

NPAIHB 2010 STRATEGIC PLAN WORK PLAN REPORT

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GOAL 1: The NPAIHB will build and maintain a strong organizational infrastructure supporting tribal health in the Pacific Northwest.

Objective	Indicators for Monitoring/ Evaluation	Timeline	Projects' Goals (Accomplishments in Line with Strategic Plan)
1. NPAIHB will provide a forum for developing timely tribal consensus on healthcare issues affecting the NW Tribes by hosting productive QBM that facilitate face-to-face communication & resource sharing with state & federal programs	Number of Quarterly Board Meetings Held Number of Resolutions passed	October 2010 to October 2015	<p>Twenty one Quarterly Board meetings were held between October 2010 to October 2015, inclusive.</p> <p>During the rating period, three collaborative meetings were held with the California Rural Indian Health Board (CRIHB), two in California and one in Washington.</p> <p>During the rating period 102 resolutions were developed and passed by the Board.</p>
2. NPAIHB will support tribal delegates in regional & national AI/AN healthcare discussions, by providing them with orientation, training & assistance	Training will be provided in the form of new delegate orientation	October 2010 to October 2015	<p>All new delegates received orientation; most orientation has occurred during the first day of the first Board meeting attended at the same time as Board Committees are meeting with follow-up as needed to answer questions.</p> <p>The orientation manual was updated regularly, including input from Board Secretary & Treasurer</p> <p>The updated orientation manual is also posted to the delegates iPad</p>
3. NPAIHB will maintain effective communication channels to inform tribal delegates & tribal decision-makers about emerging public health topics	Issues of Health News and Notes will be developed quarterly A weekly e-mail correspondence to tribal leadership will be undertaken	October 2010 to October 2015	<p>During the period of October 2010 to 2015, 21 issues of health news and notes were developed.</p> <p>During the rating period of October 2010 to 2015, over 250 postings and updates were provided to tribal leadership.</p> <p>In addition to the quarterly Health News & Notes, a weekly posting of health information has occurred regularly on Friday during this strategic plan with exception of December holidays in 2013. The weekly posting subscription list has grown; as of October 2015 it is sent to 141 email addresses, including all tribal chairman, health directors & delegates</p>

			<p>IT: 4 tribal health director meeting presentations with MU updates</p> <p>NWTEC Staff developed numerous fact sheets on disease specific concerns at the regional and local level for tribes in the Northwest.</p>
4. NPAIHB will provide the NW tribes with capacity building assistance(including training, TA, resource development) on healthcare management principles & information technology		October 2010 to October 2015	<p>Established NPAIHB regional extension center MU Support center section of NPAIHB.ORG website, including training materials & locally developed resources Provided assistance to 15 Portland Area sites for e-prescribing, a requirement for MU and a patient safety improvement Regular one-on-one work with sites on MU questions</p> <p>Comprehensive Cancer Tribal BRFSS: Provided BRFSS interview training to 5 NW sites. Provided each site with a tailored presentation of the specific interview manual and instrument for their survey. Assisted in the BRFSS interview training manual, provided feedback & went through mock interviews with each research assistant,</p> <p>During the rating period, six trainings on Public Health Emergency management were held.</p> <p>NPAIHB provided Public Health Accreditation 101 training multiple times.</p> <p>NPAIHB provided understanding data training to 30 participants in 2015. This training will be provided again.</p> <p>Each year during the reporting period, the Risky Business Training, Native Fitness Training, DMS Training, and Immunization support training were provided. Training and TA were provided for the Portland Area Office Institutional Review Board submission process.</p> <p>Additionally, during the rating period NPAIHB provided host facilities for numerous IHS trainings, including EHR training, and ICD-10 training.</p>
5.NPAIHB will actively research health-related funding opportunities, will disseminate funding announcements to member tribes and will educate federal agencies to ensure that federal funding	Number of funding newsletters provided during the period of	October 2010 to October 2015	<p>Funding newsletters were included in the Friday information e-mail on a monthly basis, with other opportunities added to the mail out on an ad hoc basis.</p> <p>Staff provided TA to delegates of the Board to a variety of HHS standing committees:</p>

opportunities align with the priorities, needs and organization capacities of the NW tribes	evaluation Provide membership and staffing to tribal advisory committees to HHS		Direct Service Tribes Advisory Committee IHS Budget Formulation Workgroup IHS FAAB CMS Tribal Technical Advisory Committee CDC Tribal Consultation Advisory Committee National Indian Health Board TSGAC Technical Workgroup Portland Area Facilities Advisory Committee Fund Distribution Workgroup Health Research Advisory Committee
6. NPAIHB will build a strong organizational infrastructure by recruiting & retaining high-quality staff, by encouraging their ongoing education training and by actively implementing the organizations mission & values to provide employees with comprehensive wellness benefits	Number of employees Number of employees hired Longevity of staff Number of staff utilizing wellness benefits; including wellness time, baby friendly workplace policies, and education leave Number of staff utilizing Board provided scholarships for training (NARCH scholars and fellows)	October 2010 to October 2015	<p>The Program Operations manual has been annually updated to conform to federal & state regulations that have come into being during the period under review. This includes disclosure of financial interest in research, OFLA changes & Portland sick leave, as well as a change regarding lay-offs & annual evaluations</p> <p>Current staff: 47 Staff hired from 2010-2015: 21 Staff longevity: Four staff at 15 years or greater Eleven staff at 10 years to 14 years of service Thirteen staff at 5 to 9 years of service</p> <p>The majority of staff have taken classes at the Summer Institute, sponsored by NARCH, to continue their professional development.</p> <p>Twelve employees have taken advantage of the paid education leave to continue their education in health related course (2010-2015)</p> <p>Many staff have taken training specific to their projects & paid for by NPAIHB. In-house courses on giving presentations, effective meetings are examples of general professional opportunities & are made available to all staff, regardless of educational level</p> <p>The NARCH project has provided regular lunch hour speakers from various research fields & these are also available to all staff as well as to other organizations in the area</p> <p>The number of applicants for each open position has steadily increased, with more Indian applicants than in previous years, due to recruiting through Indian organizations, college clubs and Indian programs.</p> <p>The wellness benefits of the Board's employees continue to be acknowledged as being</p>

			<p>outstanding, by staff & outside observers. Sick leave accruals are most primarily used for preventive care & to care for family members or for parental leave when an employee has a baby.</p> <p>NPAIHB has been award the outstanding workplace award by the Oregonian in 2010, 2014 and 2015. This award is given based on input from employees on a survey. We consistently finish in the top 20 for small workplaces.</p>
7. NPAIHB will help develop tribal youth into future leaders in healthcare by making NPAIHB meetings & trainings accessible to youth, and by offering internships to interested students. When appropriate NPAIHB projects will integrate youth leadership training and travel opportunities into the scope of work of new projects		October 2010 to October 2015	<p>To date, we have had almost 36 interns, either in the office or assigned to tasks elsewhere through one of our projects. Over 60% of these interns have been AI/AN. The majority of internships at the Board are paid internships.</p> <p>THRIVE has held 5 Youth Specific Trainings between 2010 and 2015. A total of 359 youth have attended.</p> <p>We R Native have had 66 Youth Ambassadors between 2014 and 2015. The first year's leadership cohort included 16 Ambassadors and the current cohort includes 50 Ambassadors. The purpose of the Ambassadors is to provide youth leadership training to promote wellness in their communities.</p>

GOAL 2: The NPAIHB will strengthen regional and national partnerships to ensure access to the best possible health resources & services.

<p>1. NPAIHB will build & maintain effective, collaborative relationships with current & potential partners, including the NW tribes, IHS, Indian organizations, federal agencies, State health departments, universities, funding agencies, community-based organizations & other interdisciplinary social service providers that promote AI/AN health</p>		<p>October 2010 to October 2015</p>	<p>Sexual Assault Prevention Project: Partnered with the Oregon Sexual Assault Task Force in 2011 for the NW Collaboration Against Sexual Assault in Tribal Communities Project offering multiple trainings, webinars & TA to the NW tribes.</p> <p>NTCCP: Developed & maintained partnerships with the Spirit of Eagles (Mayo Clinic) Oregon, Washington & Idaho chronic disease programs, CDC, Tribal comprehensive cancer programs, OHSU, Knight Cancer Center, Legacy & Providence cancer centers, IHS, AI/AN women's health resource center</p> <p>WTDP: Developed & maintained partnerships with the IHS DIRM PAO, Cimarron, SDPI diabetes coordinators, Native American Fitness Council, Nike, Washington State Chronic Disease, Idaho Department of Health, Nutrition Council of Oregon</p> <p>Conducted DMS training for IHS Areas including Aberdeen, Alaska, Albuquerque, Billings, Nashville, Oklahoma, Phoenix</p> <p>IT: Partnership with WIREC/Qualis Health on Security Risk Analysis services</p> <p>NWTEC: The Director of the NWTEC maintains partnerships with the IHS DEDP, CDC Project Staff, HHS Staff and Directors and staff of the 11 other Tribal Epidemiology Centers.</p>
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<p>2. NPAIHB will actively contribute to regional & national workgroups, coalitions & committees that address priority health topics identified by the NW tribes and key health promotion/disease prevention workgroups</p>		<p>October 2010 to October 2015</p>	<p>Contributions made to:</p> <ul style="list-style-type: none"> Direct Service Tribes Advisory Committee IHS Budget Formulation Workgroup IHS FAAB CMS Tribal Technical Advisory Committee CDC Tribal Consultation Advisory Committee National Indian Health Board TSGAC Technical Workgroup Portland Area Facilities Advisory Committee Fund Distribution Workgroup <p>Public Health Accreditation Advisory Board</p> <p>Washington State Dental Foundation meetings have been attended at least quarterly with an AI/AN focus</p> <p>Monthly meetings with the IHS PAO Director (pending travel schedules)</p> <p>NTCCP:</p> <p>Contributions made to: OPCC cancer advisory group, NADDC council member, Oregon Health Authority, Oregon Public Health Association (board member), IHS National Colorectal Cancer Task Force, American Association for Cancer Education</p> <p>WTDP:</p> <p>Contributions made to: National Diabetes Data Project Advisory members, Tribal Leaders Diabetes Committee, IHS National Data Team, IHS Health Literacy Workgroup, PAO ICD-10 workgroup, PAO IPC workgroup, Annual IHS Audit workgroups, Division of Diabetes Treatment & Prevention Audit Team</p> <p>IT:</p> <p>Vice Chair of IHS Pharmacy Professional Services Group (a national committee that serves as a liaison between IHS computer systems analysts & pharmacy computer system users & is charged with recommending, reviewing, implementing and evaluating appropriate pharmacy software for use in all IHS facilities & those tribal and urban health facilities using the IHS RPMS system)</p>
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GOAL 3: The NPAIHB will maintain leadership in the analysis of health-related budgets, legislation and policy with the ability to facilitate consultation and advocate on behalf of member Tribes.

1. NPAIHB will facilitate communication among tribes, federal and state agencies & Congress to support tribal sovereignty, promote self-determination and ensure that government-to-government consultation occurs on health-related budgets, legislation, policies & services		October 2010 to October 2015	Communication has been facilitated via e-mail, newsletter, videoconferencing, face to face meetings and position papers.
2. NPAIHB will advocate on behalf of the NW tribes to ensure that tribal interests are taken into account as health policy is formulated and that Congress, State legislatures and external agencies have a full understanding of AI/AN health needs & concerns (particularly in relation to treaty rights & healthcare in Indian Country)		October 2010 to October 2015	<p>Analysis performed and extensive comments submitted during public comment period for MU Stage 2 Final Rule.</p> <p>Staff have advocated with NIH, CDC, SAMHSA, HRSA and other HHS departments to promote NW Tribal interests and priorities in funding and programmatic areas. This advocacy is in addition to advocacy efforts with Indian Health Service, and congressional members.</p>
3. NPAIHB will stay at the forefront of budgetary, legislative & policy initiatives affecting the NW tribes, including the President's annual budget, national healthcare reform initiatives, IHS policies & strategies, & proposed changes to Medicare & Medicaid and will assess their impact on the NW tribes		October 2010 to October 2015	<p>NPAIHB has provided annual budget analysis to all tribal delegates and congressional staff for advocacy.</p> <p>IHS Budget evaluation Active in National Budget formulation</p> <p>Instrumental in reinstatement of All Tribes Meeting in 2015</p> <p>Policy development and advocacy for: Indian definition, State Insurance Exchanges, Contract Health Support Costs, Medicaid Expansion, and all items related to the Affordable Health Care Act.</p>
4. NPAIHB will analyze new & existing healthcare delivery systems & will advocate for tribal consultation & participation in their development		October 2010 to October 2015	Extensive on-going analysis of the Affordable Care Act and the Indian Health Care Improvement Act have been undertaken in the 5 year strategic period including; multiple meetings, marketing materials, articles and technical assistance meetings with tribal leaders, Indian Health Service partners, HHS partners, and congressional leadership.

5. NPAIHB will evaluate the feasibility of assuming certain Portland Area Office programs, function, services or activities on behalf of Portland Area tribes, and if approved and selected, will carry them out in an agreement negotiated under the Indian Self-Determination and Education Assistance Act (PL 93-638)		October 2010 to October 2015	<p>Formal grant application for planning submitted to IHS in 2014 unfortunately was not funded.</p> <p>Plan for functions for potential assumption has been outlines with key positions identified.</p> <p>Further work needed in this area.</p>
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GOAL 4: The NPAIHB support health promotion and disease prevention activities occurring among the Northwest Tribes.

1. NPAIHB will focus its efforts on preventing avoidable morbidity & mortality – promoting the physical, mental, social & spiritual health of AI/AN people throughout all phases of life	<p>Number of resolutions passed and project during the rating period</p> <p>Number of new project funding received in the period</p> <p>Types of funding received</p>	October 2010 to October 2015	<p>Area MU consultant duties – reporting on progress of each site, interpreting & disseminating updates & information about the MY program, assisting sites through registration & attestation, assisting with qualification through patient volume reports & any other help sites need in meeting MU.</p> <p>New Projects During this Period include – Tots to Tweens, IDEA-NW, and WEAVE-NW, Oral Health. Continued funding both competitive and continuation was obtained for a variety of programs.</p> <p>Funding areas include: data, car seat safety, oral health, diabetes, cancer prevention, sexual assault prevention and domestic violence prevention, adolescent health, suicide prevention, health professional training, immunization, public health policy systems and environment, injury prevention, and public health accreditation.</p>
2. NPAIHB will provide capacity building assistance (including training, technical assistance & resource development) on priority health promotion & disease prevention topics and on key public health principles identified by the NW tribes	<p>Number of trainings in rating period</p> <p>Number of TA responses and percentage of tribes requesting TA from the</p>	October 2010 to October 2015	<p>NARCH has provided a total of 4 Summer Institutes between October 2010 and 2015. Each summer between 12 and 18 classes are offered. Each year approximately 110 summer institute students sign up for classes, many of whom have attended previously. During the performance period three additional seminars were offered with approximately 30 students per training.</p> <p>Sexual Assault Prevention Project: Provided 6 Sexual Assault Response & Resource Circle trainings; 2 Sexual</p>

	EpiCenter		<p>Assault Nurse Examiner trainings; 1 Tribal Sexual Assault Advocacy training; 12 Tribal Sexual Assault Dynamics trainings & 4 Risky Business trainings to the NW tribes</p> <p>Western Tribal Diabetes Program: Responded to well over 100 requests for TA on an annual basis.</p> <p>IDEA-NW: Responded to over 30 requests for data & TA annually from NW tribes, NPAIHB programs, urban programs, state partners & others</p> <p>Public Health Improvement Program Provided 4 public health accreditation trainings; 1 quality improvement basics, 1 Cherokee Nation Lessons Learned, 2 Digital Storytelling. Public Health Improvement Program web page, 3 articles in Health News & Notes, weekly mailout posting. Provided ongoing public health accreditation & quality improvement TA to the tribes</p> <p>Grant evaluation and TA was provided as requested.</p> <p>Public Health Assessment, Action and Policy TA was provided upon request. We have provided TA to at least 39 tribes or 90% of our member tribes, at their request, as documented in our TA log.</p>
3. NPAIHB projects will support the development, implementation & evaluation of culturally-rooted health promotion practices within the NW tribes and will adapt existing policies, educational materials, curricula and evidence-based interventions to reflect the traditional values & teachings of the NW tribes	Number of initiatives developed with culturally rooted evidence based practices and policies during the rating period.	October 2010 to October 2015	<p>Developed & modified multiple training curriculums to be relevant to tribes, tribal organizations & tribal practices</p> <p>Public Health Improvement Program: Supported the implementation of the public health accreditation tribal standards via trainings, TA & outreach</p>
4. To improve tribal awareness about important health topics, the NPAIHB will facilitate community education & public relations efforts by developing social marketing campaigns, cultivating media contacts and by producing press releases & “expert” health articles for placement in		October 2010 to October 2015	<p>Sexual Assault Prevention Project: In collaboration with Project THRIVE developed a Sexual Assault Prevention media campaign that has been distributed & promoted nationwide</p> <p>The Office Manager updates the media list by calling the news agency to get the correct addresses when we send a press release & get email</p>

tribal papers			bounce-backs
5. NPAIHB projects will facilitate regional planning & collaboration by developing & implementing intertribal action plans that address priority health topics and by hosting regional trainings, meetings, webinars and conference calls that produce a coordinated, regional response to tribal health needs		October 2010 to October 2015	<p>Organized 2-day “VisualStory” workshop for NPAIHB/local partners. Multiple trainings were provided on digital story telling in a variety of settings, including for youth and cancer prevention and treatment programs.</p> <p>Public Health Improvement Program: Provided 4 public health accreditation trainings; 1 quality improvement basics, 1 Cherokee Nation Lessons Learned, 2 Digital Storytelling</p> <p>During the reporting period 5 emergency preparedness trainings were held and the Board participated in Cross Borders Emergency Response Training.</p>

GOAL 5: The NPAIHB will support the conduct of culturally-appropriate health research and surveillance among the Northwest Tribes

1.The NW Tribal EpiCenter will respond to the needs & interests of the NW tribes by obtaining regular feedback & guidance from tribal advisory groups, target audience members & key personnel during all phases of the research process and by conducting an annual survey to prioritize public health topics, capacity building needs & research activities		October 2010 to October 2015	<p>The Projects of the EpiCenter use community-based participatory research methods to ensure NW tribes are involved in the selection of community trainings, media campaign development, research topics, the design of research methods & the interpretation of study findings</p> <p>The EpiCenter annual survey assists with development of priorities for projects. Survey results & other information are used to prioritize data analyses/report development. During this period four surveys have been administered to the Board.</p>
2. The NW Tribal EpiCenter will assess the health status & health needs of the NW tribes by conducting culturally-appropriate research & by accessing new & existing AI/AN health data		October 2010 to October 2015	<p>Project Red Talon & THRIVE: Current research includes: the Native VOICES Study, Native IYG & Texting 4 Sexual Health using the We R Native text messaging service</p> <p>Improving Data and Enhancing Access – Northwest (IDEA-NW):</p> <p>Completed almost 40 data linkages with 18 state data systems in OR, WA & ID and evaluated AI/AN misclassification in these systems. Data systems include: cancer registries, hospital discharge registries, trauma registries, STD/HIV/Communicable Disease systems, birth and death certificates, Medicaid enrollment & child blood lead registry</p> <p>Analyzed linkage corrected data to respond to over 50 data requests, prepared journal articles for publication, prepared data reports/fact sheet</p>

			<p>series & prepare state/local level tribal health profile reports</p> <p>Worked with Indian Health Service, tribes & urban Indian clinics to expand the representativeness of the NW Tribal Registry.</p> <p>Obtained access to IHS EpiDataMart in 2014 through a data sharing agreement with Indian Health Service.</p> <p>Developed regional AI/AN Health Profiles for Idaho, Oregon and Washington States.</p> <p>Obtained/accessed state & federal data sources for analysis (e.g., BRFSS, PRAMS, OPHAT, CHAT)</p> <p>Maintained list of data sources/resources for NW tribes.</p> <p>Provided planning/biostatistician support for specific groups (Adult Immunization project, MCH analyses)</p> <p>Wellness for Every American Indian to Achieve and View Health Equity (WEAVE NW):</p> <p>The WEAVE project was funded by the Centers for Disease Control and Prevention to assist Northwest Tribes in making effective Policy, Systems and Environment Change to enhance health and wellbeing in Indian Country.</p>
3. The NW Tribal EpiCenter will communicate the results of its research, surveillance & capacity building activities to appropriate stakeholders. This information will be designed to: 1) assist the NW tribes in their community outreach activities, public health planning & policy advocacy; 2) share important findings across Indian Country & extend the scholarly AI/AN research agenda; 3) increase public awareness about the function & benefits of Tribal EpiCenters.		October 2010 to October 2015	<p>Project findings are shared with participating sites through meetings & community reports, at QBM meetings, in Health News & Notes & are shared with other tribes at regional & national conferences</p> <p>During this period the Board staff has published greater than 30 articles in relevant publications, including being featured in the IHS provider on injury prevention.</p> <p>Lead development of the cross Tribal Epidemiology Center publication “Best Practices in American Indian Alaska Native Public Health” 2013.</p>
4. The NW Tribal EpiCenter will protect the rights & wellbeing of the NW tribes &		October 2010 to	All NPAIHB, Tribal Epidemiology Center research projects have been reviewed & approved by the PA IHS IRB. Many projects have also required

tribal research participants by using and housing the Portland Area IHS Institutional Review Board (IRB). The IRB & EpiCenter projects will recognize tribal research methods & requirements and will work to ensuring tribal ownership of resultant data		October 2015	<p>state IRB approval.</p> <p>Tribes participating in projects at the NPAIHB that involve data exchange have data sharing agreements.</p>
5. The NW Tribal EpiCenter will provide the NW tribes with capacity building assistance (including training, TA & resource development) on epidemiologic skills & research methods		October 2010 to October 2015	<p>The NARCH program has continued to provide Summer Institute Training in research, public health and statistics. Each summer approximately 100 individuals attend this training.</p> <p>The Western Tribal Diabetes Program has continued to provide RPMS/DMS training to NW Tribes and others interested in the DMS system. Consultation is provided annual to all NW tribes requesting such TA,</p> <p>A training has been developed and delivered on understanding and using statistics for non-statisticians as a collaboration between IDEA-NW and the WEAVE Projects</p> <p>Created a “Linkage Resources” on project website</p>