, and Implementation of Public Health Preparedness and Response Research and Training (Bridget)

Meetings/Conferences/Presentations

- 4/4 Siletz Elder Day (Luella)
- 4/17-20 QBM Quinault Nation, Ocean Shores Washington (Bridget and Luella)
- 4/25, 6/8, 22 IPP meetings: re: QBM Health News and Notes resource list (Bridget and Luella)
- 5/16-17 Seven Directions Center for Indigenous Public Health workgroup meeting, New Orleans (Bridget)
- 5/17-19 NNPHI Annual Meeting, New Orleans (Bridget)
- 5/24 ATNI NPAIHB booth (Luella)
- 5/25 TPHAAB call w/ NIHB, PHAB (Bridget)
- 6/6-9 NIHB Summit, Anchorage, AK (Bridget)

Trainings/Webinars

- 5/23 Webinar: Drug Use/Dignity: Explorer the potential for Supervised Consumption Sites in King County, WA (Luella, attendee)
- 6/27-29 Native CARS Law Enforcement Training for Child Passenger Seats @ Lummi (Luella and Tam, presenters)

Funding

- May: Submit continuation application to IHS for Year 3 Injury Prevention
- May: Finalize year 3 scope of work/budget w/ UW NWPHP – Public Health Training Center Local Performance Site
- May-June: Scope of work received from WA DOH and revised for Spring 2018 Tribal Public Health Emergency Preparedness Conference, location and date TBD, final contract to be signed in July 2017

Technical Assistance

- Swinomish: Response to request via Sujata – forwarded CHA/Accreditation contacts

Core Activities/Other (Bridget)**June:**

- Advance planning for Tribal Public Health EP conference, now tentatively scheduled for Spring 2018 (date/location TBD)
- Summer Institute courses completed (Week 3, 6/26-6/30): The “Other” Public Health System & Health Literacy (Bridget)

Core Activities/Other (Luella)**Email Outreach to Tribal IP contacts, and/or CPS techs, coalition committee:**

April: NHTSA “Move Over”, THRIVE Conference information, Traffic Safety Marketing Cinco De Mayo campaign information, In an instant video, cell phone policy kit, ATT “It can wait” video, Fire Prevention Safety grant opportunity, Making an Impact Newsletter

May: Slow Down—Save lives, Summer Driving Tips, Fall Prevention Webinar to Coalition and TIP contacts

June: National Safety Month (Fall prevention to TIP contacts, National Road Safety Foundation lifelong Education—free traffic safety programs to support and promote solution driven policies and programs that save lives by changing dangerous driving choices through viral awareness education, advocacy and on-going partnerships.

Travel/Site Visits

Tribe: Siletz Tribe Location: Lincoln City, OR Date: April 4, 2017 Purpose: Elder Day Who: Luella	Tribe: Quinault Nation Location: Ocean Shores, WA Date: April 17-20, 2017 Purpose: Quarterly Board Meeting Who: Bridget and Luella
Location: New Orleans, LA Date: May 16-17 Purpose: Seven Directions Workgroup Who: Bridget	Location: New Orleans, LA Date: May 17-19 Purpose: NNPHI Annual Meeting Who: Bridget
Organization: National Indian Health Board Location: Anchorage, AK Date: June 6-9, 2017 Purpose: NIHB Public Health Summit Who: Bridget	Tribe: Lummi Nation Location: Ferndale, WA Date: June 27-29, 2017 Purpose: Native CARS law enforcement Training Who: Tam and Luella

Medical Epidemiologist

Thomas Weiser, Epidemiologist (IHS)

Projects:

- Teaching: Summer Institute
- Hepatitis C
- Immunization Program-routine immunization monitoring

- IRB
- Children with Disabilities
- EIS Supervision
- Adult Composite Measure Project

Travel/Training:

NPAIHB quarterly board meeting, April 17-19 2017, Ocean Shores, WA
 American Indian Health Commission (AIHC), May 17, 2017, Tumwater, WA
 CSTE annual meeting, Boise, ID, June 5-7, 2017

Opportunities:

- IRB met in May and June and reviewed 2 new protocols, approved 8 protocol revision submissions, 6 publications/presentations, and approved 6 annual renewals.
- Immunization Coordinator's Calls-April, May and June. Among the topics discussed were: Flu updates, data reporting, discussion of current mumps outbreak in WA, updates from the field. Also met with AIHC Tribal Immunizations Workgroup and MCH workgroup.
- EIS Surveillance Project-EISO abstract #1 and oral presentation slides (HCV mortality) were submitted to the IRB and approved. Dr. Hatcher presented these at EIS Regional Conference in Tucson on March 27 and it was well received. Both abstracts were also accepted for oral presentation at the upcoming CSTE meeting in Boise in June. Dr. Hatcher will begin work on a manuscript for the HCV project after EIS conference in April.
- *Children With Disabilities project: New code from Larry Lane will be tested. Also planning a new analysis with OR Medicaid data.
- *Met with WA DOH and AIHC of WA to discuss new linkage projects such as the Communicable Disease linkage with WA DOH.

Publications:

- *Final edits for Immunizations Policy paper completed, manuscript submitted to Annuals of Epidemiology

Clinic Duty:

Chemawa/March 10, 2017
 Chemawa/May 12, 2017

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

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 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 aim 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 attended the Native CARS continued to utilize the electronic platform, Native CARS Atlas 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, recruiting members, holding meetings and planning activities. Some tribes collected vehicle observation data while others have begun preparations for 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. Most notable this quarter included the Yakama Nation Native CARS who exceeded 1,000 motor vehicle observations, completed certification of four child passenger safety technicians, distributed over 150 car seats through home visits, community events and car seat checks. Lummi Nation Native CARS sent three individuals for child passenger safety technicians, held a car seat clinic and held a Native CARS Law Enforcement Child Passenger Safety training. Confederated Tribes of Warm Springs with an active coalition planned activities, participated in data collection and implement the EHR Native CARS Patch. Coeur d'Alene Tribe also sent four candidate to CPS Tech training in April, distribute child safety seats and continued planning their activities with their coalition including preparations for a focus group.

Back at the office Native CARS staff has completed the Native CARS Atlas but continued update the modules as additional content is available or individual sites request edits or added resources. Native CARS have continued to make presentation at regional venues as they are available to to get the word out that the Native CARS Atlas is up and running at www.nativecars.org.

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
- Module Revisions Meetings - April - June
- Meeting with Tribal Site Coordinators
- Native CARS Atlas Training with Lummi Law Enforcement – June
- Native CARS Mini-Grant Teleconference Calls – April - May

Program Support or Technical Assistance

- Atlas Module Revisions, April - June
- Communication with Jeff Nye/Julia Hammond regarding Atlas Revisions, April - June

- Native CARS Atlas meeting with Jeff Nye/Julia Hammond, April and May
- Meeting coordination, minutes and action item documentation, April - June
- Follow-up communication with mini grant sites, April - June
- Completed content for Atlas, April – June
- Native CARS Atlas Revisions and Edits, April - June
- Native CARS Atlas presentation preparations for presentations at QBM, Summer Institute and Lummi Nation, April - June
- Constructed new continuation budget and proposal for Atlas, April
- Began collection of Quarterly Updates via Phone Calls with Native CARS Sites, April
- Completed Progress Report, April
- Completed Atlas Module Quizzes, April
- Made revisions to FARS Tutorial, April
- OPHA Poster Abstract Submitted, April
- Disbursed Focus Group Kits to Native CARS Atlas Sites, April
- Disbursed Native CARS Atlas Bling to outgoing and incoming sites, April
- Reviewed and Provided Feedback on Select Modules, April
- Media templates for Native CARS Atlas, May
- NIH Progress Report, May
- Final RPPR Submission, May
- LATCH Manuals Dispersed, May
- Google analytics set up in Native CARS Atlas with Jeff Nye, June

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 newly funded TOTS to TWEENS 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

The TOTS2Tweens Study continued to make preparations for additional TOTS2Tweens Dental Screening event in partner communities. This quarter TOTS2Tweens did not hold a dental screening. Study team also began preparing for the next screenings to be held in Summer 2017. Study also submitted IRB proposal in preparation of qualitative phase beginning this summer.

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

Meetings - Conference Calls – Presentations – Trainings

- Continuation Mtg, April
- Dental Examiner conference call, April
- Intern conference calls, April
- Project Meetings – Every Wednesday
- Site specific meeting, April and May

Program Support or Technical Assistance

- Meeting coordination, minutes and action item documentation, April – June
- KAB/Dental Form Management and Tally, April - June
- Preparation for Quinault Dental Screening, April – June
- Drafted and edit protocol and individual forms and tools for qualitative phase, April-June
- Data Management, April
- Enrollment Tally, April
- Continuation Report, April
- Intern documentation preparation, April
- Data Management, May
- Drafted continuation Report, May
- IRB Protocol Modification Submission for Qualitative Phase, May
- KAB Counts, May
- Orientation meeting of University of Wisconsin Intern, Ashley Swetzof, June
- Finalized hire of intern, June
- Data Management & Preliminary Analysis, June
- IRB Protocol Modification Submission for Qualitative Phase, June
- Quinault Dental Folders, June
- KAB Data Input, June
- Dental Assessment Data Input, June
- Outside Literacy Article Research, June
- Quinault Dental Bags, June
- NARCH VII Progress Report and Continuation submission, June

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: 14

How Many NW Tribe Specific: 14

Phone Call Assisting with:

- Incentive information for Distribution
- Quarterly Update
- Intervention Planning
- Budget Revisions

Emails Assisting with:

- Lummi, Law Enforcement Training
- CPS Tech Certification
- Contract Revision
- Focus Group)
- Budget/Finance Revisions
- Contract Amendment for IDC

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: 6

How Many NW Tribe Specific: 6

Coeur d'Alene (Candice), Swinomish (Candice), Lummi (Tam), Yakama (Tam), Warm Springs (Tam)

5 Phone Call Assisting with:

- Intervention Planning
- Budget Revisions

4 Emails Assisting with:

- Budget/Finance Revisions
- Contract Amendment for IDC

2 Emails Assisting with:

- Dental screening preparations

How Many Responded To: 11

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

Number of project trainings: 1

Training Titles: Law Enforcement Training/Child Passenger Safety (Lummi)

Number of individuals in attendance:

Project Contact Information

Jodi Lapidus, Principal Investigator

Lapidusj@ohsu.edu

Tam Lutz, Project Director, Co-Investigator, Co-PI

503-416-3271, tlutz@npaihb.org

Nicole Smith, Biostatistician

503-416-3292, nsmith@npaihb.org

Candice Jimenez, Graduate Research Assistant

503-416-3264, cjimenez@npaihb.org

Cathy Ballew, Lummi Site Coordinator

Tom Becker, Co-PI

tbecker@npaihb.org

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 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 aim 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 attended the Native CARS continued to utilize the electronic platform, Native CARS Atlas 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, recruiting members, holding meetings and planning activities. Some tribes collected vehicle observation data while others have begun preparations for 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. Most notable this quarter included the Yakama Nation Native CARS who exceeded 1,000 motor vehicle observations, completed certification of four child passenger safety technicians, distributed over 150 car seats through home visits, community events and car seat checks. Lummi Nation Native CARS sent three individuals for child passenger safety technicians, held a car seat clinic and held a Native CARS Law Enforcement Child Passenger Safety training. Confederated Tribes of Warm Springs with an active coalition planned activities, participated in data collection and implement the EHR Native CARS Patch. Coeur d'Alene Tribe also sent four candidate to CPS Tech training in April, distribute child safety seats and continued planning their activities with their coalition including preparations for a focus group.

Back at the office Native CARS staff has completed the Native CARS Atlas but continued update the modules as additional content is available or individual sites request edits or added resources. Native CARS have continued to make presentation at regional venues as they are available to to get the word out that the Native CARS Atlas is up and running at www.nativecars.org.

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
- Module Revisions Meetings - April - June
- Meeting with Tribal Site Coordinators
- Native CARS Atlas Training with Lummi Law Enforcement – June
- Native CARS Mini-Grant Teleconference Calls – April - May

Program Support or Technical Assistance

- Atlas Module Revisions, April - June
- Communication with Jeff Nye/Julia Hammond regarding Atlas Revisions, April - June
- Native CARS Atlas meeting with Jeff Nye/Julia Hammond, April and May
- Meeting coordination, minutes and action item documentation, April - June

- Follow-up communication with mini grant sites, April - June
- Completed content for Atlas, April – June
- Native CARS Atlas Revisions and Edits, April - June
- Native CARS Atlas presentation preparations for presentations at QBM, Summer Institute and Lummi Nation, April - June
- Constructed new continuation budget and proposal for Atlas, April
- Began collection of Quarterly Updates via Phone Calls with Native CARS Sites, April
- Completed Progress Report, April
- Completed Atlas Module Quizzes, April
- Made revisions to FARS Tutorial, April
- OPHA Poster Abstract Submitted, April
- Disbursed Focus Group Kits to Native CARS Atlas Sites, April
- Disbursed Native CARS Atlas Bling to outgoing and incoming sites, April
- Reviewed and Provided Feedback on Select Modules, April
- Media templates for Native CARS Atlas, May
- NIH Progress Report, May
- Final RPPR Submission, May
- LATCH Manuals Dispersed, May
- Google analytics set up in Native CARS Atlas with Jeff Nye, June

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 newly funded TOTS to TWEENS 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

The TOTS2Tweens Study continued to make preparations for additional TOTS2Tweens Dental Screening event in partner communities. This quarter TOTS2Tweens did not hold a dental screening. Study team also began preparing for the next screenings to be held in Summer 2017. Study also submitted IRB proposal in preparation of qualitative phase beginning this summer.

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

Meetings - Conference Calls – Presentations – Trainings

- Continuation Mtg, April
- Dental Examiner conference call, April
- Intern conference calls, April
- Project Meetings – Every Wednesday
- Site specific meeting, April and May

Program Support or Technical Assistance

- Meeting coordination, minutes and action item documentation, April – June
- KAB/Dental Form Management and Tally, April - June
- Preparation for Quinault Dental Screening, April – June
- Drafted and edit protocol and individual forms and tools for qualitative phase, April-June
- Data Management, April
- Enrollment Tally, April
- Continuation Report, April
- Intern documentation preparation, April

- Data Management, May
- Drafted continuation Report, May
- IRB Protocol Modification Submission for Qualitative Phase, May
- KAB Counts, May
- Orientation meeting of University of Wisconsin Intern, Ashley Swetzof, June
- Finalized hire of intern, June
- Data Management & Preliminary Analysis, June
- IRB Protocol Modification Submission for Qualitative Phase, June
- Quinault Dental Folders, June
- KAB Data Input, June
- Dental Assessment Data Input, June
- Outside Literacy Article Research, June
- Quinault Dental Bags, June
- NARCH VII Progress Report and Continuation submission, June

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: 14

How Many NW Tribe Specific: 14

Phone Call Assisting with:

- Incentive information for Distribution
- Quarterly Update
- Intervention Planning
- Budget Revisions

Emails Assisting with:

- Lummi, Law Enforcement Training
- CPS Tech Certification
- Contract Revision
- Focus Group)
- Budget/Finance Revisions
- Contract Amendment for IDC

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: 6

How Many NW Tribe Specific: 6

Coeur d'Alene (Candice), Swinomish (Candice), Lummi (Tam), Yakama (Tam), Warm Springs (Tam)

5 Phone Call Assisting with:

- Intervention Planning
- Budget Revisions

4 Emails Assisting with:

- Budget/Finance Revisions
- Contract Amendment for IDC

2 Emails Assisting with:

- Dental screening preparations

How Many Responded To: 11

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

Number of project trainings: 1

Training Titles: Law Enforcement Training/Child Passenger Safety (Lummi)

Number of individuals in attendance:

Project Contact Information

Jodi Lapidus, Principal Investigator

Lapidusj@ohsu.edu

Tam Lutz, Project Director, Co-Investigator, Co-PI

503-416-3271, tlutz@npaihb.org

Nicole Smith, Biostatistician

503-416-3292, nsmith@npaihb.org

Candice Jimenez, Graduate Research Assistant

503-416-3264, cjimenez@npaihb.org

Cathy Ballew, Lummi Site Coordinator

Tom Becker, Co-PI

tbecker@npaihb.org

Northwest Native American Research Center for Health (NARCH)

Tom Becker, PI

Victoria Warren-Mears, Director

Tom Weiser, Medical Epidemiologist

Tanya Firemoon, Coordinator

Tosha Zaback, Consultant

Happily, the Summer Institute just ended, once again on a successful note. Like last year, I am surprised we are all still alive. June primarily was focused on preparations and implementation of classes for the

Summer Institute for American Indian and Alaska Native health professionals, as was the case for the last several MARS reports. This effort was the 14th such effort that is sponsored by the Board, with input from OHSU faculty and staff, as well as a host of consultants. We had earlier conducted a needs assessment for courses that our prospective students would want to take, and designed the program around those needs. We had 87 trainees enrolled this summer, plus 19 in Native Stand track. Our biggest challenges now relate to closing out bills, travel scholarships, etc. Airline tickets were not as problematic this year, as we gave reimbursement checks up to 600 dollars for many of the trainees. Nancy did a great job, as did Tanya, in having the checks ready. The hotel has not sent us their bill, which will be our single largest expense, around 100K dollars plus indirect. The hotel was mostly good, better than last year.

We purchased textbooks and supplies, and made all hotel and travel arrangements with ample time to make adjustments in the arrangements for trainees. Scholarships were awarded to many of the out of town students to help defray expenses. So far, the course reviews were quite positive, and students consistently expressed their gratitude for the courses and sent numerous emails to our funders at Indian Health Service and NIH. We will have evaluations on file for perusal.

NARCH 7 scholarship program: So far, things are unfolding as planned with no unsolvable snags in our scholarship program. All of the trainees are performing at high standards. I have identified only two interns for the summer and they have been working on their assigned research projects. Our recent grads included Nora Frank, Jill Jim, Lindsey Mabbut, Misty Blue, and Melissa Wheeler. Eudora Claw is off by a quarter (we hope). We have required most of the NARCH fellowship recipients to come here this summer for a week or longer. They have complied with our request.

I finished writing NARCH10 and sent it in with the help of Tara and Tosha.

Travel in June: none

Meetings attended: Portland State Exito scholarship program for undergrads

Publications: none

Northwest Tribal Comprehensive Cancer Control Project

Kerri Lopez, Director

Eric Vinson, Project Specialist

Antoinette Aguirre, Cancer Prevention Coordinator

Training/Site Visits

- Heritage University @ Yakama Nation April 6, 2017
 - Presentation to students on cancer issues facing Northwest Tribes
 - Participated in GONA (Gathering of Native Americans)
- Women's health day NTCCP Tribal Coalition April 11, 2017
 - 41 participants from 24 tribes
 - Staff present Tobacco factsheets and cessation tea
- Northwest Tribal Clinical Cancer Update April 12, 2017
 - 48 participants from 28 tribes, OHA, and NARA
 - Staff present Tobacco factsheets and cessation tea
- Nez Perce Women's Health Day April 18, 2017

- Women health risk factors, smoking and diabetes
- Smoking and pregnancy, ETS
- Present on E-cigarettes
- 130 tribal women and staff
- Tobacco 101; June 1, 2017 Warm Springs OR prevention coordinators training
 - Kerri – Nicotine a drug
 - Ryan – tobacco 101
 - Antoinette – E-cigarettes
 - 20 participants – 6 OR tribes and NARA
- NW Tribal Cancer Coalition Tribal Tobacco Cessation Training; June 20-21
 - Kerri – Program Introduction, tobacco dependence and treatment, Intervention Essentials
 - Ryan – Intervention Essentials and 5A's practice
 - Antoinette – Agenda overview, Health Consequences of Commercial Tobacco, Tobacco and Culture
 - 13 participants – 5 OR tribes, 4 WA tribes
- Youth Tobacco 101 Training; June 26th Port Gamble S'Klallam Tribal C.E.D.A.R. Camp
 - Tobacco 101 PowerPoint
 - Mini quiz
 - Candy vs. tobacco game
 - 28 youth, 2 adults

Technical Assistance

- Chehalis – mini-grant assistance and clinical update follow-up; Lung Cancer Screening resources
- Cow Creek – Kiki logistics for July QBM
- Makah – Liver cancer screening and HepC program info
- Nez Perce – Lung Cancer Screening and e-cigarette documentation in RPMS
- Nooksack - Kiki pick up for colorectal cancer education
 - Possible dates August 5-10th
- Puyallup – Cancer Navigation resources
- Quinault – cancer data and navigation report to new THD
- Siletz – support for youth tobacco training and prevention day for Aug. 7th
 - Traditional Tobacco Policy
 - Will support training with materials, flyers, and present
- Share resources with Oregon Tribal TPEP coordinators; *all month*
- Follow-up support for NTCCP mini grant – local implementation funding to all 43 NW tribes
- Sent out information on coalition and clinical update
- Gathered Oregon tobacco policies
- Summer Research Institute; June 6/12-16
 - Program Evaluation Class

Special projects

- Tobacco cessation training June 20 & 21
 - Agenda created and recruit for participation
 - Recruitment and hotel logistics

- Northwest Tribal Cancer Mini grant push
 - 12 tribes funded
 - Final request for applications for activities
- BRFSS Tribe 5
 - Complete questionnaire
 - Protocol complete
 - Working on final submission for IRB submission
- BRFSS 6
 - Data analysis SAAS (bio stat)
 - Working on creating basic Power Point Presentation from updated frequencies
 - Demographics, screenings, tobacco use, nutrition, physical activity, cancer
 - Send to THD – request for further development
 - Additional cross tabling for lifestyle factors
 - PowerPoint review
- BRFSS Tribe 7
 - Organized file cabinet
 - Set up shared calendar
 - CAPI updates
 - Edits and updates to Survey
 - Walk through demo of survey completion
 - Walk through demo of cold calls with Rosetta
 - Walk through demo of cold calls with Birdie
 - Make initial contact calls to tribal members and set up survey appointments
 - Send out BRFSS weekly updated (5/5, 5/12, 5/26, 6/9, 6/16, 6/30) – 208 complete
- Native Women and Men's Wellness Conference
 - Abstract accepted: attend conference and present on Cancer data, tobacco factsheets, trainings, and policy done by NW Tribes
- Presentation – Urban Indian Health Clinic
 - Provider training
 - HPV immunizations – efficacy, barriers, talking with parents and providers
- Colorectal Cancer Summit – Oregon round table
 - ACS hosted – Dr. Durado Brooks – key note
 - Dinner with ACS Dr. Brooks presented on CRC issues in Indian County
- Colorectal Cancer Project Partnership with ACS, Erik Brodt, and Kerri Lopez
 - Met for new idea CRC project
 - Digital stories, education, media,
 - Using ACS sole source funding for a platform –
 - Assessment for a bigger project,
- American Cancer Society – in progress
 - Sole source contract logistics for colorectal cancer project
 - SOW, budget, indirect cap – Restructuring in ACS so taking a little time
 - Tobacco Fact sheet
 - Met with state and drafted fact sheet

- Oregon HPV screening committee meeting
 - Finalizing strategic plan for working meeting
- Oregon HPV session two for strategic plan
 - Ten strategy areas
 - Commit to strategies we can actually see progress
- Oregon tribal Tobacco Fact Sheet development
 - InDesign file and review of content for final version
- Policy Toolkit workgroup
 - Draft toolkit
- Lung Cancer Screening reminder for RPMS disseminated to area tribes via CMO
- Tobacco Cessation EHR referral information to Idaho DOH
- Cancer Data presentation at OHSU on SEER and NCDB
 - Follow-up regarding AI/AN misclassification from cancer center registries
- Clinical Breast Exam training
 - Email to OHSU regarding availability
- Native American Fitness Council: Youth Track
 - Attended three day training
- Native Fitness XIV
 - Organize and review shoe order and participants registration for Native Fitness XIV
- Completed annual report for Oregon Health Authority Contract
 - Transition of project officer – tribal liaison
- Oregon Health Authority
 - Final Report for the OHA contract

Meetings/Conferences

- All Staff Meeting
- Project Directors Meeting
- NTCCP Team Meeting
- Cancer Coalition Planning meeting with NARA and OHSU
- Native Women and Men's Wellness Conference Presentation
- Factsheet Meeting (WEAVE-NW, IDEA-NW, OHA)
- BRFSS Project Meeting
- BRFSS Project Meeting (Monika)
- June Tribal Tobacco Training Discussion Meeting (Umatilla)
- NTCCP & WEAVE-NW Meeting
- WeRNative Wellness Wednesday Meeting

Conference / Webinar calls

- Summer Research Institute; Cancer Control Class Presentation
- American Society of Radiation Oncology Health IT workgroup call – cancer survivorship plans
- Webinar: AI/AN Cancer Programs and Logic Models
- Cancer Education meeting – planning committee conference call
- American Association for Cancer Education Board interim meeting
- CDC program directors call

- CDC Tribal programs call
- American Association of Physicists in Medicine – Health IT workgroup call
- Conference call with Caring Ambassadors for Lung Cancer Screening in Indian Country
- Webinar: Tailoring the message – HPV vaccination in American Indian Communities
- Webinar: Truth Initiative
 - Tobacco as a social justice issue
- Webinar: GW logic model
 - Using Logic Models for Program Planning & Evaluation for Tribal Agencies
- Webinar: Good Health and Wellness in Indian Country Echo Session
 - Tobacco Policy Gaps and Opportunities Assessment with Alaska Tribal Health Organization

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 17th 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 14 site visits this fiscal year, the most of any previous fiscal year. Two hours of CDE were provided during five of the site visits. NTDSC has far exceeded their objective of providing 6-8 site visits this fiscal year.

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

- NTDSC has expanded their collaboration with WA Dental Services Foundation (Delta Dental) to meet some identified mutual objectives. Eight dental programs are currently participating in the "Baby Teeth Matter" program that is aimed at increasing dental access for 0-5 year olds and reducing the number of children referred for dental work under general anesthesia. This program includes data collection, face to face and webinar meetings, and ongoing program evaluation. Data from the first year demonstrated that dental access for 0-5 year olds more than doubled.
- Portland Area met all three dental GPRA objectives this past year.
- NTDSC Prevention Consultant serves as the Portland Area dental representative on the national HP/DP Committee and the national Early Childhood Caries 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.

- Portland Area completed the Basic Screening Survey for 6-9 year olds this fall. Results are now available.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

- NTDSC continues to provide 2 hours of CDE during site visits. We are currently planning our yearly meeting in August 2017 and we will be offering over 17 hours of continuing dental education at that meeting.

NTDSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

Northwest Tribal Registry Project-Improving Data and Enhancing Access (IDEA)

Victoria Warren-Mears, P.I.

Sujata Joshi, Project Director

Monika Damron, Project Biostatistician

Email: IdeaNW@npaihg.org

Project news and activities

This quarter, we completed our annual update of the Northwest Tribal Registry. We continued work on a data brief describing the burden of cardiovascular diseases among Washington AI/AN. We continued working with Dr. Amanda Bruegl (OHSU) on submitting data requests to the Idaho, Oregon, and Washington state cancer registries to obtain data needed for an analysis of gynecologic cancers among Northwest AI/AN women. We also worked on partnership building with the Washington State Department of Health and Health Care Authority by participating in in-person and phone meetings related to data sharing, linkages, and strategies to improve the availability and quality of AI/AN health data. We continued work on our assessment of environmental health priorities among Oregon's Tribes, and began planning for a maternal and child health (MCH) needs assessment with our summer intern (Alyssa Bosold). Finally, we presented our Health Data Literacy course as part of NPAIHB's 2017 Summer Research Institute.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages

- Completed annual update of the NTR
- Linked with the Cancer Data Registry of Idaho (1992-2014 records)

Data Analysis Projects

- Tribal Health Profiles (THP) project
 - Completed first draft of Washington cardiovascular disease data brief and sent for internal review
 - Received and began incorporating feedback into data brief
- Cancer Registry Data and Cancer Fact Sheets
 - Gynecological Cancers Analysis

- Submitted applications for project approval and additional variables to the Oregon Public Health Division Institutional Review Board (IRB) and the Cancer Data Registry of Idaho; resubmitted project to the Washington State IRB under the linkage protocol
- Death certificate Data
 - Imported, merged, and created dataset with detailed prescription opioid overdose information for Washington (2000-2015)
- Birth certificate data
 - No updates
- Substance Abuse Analysis
 - Began analysis for MMWR manuscript on opioid overdose deaths among Washington AI/AN; completed preliminary tables and figures
- Hospital discharge data
 - No updates
- Oregon Tobacco Fact Sheet Development
 - Provided short write-up on tobacco-related deaths for fact sheet
 - Met with Oregon Health Authority staff to begin inputting content into the fact sheet template
- Environmental Health Project
 - Adapted existing IHS environmental health priorities survey to meet project needs, and created survey tool in Survey Monkey
 - Compiled list of Oregon tribal contacts to send environmental health priorities survey
 - Presented at Oregon Public Health Division's Environmental Health Section meeting
- Maternal and Child Health Projects
 - Alyssa Bosold was placed as a summer intern at NPAIHB through the Graduate Student Epidemiology Program. She began working with us on June 19th. This quarter, we worked with Alyssa on the following:
 - Completed practicum learning agreement for the University of Washington
 - Onboarding for Alyssa – project and EpiCenter orientation, review of project goals and deliverables, workspace setup
 - Alyssa began reviewing literature and completing suggested readings
 - Developed and submitted a summer internship work plan to GSEP
 - Developed initial draft of MCH needs assessment work plan and interview questions
- Other
 - None

Data requests/Technical assistance

- Provided a quick statistics consult to Dr. Bruegl for a grant application
- Sent Jessie Dean (Washington State Health Care Authority) information and Oregon protocol for Medicaid linkage
- Responded to inquiry from a provider at Nimiipuu about using data to improve clinical performance; provided information about IHS Improving Patient Care initiative and referred to Dr. Weiser
- Sent information on tribal data sharing agreements to Dawn Blackhorse at CRIHB
- Call with Jamie Donatuto (Swinomish Tribe) re: sources of health data for Washington Tribes. Sent copy of health data literacy curriculum and referred to Bridget for assistance with community health assessments & accreditation.

- Call with Kira Norton and Dr. Goldman-Mellor (University of Merced, CA) re: AI/AN data quality in hospital discharge records – provided information on our data quality findings, and links to bridged race estimates for population denominators
- Provided Laura Platero with a short paragraph on opioid overdoses for NPAIHB's 2018 IHS Budget analysis

Trainings Provided to Tribes/Tribal Programs

- Health Data Literacy Training for 2017 Summer Research Institute
 - Updated curriculum, agenda, and slides for training course
 - Provided training to 16 SRI attendees

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

- Washington communicable disease linkages - Submitted application for exempt determination, received approval on 4/13/2017
- Submitted study amendment and continuation application requests for Washington trauma and state cancer registry linkages
- Updated data exchange agreement with IHS for patient registration file, received fully executed agreement with signatures
- Updated Data Sharing Agreement with Cancer Data Registry of Idaho, sent for signatures
- Worked with Sarah Hatcher on updating data use agreement for linkages with ORPHEUS (Oregon's communicable disease system)
- Began work on IDEA-NW project continuation application/progress report for Portland Area IRB

Grant Administration and Reporting

- Provided project updates for EpiCenter semi-annual report
- Submitted OMH progress report for Year 5 Quarter 3

Collaborations with other programs and other activities

- Monika began working with WeRNative to help produce informational "Wellness Wednesday" videos/blogs on nutrition, exercise and culture
- Quality Improvement Workgroup (Sujata)
 - Worked on Training and Quality Goals/Objectives section of QI Plan
 - Compiled edits into initial draft of QI Plan
- BRFSS (Monika)
 - Completed creating Cow Creek BRFSS CAPI
 - Trained BRFSS team on how to edit and update CAPI
 - Trained BRFSS interviewers how to use CAPI, how to fill out/update documents in BOX and use Outlook for scheduling interviews
 - Created data dictionary for Coquille BRFSS
 - Made manuals for reference for Coquille and Cow Creek BRFSS data and data collection instruments
- Assisted with Annual THRIVE conference (Monika and Alyssa)

Data dissemination

- Presented about Tribal BRFSS and IDEA-NW Projects during IHS Project Officer's site visit

Travel

Linkages

- Cancer Data Registry of Idaho (Boise, ID) 6/7

Site visits

- None

Meetings, Trainings, and Conferences

- SAS Programming 3: Advanced Techniques and Efficiencies (Monika), San Francisco, CA 4/26-4/29
- Meeting with Washington DOH re: AI/AN data, Olympia, WA 5/17
- CSTE MMWR Writing Training (Atlanta, GA) 5/9 – 5/11
- CSTE Annual Conference (Boise, ID) 6/4-6/8

Other Meetings, Calls and Trainings

- CSTE Tribal Epidemiology Workgroup Quarterly Call 4/11
- MMWR Intensive Writing Training webinar #2 4/12
- Call with Charlotte Kent (MMWR manuscript mentor) 4/13
- Environmental Health Project Call w/ GLITEC 4/27
- MMWR Intensive Writing Training webinar #3 5/1
- Call re: OSCaR linkages and GynEpi project with Oregon Science & Epidemiology Council 5/3
- Call with Molly Fuentes re: Medicaid data 5/4
- Call with Jesse Dean and Elizabeth Watanabe re: linkage with WA Medicaid data 5/15
- OMH Grant Program conference call 5/16
- MCH Needs Assessment meeting 5/18
- Presentation at OR Environmental Health Services meeting 5/22
- Call with Jamie Donatuto re: data sources 6/1
- Call with Charlotte Kent re: MMWR analysis 6/2
- SRI Focus Groups course (Alyssa) 6/19-6/23
- SRI Understanding AI Public Health & Wellness course (Alyssa) 6/26-6/27
- Call with Soyeon Lippman – debrief/next steps from CSTE 6/15
- Meeting with Karuna and Tom re: Medicaid data 6/20

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

- Shoshone Bannock Tribes – April 12-13
- Yakama Nation – May 11
- Suquamish Tribe – May 24
- Confederated Tribes of the Umatilla Indian Reservation (CTUIR) – June 5

Out of Area Site Visits

- American Association for Suicidology's (AAS) Annual Conference, Phoenix, AZ – April 26-29
- NIHB Public Health Summit, Anchorage, AK – June 6-8

Technical Assistance & Training

During the quarter, project staff:

- Participated in 94 meetings and conference calls with program partners.
- Disseminated 54 boxes of the two suicide prevention campaigns for AI/ANs.
- The Native Veterans suicide prevention campaign, **You Protected Us. Let Us Walk With You** is almost completed. Three Lived Experience interviews with Native Veterans have been recorded, imagery has been chosen, and staff are finalizing the formatting of resources and images on the print materials. Materials will all be ready for a launch for World Suicide Prevention Day on September 10.
- THRIVE continues to partner with the Social Media and Adolescent Health Research Team (SMAHRT) from Seattle Children's in the fall of 2016 to pilot, evaluate, and disseminate a webinar developed by Project Red Talon and SMAHRT in early 2016. This *Social Media Concerning Post Webinar* was launched as a randomized research project with 65+ adults working with Native teens enrolled in the evaluation. This project has now developed an adult and youth activity worksheet for use in classrooms as well. The youth version only watches 6 minutes of the webinar video.
- This year marked the 7th year for the THRIVE Conference for Native youth sponsored by the Northwest Portland Area Indian Health Board! This year's conference brought 57 Native youth and 27 chaperones to The Native American Student and Community Center on the Portland State University's campus. The youth and chaperones represented 18 tribal communities, villages, and tribal organizations throughout the U.S.



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

- Presentations (3)– Zero Suicide in AI/AN Communities at the AAS Conference, 43 attendees, Phoenix, AZ; Suicide in AI/AN Communities Roundtable at the AAS Conference, 40 attendees, Phoenix, AZ; THRIVE update at the OR 9 Tribes Suicide Prevention Meeting, 24 attendees, Pendleton, OR;
- Facilitation/Training (6) – Hosted an Assessing and Managing Suicide Risk (AMSR) training with Dr. Ursula Whiteside at the Shoshone Bannock Tribes, 27 participants, Fort Hall, ID; Facilitation of Tribal Zero Suicide site updates and showcase Webinar, 3 sites participated; ASIST Workshop for Heritage University, 24 participants, Toppenish, WA; QPR Training at Native Youth Community of Care Conference, 9 participants, Lacey, WA; hosted an Adverse Childhood Experiences (ACEs) training partnered with and facilitated by the Oregon Pediatric Society, 25 participants, NPAIHB Offices; QPR Training at Chief Kitsap Academy, 20 participants, Suquamish, WA; OR 9 Tribes Suicide Prevention Meeting, 24 attendees, Pendleton, OR;
- Booth (1) – American Association for Suicidology's Annual Conference, 1400+ total attendees, Phoenix, AZ;

During the quarter, the THRIVE project responded to over 230 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 are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

The next expansion of the suicide prevention campaign is being developed to reach the Native Veteran population and is slated to launch for World Suicide Prevention Day, Sept. 10, 2017. The Lived Experience videos for this new campaign were recorded in May.

GLS Messages Apr-May: Number/Reach of We R Native Facebook messages addressing...

- Suicide = 9 posts, 1 text, 56,811 people reached
 - #WeNeedYouHere Campaign = 9 posts, 56,811

Other Administrative Responsibilities

Staff Meetings

- | | |
|--|---|
| <ul style="list-style-type: none"> ▪ EpiCenter meetings ▪ All-staff meetings | <ul style="list-style-type: none"> ▪ Project Director meetings ▪ Wellness Committee – monthly meetings and events |
|--|---|

Publications

- With permission from the a tribal site coordinator for the NPAIHB's GLS grant, staff adapted a letter to be circulated to staff and parents in communities regarding the *13 Reasons Why* Netflix miniseries that has caused a lot of discussion around suicide and other struggles youth may face.

Reports/Grants

- Submitted quarterly to SAMHSA for year 3 quarter 2 of the GLS youth suicide grant.
- Submitted IHS MSPI PA 2 & 4 continuation application and progress reports submitted.
- Submitted quarterly FFR's for both MSPI grants for year 2 quarter 2.

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 Alexander, Project Specialist

Ryan Sealy, Tobacco Project Specialist

Birdie Wermey, National Evaluation Specialist

Meetings

External committee meetings

- 26-Apr-17 Future Generations Collaborative
- 01-Jun-17 Joint QBM Youth Workshop Planning Call

- 20-Jun-17 Joint QBM Youth Workshop Call

Internal Meetings

- 03-Apr-17 Staff Meeting
- 10-Apr-17THRIVE/WEAVE Collaboration Meeting
- 13-Apr-17Wellness Meeting
- 13-Apr-17Planning for SRI data literacy course
- 13-Apr-17WEAVE internal meeting
- 14-Apr-17WEAVE sub-awardee check-in meeting
- 04-May-17 WEAVE-NW workplan check-in
- 05-May-17 Policy Analysis Meeting
- 08-May-17 Policy Analysis Meeting
- 09-May-17 Policy Analysis Meeting
- 10-May-17 WEAVE-NW workplan check-in
- 11-May-17 Policy Analysis Meeting
- 15-May-17 Policy Analysis Meeting
- 16-May-17 Policy Analysis Meeting
- 16-May-17 WRN Physical Activity Text Messaging Campaign-Brainstorm meeting
- 17-May-17 WEAVE-NW workplan check-in
- 17-May-17 Policy Analysis Meeting
- 18-May-17 Policy Analysis Meeting
- 19-May-17 WEAVE-NW Sub-awardee check in
- 25-May-17 Planning for June Community Health Tools Workshop
- 26-May-17 WEAVE-NW sub-awardee check-in
- 30-May-17 EpiCenter Staff Meeting
- 02-Jun-17WEAVE-NW internal sub-awardee check in meeting
- 07-Jun-17WEAVE-NW Internal Workplan Updates
- 08-Jun-17Wellness Committee Meeting
- 13-Jun-17WRN Text Messaging Campaign meeting
- 14-Jun-17Planning for SRI data literacy training
- 21-Jun-17WRN Native Fitness Text Messaging Campaign Wrap Up
- 22-Jun-17Planning for SRI data literacy training
- 22-Jun-17Planning for WEAVE-NW annual gathering
- 22-Jun-17THRIVE Conference Staff Meeting
- 23-Jun-17Art Committee Meeting

Meetings with Sub-Awardees

- 04-May-17 Port Gamble - Plan Men's Health Survey
- 24-May-17 Check-in call with Nooksack
- 24-May-17 Check-in call with Swinomish
- 30-May-17 Check-in call with Coquille
- 01-Jun-17Discussed IDEA-NW data and TA available with Swinomish
- 12-Jun-17WEAVE Gathering Call with Muckleshoot

Meetings with Funding Agency

- 06-Apr-17GHWIC All Hands ECHO Session
- 07-Apr-17GHWIC 3D workgroup monthly call
- 10-Apr-17ECHO Session Evaluation Workgroup
- 18-May-17 GHWIC component 2 ECHO session

- 18-May-17 GHWIC C2 Echo call
- 18-May-17 Call with UIHI, CDC to discuss tobacco performance measures
- 02-Jun-17 GHWIC 3D evaluation subcommittee monthly call
- 21-Jun-17 GHWIC Quarterly Evaluation Call

Meetings with other government partners

- 26-Apr-17 OIG Compliance Meeting SD
- 11-May-17 Behavioral Health Funding for Portland Area
- 02-Jun-17 Connecting Muckleshoot with IHS for nutrition data

Meetings with Tribal Communities

- 12-Apr-17 Joint July Youth Leadership Planning CRIHB
- 18-May-17 Tribal Behavioral Health Stakeholder Interview
- 18-May-17 Tribal Behavioral Health Stakeholder Interview
- 19-May-17 Tribal Behavioral Health Stakeholder Interview
- 19-May-17 Tribal Behavioral Health Stakeholder Interview
- 19-May-17 Tribal Behavioral Health Stakeholder Interview
- 19-May-17 Tribal Behavioral Health Stakeholder Interview
- 22-May-17 Tribal Behavioral Health Stakeholder Interview
- 23-May-17 Tribal Behavioral Health Stakeholder Interview
- 26-May-17 Tribal Behavioral Health Stakeholder Interview
- 01-Jun-17 Substance Abuse data access meeting

Other types of meetings

- 11-Apr-17 NTCCP Coalition Meeting
- 10-May-17 Policy Toolkit Workgroup Meeting
- 17-May-17 TTAC Meeting & Policy Analysis Meeting
- 22-May-17 Policy Toolkit Workgroup Meeting
- 23-May-17 Tribal Behavioral Health Stakeholder Interview

Summary of Meetings by Type

Internal: 32
Conference/committee: 3
Tribal Community: 11
Funding Agency: 8
Sub-Awardee: 6
Community (non-tribal): 0
Government Partner: 3
Other: 5

Total Meetings: 68

Site Visits

Date(s)	Tribe	Short Summary
04/18/17 -		
04/19/17	Quinault Tribe	Site visit w/ sub-awardee and QBM presentation
06/15/17	Siletz Tribe	Conducted training and visited garden
06/19/17 -		

06/21/17 Shoshone-Bannock Tribe Site Visit with Shoshone-Bannock

Total number of site visits this quarter: 3

Presentations

Date Given: 4/11/2017 **Type:** Tribal Meeting Presentation

Title: Tobacco Fact Sheets and Cessation Teas

Presented at: NW Tribal Cancer Coalition

Location: Tigard Or

Date Given: 4/18/2017 **Type:** Academic Conference

Title: Good Health & Wellness in Indian Country: Using an Indigenous Approach to Chronic Disease Prevention

Presented at: Native Women's & Men's Wellness Conference

Location: San Diego, CA

Date Given: 4/19/2017 **Type:** Tribal Community Presentation (include QBMs)

Title: WEAVE-NW and Quinault Gardens

Presented at: April QBM

Location: Ocean Shores, Washington

Date Given: 6/7/2017 **Type:** Resource and Policy, resolution sharing

Title: NPAIHB Forum Release

Presented at: WTDP Diabetes Training

Location: NPAIHB

Total number of presentations given this quarter: 4

Publications

Date Published: 4/1/2017 **Type of Publication:** Newsletter/newspaper article

Title: Kick Butts day at Umatilla!

Published in: Confederated Umatilla Journal

Total number of publications completed this quarter: 1

Technical Assistance Given

Analysis of Tribe's own data

- 5/5/2017 Chehalis Provided report of phase-one evaluation survey results
- 5/31/2017 Skokomish Provided report summarizing phase one evaluation survey

Interpretation of analysis results

- 6/2/2017 Muckleshoot Helped Valerie to interpret nutrition data

Other (specify)

- 5/3/2017 Cow Creek Continued trouble-shooting to create an excel form and automatic report creation tool to track million hearts patients
- 5/26/2017 NPAIHB program Demonstrated WEAVE DB, provided list of tables and

variables and sample reports to aid in development of electronic MAR.

- 5/26/2017 Lummi Completed data entry for tobacco survey

Provided data report

- 5/4/2017 NPAIHB program Provided EpiCenter survey results to Victoria for reporting
- 5/25/2017 Muckleshoot Contacted IHS, IDEA for data requested by Muckleshoot.

Created list of ICD dx codes to fit their requested nutritional deficiencies. Sent data obtained to Muckleshoot.

Sharing Resources

- 4/7/2017 C1 & C2 GHWIC tribes WEAVE-NW E-Newsletter
- 4/14/2017 C1 & C2 GHWIC Tribes WEAVE-NW E-newsletter
- 4/24/2017 C1 & C2 GHWIC Tribes WEAVE-NW E-newsletter
- 5/5/2017 GHWIC Tribes WEAVE E-Newsletter- Tribal Digest & Resources
- 5/11/2017 C1 & C2 GHWIC tribes WEAVE-NW E-newsletter
- 5/12/2017 GHWIC Tribes WEAVE E-Newsletter- Tribal Digest & Resources
- 5/17/2017 Squaxin Island Tribe Provided tobacco posters and fact sheets
- 6/2/2017 GHWIC C1 & C2 Tribes Constant Contact Newsletter- Tribal Digest & Resources
- 6/9/2017 GHWIC C1 & C2 Tribes Constant Contact Newsletter- Tribal Digest & Resources
- 6/16/2017 GHWIC C1 & C2 tribes Constant Contact Newsletter- Tribal Digest & Resources
- 6/23/2017 GHWIC C1 & C2 Tribes Constant Contact Newsletter- Tribal Digest & Resources
- 6/30/2017 GHWIC C1 & C2 Tribes Constant Contact Newsletter- Tribal Digest & Resources

Survey design & implementation

- 5/17/2017 Quinault Provided draft of phase two survey instrument
- 5/24/2017 Shoshone Bannock Provided draft of youth council evaluation survey

Summary of Technical Assistance by Topic and Type

Types of TA given	Topic areas covered
One-off analysis of our data for Tribe: 0	Heart disease/stroke: 11
Provided data report: 2	Obesity: 11
Provided fact sheet: 0	Diabetes: 11
Analysis of Tribe's own data: 2	Tobacco: 12
Guidance to analyze their own data: 0	Nutrition: 13
Interpretation of analysis results: 1	Policy, Systems and Environment Change: 15
Grant writing: 0	Physical Activity: 11
Report writing: 0	Data use: 7
Evaluation planning: 0	Evaluation: 7
Survey design and implementation: 2	
RPMS/EHR support: 0	
Focus group planning and implementation: 0	
Policy development: 0	
Health education: 0	
Sharing Resources (general): 0	
Other: 3	

Total number of times TA was given: 22

Trainings

In-Person

- 6/1/2017 You're Funded, Now What?
- 6/15/2017 Community Health Tools Workshop (Siletz)
- 6/20/2017 NPAIHB Tobacco Cessation training
- 6/26/2017 Youth and tobacco 101
- 6/26/2017 Health Data Literacy 2017 (Summer Research Institute)
- 6/26/2017 Youth tobacco 101

Total number of trainings given this quarter: 6

Western Tribal Diabetes Project

Kerri Lopez, Director

Don Head, Project Specialist

Erik Kakuska, Project Specialist

Trainings / Site Visit

- DMS training
 - 17 attendees – 5 in area
- Continued Follow-up
 - Albuquerque are tribes Audit and SOS
- Continued follow up for Native Fitness recruitment, outreach

Site Visits

- Tobacco 101; June 1, 2017 Warm Springs OR prevention coordinators training
 - Kerri – Diabetes and Tobacco - Nicotine a drug
 - Ryan – tobacco 101 – dangers of smoking during pregnancy
 - Antoinette – E-cigarettes
 - 20 participants – 6 OR tribes and NARA
- Tobacco Cessation Training – Umatilla
 - 13 participants from 5 tribes
 - Basic tobacco intervention skills training 5A's

Technical Assistance

- Chehalis Tribe, ta about the GPRA patients with diabetes having a larger denominator than is reasonable
- Chochiti Health Clinic; ta SDPI annual audit; explained the audit process by providing SCRM, IHS audit instructions, etc.
- First Nations; requesting help with 2017 IHS Audit. Trying to figure out how to submit manual audit forms.; TA for setting up RPMS register in order to submit IHS Annual Audit

- IHS – Aberdeen Area; TA for QMAN searches. Four separate questions were asked, regarding pre-diabetes, Dialysis, Patients with Diabetes who have had amputations and finding patients with retinopathy
- IHS-ABQ Area Office; ADC ta for update on ABQ Area sites, regarding Annual Audit.
- Isleta Pueblo; ta Adobe connect Session (DMS training) with
- Quinault, TA diabetes patient population register. ta QMAN search; uploading DM Audit
- Santa Fe IHC; update who should submit 2017 IHS Audit.
- Skokomish, TA for an updates Manual DM Chart Review Form,
TA requesting TA to run Audit reports for
- Umatilla; ta to report on their self-help goals
- Warm Springs; TA for all Active Patients within register. Sending Follow-up letters for those patients. Suggested to create a template with LAE

Special projects

- Completed Annual Report for Contract WTDP
 - Final budget invoice
 - Scope of work completed for year one
- Working with N7 staff – NF
 - Registration push
 - Sent out to ADC's
 - Sent to EpiCenter directors
 - Ordering supplies
 - Draft agenda
 - Confirmed contracts and hotel logistics for Native Fitness 14
 - Working with new presenter – yoga class
- Nutrition Council of Oregon
 - Presentation on Oregon Tribes
 - SDPI Best practices
 - Tribal diabetes activities
- Good Health and Wellness in Indian Country Echo Session
 - Tobacco Policy Gaps and Opportunities Assessment with Alaska Tribal Health Organization
- Presented at 2017 Native Women's and Men's Wellness Conference
- Staffed Veteran's Committee meeting at April 2017 QBM
- Trained Cancer Prevention Coordinator to create Health Status Report
- Started SAS studying
- Developed objectives for Diabetes Conference Breakout session
- SAS tutorials and materials – professional development WTDP specialist
- Tribal Veteran's Representative Training,
- Diabetes Conference Data Workgroup meeting,(2)
- ATNI Veteran's Committee Meeting,
- Finalized Sponsorship booklet for Indian Day Celebration

- Wellness meeting
- Newsletter for April QBM
- WebAudit TA for Albuquerque Area
- Called various Tribes regarding 2017 Annual Audit submission
- Youth Movement Presenter – planning sessions and activities for youth track July QBM

Meetings/Conferences

- NPAIHB All Meeting
- Project Directors Meeting
- Joint QBM Youth workshop meeting
- Staff Retreat committee meeting
- On Boarding
- April 2017 Quarterly Board Meeting,
- 2017 Native Men's and Women's Wellness Conference
- iCare Office Hours
- On Boarding
- Met with Portland Area ADC
 - Discussion of NF
 - Tribes with Foot Exams BP
 - (shoes donated for patients with diabetes-30 pairs)

Conference Calls:

- GW logic model
 - Using Logic Models for Program Planning & Evaluation for Tribal Agencies
- National diabetes data workgroup
- Improving Health Care Delivery Data Project- Combined Calls
- Diabetes in Indian Country planning committee conference call
- OHA DPP Quarterly Call Oregon DPP Program Providers
- DDTP & SDPI Website Update Webinar
- Webinar on Baseline SOS RKM Data
- Conference call with CRIHB and Cow Creek
- July youth track for joint meeting