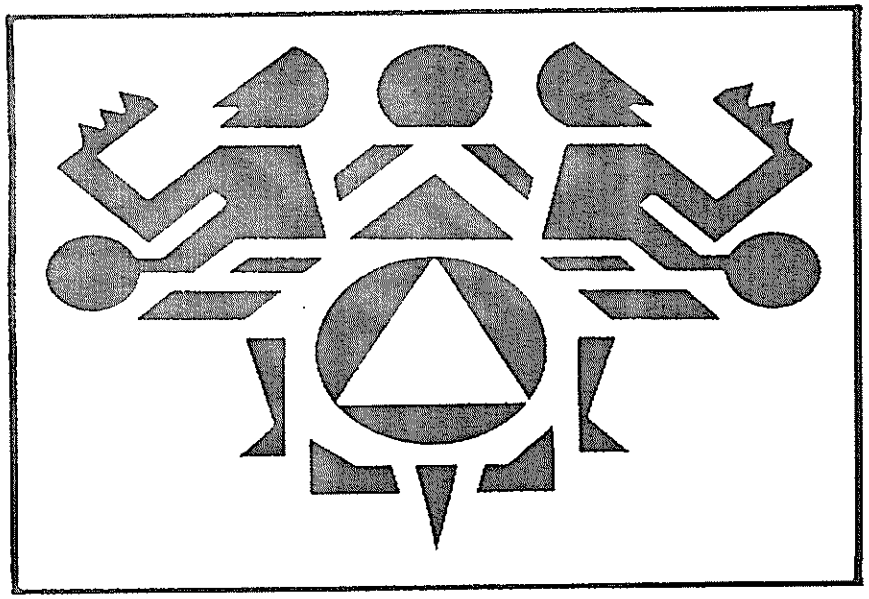
SUMMARY OF MINUTES



QUARTERLY BOARD MEETING

JUNE 24-26, 2014

QUINAULT BEACH RESORT

OCEAN SHORES WA

June 2014 Quarterly Board Meeting
Summary of Minutes

Issue	Summary	Action	Follow-Up
Area Director Report	Meeting updates: 11th Annual Direct Service Tribes national meeting will be 7/9-10/14 in Albuquerque. FAAB meeting was hold 4/29-30/14. IHS Listening Session with Dr. Roubideaux will be 8/27/14 at the Embassy Suites Portland Airport; a letter to all Chairmen will be going out. PAFAC will meet 7/30/14 at the Area Office; approximately 2 years since last meeting but with the upcoming joint venture that is going to occur it would be a good time to meet.	Pearl Capoeman-Baller is the primary & Jim is the alternate. She will provide approximately 45 minutes update and dedicate the remainder for the tribes to provide comment, input and ideas. There are members on the original list that are no longer in their positions so will be looking for new members. There will also be a joint venture orientation for those tribes who would like to look into that possibility for their location, that will happen on the following day of PAFAC	
Area Director Report	DTL letter RE: $1.1million recurring youth treatment money was sent out. Will be reviewing the comments received.	Will make a decision in the coming months as far as disposition of funds.	
Area Director Report	GPRA year ends 6/30/14 – some of the targets have been raised. Two federal sites will be meeting 100% and third one is very close.	We are not getting a lot of data from the tribal sites, partly because staff does not know to submit.	
Area Director Report	Portland Area Recognition of Excellence 2013 was held; got great nominations from federal, tribal & urban locations	Four categories were patient care, support of delivery of health care, health promotions/disease prevention & excellence in leadership.	
Area Director Report	Area Staff Changes: Wesley Simmons, member of Grand Ronde was selected for the Contract Proposal Liaison Officer; CDR Ann Arnett, member of Siletz was selected as the Office of Administration Management Director; Western Region Human Resources Director will be	Formerly was Randal Morgan	

June 2014 Quarterly Board Meeting
Summary of Minutes

	re-advertised.		
Area Director Report	Over the past several years the Area Office has been absorbing a cost that is an access to a website that the tribe's care providers accessed, called "Up to Date'. The annual cost for the entire Area is $30,000.	We are going to identify the usage of each of the tribes and the service units and send the costs to them. Area Office will determine the amount; if the tribes choose not to pay or participate anymore the Area Office can go in and selectively turn off the switch.	
Legislative Report	FAAB – Authority to create a needs assessment workgroup; the Acting Director have to agree to the structure of the alternates & the need assessment for technical workgroup. Looking at setting up a consistent process to do Area master plans or tribal master plans. The last time the master plan process happened was in 20032004.	It is anticipated that the next report, which is due to Congress every 5 years, is due in 2018 will follow the same process. The next FAAB meeting is scheduled for 7/24-25/14 in Sacramento.	
Legislative Report	DHAT – Senator McCoy introduced a bill through the governmental affairs committee at the Legislature, not the health committee; that would establish mid-level provider within the entire state. This is tribal sovereignty issue; it is the right and authority of tribes to determine how to meet the heath care needs of their people on their reservation in their community.	The Kellogg Foundation has approached the Board about funding to look at developing mid-level providers under tribal authority without mid-level provider legislation. The Pew Foundation is interested in funding a couple of pilot projects in Oregon under an expanded dental hygienist program. We will be working on this over the next 12-18 months. We have at least 2 tribes interested in working with the Board in this.	
Legislative Report	IHS Budget FY2015 – we are probably headed to a Continuing Resolution and possibly through the end of January or February 2015.		
VA Access & Tribal Health Program Reimbursement Agreements	Overview of actions that have been taken; result of the incidence in Phoenix former Secretary Shinseki asked that there be audits done at the majority of the VA facilities. Nationally the audit covered 731	The system-wide findings were: 1. A complicated scheduling process resulted in confusion among scheduling clerks and	We will be at your quarterly board meetings providing updates.

	separate points of access and interviewed over 3700 administrative & clinical staff members; they were all involved in some way in the scheduler process.	front-line supervisors in a number of locations; 2. A 14-day wait time performance target for new appointments was inconsistently applied and not attainable due to growing demand for services and lack of planning for resource requirement; Speaking for VISN20 perspective we have been very transparent about the fact that we have access problems in our network, we are three-four times above the national average in terms of annual growth in our veteran population and those who use our services and our Network Director, Mr. Carroll, takes a very hard line here that we are up front about the issues that we have and if anybody feels like they should hide something they are being told that that is not correct; 3. Overall, 13% of scheduling staff indicated they received instruction to enter a date different than what the veteran had requested; 4. 8% of scheduling staff indicated they used alternatives to the official Electronic Wait List (EWL), which is within our system. When they are talking about alternatives that mean they are keeping a paper list or there are other ways to track patients in our systems as well. But the official way to track patients who cannot get in to an appointment for any kind of care; if they can't get in within 90 days they are to be placed on the Electronic Wait List.	

	As a result of these audits the VA resolved to take some actions; some of these have already taken place, some of them are in process & some of them are going to take a while: IMPLEMENTATION: What has been happening	1. Revise, enhance and deploy scheduling training and revise the directive that we have about scheduling so that it is easier to understand; 2. Roll out near-term changes to the legacy scheduling system, it is one that we have had for almost 20 years, and it is not very flexible; that will take some time; 3. Implement a site inspection process; we do not really know what that is going to look like. Our Director has been instructed to visit each one of the medical centers and sit with the scheduling people to watch how they do the work; 4. Remove the 14-day performance goal from employee performance plans and will reassess and establish new timeline goals; 5. Establish a new patient satisfaction measurement program; we do have one in place now and it sort of a random survey that is sent out to patients who have had a health care episode with us; 6. VA has established on our VA website updates to our access data nationwide and it is also available by network and that data is going to updated every 2 weeks; 7. Senior Executive performance awards for all senior executive and MPHA have been suspended for this year; 8. We are in the middle of working on this, is the "Accelerating Access to Care Initiative".	

	over the past 3 weeks all medical centers had to do a systematically elevate their clinic capacity to make sure that in-house that we are making the best use of the appointments that are available; the providers that are providing that treatment to see if there are other ways we can expand capacity and that may be through expanded hours. Because our physicians are considered 24/7 employees they do not qualify for overtime, that is just the way the law has been written; so to look at some ways to possibly get overtime and get some other staff on board. Identify the resources required to provide timely care; what do we need in terms of staff, what do we need in terms of space, and funding. Where we cannot increase capacity we are increasing the use of care in the community through the non-VA care program and some of you might have referred to this as FEE BASIS. We do use Fee Basis quite a lot; typically we use it for specialty care. We use it a lot more in rural areas than we do in the urban areas because we have very small clinics. In VISN20 we are a rural VISN, approximately 40% of our patients live in rural areas and our concern is that even if we have the funding and the authorization to do it that those providers may not be in the communities at all. Each facility is reaching out to veterans to coordination acceleration of their care. Patients are being contacted and they are being given an option. If they want to wait for their VA appointment that is fine; if they want to be referred into the community then we will make the arrangements for them to be referred.		

	The full access report; which is a fairly comprehensive report can be viewed at www.va.gov		
VA Services Reimbursement to Tribal Clinics	The clinics either have to be joint commission accredited or AAAHC or Medicare certified: so yes they would have to meet those requirements. We will not reimburse for any services that are excluded from the VA medical benefits package. There are some things within our medical benefits package that require an additional and different eligibility; dental is a good example. Not every veteran can get dental care at a VA facility. Veterans do have to be eligible; they do have to be enrolled at the VA. Some of the other benefits are pharmacy. We will reimburse for the first 30 days to you and then after that we want the veterans to get their pharmaceuticals through our Consolidated Mail Outpatient Pharmacy program. There is no co-payment. We do however require that you bill all other third parties before you bill us. Our outpatient services are reimbursed at the All Inclusive rate that is published in the Federal Register. Providers in the community get reimbursed at Medicare rates. They do have to have that Medicare certification. Critical Access hospitals for inpatient care; ambulatory surgical services; this might be different for some of you,	We are working with several of you right now and some are really close. The agreements provide for reimbursement for direct care services & that means the services that you provide within your walls; it does not include contract health. The folks that really have the responsibility for managing all of these agreements are the VHA Chief Business Office for Purchase Care and they are the ones that answer the emails at tribal.agreements@va.gov. The VISN20 Vancouver Office, where I work, we have a network payment center and our network payment center was chosen to process all the bills of the claims under all these agreements from all IHS service units and any tribal health programs for the entire country.	

	that is reimbursed at Medicare rates and there are some administrative fees that are attached to the reimbursements having to do with processing paper claims. The VA is working on adjusting our system to be able to accommodate paying the All Inclusive rate because we do not do that. All of the billings that we receive from the IHS for tribal health programs have to be processed manually.		
RESOLUTION #14-04-01	**Urging Congress to Conduct Oversight Hearings on the Funding Inequities under the Older Americans Act and on the Needs of American Indian, Alaskan Native and Native Hawaiian Elders**	**Motion by Andy Joseph, Colville Tribe; seconded by Cassandra Sellards-Reck, Cowlitz Tribe to approve the resolution. Motion carried**	
RESOLUTION #14-04-02	**CDC-RFA-DP14-1421PPHF14; PPHF 2014: A Comprehensive Approach to Good Health & Wellness in Indian Country**	**Motion by Cassandra Sellards-Reck, Cowlitz Tribe; seconded by Rhonda Metcalf, Sauk Suiattle Tribe to approve the resolution. Motion carried**	
RESOLUTION #14-04-03	**Support NPAIHB Proposal to CMS Proposal for Connecting Kids to Coverage Outreach & Enrollment Grants Focused on Increasing Enrollment of American Indian & Alaska Native (AI/AN) Children**	**Motion by Shawna Gavin, Umatilla Tribe; seconded by Dan Gleason, Chehalis Tribe to approve the resolution. Motion carried**	
National Committee Vacancies	**HRAC – Brenda Nielson, Hoh delegate will sit on this committee as an alternate** **Behavioral Health Workgroup – Elevating Cassandra Sellards-Reck to the primary since she was the alternate & Cheryl Sanders, Lummi Nation will be the alternate**		
Elders Committee	Report attached		
Veterans Committee	Report attached		
Public Health	Report attached		

June 2014 Quarterly Board Meeting
Summary of Minutes

Behavioral Health	Report attached		
Legislative/Resolution	Report attached		
Personnel Committee	Report attached		
MOTION - Minutes	Motion by Dan Gleason, Chehalis Tribe; 2nd by Cassandra Sellards-Reck, Cowlitz Tribe to approve the April 2014 minutes.	MOTION CARRIED	
Future Board Meetings	Shawna Gavin requested that the Umatilla Tribe host the October 2015 board meeting	Yes	

Elder Committee Meeting Minutes
June 24, 2014
Quinault Casino and Resort
Ocean Shores, WA

Members: Bernadine Shriver-Grand Ronde, Gladys Hobbs-Grand Ronde, Brenda Nielson-Hoh Tribe, Andy Joseph-Colville, Jacqie Gill-Quinault (guest), Dan Gleason, Committee Chair-Chehalis

NPAIHB Staff: Clarice Charging

Dan opened the meeting with a prayer.

Brenda motioned to approve April 2014 minutes. Gladys seconded. Motion carried.

Updates:

2014 NICOA Conference will be September 3-6, 2014, Phoenix, AZ. Bernadine Shriver, Janice Clements, Dan Gleason will be attending the conference. Elaine Dado and Clarice Charging (NPAIHB staff) will also attend.

Grand Ronde: Behavioral Manager has been hired for their clinic. Veterans Summit will be held July 12-13, 2014. Elder Day will be July 15th, 2014.

Chehalis: Elders are planning a vacation in Hawaii scheduled for October 2014.

Hoh Tribe is starting plans to develop an Elders Program.

Colville: Andy attended Low Income Heating Emergency Assistance Program (LIHEAP) meeting in Washington, DC, sponsored by Administration for Children and Families (ACF) a division of the Department of Health and Human Services. Colville Tribe and ACF are working to develop a similar program to assist elders and the Head Start Program.

Elders Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	DAN GLEASON	CHE Hoh's	360-273-5911
2	Bernadine Shriver	GR.	503-663-7624
3	Andrew Joseph Jr	Colville	509 631 4406
4	Jacque Gill	Quinault	360-276-4405 x 406
5	Brenda Nielson	hoh	360-274-5289
6	Gladys Hobbs	HO - GR	971-241-8486
7	Cloria Chargoy	NPAI HB staff	
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Northwest Portland Area Indian Health Board

Quarterly Board Meeting
June 2014

Attendees: 8 persons attended, plus one staff member: Robin Sigo, Rebecca Crocker, Elizabeth Buckingham, Caroline Cruz, Jeff Lorenz, Lisa Guzman, Kevin Collins, Cheryl Sanders, and Jacqueline Left Hand Bull

There were no recommendations or proposed resolutions for the Board at this time.

The Committee discussed a range of topics:
Experience of drug replacement relative to Suboxone, for example Vivitral. Mentioned in the discussion were items such as concerns about lack of good practices in monitoring the usage. The key issue is getting individuals off suboxine, and when it is still the best choice. In all drug replacement, choice of drug for therapy is relative to the individual and to the drug being replaced.

E-cigarettes and 3rd-hand smoke. Perhaps we can get someone to the Board meeting or the HD meeting to discuss what we know so far about usage of e-cigarettes.

Energy drinks and the effects on rapid heart rate and blood pressure. It was mentioned that one energy drink has as much caffeine as 32 chocolate bars. There is now a practice of mixing energy drinks and alcohol.

Safety habits as a behavior. A recent incident of shooting in Seattle was mentioned, and there was some discussion of the importance of play and risk taking to development of awareness of safety. The importance of adopting new safety measures as adults to model behavior, such as seat belts was also discussed, with first hand experience in a recent auto accident described. Recognizing and addressing PTSD after a severe accident was mentioned. Information, such as always making sure to sit at least 10 inches back from the steering wheel, never crossing your hand to the opposite side of the wheel arc (right to left, or left to right) when turning, and adjusting mirrors properly was shared.

Mental Health Psycho-educational care for children – the children who are the future of our Tribes.
Conversation included:
How can we affect policy that is really going to help?
We spend a lot of money on treatment for adults, what about the children? We have been discussing the same issue for over 20 years; and many still have just one mental health counselor – if even one – in the school.
We need to help young children to develop social skills, using best practices.
We need to know of the best practices and approaches, and have policies in place to use those best practices.
Children and youth should be our first priority.

There is prevention funding in Oregon – for tobacco prevention, juvenile crime prevention, for example. Using Certified Prevention Specialists is a requirement in Oregon.

It was suggested that we have a break-out youth mental health session on best practices from the various tribes.

One of the committee members said she would bring a recommendation for action relative to collective action, sharing, focus, practices, and policy to the next QBM.

Behavioral Health project update from the Board:

MSPI – Suicide prevention effort was just funded for its 6th year – to be its final year.
DVPI- Sexual Assault prevention effort was just funded for its 5th year – to be its final year.
FASD – has received its funding for the next fiscal year.
There will be a workshop for tribal leaders regarding FASD, put on by UW-FADU with Ron Whitener, on September 11-12; all costs to be paid.

There was a question which was echoed by others about what the purpose of the Committee was. It was explained that any resolution of the Board relative to behavioral health would come to the Committee for recommendation to the full Board. The members have the opportunity at every meeting, whether there is a Resolution pending or not, to discuss issues together and also may initiate Resolutions.

Behavioral Health Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Robin Sigo Tribal Council	Suquamish	rsigo@Suquamish.nsn.us
2	Rebecca Cook	Nooksack	
3	ELIZABETH BUCKINGHAM	MAKAH	360 645 2224 elizabeth.buckingham@NIHS.gov
4	Caroline M. Cruz Health Tribal Liaison	Conf. Tribes of Warm Springs	541-615-0140 Caroline.cruz@state.or.us
5	Jeff Lorenz Exec Dir Health Servs	Conf. Tribes of Grand Ronde	503 879-2075 jeff.lorenz@grandronde.org
6	Lisa Guzman Healthcare Admin	Kalispel Tribe	509-671-6311
7	Jacqueline Left Hand Bull	NPAIHB	
8	Kevin Collins Health Director	Stillaguamish	360-391-3875
9	Cheryl Settee Comu	Lummi Nation	Cheryll@lummi-nsn.gov
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Veteran's Committee meeting
June 24, 2014

Attended:
Charity Sabido, Cowlitz Tribe
Theresa Lehman, Jamestown S'Klallam Tribe
Frank Mesplic, Yakama Nation
Don Head, NPAIHB staffer

The previous minutes from April 2014 were read to the committee. Charity Sabido reported that nobody had answered affirmatively to the question, "which tribes have a Memorandum of Agreement/Understanding" when she posed the question at the April Veteran's Committee report.

Charity described the MOU that tribes can enter into with the Veteran's Administration, to provide services through the local clinic to veterans, and how the clinic can get reimbursed by *at least* the Medicare encounter rate, although tribes can negotiate for higher rates.

Theresa Lehman reported that the VA facility in Port Angeles, which serves the tribes along the north Olympic coast, had just moved into a new facility. They had also started providing a VA Bus, which would provide transportation to veterans to the facility for appointments and services. The Port Angeles VA has also been better at coordinating services for veterans, recently.

Frank Mesplic mentioned that on the Yakama Nation, they have a group called the Yakama Nation Warriors, and that admittance is open to all veterans, not just veterans from the Yakama Nation.

The committee then discussed the Tribal Veteran's Representatives (TVRs) located within the community that would assist veterans with connecting them to the services that the VA provides. Training TVRs to operate within the community is important, because returning veterans that have PTSD need assistance connecting to the higher levels of service that the VA provides to PTSD patients.

Charity then reported on the mentor program she is operating in Cowlitz, which connects returning veterans with veterans that have served previously. The meeting was then adjourned.

Veterans Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Tribal Council Theresa Lehman	Jamestown Tribe	Lehman1949@hotmail.com
2	Health Board Member Subido-Hodges, Charity	Cowlitz Tribe	charity.subido@gmail.com
3	FRANK MESELIC	YAKAMA Nation	fmeselie@yakama.com
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

NPAIHB Quarterly Board Meeting
Quinault Resort & Casino

Legislative Committee Report

June 25, 2014

Present:

Andy Joseph, Jr., Colville Tribes
Leslie Wosnig, Suquamish Tribe
Linda Frizzell, NPAIHB
Kim Zillyet Harris, Shoalwater Tribe
Sharon Stanphill, Cow Creek Tribe
Jim Roberts, NPAIHB

New Business

- The Committee discussed continued concerns related to the service of the Portland Area Office Division of Information Resource Management (PAO-DIRM). Discussion centered on the fact that the issues continue to be unresolved despite the fact they have been brought to the Area Director's attention at past Board Meetings. Recommendation that PAO-DIRM be put on the next Board meeting agenda to have them provide an overview of the services that Tribes receive for leaving their shares at PAO for IT support and to address outstanding concerns from Tribal health directors.

- The Committee discussed conducting CHS/CHEF workshop or having the issue on the next QBM agenda. The CHEF Workgroup recently met and there are procedures that other Areas are conducting that should be of interest to Portland Area Tribes. There are also internal procedures recently experienced related to processing CHEF claims that should be discussed with the CHS program at the PAO. Recommendation was to have Terri Schmidt conduct this session at the next Board meeting as a CHS/CHEF workshop prior to or after the Board meeting. Otherwise it should be on the Board meeting agenda with ample time to address the issues.

- A recommendation was also made for the Board to develop a resolution directed toward the TTAG, IHS, and CMS to explore an alternative reimbursement mechanism for long-term care and behavioral health services. The resolution should direct the IHS to begin financing to develop long-term care and behavioral health facilities infrastructure and finance program requirements. This resolution will be brought at the next Quarterly Board Meeting.

The Legislative Committee also discussed and recommended the following resolutions for action:

1. Resolution to support a proposal to CDC under "A Comprehensive Approach to Good Health and Wellness in Indian Country."
2. Resolution to support a proposal to CMS to fund, "Connecting Kids to Coverage and Enrollment Grants Focused on Increasing Enrollment of AI/AN Children."
3. Resolution "Urging Congress to conduct Oversight Hearings on the Funding Inequities under the Older American's Act and on the Needs of American Indian, Alaska Native and Native Hawaiian Elders."

Adjourn at 1:15 p.m.

Legislative/Resolution Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Kim Zillyett Health Director	Shoalwater Bay Tribe	360/267/8158 Kzillyett@Shoalwaterbay-nsn.gov
2	Jennifer LaPointe Operations Director	Puyallup Tribe	(253) 593-0232 ext 555 jennifer.l@puyallup.com
3	Andrew [illegible]	Colville Tribes	509 631 490
4	Leslie Wosnig, Health & Policy Administrator	Suquamish Tribe	360 394.8466 LWOSNIG@suquamish.NSN.US
5	Sharon Stanphill, Health Director	Cow Creek	541-672-8533 sstanphill@cowcreek.com
6	Linda Frizzell	NPAIHB	Lfrizzell@npaihb.org
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee

June 26, 2014

Start Time: 11:30 a.m.

Members Present: Cassandra Sellards-Reck, Bonnie Sanchez, Shawna Gavin

Members Absent: Rose Purser

Staff Present: Andra Wagner

- State of Washington Division of Child Support letter was discussed
    - Decision: Personnel Committee voted to recommend reporting new WA hires to the WA DCS
    - Personnel Committee chair to present the letter and recommendation to the Board for a vote
- Personnel update was read by Andra Wagner
    - Involuntary termination of an employee during probationary period was discussed
- Awards: NPAIHB was awarded the Oregonian Top Workplaces award

Personnel Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	Shawna M Gavin	NPAIHB/CTUIR (L)	541/429-7379 S/
2	L. Bonnie Sanchez	Squaxin Island	b Sanchez@squaxin.us 360-432-3941
3	Cassandra Sheldon	Confederated Tribes of Siletz Indian Tribe	Csellardsreed@hotmail.co 360-513-8243
4	Andrea Wagner	NPAIHB	awagner@npaihb.org
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Public Health Committee
June 24, 2014
Quinault Nation

In attendance:
Karen Hanson
Andrew Shogren
Charlotte Williams
Marilyn Scott
Ronda Metcalf

Victoria Warren-Mears

The public health committee met and discussed two primary issues:
Enrollment in the Medicaid expansion and emergency response/outcomes.

Medicaid Expansion and Enrollment:

Enrollment numbers and percentages in Medicaid were discussed. As anticipated, little change was seen in the Idaho tribe represented due to the state non-participation in the expansion effort. In one Washington tribe 95% are enrolled. The tribe used paper applications and they were faxed in, rather than using the on-line system, which did not work.

Emergency Response using the Oso Slide as a discussion focal point:

Ronda presented the timeline of the Mud Slide, initial calls came in as water over the roadway, then upgraded quite quickly. Communications quickly went down or were overwhelmed, including internet and cell phone service.

Concurrently the Quinault Nation had a breach of the sea wall and emergency crews were also needed for this situation. Emergency services were needed at both locations.

A discussion of lessons learned and ways to enhance future response were discussed.
Issues that remain are lack of reimbursement from FEMA.
Non assistance from the Red Cross.
Long term environmental impacts.
- Water
- Loss of spawning grounds
- Long term soil and ground contamination from septic system failure
- Contamination of water table

Action Items:
1. Publicize the Board Emergency Assistance Request on the Board web site. Suggest placing notification of this resource in the Health News and Notes Quarterly.
2. Continue to develop the EpiCenter's policies and procedures for assistance, publicize at the October 2014 QBM.

Public Health Committee

Tuesday June 24, 2014
Quinault Beach Resort, Ocean Shores WA

	Name and Title	Organization	Phone/FAX/E-mail
1	KAREN HANSON HEALTH DIRECTOR	KOOTENAI TRIBE OF ID	208-267-5223 Karen@Kootenai.org
2	ANDREW SHOAREN Health Director	QUILEUTE TRIBE	360-374-4318
3	Charlotte Williams Muckleshoot Health Committee chair		charlotte.williams@muckleshoot.nsn.us
4	VICTORIA WARREN-MEARS		
5	Marilyn M. Scott	Upper Skagit Tribe	360 854-7039 marilyns@upperskagit.com
6	Ronda Metcalf	Sauk-Suiattle	rmetcalf@sauk-suiattle.com
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD

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

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

RESOLUTION #14-04-01

Urging Congress to Conduct Oversight Hearings on the Funding Inequities Under the Older Americans Act and on the Needs of American Indian, Alaskan Native and Native Hawaiian Elders

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

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

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

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

WHEREAS, the Older Americans Act (Public Law 89-73), was passed in 1965, and established the Administration on Aging whose mission is to develop a comprehensive, coordinated, and cost-effective system of long-term care that helps elders to maintain their dignity in their homes and communities; and

WHEREAS, the Older Americans Act, Title VI, Section 601 (added in 1980) includes a title specific to American Indian and Alaska Natives (AI/AN) and states that, "It is the purpose of this title to promote the delivery of supportive services, including nutrition services to American Indians, Alaskan Natives, and Native Hawaiians that are comparable to services provided under Title III (42 U.S.C. 3057); and

WHEREAS, the Congress finds that AI/ANs are a rapidly increasing population who suffer from high unemployment; live in poverty at a rate estimated to be as high as 61 percent; have a life expectancy between 3 and 4 years less than the general population; lack sufficient nursing homes, other long-term care facilities, and other health care facilities; lack sufficient Indian area agencies on aging; frequently live in substandard and over-crowded housing; receive less than adequate health care; are served under the AOA at a rate of less than 19 percent of the total national population of older individuals who are Indians living on Indian reservations; and

finally are served under subchapter III (Grants to State and Community Programs on Aging) at a rate of less than 1 percent of the total participants (see 42 U.S. Code § 3057b); and

WHEREAS, the AOA states that "older individuals who are Indians, older individuals who are Alaskan Natives, and older individuals who are Native Hawaiians are a vital resource entitled to all benefits and services available and that such services and benefits should be provided in a manner that preserves and restores their respective dignity, self-respect, and cultural identities" (42 U.S.C. 3057a); and

WHEREAS, in the thirty-two years since Title VI was added to the Older Americans Act funding and/or services have never been comparable, leaving older AI/AN without critical services to enable their continued living in their homes and communities; and

WHEREAS, the needs of AI/AN elders are reaching a critical level as poverty increases, as substandard housing deteriorates, as health care dollars shrink, as the cost of living increases, as federal funding decreases, as more eligible tribes and tribal organizations apply and receive Title VI funding, and as AI/AN age therefore requiring home and community based long term services and supports.

NOW THEREFORE BE IT RESOLVED that the that the NPAIHB request Congressional Oversight Hearings on the Needs of American Indian, Alaskan Native and Native Hawaiian Elders to enable Tribal Leadership to testify on the status and urgent needs of Tribal Elders, and

BE IT FURTHER RESOLVED that these Oversight Hearings be held throughout Indian Country to allow for our esteemed Elders attendance and participation; and

BE IT YET FURTHER RESOLVED that the Congressional Oversight Hearings be held prior to September 30, 2015 and be co-sponsored by the Senate Committee on Aging and the Senate Committee on Indian Affairs.

CERTIFICATION

NO. 14-04-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 31 **for,** 0 **against,** 0 **abstain on** June 26, 2014.

Arnold C. Joseph Jr.
Chairman

6-26-14
Date

Cheryle A. Kennedy
Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

RESOLUTION #14-04-02

Wellness for Every American Indian to Achieve and View Health Equity – Northwest (WEAVE-NW)

CDC- RFA-DP14-1421PPHF14; PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country

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

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

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

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

WHEREAS, the NPAIHB's Northwest Tribal Epidemiology Center has worked with tribes and tribal clinics throughout the U.S. for over 18 years to improve health equity by decreasing disparities in health, and is authorized to operate nationally to carry out the goals and objectives of the Centers for Disease Control and Prevention's CDC- RFA-DP14-1421PPHF14; PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country; and

WHEREAS, American Indian and Alaska Native people are disproportionally impacted by higher rates of diabetes, heart disease and obesity when compared to non-Indian people; and

WHEREAS, both AI/ANs and whites shared the same top two causes of death, heart disease and cancer. Unintentional injury is the third leading cause for AI/ANs, accounting for proportionally over twice as many deaths as among whites in the Northwest. Diabetes and chronic liver disease are the fourth and sixth leading causes of death respectively for AI/ANs, but do not appear in the top five causes of death for whites; and

WHEREAS, adoption of preventive health strategies can lessen the risk of development of diabetes, heart disease, and obesity; and

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

THEREFORE BE IT RESOLVED that the NPAIHB endorses and supports efforts by staff of the *EpiCenter*, under the guidance of the Executive Director, to pursue funding through the CDC PPHF 2014: A Comprehensive Approach to Good Health and Wellness in Indian Country funding opportunity.

CERTIFICATION

NO. 14-04-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 31 **for, _____against, _____abstain on** June 26, 2013/14.

Andrew C. Joseph Jr.
Chairman

6-26-14
Date

Cheryle A. Kennedy
Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

2121 SW Broadway Drive
Suite 300
Portland, OR 97201
(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

RESOLUTION #14-04-03
Support NPAIHB Proposal to CMS Proposal for Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian and Alaska Native (AI/AN) Children

WHEREAS, the Northwest Portland Area Indian Health Board is established as a "tribal organization" under the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) to represent all forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

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

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

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

WHEREAS, the Centers for Medicare & Medicaid Services has announced a CHIP funding opportunity titled, "Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian and Alaska Native (AI/AN) Children; and

WHEREAS, AI/AN children are underrepresented in the CHIP program and have a higher disenrollment rate when compared to the general population; and

WHEREAS, the Connecting Kids funding opportunity will fund activities related to increasing enrollment and retention of eligible AI/AN children in Medicaid and CHIP and will emphasize conducting outreach in settings where large numbers of eligible AI/AN children may be easily identified in order to be enrolled and re-determined for enrollment; and

WHEREAS, Oregon Tribes have requested that NPAIHB develop a proposal to respond to this funding opportunity in order to conduct CHIP outreach, education, and enrollment activities in Oregon Tribal communities.

WHEREAS, the goals of this funding initiative are consistent with the goals and objectives of all nine Oregon Tribes and NPAIHB.

THEREFORE BE IT RESOLVED, that the NPAIHB endorses and supports efforts by staff of the Board, working under the direction of the Executive Director, to prepare a grant application to apply for the "Connecting Kids to Coverage Outreach and Enrollment Grants Focused on Increasing Enrollment of American Indian and Alaska Native (AI/AN) Children.

CERTIFICATION

NO. 14-04-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 31 **for,** _____ **against,** _____ **abstain on** June 26, 2013/14.

Chairman

6-26-14
Date

Secretary