



The Northwest Portland Area Indian Health Board

Program Directory



January 2020

Welcome,

The Northwest Portland Area Indian Health Board Services have grown. We are happy to present you with information about our full range of services provided to the 43 Tribes of Idaho, Oregon and Washington.

You will notice that we are engaged in many areas of Indian health, including advocacy, policy analysis, health promotion and disease prevention, as well as data surveillance and research. Our strengths include an active board, talented staff, and a forward thinking organization.

Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB or the Board) is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho. Each member tribe appoints a Delegate via tribal resolution, and meets quarterly to direct and oversee all activities of NPAIHB.

This information describes the programs within the Northwest Tribal Epidemiology Center (NWTEC), as well as other projects and services of the Northwest Portland Area Indian Health Board.

If we can assist you in any way, please do not hesitate to contact us.



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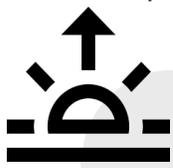


Northwest Tribal Epidemiology Center (EpiCenter)

The mission of the Northwest Tribal Epidemiology Center is to collaborate with Northwest American Indian Tribes to provide health-related research, surveillance, training and technical assistance to improve the quality of life of American Indians and Alaskan Natives (AI/ANs).

The EpiCenter is one of twelve national Centers charged with collecting tribal health status data, evaluating data monitoring and delivery systems, and assisting tribes in identifying local priorities for healthcare delivery and health education. Since 1997, The EpiCenter has administered a number of successful health research and surveillance projects serving the Northwest Tribes.

The EpiCenter serves the 43 federally recognized tribes in Idaho, Oregon, and Washington.



Established in 1997:

- Response to need from Indian Health Services
- A part of the Northwest Portland Area Indian Health Board



Serving 43 Federally Recognized Tribes:

- Idaho
- Oregon
- Washington



Goals:

- Assisting communities in implementing disease surveillance systems and identifying health status priorities.
- Providing health specific data and community health profiles for Tribal communities.
- Conducting tribal health research and program evaluation.
- Partnering with tribal, state, and federal agencies to improve the quality and accuracy of AI/AN health data.



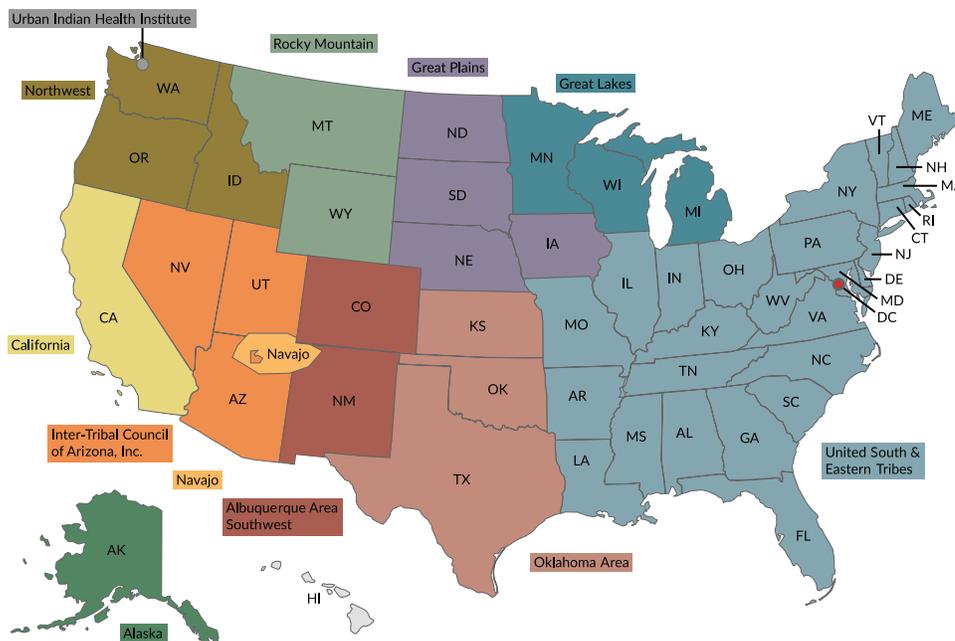
TRIBAL EPIDEMIOLOGY CENTERS

Tribal Epidemiology Centers (TECs)

Tribal Epidemiology Centers (TECs) work in partnership with the local or area Tribes to improve the health and well-being of their Tribal community members by offering culturally-competent approaches that work toward eliminating health disparities that are faced by AI/AN populations. Accomplishing this often requires the TECs to work with a coordinated approach with the Tribes, the Indian Health Service (IHS), other federal agencies, state agencies, and often academic institutions throughout the country.

Tribal Epidemiology Centers provide various types of support and services due to the variation of the TECs organization structure, divisions, Tribal populations, and their mission and goals. There are currently 12 Tribal Epidemiology Centers in the United States.

The TECs recently celebrated their 20th year working to improve public health capacity and the availability of valid and reliable data in AI/AN populations. Currently, the TECs serve all 12 IHS Areas and the Urban Indian population.



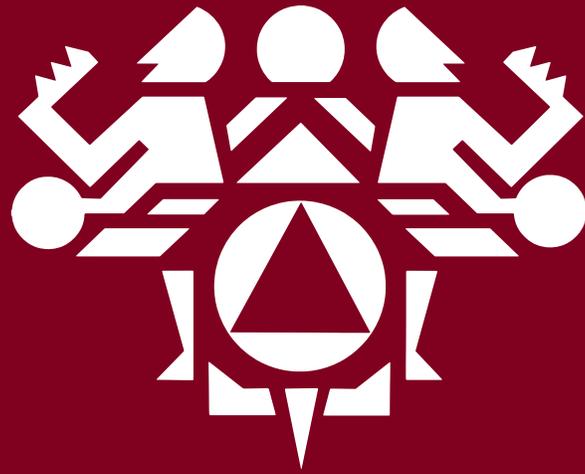
Mission:

to improve the health of American Indian/ Alaska Native (AI/AN) by:

- Identifying and understanding health problems and disease risks
- Strengthening public health capacity
- Developing solutions for disease prevention and control

Vision:

- Increased awareness about public health needs in Indian Country
- Strengthening capacity & the practice of public health in Indian Country
- High level, responsive expertise on public health subject matter & methods
- Integrating public health practice into IHS/Tribal clinical & health services
- Continuous public health strategy & innovation
- Expanded & enhanced strategic partnerships
- Network of proactive, responsive to TECs or Tribes & regions



Program Summaries



Project Description:

Improving Asthma Management for NW Tribal Youth

Ages 3 to 21

Nationally, asthma affects one in ten children under age 18 years, making it the most common chronic disease among youth. This high prevalence translates to a heavy public health burden, affecting not only patients but their families in the forms of interference with daily activities, missed days of school and work, and worry and concern. Asthma's costs to society include emergency department visits and hospitalizations. Pediatric asthma poses a particularly heavy public health burden in Indian Country where the prevalence of asthma in American Indian and Alaska Native (AI/AN) children is estimated at 15.1%, as compared to the general US population of 9.5%. Clinical management of asthma is accomplished with medication and patient education. While best practices and guidelines are well defined, implementation widely varies in health care settings, and often is not coordinated in any structured way with home environmental assessment and reduction of triggers. Interventions to improve patient education by pharmacy and home visits by nurses and community health workers have demonstrated substantial improvements in symptom-free days and quality of life, and reductions in health care utilization in selected settings.



Goals:

- Reduce childhood asthma morbidity in tribal communities
- Comprehensively improve asthma management in tribal young people, ages 3 to 21 years
- Reduced emergency room visits, hospitalizations for asthma management
- Increased patient and care-giver knowledge of asthma management



Topics:

- Pharmacist-based education about asthma management to patients and care givers
- Environmental assessments for asthma triggers
- Adapting pilot study findings to additional tribes, that will also be followed forward in time to assess program outcomes



How can we help?

- Tribal chronic disease control programs, especially asthma programs



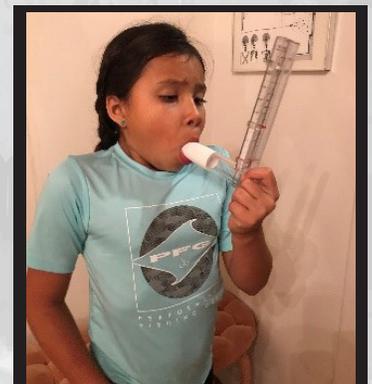
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Funding Source:

NIH/NIEHS via a grant to the NPAIHB



Spotlight:

Ryan Pett, PharmD, MPH, is a pharmacist based at Yakama Indian Health Clinic, and a recognized expert in asthma management. He provides his expertise to other pharmacists and environmental assessment staff in additional tribes. Dr. Pett has advanced training in asthma management and is an active participant in this project.

Project Description:

Centers for Disease Control Epidemic Intelligence Service Officer (EISO)

The Area Medical Epidemiologist is the primary supervisor for the CDC EISO assigned to the NWTEC. We have hosted three EISOs since 2013.

The current EISO, Alex Wu, ScD, MPH, has been with NWTEC since August, 2018 and will complete his assignment in June 2020. The EIS program is a two year applied epidemiology fellowship training program for post-doctorate level public health researchers. Through agreement with the Oregon Health Authority, EISOs assigned to the NWTEC have been able to perform on-call duty for the Acute and Communicable Diseases Division, to gain experience in a State Health Department responding to communicable disease outbreaks.

The following are ways that Alex, and former EIS officers, have assisted tribes:

- Responded to an outbreak of active tuberculosis at a reservation
- Analyzed cancer data to increase accuracy of hepatitis C virus mortality rates among AI/AN
- Present what is NWTEC to 6th graders at an Oregon middle school
- Evaluate a surveillance system to identify areas for improvement
- Create informational flyers, at the direction of tribes, on public health issues
- Analyze death record data to gain information about trends and risk factors

Examples of the above include Alex assisting a tribe in Washington State to evaluate their suicide surveillance system to identify gaps in suicide behavior reporting. This led to increased reports of suicide-related behaviors to tribal health. During the measles outbreak in Washington in 2019, Alex worked with three tribes' medical officers/clinic directors to create flyers about measles. Through established data sharing agreements between NPAIHB and Washington State, Alex identified and evaluated AI/AN race corrected data for the top five causes of death among AI/AN in Washington and presented results at the National Conference on AI/AN Injury and Violence Prevention.

EISO salary and benefits are provided by CDC, required travel is paid by CDC, and local travel is paid by NPAIHB using non-Federal funds. Dr. Wu has deployed to Utah in 2019 and will deploy to Ethiopia in early 2020 at the request of CDC.



Topics:

- Outbreak
- Data
- Analysis
- Communication/ education materials
- Evaluation
- Presentation



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Project Description:

Enhancing Perspectives in Clinics and Communities (EPCC) Program

Enhancing Perspectives in Clinics and Communities (EPCC) Program – Indigenous peoples across Turtle Island have their own ways of understanding that it is our responsibility to take care of each other and ourselves. The EPCC Program is building the capacity for Indigenous people and healthcare professionals to develop trustworthy and compassionate relationships in and out of the healthcare setting. To do this, the EPCC Program supports:

- taking about health in an affirmative non-stigmatizing way
- decolonizing public health
- using indigenous and western knowledge with equal power and influence
- advocating for tribal policy on all levels.

The EPCC Program brings together clinicians, health professionals, traditional knowledge holders, advocates, patients, and community members to develop new and innovative ways to improve the health and wellness of American Indian and Alaska Native people and communities by leaning on both the knowledge of our ancestors and western medicine and science.



Goals:

- Work with our communities, clinics, and broader public health systems to elevate the health of AI/AN people.
- Enhance indigenous perspectives and ways of knowing in public health and clinical settings.
- Provide leadership, across a continuum – leaving footsteps to help guide and shoulders to help support.



Topics:

- HIV
- HCV
- SUD
- OUD
- LGBTQ and Two Spirit Health
- Other emergent health and wellness needs



Contact:

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How can we help?

- Indian Country ECHO
- Quality Improvement
- Patient and Clinic Specific Recommendations (HIV, HCV, SUD, OUD, +)
- Community and/or Clinical interventions for improving care of HIV, HCV, SUD, OUD, +.



Funding Source:

- Minority HIV/AIDS Fund
- Indian Health Service
- Centers for Disease Control and Prevention
- Substance Abuse and Mental Health Services Administration
- Office of Minority Health

Project Description:

Environmental Public Health Services

The purpose of the Environmental Public Health (EPH) program is to address the wide range of environmental conditions in tribal communities that contribute to public health and quality of life. Healthy environments where we live, learn, work, and play are recognized as a vital factor in a person's overall health and well-being.



Goals:

Provide comprehensive environmental public health services in partnership with tribal communities through the work of environmental health professionals. The EPH program consults with Tribal governments, community programs, and residents to address their environmental public health concerns and develop plans for improvement. The EPH program has adopted the Indian Health Service (IHS), Division of Environmental Health Services (DEHS) mission statement:

Through shared decision making and sound public health measures, enhance the health and quality of life of all American Indians and Alaska Natives to the highest possible level by eliminating environmentally related disease and injury.



Topics:

- Consumer Safety and Health: retail food service establishments, recreational and tourist facilities, and tribal enterprises
- Community Health and Natural Environment: community environmental health assessments; air quality, recreational and source water supplies, hazardous waste, and sanitation facilities (water/wastewater/solid waste); climate change impacts and health
- Built Environment: child care and Head Start centers, schools, and neighborhood facilities and sites/businesses; chronic disease and community injury prevention projects; asthma home environmental assessments
- Clinical and Occupational Environmental Health: healthcare facilities and other institutional environments - accreditation (AAAHC); general industry occupational safety and health
- Program Capacity Building: tribal environmental public health program and workforce development



How can we help?

- monitoring facilities and sites via surveys, inspections, and assessments;
- occupational and environmental disease, injury, and incident surveillance and investigation;
- health communication, community education, and operator/practitioner training;
- policy and code development and facility construction plan reviews;
- general technical assistance and consultation;
- program and project evaluation;
- research studies and public health projects; and
- program planning and systems management.



Funding Source:

P.L. 93-638 Title I contract with the Portland Area IHS, annual DEHS allocation of tribal shares: \$621,000 in FY2020

Project Description:

Healthy Native Youth (HNY)

www.HealthyNativeYouth.org

HNY is one-stop shop for educators and advocates who want to expand learning opportunities for AI/AN youth. The site is designed for tribal health educators, teachers, and parents – providing training, technical assistance and tools needed to access and deliver effective, age-appropriate positive youth development, healthy decision-making curricula. The website includes free curricula, lesson plans and best practice resources to support the delivery in the classroom or afterschool in tribal or urban settings. Through partnerships and a national AI/AN adolescent sexual health workgroup, HNY gains insights and connections to support the dissemination of culturally appropriate health programs to AI/AN youth.



Goals:

- Dissemination of culturally relevant health education curricula and curriculum enhancements for AI/AN youth
- Provide practical knowledge of adolescent health resources, a community of practice and evaluation for promoting health and wellbeing for Native teens and young adults
- Increase and expand the number of curricula and programs housed in the HNY educator portal
- Provide regional/national trainings and TA to support use of HNY curricula
- Parent-Child Communication Tools and Resources



Topics:

- Alcohol and Drug Prevention/Cessation
- Healthy Relationships
- Healthy Life Skills
- Sexual and Reproductive Health
- HIV/AIDS/STD/STIs
- Suicide Prevention
- Goals & Values
- Tobacco Prevention/Cessation
- Violence or Bullying Prevention
- Cultural Identity
- Sexual/Gender Diversity
- Concerns and Social Media
- Opioid Prevention
- Dating Violence
- Training
- Evaluation



How can we help?

- Health Promotion Curricula
- Curricula Lesson Enhancements
- Adolescent Health Resources
- Community of Practice
- Technical Assistance & Training
- Videos and Webinars
- Health Promotion & Communication Materials
- Curriculum Submission & Feedback
- Evaluation and Evidence of Effectiveness
- Resources for Parents and Supportive Adults



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Funding Source:

the Indian Health Service HIV program and the Secretary's Minority AIDS Initiative Fund.

Spotlight:

The HNY website was produced in collaboration by the NPAIHB, the Alaska Native Tribal Health Consortium, the Inter-Tribal Council of Arizona, Inc., and the University of Texas Health Science Center at Houston. In 2018, the HNY website had broad utilization across the U.S., with over: Users = 5K, Sessions = 7.5K, and Curricula page views = 10K.

Project Description:

The Washington State Department of Health Parenting Teens Project

Tribal and urban American Indian/ Alaska Native (AI/AN) communities have faced significant barriers in obtaining population health data that is accurate, timely, and relevant. This lack of local-level health data has contributed to AI/AN health disparities, as it has hampered tribes' and urban programs' efforts to identify public health priorities. This lack of data has also hindered tribes' and urban AI/AN ability to seek resources for health promotion and disease prevention initiatives, along with hampering their ability to monitor changes in community health status over time. The goal of the IDEA-NW project is to address health inequities among AI/AN in the Pacific Northwest by enhancing the infrastructure and capacity of the Northwest Tribal Epidemiology Center (NWTEC).



Goals:

- Strengthen public health capacity and infrastructure
- Implement activities to improve the effectiveness of health promotion and disease prevention
- Engage in sustainability activities



Topics:

- Data Linkage
- Report writing
- Training
- Evaluation
- Research
- Health Topics



How can we help?

- Data
- Statistics
- Report writing
- Training
- Funding
- Communication materials
- Outreach



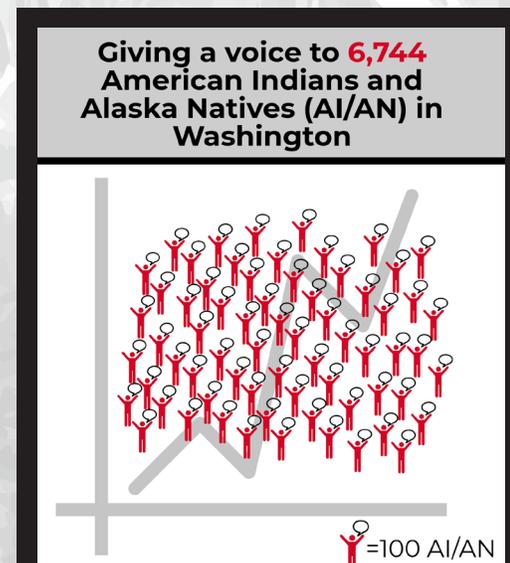
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Funding Source:

Centers for Disease Control and Prevention, Cooperative Agreement #NU58DP006385-01-00



Giving AI/AN a voice”

The IDEA-NW has been able to greatly increase the ability to identify AI/AN who were incorrectly identified in data systems in Washington and Oregon. Across four datasets the IDEA-NW was able to identify 6,744 misidentified AI/AN. These individuals not only increase the accuracy of AI/AN statistics but give AI/AN a voice when otherwise they would be left silent.

Project Description:

Immunization Program

The NPAIHB Immunization Program works with IHS and tribal clinics in Idaho, Oregon and Washington. We support sites in reporting immunization coverage data for children, adolescents and adults on a quarterly basis. We serve as liaisons between clinical sites and State health departments, the IHS National Immunization Program and CDC. In this capacity, we assist sites with locating vaccine supplies, responding to vaccine recalls, and undertaking special projects to improve immunization coverage and immunization data exchange with State Immunization Information Systems.



Goals:

- The goal of the NPAIHB Immunization Program is to improve immunization activities for children, adolescents and adults to meet or exceed national benchmarks as outlined in the 2010 National Vaccine Plan and the Healthy People 2020 recommendations and Government Performance and Reporting Act (GPRA) goals.

Age Group	HP2020 objective	Vaccines	Current Level
Children, 19-35 months (2 year old)	80%	diphtheria, tetanus and pertussis (DTaP); polio (IPV); measles, mumps and rubella (MMR); hepatitis B (Hep B); Haemophilus influenzae, type B (HIB); varicella: and pneumococcal pneumonia (PCV) (4:3:1:3:3:1:4 measure)	49.5% ↓
Adolescents, 13-17 years	80%	tetanus, diphtheria and pertussis (Tdap); varicella (2 doses)*; meningococcal (MCV); human papilloma virus (HPV, 3 doses)†	74% Fem↓ 68% Male↓ (2 HPV) 86%↑ (TD/Tdap, 3 HEPB, 2 MMR, 1 MEN, 2 VAR)
Adults 65 years and older	90%	pneumococcal pneumonia	69% ↑
19 and older	80%	Influenza‡	28% nc

* Objective for 2 doses of varicella is 90% † Objective is for girls only

‡ For adults 18-64 with high risk conditions and those 65 and older the objective is 90%



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Project Description:

Maternal Opioid Use

Neonatal Abstinence Syndrome and Response in NW tribal Communities

In partnership NPAIHB member tribes, this project is a response to an urgent need articulated by and prioritized in Northwest tribal communities. It is critical to engage tribes to have sustainable impact, and ultimately improve substance use related outcomes for AI mothers and children. The principles of community-based participatory research (CBPR) closely parallel the values and strengths of Northwest tribes, including the importance of consensus-building, respect for community processes, sincere equal partnership, and the ecological view of the individual as intricately linked with family and tribe. Following these tenets is the usual method of collaboration between NPAIHB, their academic partners, and tribes. This project will be no exception.

Furthermore, this developmental study will fill the gap by taking into consideration the unique health care system that serves AI/ANs, and begin developing much-needed intervention strategies that are relevant and culturally appropriate and responsive for Northwest tribes. The activities outlined in the study are essential toward designing and launching tribe-based interventions that will have measurable impact in reducing the adverse effect opioids are having on AI/AN mothers and infants in our region.



Goals:

- Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI in the Northwest
- Describe the environmental, social and organizational structures, processes, and policies, as well as individual behaviors that influence access to, or use of, MAT in Northwest Tribes



Topics:

- Maternal opioid use
- Neonatal abstinence syndrome
- Community responsiveness



Contact:

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Project Director
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How can we help?

- Data
- Analysis
- Communication materials
- Outreach
- Report writing



Funding Source:

National Institute on Drug Abuse

Project Description:

Native Boost Project

Addressing Barriers to Childhood Immunization through Communication and Education

Immunizations are one of the most important public health interventions of all time and American Indian and Alaska Native (AI/AN) children have unacceptably low immunization rates. The World Health Organization's Pan American Health Organization identified vaccine hesitancy as one of the top ten threats to global health in 2019

This program aims to disrupt the dangerous cycle of misinformation by providing evidence-based education without fear or degradation. Recognizing that all parents want to make the best possible decisions for their children health is a tribal value and this program will use a Community-Based Participatory approach to work with stakeholders including parents, community members, healthcare providers and Boost Oregon to develop materials and approaches.



Goals:

- Increase patient/parent understanding of the benefits and potential risks of vaccines;
- Increase providers' confidence and ability to discuss patient/parent concerns about vaccines and to strongly recommend immunizing all children according to vaccination schedules
- Develop partnerships with Boost Oregon



Topics:

- Immunization
- Education
- Community outreach
- Technical assistance



Contact:

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How can we help?

- Outreach
- Communication materials
- Education materials



Funding Source:

Centers for Disease Control & Prevention

Project Description:

Native CARS Project

Motor Vehicle Data Study

American Indian and Alaska Natives (AI/ANs) are severely impacted by motor vehicle crash (MVC) injuries. Preventing MVC-related injuries and fatalities is a priority for Northwest tribes. Addressing this issue requires comprehensive, evidence-based, community-responsive ongoing work by planning, health, tribal council, police, & transportation, etc. The new NIMHD grant augments ongoing efforts in the EpiCenter to provide tribes with AI/AN-specific information from existing data sources.

Tribal partnership and collaboration

Under the Northwest Tribal leadership this project is a collaborative partnership & involvement of our study team members from Northwest Portland Area Indian Health Board's (NPAIHB) NW Tribal EpiCenter, Oregon Health & Science University (OHSU) and the Northwest Washington Indian Health Board (NWWIHB) as well as the members of our advisory committee.



Goals:

- Evaluate the magnitude of motor vehicle crash related mortality, hospitalization and serious injury among American Indians in the Northwest utilizing race-corrected public health data sources
- Assess characteristics and outcomes of motor vehicle crashes on or near NW tribal communities via transportation and injury data sources, as well as real-time surveillance systems
- Create and disseminate comprehensive reports to inform the content, direction and evaluable outcomes of future evidence-based tribal interventions



Topics:

- Motor vehicle injuries
- Data
- Tribal partnership
- Tribal presentations
- Racial misclassification
- Community responsiveness



How can we help?

- Data
- Analysis
- Communication materials
- Outreach
- Report writing



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Funding Source:

National Institute on Minority Health and Health Disparities (NIMHD)

Project Description:

NW Native American Research Center for Health Advanced Research Training and Graduate School Funding Support for Tribal Trainees

Few biomedical or public health studies among American Indians and Alaska Natives (AI/AN) peoples in the US have included AI/AN people as investigators. AI/ANs in Principal Investigator roles in research have been particularly uncommon. Although many cancer studies by non-AI/ANs in Tribal communities have been conducted with good intentions toward reduction of cancer incidence and mortality, they have often failed to achieve a reduction in cancer related disparities among Tribal populations. This lack of progress is partly related to the many challenges that 'outsiders' experience in working with AI/AN communities, including the lack of trust that may take many years to establish. AI/AN investigators in key roles in cancer control projects are clearly needed to more effectively address the cancer burden in AI/AN communities. Other chronic diseases (heart disease, injury, substance abuse) also need to include Tribal people in key investigator roles.



Goals:

- Reduce chronic disease incidence and mortality in Tribal communities through the efforts of AI/AN researchers working in diverse chronic disease areas
- Increase research capacities and build research skills among AI/AN researchers, so that they will be better prepared to design and implement research projects within AI/AN communities.



Topics:

- Graduate school thesis and dissertation support
- Research workshops for graduate students
- Cancer prevention and control research training for Tribal researchers
- Funding trainees to conduct projects in Tribal communities



How can we help?

- Tribal chronic disease control programs, especially cancer prevention
- Graduate student support for research done on a dollar per hour basis



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Funding Source:

National Institute of General Medical Sciences of the National Institutes of Health

Spotlight:

"I feel so grateful to have been a part of Tribal Researchers' Cancer Control Fellowship Program, the support has been invaluable. This fellowship has given me tremendous support to pursue my research in my doctoral program, opportunities to present research, and network. Most importantly, the fellowship has provided space to grow together as a cohort of Native scholars, something that is truly unique and special about this program. I cannot speak highly enough of the fellowship and their mission to support motivated students."
Marc Emerson, PhD

Project Description:

Northwest Tribal Comprehensive Cancer Program

While the burden of cancer has been steadily decreasing for the Non-Hispanic White population, it has been increasing for the American Indian/Alaska Native (AI/AN) population. In 1999, the NPAIHB was the first Tribal organization to receive a Centers for Disease Control (CDC) Comprehensive Cancer Grant, from which the Northwest Tribal Comprehensive Cancer Control Program (NTCCP) was created. The NTCCP was the first program to form a tribal cancer coalition covering multiple states and develop a tribal comprehensive cancer plan. The NTCCP provides technical assistance to tribes on tribal action plans for local cancer activities, resource information, cancer data and cancer education training through a variety of venues. The NTCCP envisions cancer-free tribal communities by taking an integrated and coordinated approach to cancer control in collaboration with 43 Northwest tribes.



Goals:

- Cancer free tribal communities
- Provide information on the most current early detection, cancer screening and cancer treatment practices through education and resource materials
- Facilitate Northwest Tribes to promote cancer risk reduction strategies
- Improve AI/AN specific cancer data



Topics:

- Cancer
- Training
- Tobacco
- E-cigarettes
- Survivorship
- Screening
- Resources
- Prevention



How can we help?

- Funding for cancer prevention activities
- Provider training and conferences
- Community cancer education training and materials



Contact:

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Funding Source:

Centers for Disease Control and
Prevention, Cooperative Agreement No.
U58 DP003935-05



Spotlight:

Kiki the Colon loves traveling to tribal communities and meeting people at events like powwows, health fairs, and more! She loves teaching people about colon cancer, what normal colon tissue looks like, what polyps are, how to prevent colon cancer, etc. Kiki is one of the many great educational tools offered by the NTCCP. Reach out to the NTCCP if you would like Kiki to come meet people at your community event!

Project Description:

Northwest Tribal Dental Support Center



It is well documented that American Indians and Alaska Natives (AI/AN) carry a disproportionate burden of oral disease. In 2010, the Indian Health Service (IHS) initiated a nation-wide surveillance system and currently has collected oral health data on 1-5 year olds, 6-9 year olds, 11-15 year olds, and adults. These surveys documented that AI/AN children have significantly more dental decay and more untreated decay than non-native children in the U.S. (<http://www.ihs.gov/DOH/>) According to the 2015 Indian Health Service survey of AI/AN adults showed improvements in oral health from 1999 to 2015 but the survey also reported that there remain significant disparities in oral health between AI/AN people and the general U.S. population. Over 11,000 AI/AN adults were screened nation-wide and over 1,000 in the Portland Area (Oregon, Washington, and Idaho). In the Portland Area, AI/AN adults have over twice the prevalence of untreated dental caries as the U.S. general population

The Northwest Tribal Dental Support Center's (NTDSC) goal is to provide training, quality improvement, and technical assistance to the IHS/Tribal dental programs within the Portland Area, and ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people.



Goals:

- Continue oral health assessment in conjunction with the IHS Surveillance Plan
- Improve quality of care through clinical program support
- Implement clinical and community-based prevention programs including the Baby Teeth Matter and Elder Initiatives
- Provide continuing dental education opportunities including an annual meeting for all dental providers and other staff.



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Funding Source:

The Northwest Tribal Dental Support Center grant is from the Indian Health Service (IHS) (Grant No. U3D2IHS0021-05-00, CDFA Number 93.933)

Project Description:

NW Tribal Juvenile Justice Alliance (NW TJJA)

In response to the Tribal-Researcher Capacity Building Grant opportunity, issued by the U.S. Department of Justice (DOJ) and the National Institute of Justice (NIJ), the NPAIHB will formed an inter-tribal workgroup – the NW Tribal Juvenile Justice Alliance (NW TJJA) – that will meet over 18 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest, aligning with DOJ research priorities.

Due to a range of historical, social, environmental, and structural factors, AI/AN youth are overrepresented in juvenile justice systems. To improve outcomes for AI/AN youth, OJJDP prevention, intervention, and recidivism programs must be responsive to their unique worldview and social context. Unfortunately, research and data to guide DOJ system improvements for Native youth are limited.



Goals:

- Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
- Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
- Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
- Create and administer data collection tools that will identify Data Sources that could inform our understanding of Juvenile justice disparities or concerns for our NW Tribes.



Topics:

- Juvenile Justice
- Substance Misuse
- Restorative
- Culture as Prevention
- Delinquency Prevention
- Justice
- Data Linkage
- Evaluation
- Research



How can we help?

- Data
- Statistics
- Report writing
- Funding
- Communication materials
- Outreach
- Evaluation
- Media
- Curriculum development
- Policy development



Contact:

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Funding Source:

the U.S. Department of Justice, Office of Justice Programs, National Institute of Justice award #2018-75-CX-0011, the grant period is 01/01/2018 through 6/30/2020

Spotlight:

While AI/AN youth in the region experience disproportionate rates of juvenile justice involvement, no planning body is presently convening decision-makers to elevate these important health and safety research questions in AI/AN communities. We are the first body to address the complex needs of Tribal youth involved with, or at risk of involvement with the juvenile justice system.

Project Description:

Oregon Tribal Public Health Modernization

The Oregon Tribal Public Health Improvement Project's primary responsibility is to assist the Oregon Tribes and NARA, Inc. in completing public health modernization functions, as the tribes and Urban program agree to participate. Project areas include; providing training to Oregon Tribes and NARA, conducting surveys to enhance planning for public health strengthening activities, assisting Tribes and NARA with the development of public health modernization strategic plans, and program planning and implementation.



Goals:

- To assist participating Oregon Tribes and Urban Programs in the State of Oregon to modernize their public health systems.



Topics:

- Provide a Community of Practice (CoP) for Public Health Modernization
- Develop a marketing plan for engagement of tribal clinic staff
- Survey Oregon tribal and urban clinics using the Public Health Capacity Survey
- Develop a report of assets and needs for public health modernization
- Assist participating entities in developing a specific strategic action plan for public health modernization



How can we help?

- Surveys
- Data Analysis
- Strategic Planning
- Community of Practice



Contact:

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Funding Source:

The State of Oregon

Project Description:

Portland Area Indian Health Service Medical Epidemiologist

Through a longstanding agreement between NPAIHB and the Portland Area Indian Health Service (PAO-IHS), the Area Medical Epidemiologist is assigned to work with the Northwest Tribal Epidemiology Center. In this capacity, The Area Medical Epidemiologist works closely with multiple projects to provide as-needed consultation and technical assistance; serves as the co-Chair of the PAO-IHS Institutional Review Board; is the primary supervisor for the CDC Epidemic Intelligence Service CDC assignee; and currently serves as the Acting Area Emergency Preparedness and Response Coordinator. Primary focus area include: immunizations, infectious diseases, opioid epidemic, maternal and child health epidemiology and public health surveillance. The Area Medical Epidemiologist is a member of the EP/Biostatistics core workgroup, the Maternal Child Health workgroup, the Epi Data Mart user group and serves on the NPAIHB Safety Committee.

Institutional Review Board:

The Portland Area IHS Institutional Review Board was established in through a collaboration between the PAO-IHS and NPAIHB. PAO-IHS provides funding for administration and coordination of IRB activities through a PL638 contract with NPAIHB. The IRB meets each month to review new protocols that require the full IRB approval. Members will provide expedited reviews between meetings for ongoing renewals or modifications and for exempt projects. IRB members also act as the Scientific Review Committee for the Area, reviewing articles and abstracts submitted for publication or presentation.



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Rena Macy (Spokane)

Co-Chair, PAO-IHS IRB

PAO-IHS ISDEAA Specialist

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Project Description:

Response Circles

Response Circles (RC) is the domestic & sexual violence prevention project at the NPAIHB. The project identifies and disseminates best and promising practices, including the My Body, Mind, and Spirit Are Sacred and What is Done to One is Felt by All social marketing campaigns, a youth-designed Healthy Relationships campaign, and stipends to attend Sexual Assault Nurse Examiner (SANE) trainings and trauma informed care trainings or conferences for medical professionals, first responders, and prevention staff in the Pacific Northwest.



Goals:

- To improve tribal capacity to comprehensively prevent, support, and heal families impacted by domestic and sexual violence, supporting the 43 federally-recognized tribes in Idaho, Oregon, and Washington



Topics:

- Domestic Violence Prevention
- Sexual Assault Prevention
- Training
- Interventions



How can we help?

- Data
- Statistics
- Training
- Funding
- Social Marketing & Media Materials
- Outreach
- Evaluation
- Policy Development



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Paige Smith, CPS
(Paiute, Modoc, Wasco, Shoshone)
Project Coordinator
(503) 228-4185 x 306



Funding Source:

Domestic Violence Prevention Initiative grant, purpose area 1, from the Indian Health Service.



Spotlight:

Materials from Response Circle's intimate partner violence prevention campaign, What is Done to One is Felt by All. Honor Our People, are available at <http://www.npaihb.org/social-marketing-campaigns/> for download. The campaign focuses on protecting our loved ones and to normalize help-seeking by those who are in need.

Project Description:

Technology and Mental Health

We R Native: designing and evaluating technologies to promote adolescent mental health

To reach Native youth with culturally-relevant health messages, the Northwest Portland Area Indian Health Board built We R Native – a holistic, multimedia health resource that reaches over 5,000 viewers per day across its messaging channels.

While mHealth interventions (delivered via text messaging and social media) have been used to improve help seeking behavior and health outcomes for a variety of topics [4], it is not known to what extent technology-based interventions, like We R Native, can promote mental health. Systematic research is needed to determine the extent to which We R Native’s messages foster mental health and resilience, generate coping skills and self-efficacy, and promote healthy social norms – all protective factors against suicide and substance abuse.



Goals:

- Measure user engagement with We R Native’s communication channels: website, Facebook, Instagram, YouTube, Ask Auntie Q&A service, SMS service
- Interview current users to better understand WRN usability, perceptions of quality and trust, and gaps that could be filled in mental health messaging
- Test whether WRN’s messages impact youth norms, intentions, self-efficacy and behaviors related to mental health, resilience, and cultural pride
- Describe demographics of study participants. Whether engagement is associated with improved impact on youth norms, intentions, self-efficacy and behaviors related to mental health.



Study Partners:

Housed in the Colorado School of Public Health, the mHealth Impact Lab’s mission is to facilitate the rapid and rigorous development, implementation, and evaluation of mobile and digital technology to address health inequalities. Together, our teams will evaluate the processes, outcomes, and impacts of We R Native and will share resultant tools and techniques with those working in the field.



Contact:

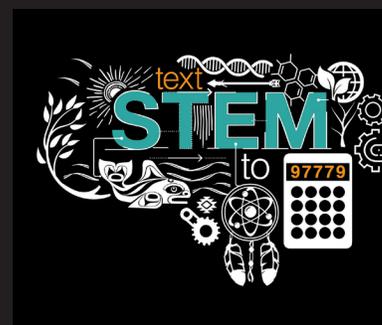
Stephanie Craig Rushing, PhD, MPH
Principal Investigator
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Funding Source:

Social Media Adolescent Health Research Team, University of Wisconsin – Madison

Spotlight:



Project Description:

Tribal Community Health Provider Project - TCHPP Community Health Aide Program Project - CHAP Native Dental Therapist Initiative - NDTI

The CHAP program has evolved over the last 60 years in Alaska to design new ways to provide accessible, culturally appropriate health provider education and patient centered primary health, oral health, and behavioral health care in the community setting. The CHAP program wraps around the existing systems and breaks down barriers to education and healthcare. With the passing of the Indian Health Care Improvement Act of 2010 this program became available to Tribes outside of Alaska. Northwest Portland Area Indian Health Board (NPAIHB) partners with Tribes to create CHAP programs for their communities reducing barriers for American Indian/Alaska Native (AI/AN) people to obtain access to culturally competent health care by local, CHAP educated providers.



Goals:

- Increase the number of AI/AN providers in tribal clinics.
- Create educational pathways for AI/AN people in the health professions
- Assist Tribes to establish CHAP programs
- Engage Tribes and create partnerships for CHAP Education Programs



Topics:

- CHAP
- History
- Develop
- Partnerships
- Training
- Education
- Research
- Health Topics



How can we help?

- Information
- Statistics
- Training
- Education
- Communication materials
- Outreach
- Connections

Contact:

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NDTI Project Director
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Skagit Valley Community College DHAT Education Program



Creating Culturally Relevant Care Where None Exists:

The Tribal Community Health Provider Project has worked with Tribes and partners to develop health policy, provide CHAP education, create infrastructure, build education programs and support CHAP Supervisors/Instructors to teach and mentor these primary CHAP provider Students in their communities.

Project Description:

Tribal Health: Reaching out InVolves Everyone (THRIVE)

Tribal Health: Reaching out InVolves Everyone (THRIVE), the suicide prevention project at the NPAIHB, works to reduce suicide rates among AI/ANs living in the Pacific Northwest by increasing tribal capacity to prevent suicide and by improving regional collaborations.

THRIVE provides suicide prevention training, media material development, and technical assistance to Tribes in the Pacific Northwest. The project provides ASIST and QPR trainings; develops social marketing and media prevention campaigns and; increases tribal capacity to prevent suicide using the Zero Suicide Model, the Healing of the Canoe curriculum, and other evidence-based interventions.



Goals:

- Improve protective mental health knowledge, attitudes, coping skills, and help-seeking behaviors among AI/AN youth nationwide, by delivering evidence-based suicide prevention interventions.
- Promote mental health and the social acceptability of mental health services for AI/AN youth and their families.
- Enhance organizational practices in NW tribal clinics, tribal health departments, and tribal colleges to improve suicide prevention, screening, referral, treatment, and post-suicide services for AI/ANs.
- Improve and expand the delivery of suicide prevention and early intervention strategies in tribal settings.
- Improve tribal suicide prevention policies and environments through coordination, collaboration, and resource sharing across tribes, departments, and programs.



Topics:

- Suicide Prevention
- Mental Health
- Training
- Health Systems Change
- Interventions



How can we help?

- Data
- Statistics
- Training
- Funding
- Social Marketing & Media Materials
- Outreach
- Evaluation
- Policy Development



Contact:

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Funding Source:

Methamphetamine Suicide Prevention Initiative grant, purpose area 2, from the Indian Health Service.
Garrett Lee Smith youth suicide prevention grant from the Substance Abuse and Mental Health Services Administration.

Project Description:

Tribal Opioid Response (TOR) Consortium

The NPAIHB's TOR Consortium works to significantly expand the capacity for Tribal Opioid Response to at least the participating 22 NW Tribes in the TOR Consortium with messaging and services. Project staff are working to expand access to culturally appropriate prevention, treatment, and recovery activities to reduce unmet treatment need and opioid-related deaths through development of a strategic opioid response plan.



Goals:

- To develop a comprehensive and strategic approach to assist Tribes in developing capacity to address the complex factors associated with a comprehensive opioid response.
- To provide leadership, coordination, data management and analytic support, and training and technical assistance to participating Northwest Tribes.



Topics:

- Opioid Use Disorder (OUD)
- Training
- Substance Use Disorder (SUD)
- Interventions
- Medication Assisted Treatment (MAT)



Funding Source:

Tribal Opioid Response grant from the Substance Abuse and Mental Health Services Administration.



How can we help?

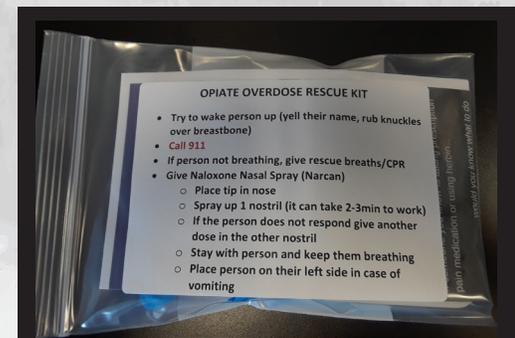
- Data
- Statistics
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- Funding
- Social Marketing & Media Materials
- Outreach
- Evaluation
- Policy Development



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Spotlight:

The NPAIHB TOR Consortium staff disseminate Opiate Overdose Rescue kits at regional events. The kits were adapted from versions developed by the Swinomish Tribe and White Earth Nation.

Project Description:

The Washington State Department of Health Parenting Teens Project



The Washington State Department of Health (WA DOH) Parenting Teens Project supports healthy futures for the American Indian/Alaska Native (AI/AN) expectant and parenting teens, women, fathers and their families in Washington. Our mutual goal is to create a seamless network of linkages for expectant and parenting teens, connecting them to culturally-appropriate services, programs, resources, and referrals.



Goals:

- Increase awareness about the needs of AI/AN pregnant and parenting teens and their families living in Washington State.
- Increase tribal capacity to deliver culturally-sensitive services to AI/AN expectant and parenting teens and their families, through collaboration with schools, higher education, vocational training and other local service providers.
- Improve parenting practices and health outcomes for AI/AN expectant and parenting teens and their families, through ongoing training and technical assistance.
- Empower AI/AN expectant and parenting teens to realize their full potential for health, development, and self-sufficiency.



Topics:

- Teen pregnancy
- Teen parenting
- Expectant parents
- Families
- Fathers
- Prevention
- Interventions
- Adolescent Sexual Health



How can we help?

- Data
- Training
- Funding
- Communication materials
- Outreach
- Social media marketing materials



Contact:

Stephanie Craig Rushing, PhD, MPH

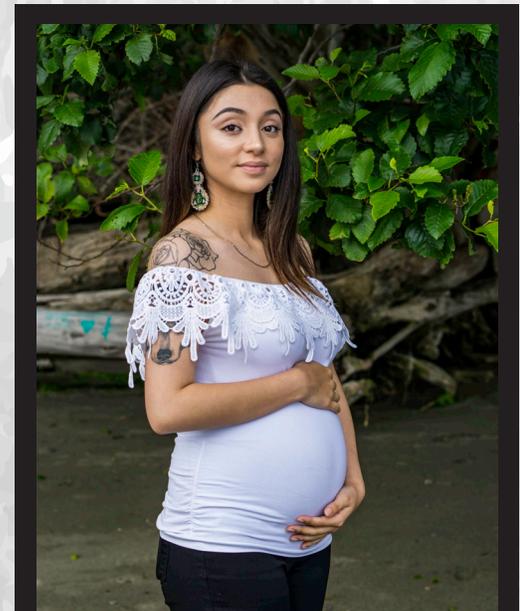
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Funding Source:

Washington State Department of Health
(Contract Number TRB23492, CDFA
Number 93.500)



Spotlight:

The WA DOH project received photography from local Washington Tribal media organization of AI/AN expectant and parenting teens for the upcoming digital social media marketing campaign. Staff will disseminate surveys focused on identifying the needs, and a slogan or tag line for the campaign. The digital social media marketing campaign will be available on the We R Native social media pages in the spring of 2020.



Project Description:

Washington Tribal Public Health Improvement Program

The Washington Tribal Public Health Improvement Program's primary responsibility is to assist the Washington Tribes in completing public health modernization functions, as the tribes agree to participate. The project aims to assist Washington tribes with activities related to tribal public health improvement, as detailed in the essential functions.

The project provides training to Washington tribal clinic staff, conducting surveys to enhance planning for public health strengthening activities, coordination of various staff within the NWTEC to ensure achievement of the goals of the project, and assisting with the preparation of other reports, manuscripts, and presentations for the tribes of the State of Washington.



Goals:

- The primary goal of this project is to ensure Washington Tribes have the information, data and needed training to modernize their respective public health systems as desired.
- Support tribal public health modernization



Topics:

- Communicable Disease Prevention
- Public Health Modernization



How can we help?

- Training
- Quality Improvement
- Public Health Modernization Assessment and Planning



Contact:

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Funding Source:

The State of Oregon

Project Description:

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

The WEAVE-NW project aims to address high rates of chronic disease and premature death caused by obesity, commercial tobacco use, and chronic disease by using culturally relevant and community-based approaches. These chronic diseases such as heart disease, stroke, and type-2 diabetes, are among the most widespread, costly, and preventable causes of morbidity and mortality for American Indian/Alaska Native populations throughout the United States

Goals

WEAVE-NW aim to address chronic disease risk factors including: commercial tobacco use, physical inactivity, and unhealthy diet using policy, systems and environmental (PSE) change approaches in the 43 federally recognized tribes of Idaho, Oregon, and Washington.



Goals:

WEAVE-NW aim to address chronic disease risk factors including: commercial tobacco use, physical inactivity, and unhealthy diet using policy, systems and environmental (PSE) change approaches in the 43 federally recognized tribes of Idaho, Oregon, and Washington.



Topics:

- Trainings
- Workshops
- Technical assistance
- Food sovereignty
- Breastfeeding resource mom
- Strategic planning
- Policy development
- Health data literacy
- Tobacco burden/ cessation



How can we help?

- Coalition
- Technical assistance
- Funding for NW Tribes
- Food sovereignty
- Trainings



Contact:

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Funding Source:

The Centers for Disease Control and Prevention

Project Description:

We R Native Youth Development Project (I-LEAD)

The goal of the We R Native Youth Development Project is to improve resilience and life skills among AI/AN youth (14-24 years old) by increasing their participation and success in leadership positions and by preparing them to join the public health workforce.



Goals:

- Enhance leadership opportunities among tribal youth through the establishment of a regional Tribal Youth Delegate program
- Enhance leadership development among tribal youth through a year-long training in the We R Native Ambassador program
- Enhance workforce readiness through health-related internships, job shadow opportunities, and a text mentoring program



Topics:

- Youth
- Workforce Development
- Leadership
- Health Policy



How can we help?

- Internships
- Mentorship
- Leadership Development
- Youth Voice



Contact:

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Paige Smith, CPS
(Paiute, Modoc, Wasco, Shoshone)
Project Coordinator
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Funding Source:

Administration for Native Americans
#90NC0022



Spotlight:

The NPAIHB's Youth Delegate program includes 14 emerging Native leaders from Idaho, Oregon and Washington. Since its launch, the "STEM" text messaging service has enrolled nearly 1000 AI/AN youth interested in science, engineering, technology, math, and medicine.

Project Description:

Western Tribal Diabetes Project Description (WTDP)

In 1997, Congress established the Special Diabetes Program for Indians (SDPI) as a response to the diabetes epidemic among American Indians and Alaska Natives. The SDPI is currently funded at \$150 million per year, distributed among the Tribes in the 12 IHS Areas. The Northwest Tribes recognized a need for technical assistance with diabetes data, and through tribal consultation with IHS, the NW tribes set aside 5% of area funding for a centralized program run through the EpiCenter at the Northwest Portland Area Indian Health Board. The Western Tribal Diabetes Project (WTDP) assists tribal programs in tracking and reporting accurate health data. This information is used to improve the quality of patient care, to gain additional resources, and to plan effective intervention programs.



Goals:

- Provide technical assistance to SDPI programs completing the annual IHS Diabetes Care and Outcomes Audit
- Assist in building and maintaining diabetes registries
- To provide culturally appropriate training on topics related to diabetes
- Provide technical assistance to I/T/U health care programs using diabetes-specific tools
- Build partnerships and collaborations for expansion of resource and services to tribal diabetes programs
- Provide trainings on Diabetes Management System and related packages



Topics:

- Diabetes Registry clean-up
- Diabetes Data
- Tobacco Cessation
- Case Management
- Diabetes Best Practices
- Motivational Interviewing
- Historical Trauma
- Physical Activity
- Nutrition
- Healthy Lifestyle



How can we help?

- Diabetes Audit Submission
- Diabetes Registry updates, clean-up
- Diabetes Data
- Trainings
- Development and sharing of resources and tools

Contact:

Kerri Lopez (Tolowa),
Director, NW Tribal Cancer and Western Tribal Diabetes Projects
klopez@npaihb.org

Email WTDP directly at wtdp@npaihb.org



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AUGUST 15th & 16th, 2019

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- TRIBAL FITNESS COORDINATORS
- COMMUNITY WELLNESS TRAINERS
- YOUTH COORDINATORS
- TRIBAL LEADERS

WHY SHOULD YOU ATTEND?

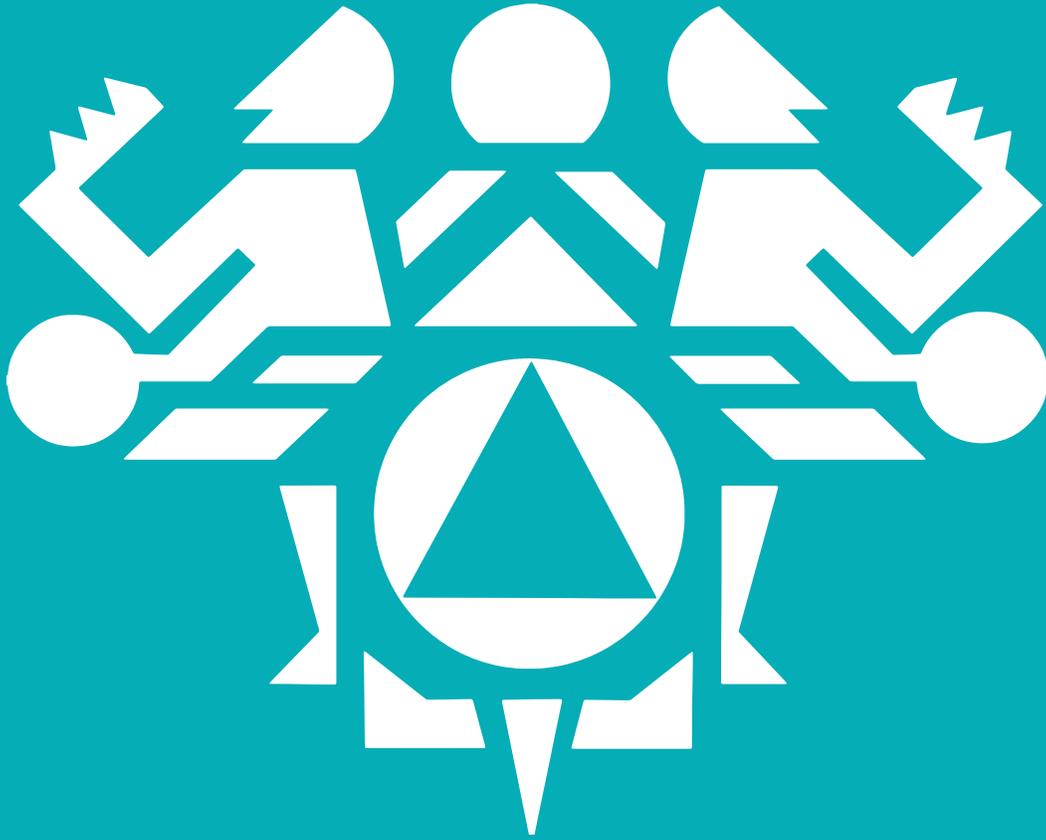
- RECEIVE SKILLS IN BASIC AEROBIC TRAINING
- LEARN CREATIVE FITNESS TRAINING TECHNIQUES
- LEARN TRIBAL SPECIFIC APPROACHES TO HEALTH & WELLNESS
- CERTIFICATE OF COMPLETION (UPON REQUEST)

For more information:
Western Tribal Diabetes Project
800-862-5497
wtdp@npaihb.org

Native American Fitness Council
NIKE
Northwest Portland Area Indian Health Board
Your Leadership for Better Health

Spotlight:

Native Fitness training for SDPI programs – a partnership with Nike providing fitness trainings, to develop and improve tribal fitness programs in addition to diabetes data resources and data collection.



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