



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
Funding Opportunities
March 2018



To: Idaho Delegates, Oregon Delegates, Washington Delegates, Tribal Chairs and Tribal Health Directors

Greetings! The NPAIHB - Funding Opportunity is provided on the basis that when there is pertinent announcements we are made aware of, have received and/or researched for as part of our commitment to the health and well-being of our tribal members it is posted here for you. New posts will be available Friday/Monday (**unless there are no “New” grant announcements**). Please see the **“New” Funding Opportunity Information provided in this “color code”**.

If you have a specific targeted goal or urgent community need and find yourself not knowing where to start --“looking for a grant”, our assistance is available anytime, and we would be very excited to assist you. In addition, at the end of this announcement several funding organizations do not have deadlines and do accept proposals all year round.



Tribal Health Systems Enhancement for Cancer Screening - National Indian Health Board

DEADLINE: Mar 30, 2018

AMOUNT: \$5,000

DESCRIPTION: This program provides funding to pilot test a toolkit developed by NIHB with a focus on increasing high quality, population-based breast, cervical, and colorectal cancer screenings.

WEBSITE/LINK: <https://www.ruralhealthinfo.org/funding/4335>

Wildhorse Foundation Grants (OREGON AND WASHINGTON)

DEADLINE: Apr 1, 2018

AMOUNT: Up to \$20,000. The Foundation awards approximately \$800,000 each year.

DESCRIPTION: Wildhorse Foundation provides grants to tribes and national, regional, or local Native American organizations that serve individuals in the Cayuse, Umatilla, and Walla Walla tribes of Oregon and Washington.

The Foundation funds projects in the areas of:

Public health

Public safety

Environmental protection

Education



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Gambling addiction prevention, education, and treatment

Arts

Cultural activities

Historic preservation

Salmon restoration

Eligibility

Eligible applicants include:

Morrow, Umatilla, Union, and Wallowa counties in Oregon

The Tribes Ceded Territory in Washington, which is most of Benton, Columbia, and Walla Walla Counties

Confederated Tribes of the Umatilla Indian Reservation

Any Native American Tribal government agency or Native American charitable organization with its principal office and base of operations within the State of Oregon

Any national or regional Indian organization

Geographic coverage Parts of Washington and all of Oregon

WEBSITE/LINK: <https://www.ruralhealthinfo.org/funding/4227>

School for Healthy Kids Issues RFP for School Breakfast Program Grants

DEADLINE: April 6, 2018

AMOUNT: 1) School Breakfast Grants: Up to two hundred and fifty schools will receive grant awards ranging from \$500 to \$3,000 to support increased participation in school breakfast programs. Eligible schools may apply to pilot or expand their programs, including alternative or universal alternative.

2) Game On Grants: Up to five hundred schools will be awarded grants for physical activity and nutrition initiatives that support their efforts to become nationally recognized as a health-promoting school. Grant awards will range between \$500 and \$1,000.

DESCRIPTION: Action for Healthy Kids combats childhood obesity, undernourishment, and physical inactivity by helping schools become healthier places so that kids can live healthier lives. The organization partners with dedicated volunteers — teachers, students, moms, dads, school wellness experts, and more — from within the ranks of its more than sixty-thousand-strong network to create healthful school changes.

To that end, the organization has issued a Request for Proposals for its 2018-19 Breakfast for Healthy Kids and Game on Grants programs. Award amounts will be based on building enrollment, project type, potential impact, and a school's ability to mobilize parents and students around school wellness initiatives.

For complete program guidelines and application instructions, see the Action for Healthy Kids website.



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WEBSITE/LINK: <http://www.actionforhealthykids.org/tools-for-schools/apply-for-grants>

SAMHSA - Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families

DEADLINE: Tuesday, April 10, 2018

AMOUNT: Anticipated Total Available Funding: \$14,616,450 (At least \$5 million will be awarded to federally recognized American Indian/Alaska Native (AI/AN) tribes/tribal organizations...)

Anticipated Number of Awards: 27 awards

Anticipated Award Amount: Up to \$541,350 per year

Length of Project: Up to 5 years

Cost Sharing/Match Required?: No

DESCRIPTION: The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) is accepting applications for fiscal year (FY) 2018 Enhancement and Expansion of Treatment and Recovery Services for Adolescents, Transitional Aged Youth, and their Families grant program (Short Title: Youth and Family TREE). The purpose of this program is to enhance and expand comprehensive treatment, early intervention, and recovery support services for adolescents (ages 12-18), transitional aged youth (ages 16-25), and their families/primary caregivers with substance use disorders (SUD) and/or co-occurring substance use and mental disorders.

The population of focus is adolescents and/or transitional aged youth and their families/primary caregivers with SUD and/or co-occurring substance use and mental disorders (hereafter known as “the population of focus”). Based on need and identification of traditionally underserved populations, applicants may choose to provide services to adolescents and their families/primary caregivers, transitional aged youth and their families/primary caregivers, or both populations and their families/primary caregivers. Applicants that select transitional aged youth may choose a subset of this population of focus (e.g., ages 16-18, ages 18-21, ages 21-25). Applicants will be expected to identify and reduce differences in access, service use, and outcomes of services among females and racial and ethnic minority populations to address health disparities.

SAMHSA recognizes that effective and quality treatment for adolescent and transitional aged youth includes age and developmentally appropriate evidence-based assessments and practices. In addition, SAMHSA recognizes that family/primary caregiver involvement in the adolescent and transitional aged youth’s treatment is a key factor in effective treatment and recovery programs. The recipient will be expected to provide a coordinated multi-system family centered approach that will enhance and expand comprehensive evidence-based treatment, including early intervention, and recovery support services to the population of focus.

WEBSITE/LINK: <https://www.samhsa.gov/grants/grant-announcements/ti-18-010>



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RWJF - Integrative Action for Resilience: Progress Through Community-Research Partnerships

DEADLINE: April 11, 2018, 3:00 p.m. ET

AMOUNT: (See announcement has a Phase 1 and Phase 2 level funding.)

DESCRIPTION: The Integrative Action for Resilience initiative is a two-phase opportunity for local community leaders—who are interested in designing and implementing rigorous resilience research to generate evidence that can inform their own decision-making about policies and projects needed to build resilience in their community, and for researchers—who are interested in partnering in new ways with community-based organizations to apply their analytic capabilities to community-identified challenges. This is a unique opportunity to connect community leaders and researchers who have not worked together before but may be interested and well-suited to pursue resilience research together. Current community-research partnerships are important, but this call is for new partnerships to develop between community leaders and researchers who have not previously worked together but will find complementary benefits from engagement.

WEBSITE/LINK: https://www.rwjf.org/en/library/funding-opportunities/2018/integrative-action-for-resilience.html?rid=0034400001rluooAAA&et_cid=1184486

Research on the Health of Women of Understudied, Underrepresented and Underreported (U3) Populations An ORWH FY18 Administrative Supplement (Admin Supp - Clinical Trial Optional) Department of Health and Human Services-National Institutes of Health

DEADLINE: April 16, 2018

AMOUNT: \$200,000

DESCRIPTION: The Office of Research on Womens Health (ORWH) announces the availability of administrative supplements to support interdisciplinary, transdisciplinary and multidisciplinary research focused on the effect of sex/gender influences at the intersection of a number of social determinants, including but not limited to: race/ethnicity, socioeconomic status, education, health literacy and other social determinants in human health and illness. This research includes preclinical, clinical and behavioral studies with the specific purpose to provide Administrative Supplements to active NIH parent grants for one year to address health disparities among women of populations in the US who are understudied, underrepresented and underreported in biomedical research. The proposed research must address an area specified within Objective 3.9 (Goal 3.0) of the NIH Strategic Plan for Research on Womens Health (<http://orwh.od.nih.gov/research/strategicplan/index.asp>) which states: Examine health disparities among women stemming from differences in such factors as race and ethnicity, socioeconomic status, gender identity, and urban-rural living, as they influence health, health behaviors, and access to screening and therapeutic interventions. Projects must include a focus on one or more NIH-designated health disparities populations, which include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asian Americans, Native Hawaiians and other Pacific Islanders, socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities (SGM). Combinations of one or more populations is also encouraged, e.g. socioeconomically disadvantaged sexual and gender minorities.



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WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300970>

Society of Family Planning Invites Applications for Emerging Scholars Program

DEADLINE: April 16, 2018

AMOUNT: Through the program, grants of up to \$7,500 will be awarded in support of efforts to diversify the pipeline of family planning scholars and provide more opportunities for integrating emerging scholars into the family planning community.

DESCRIPTION: The Society of Family Planning Research Fund and the Society of Family Planning promote programs and grants that center diversity, equity, and inclusion and contribute to the academic success, retention, and persistence of emerging scholars from all backgrounds. SFP/SFPRF strives to actively build a community whose members have diverse cultures, backgrounds, and life experiences.

To that end, the society is accepting applications for its Emerging Scholars in Family Planning program. Grants also will underwrite attendance at the 2018 North American Forum on Family Planning, support the publication of one open-access publication, cover SFP membership dues for 2018, and facilitate efforts to match scholars lacking internal institutional or mentor support with an external mentor.

To be eligible, applicants must be enrolled in a graduate-level program at the time of application and the award. Medical students, nursing students, residents, and master's or doctoral-level students are eligible. Scholars must reside in the United States, and the proposed research must be focused on research in the United States that advances access to safe abortion or prevents unintended pregnancy.

For complete program guidelines and application instructions, see the Society of Family Planning website.

WEBSITE/LINK: http://philanthropynewsdigest.org/rfps/rfp8569-society-of-family-planning-invites-applications-for-emerging-scholars-program?utm_campaign=rfps%7C2018-02-24&utm_source=pnd&utm_medium=email

Food Distribution Program on Indian Reservations Nutrition Education Grant

DEADLINE: Apr 16, 2018

AMOUNT: \$200,000

DESCRIPTION: Grants for projects to provide nutrition education to participants in the Food Distribution Program on Indian Reservations (FDPIR) program.

Desired outcomes include:

Improve nutrition-related knowledge among FDPIR participants, resulting in healthier food choices and a better understanding of healthy food preparation methods

Foster tribal capacity to provide nutrition education through the development of nutrition education resources, such as lesson materials and videos, and facilities, such as food demonstration spaces and educational gardens



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Develop skills among FDPIR participants, such as canning, preparing fresh produce, and using lower fat cooking methods, leading to greater self-sufficiency and providing participants with greater flexibility in how they utilize healthy foods

Projects should use the FY 2018 SNAP Education Plan Guidance as the basis for educational activities.

WEBSITE/LINK:

https://www.ruralhealthinfo.org/funding/1688?utm_source=racupdate&utm_medium=email&utm_campaign=update022118

Charles A. Frueauff Foundation Grants

DEADLINE: Jul 1, 2018

AMOUNT: Awards are generally for \$10,000 or less, especially for first-time grantees.

DESCRIPTION: Charles A. Frueauff Foundation Grants award funding to nonprofit organizations who work in the areas of education, human services, and health.

Education: Examples of funding priorities include: endowed scholarships, technology and software upgrades, infrastructure assistance, service learning, and persons leaving welfare, students preparing for employment in non-profit agencies, and activities for at-risk youth.

Human Services: Examples of funding priorities include: welfare-to-work programs, working with at-risk youth, daycare programs, hunger issues, and economic development initiatives.

Health: Specific institutions and specific programs (hospitals and health agencies), rather than national organizations, are usually given priority. Examples of funding priorities include: equipment, outreach programs, staff positions, screening and education materials, programs for at-risk children and their parents, support for the critically ill, AIDS/HIV education programs, and nursing scholarships.

WEBSITE/LINK: <https://www.ruralhealthinfo.org/funding/964>

Second Chance Act Comprehensive Community-Based Adult Reentry Program

DEADLINE: May 1, 2018

AMOUNT:

Category 1:

Award ceiling: \$1,000,000

Project period: 3 years

Estimated number of awards: 8

Category 2:

Award ceiling: \$500,000

Project period: 3 years



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Estimated number of awards: 4

DESCRIPTION: This program provides grants to help communities develop and implement comprehensive and collaborative strategies that address the challenges posed by reentry and recidivism reduction.

There are two award categories.

Community-based adult reentry: Must commit to serving a minimum of 150 people

Community-based adult reentry with small and rural organizations: Must commit to serving a minimum of 75 people

Funds should be used to:

Conduct assessments using reliable, locally validated risk and needs tools to match individuals with appropriate treatment and reentry services

Provide pre- and post-release case management that is sustained over a period of at least 6 months after release

Support a comprehensive range of services, including:

Treatment services that employ the cognitive, behavioral, and social learning techniques of modeling, role playing, reinforcement, resource provision, and cognitive restructuring

Substance abuse treatment, including alcohol abuse

Educational, literacy, and vocational training, as well as job readiness and job placement services

Housing and homelessness support services, including permanent supportive housing

Medical and mental healthcare services, including facilitating enrollment in healthcare plans

Facilitating obtaining locally issued identification cards and other proof of identity

Veteran-specific services, as applicable

Culturally-based programming

Programs that encourage safe, healthy, and responsible family and parent-child relationships and enhance family reunification, as appropriate

Gender responsive and trauma informed services

WEBSITE/LINK: <https://www.ruralhealthinfo.org/funding/4338>

(WASHINGTON ONLY) Arcora Foundation Grants

DEADLINE: Jul 1, 2018

AMOUNT: Award amounts vary by organization and project.

DESCRIPTION: The Arcora Foundation provides:



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Capital funding to increase access to dental care

Operational funding to test innovative oral health delivery strategies and address social determinants of health

Examples of successfully funded projects could include a capital grant to expand an existing FQHC dental clinic and an operational grant to hire a community health worker to outreach into a local immigrant community.

Projects must meet at least two of the following criteria:

Located in Washington and benefits individuals within Washington

Located in a non-urban community or within a Dental HPSA

Located in a community with unmet dental needs

Located in local impact network (LIN) community

WEBSITE/LINK: <https://www.ruralhealthinfo.org/funding/3996>

April 2018

**NIJ FY18 Tribal-Researcher Capacity Building Grants - Department of Justice
National Institute of Justice**

DEADLINE: Apr 23, 2018

AMOUNT: \$500,000

DESCRIPTION: NIJ wants to encourage new, exploratory, and developmental research projects by providing support for the early stages of study development. To help facilitate this process and ensure these projects result in tangible and mutually beneficial studies, NIJ will provide small grants to scientists or technologists who wish to facilitate a new tribal-researcher investigator partnership.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300400>

Youth Violence Prevention Interventions that Incorporate Racism/Discrimination Prevention (R01-Clinical Trial Required)

DEADLINE: Letter of Intent Due Date(s): April 25, 2018 May 25, 2018, by 5:00 PM. local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on this dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are limited to \$500,000 direct costs annually.

DESCRIPTION: The purpose of this initiative is to support research to develop and test youth violence prevention interventions that incorporate R/D prevention strategies for one or more health disparity populations in the US. NIH-designated health disparity populations include Blacks/African Americans, Hispanics/Latinos, American Indians/Alaska Natives, Asians, Native Hawaiians and Other Pacific Islanders,



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socioeconomically disadvantaged populations, underserved rural populations, and sexual and gender minorities. The target age range includes middle school to high school-aged youth, corresponding to an approximate age range of 11 to 18.

Research under this initiative may involve examination of (a) the combination of existing violence prevention and R/D prevention interventions, (b) the addition of newly developed R/D prevention elements into existing violence prevention interventions, or (c) the development of new, fully integrated violence and R/D prevention interventions. Relevant pilot data are required, but it is not expected that all intervention elements will have been pilot tested as an integrated intervention.

R/D prevention components are expected to reduce the incidence, frequency, or intensity of interpersonal R/D and/or structural R/D. R/D may be related to race/ethnicity and/or other statuses among youth from health disparity populations, such as gender, sexual/gender minority status, disability status, social class, religion, national origin, immigration status, limited English proficiency, or physical characteristics.

Examples of interpersonal R/D prevention strategies include but are not limited to the following:

increasing awareness of unconscious bias

shifting social norms and reinforcement of inclusive behavior

fostering greater contact and interaction between groups of youth or between youth and adults

Examples of structural R/D reduction strategies include but are not limited to the following:

adjustment of policies or practices that differentially impact certain populations of youth

monitoring to ensure equitable enforcement of policies

cultural competency and diversity training for organizational personnel

Intervention strategies that aim to improve coping or resilience in the face of R/D, in the absence of strategies to directly reduce interpersonal or structural R/D, are not responsive to this FOA.

Projects are expected to use an approach that encompasses multiple domains (e.g., biological, behavioral, socio-cultural, environmental, physical environment, or health system) and multiple levels (e.g., individual, interpersonal, community, societal) to address youth violence (see the NIMHD Research Framework, <https://www.nimhd.nih.gov/about/overview/research-framework.html>, for examples of health determinants of interest). Interventions may be delivered in any variety of settings, such as schools, hospitals, community organizations, faith-based organizations, or juvenile justice settings. It is expected that projects will involve collaborations from a variety of relevant organizations or groups, including but not limited to academic institutions, health service providers and systems, state and local public health agencies, school systems, school-based student or parent associations, community-based organizations, and faith-based organizations. It is also expected the interventions developed will have potential for sustainability in the intervention setting after the project is over as well as scalability to be implemented in other settings.



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Baseline data identifying the prevalence of violence or aggressive behavior and indicators and levels of R&D should support the rationale for the selection of the intervention content and setting. Research designs should allow for the assessment of mechanisms through which the intervention elements produce changes in the targeted outcomes. Projects should include outcome measures of actual violent behavior at the individual, setting, or community level. Outcomes that are limited only to changes in attitudes or behavioral intentions are not sufficient. Research designs comparing violence prevention interventions with and without R/D prevention components that are strongly encouraged.

Specific Areas of Research Interest

Violence prevention targets of interest include but are not limited to the following:

fighting, bullying, and other school-based violence

electronic aggression

dating violence (including physical and sexual violence)

family violence

violent behavior in juvenile justice settings

R/D prevention targets of interest include but are not limited to the following:

hate crimes,

teacher/classroom practices

school disciplinary practices

law enforcement practices

criminal justice practices

behavior of neighborhood businesses and services

local media messages

Applications that do not focus on youth from US health disparity populations, do not test interventions that address both violence prevention and interpersonal or structural R/D reduction, or do not include violent behavior or aggression as intervention outcomes will be deemed non-responsive and will not be reviewed.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/rfa-files/RFA-MD-18-005.html>

Mary Kay Foundation Accepting Applications for Domestic Violence Shelter Grant Program

DEADLINE: April 30, 2018

AMOUNT: Funds awarded by the foundation may be applied to the operating budget of the applicant (with the exception of staff travel). The foundation will award a grant to at least one domestic violence shelter in every state. Any remaining funds will be distributed based on state population. Grant awards will be announced in October in conjunction with National Domestic Violence Awareness Month.



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DESCRIPTION: The goal of the Mary Kay Foundation is to eliminate domestic violence. As a part of this effort, the foundation makes grants to organizations in the United States that operate emergency shelters for survivors of domestic violence.

WEBSITE/LINK: <https://www.marykayfoundation.org/causes>

COMMUNITY GRANTS

Youth Homelessness Demonstration Program - Department of Housing and Urban Development

DEADLINE: Apr 17, 2018 Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

AMOUNT: \$15,000,000

DESCRIPTION: NOFA Highlights: HUD will select up to 11 communities to participate in the Youth Homelessness Demonstration Program (YHDP) to develop and execute a coordinated community approach to preventing and ending youth homelessness. Five of the 11 selected communities will be rural communities. [Section I.A.1] Only CoC Collaborative Applicants may apply to this NOFA [Section III.A] Applications are submitted through grants.gov, and are due by April 17, 2018 Communities represented by the CoC Collaborative Applicant must include a youth collaboration board, the local or state public child welfare agency, and a broad array of other partners [Sections III.C.1, III.C.3.b, and V.A] The rating and ranking criteria included in this NOFA will be used to competitively select the communities [Section V.A] The selection of the 11 communities will be announced in the Summer of 2018 [Section V.C] Selected Communities will: Develop and implement a Coordinated Community Plan to prevent and end youth homelessness [Section III.C.3.b] Apply for project funding up to an amount between \$1 million and \$15 million per community, based on each community's youth population size and poverty rate, for a total demonstration amount of up to \$43 million [Section II.C] Request project funding on a rolling [Appendix A] Requests funding for all project types allowed under the CoC Program to support homeless and at risk youth, as well as innovative project types that may require a waiver of CoC Program or McKinney-Vento Act requirements [Appendix A and Appendix B] Request funding for a 2-year grant term that will be eligible for renewal under the CoC Program, as long as the project meets statutory CoC Program requirements [Section II.B] Receive a dedicated team of technical assistance providers to advise the development and implementation of the Coordinated Community Plan [Section II.C.3.b] Participate in an evaluation that will inform the federal strategy for preventing and ending youth homelessness [Section I.A and VI.B.] NOFA Priority The purpose of the YHDP is to learn how communities can successfully approach the goal of preventing and ending youth homelessness by building comprehensive systems of care for young people rather than implementing individual or unconnected projects that serve this population. In order to effectively implement a system that addresses the needs of youth experiencing homelessness, Continuums of Care (CoCs) must understand the subgroups of homeless youth & including unaccompanied youth, pregnant and parenting, Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), and minor age youth & experiencing homelessness and the unique challenges they face within their communities. Additionally, CoCs must ensure that the appropriate type of housing assistance and level of services that are effective in providing safe and stable housing are available within the community and must reach out and partner with a comprehensive set of traditional and non-traditional youth homelessness stakeholders that provide youth with resources and services, advocate for them, and set policy on their behalf. Finally, CoCs must incorporate the experiences of homeless or formerly homeless unaccompanied youth & which is vital to understanding



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the needs, strengths, and perspectives of the youth in the community & and incorporate those understandings into the YHDP coordinated community plan and awarded projects. All of this will require CoCs to use innovative practices to design better projects and strong comprehensive plans to prevent and end youth homelessness. Background In 2010, the United States Interagency Council on Homelessness (USICH) presented Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness to the President and Congress, identifying youth as one of four special populations and articulating a goal of preventing and ending youth homelessness by 2020. A coordinated community approach lies at the heart of the strategies advocated by Opening Doors[1]. By engaging in a system-wide crisis response, communities can better understand their system level needs and assets, plan for and allocate new and existing resources, prevent and quickly divert youth from homelessness, and identify, engage, and respond to the needs of youth experiencing homelessness. These concepts are described in the 2012 release of the Framework to End Youth Homelessness [2], and Preventing and Ending Youth Homelessness: A Coordinated Community Response by USICH in December of 2015[3]. The 2015 release included a Preliminary Vision for a Community Response; and illustrates the general components believed necessary for each community to prevent and end youth homelessness. Federal partner agencies with a stake in preventing and ending youth homelessness are working tirelessly together to build on that vision. This work together with a commitment to developing and supporting a coordinated community approach, guides HUDs effort to prevent and end youth homelessness, and serves as the cornerstone value for the YHDP. http://dev2.usich.gov/resources/uploads/asset_library/USICH_OpeningDoors_Amendment2015_FINAL.pdf <https://www.usich.gov/tools-for-action/framework-for-ending-youth-homelessness> https://www.usich.gov/resources/uploads/asset_library/Youth_Homelessness_Coordinated_Response.pdf

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300136>

2018 JUNE

Colorado Health Foundation Accepting Applications for Activating Places and Spaces Together Program

DEADLINE: Jun 15, 2018, Oct 15, 2018

AMOUNT: To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

See the CHF website for complete program guidelines and application instructions.

DESCRIPTION: The program supports locally defined, place-specific efforts designed to get people outdoors and actively engaged in their neighborhoods — together. The goal of the community's overall health. Grants will be awarded to support costs associated with project/program planning and/or implementation.

To be eligible, applicants must be a nonprofit organization with experience working within the community (or communities) targeted and serve a high proportion of youth from high-need/low-income communities.

WEBSITE/LINK: <http://philanthropynewsdigest.org/rfps/rfp8198-colorado-health-foundation-accepting-applications-for-activating-places-and-spaces-together-program>



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ONS Foundation Accepting Applications for End-of-Life Care Nursing Career Development Award

DEADLINE: June 15, 2018

AMOUNT: One annual award of up to \$2,000

DESCRIPTION: To support continuing educational activities for a registered nurse dedicated to caring for patients and their families during the final stages of life. This award *cannot* be used for tuition in an academic program, to attend the ONS Congress or certification.

WEBSITE/LINK: <http://www.onsfoundation.org/apply/ed/PatMcCue>

Women and Sex/Gender Differences in Drug and Alcohol Abuse/Dependence (R21 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: June 16; October 16, 2018

AMOUNT: \$200,000

DESCRIPTION: The purpose of this FOA is two-fold: (1) to advance identification of male-female differences in drug and alcohol research outcomes, to uncover the mechanisms of those differences, and to conduct translational research on those differences, and (2) to advance research specific to women or highly relevant to women. Both preclinical and clinical studies are sought across all areas of drug and alcohol research.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PA-18-602.html>

Electronic Nicotine Delivery Systems (ENDS): Population, Clinical and Applied Prevention Research (R01 Clinical Trial Optional) - Department of Health and Human Services National Institutes of Health

DEADLINE: June 27, 2018; October 24, 2018; June 27, 2019; October 24, 2019; June 27, 2020), by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The maximum project period is 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement is to support studies on electronic nicotine delivery systems (ENDS) that examine population-based, clinical and applied prevention of disease, including etiology of use, epidemiology of use, potential risks, benefits and impacts on other tobacco use behavior among different populations.

WEBSITE/LINK: <https://grants.nih.gov/grants/guide/pa-files/PAR-18-612.html>

MAY 2018

William T. Grant Foundation Seeks Applications for Inequality Research

DEADLINE: May 2, 2018



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AMOUNT: Through its Research program, the foundation will award grants of up to \$600,000 in support of research that focuses on ways to reduce disparities in academic, behavioral, social, and economic outcomes for youth. Priority will be given to projects related to inequality related to economic, racial/ethnic, and language background, but research that explores other areas will also be considered based on a compelling case for its impact.

DESCRIPTION: In recent years, inequality in the United States has become increasingly pervasive. At the same time, prospects for social mobility have decreased. The William T. Grant Foundation believes the research community can play a critical role in reversing this trend.

To that end, the foundation is accepting applications in support of research projects designed to advance understanding in the area of inequalities in youth development and/or increase understanding of how research is acquired, understood, and used, as well as the circumstances that shape its use in decision making.

WEBSITE/LINK: <http://wtgrantfoundation.org/grants#apply-research-grants>

Intervention Research to Improve Native American Health (R01 Clinical Trial Optional) Department of Health and Human Services/National Institutes of Health

DEADLINE: May 14, 2018; (forecast) May 14, 2019; May 14, 2020, by 5:00 PM local time of applicant organization. All types of non-AIDS applications allowed for this funding opportunity announcement are due on these dates.

Applicants are encouraged to apply early to allow adequate time to make any corrections to errors found in the application during the submission process by the due date.

AMOUNT: Application budgets are not limited but need to reflect the actual needs of the proposed project. The scope of the proposed project should determine the project period. The total project period may not exceed 5 years.

DESCRIPTION: The purpose of this funding opportunity announcement (FOA) is to encourage exploratory developmental research to improve Native American (NA) health. Such research can include: conducting secondary analysis of existing data (such as databases that the Tribal Epidemiology Centers have collected); merge various sources of data to answer critical research questions; conduct pilot and feasibility studies; and/or assess and validate measures that are being developed and/or adapted for use in NA communities.

For the purposes of this FOA, the term 'Native Americans' includes the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual whose ancestors were natives, prior to 1778, belonging to the area that now comprises the State of Hawaii.

Studies should: be culturally appropriate and result in promoting the adoption of healthy lifestyles; improve behaviors and social conditions and/or improve environmental conditions related to chronic disease; prevent or reduce the consumption of tobacco, alcohol, and other drugs; improve mental health outcomes; reduce risk of HIV infection; improve treatment adherence and/or health-care systems adopting standards of care to improve overall quality of life.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=297729>



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COMMUNITY GRANTS

FY2018 AmeriCorps Indian Tribes Grants - Corporation for National and Community Service

DEADLINE: Wednesday, May 2, 2018 at 5:00 p.m. Eastern Time. CNCS expects that successful applicants will be notified no later than Monday, June 25, 2018.

Intent to Apply: CNCS strongly encourages applicants to submit a Notification of Intent to Apply by Monday, April 2, 2018 by using this link:

<https://www.surveymonkey.com/r/2018ACTribesIntent>

AMOUNT:

1. Estimated Available Funds

CNCS expects a highly competitive AmeriCorps grant competition. CNCS reserves the right to prioritize providing funding to existing awards over making new awards. The actual level of funding will be subject to the availability of annual appropriations.

2. Estimated Award Amount

Grant awards have two components: operating funds and AmeriCorps member positions. Grant award amounts vary – both in the level of operating funds and in the type and amount of AmeriCorps member positions – as determined by the scope of the projects.

3. Project and Award Period

The project period is generally one year, with a start date proposed by the applicant. The grant award covers a three-year project period unless otherwise specified. In most cases, the application is submitted with a one-year budget. Continuation funding for subsequent years is not guaranteed and shall be dependent upon availability of appropriations and satisfactory performance.

DESCRIPTION: CNCS Focus Areas

The National and Community Service Act of 1990, as amended by the Serve America Act, emphasizes measuring the impact of service and focusing on a core set of issue areas. In order to carry out Congress' intent and to maximize the impact of investment in national service, CNCS has the following focus areas:

Disaster Services

Grant activities will provide support to increase the preparedness of individuals for disasters, improve individuals' readiness to respond to disasters, help individuals recover from disasters, and/or help individuals mitigate disasters. Grantees also have the ability to respond to national disasters under CNCS cooperative agreements and FEMA mission assignments.

Economic Opportunity

Grants will provide support and/or facilitate access to services and resources that contribute to the improved economic well-being and security of economically disadvantaged people; help economically disadvantaged people, to have improved access to services that enhance financial literacy; transition into or remain in safe, healthy,



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affordable housing; and/or have improved employability leading to increased success in becoming employed.

Education

Grants will provide support and/or facilitate access to services and resources that contribute to improved educational outcomes for economically disadvantaged children; improved school readiness for economically disadvantaged young children; improved educational and behavioral outcomes of students in low-achieving elementary, middle, and high schools; and/or support economically disadvantaged students prepare for success in post-secondary educational institutions.

Environmental Stewardship

Grants will support responsible stewardship of the environment, while preparing communities for challenging circumstances and helping Americans respond to and recover from disruptive life events: programs that conserve natural habitats; protect clean air and water; maintain public lands; support wildland fire mitigation; cultivate individual and community self-sufficiency; provide reforestation services after floods or fires; and more. AmeriCorps programs support activities, such as conservation and fire corps, which may also help veterans and others learn new job skills through conservation service.

Healthy Futures

Grants will provide support for activities that will improve access to primary and preventive health care for communities served by CNCS-supported programs; increase seniors' ability to remain in their own homes with the same or improved quality of life for as long as possible; and/or increase physical activity and improve nutrition in youth with the purpose of reducing childhood obesity.

WEBSITE/LINK: <https://www.nationalservice.gov/documents/2018/2018-ameri-corps-indian-tribes-grants>

NO DEADLINE – GRANT RESOURCE INFORMATION

Elizabeth Taylor AIDS Foundation Seeks Applications for HIV/AIDS Programs

DEADLINE: Strategic Funding – Year round by invitation only. (To be eligible, applicant organizations must have at least three years' experience in delivering HIV/AIDS programs.)

AMOUNT: One-year grants of up to \$25,000 will be awarded for domestic and international programs that offer direct care services to people living with HIV and AIDS. Online trainings, curriculum development, and website projects will be a secondary priority for funding considerations.

DESCRIPTION: The Elizabeth Taylor AIDS Foundation was established by Elizabeth Taylor in 1991 to provide grants to existing organizations for domestic and international programs that offer direct care services to people living with HIV and AIDS. Since its inception, the foundation has concentrated on supporting marginalized communities and has grown to also fund innovative HIV education and advocacy programs. To date, ETAF has awarded grants to more than six hundred and seventy-five organizations in forty-four countries and forty-two states in the United States.



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WEBSITE/LINK: <http://elizabethtayloraidsfoundation.org/apply/>

Evidence for Action: Investigator-Initiated Research to Build a Culture of Health

DEADLINE:

Informational Web Conferences:

Lessons Learned from a Year of Evidence for Action Grant Reviews

February 18, 2016 from 1:30-2:30 p.m. ET (10:30-11:30 a.m. PT)

Registration is required.

Archived Web Conferences

Informational Web Conferences were scheduled for June 3, 2015 and July 22, 2015
Recordings for both events are now available.

June 3, 2015 web conference recording available here.

July 22, 2015 web conference recording available here.

Timing: Since applications are accepted on a rolling basis, there is no deadline for submission. Generally, applicants can expect to be notified within 6-8 weeks of their LOI submission. Applicants invited to the full proposal stage will have 2 months to submit their proposal once they receive notification. Full proposal funding decisions will generally be made within 6-8 weeks of the submission deadline.

AMOUNT: Approximately \$2.2 million will be awarded annually. We expect to fund between five and 12 grants each year for periods of up to 30 months. We anticipate that this funding opportunity will remain open for at least a period of three years; however, decisions about modifications to the program and the duration of the program will be made by RWJF at its sole discretion.

DESCRIPTION: Evidence for Action: Investigator-Initiated Research to Build a Culture of Health is a national program of RWJF that supports the Foundation's commitment to building a Culture of Health in the United States. The program aims to provide individuals, organizations, communities, policymakers, and researchers with the empirical evidence needed to address the key determinants of health encompassed in the Culture of Health Action Framework. In addition, Evidence for Action will also support efforts to assess outcomes and set priorities for action. It will do this by encouraging and supporting creative, rigorous research on the impact of innovative programs, policies and partnerships on health and well-being, and on novel approaches to measuring health determinants and outcomes.

WEBSITE: http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3u0aFeLLcIROtLce2ecBeg&et_cid=469879

Changes in Health Care Financing and Organization: Small Grants

DEADLINE: Grants are awarded on a rolling basis; proposals may be submitted at any time.

AMOUNT: This solicitation is for small grants of \$100,000 or less.



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DESCRIPTION: Changes in Health Care Financing and Organization (HCFO) supports research, policy analysis and evaluation projects that provide policy leaders timely information on health care policy, financing and organization issues. Supported projects include:

examining significant issues and interventions related to health care financing and organization and their effects on health care costs, quality and access; and

exploring or testing major new ways to finance and organize health care that have the potential to improve access to more affordable and higher quality health services.

Eligibility and Selection Criteria

Researchers, as well as practitioners and public and private policy-makers working with researchers, are eligible to submit proposals through their organizations. Projects may be initiated from within many disciplines, including health services research, economics, sociology, political science, public policy, public health, public administration, law and business administration. RWJF encourages proposals from organizations on behalf of researchers who are just beginning their careers, who can serve either individually as principal investigators or as part of a project team comprising researchers or other collaborators with more experience. Only organizations and government entities are eligible to receive funding under this program.

Preference will be given to applicants that are either public entities or nonprofit organizations that are tax-exempt under Section 501(c) (3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a).

Complete selection criteria can be found in the Call for Proposals.

WEBSITE: <http://www.rwjf.org/en/grants/funding-opportunities/2011/changes-in-health-care-financing-and-organization--small-grants.html>

The National Children's Alliance

Deadline: <http://www.nationalchildrensalliance.org/>

Amount: See website

Description: The National Children's Alliance has a Request for proposals to help support the development of CACs and Multidisciplinary Teams. NACA encourages all tribal communities to apply. They can offer FREE technical support to help you with your application.

➤ **Common Wealth Fund**

The Commonwealth Fund encourages and accepts unsolicited requests on an ongoing basis. The Fund strongly prefers grant applicants to submit letters of inquiry using the online application form. Applicants who choose to submit letters of inquiry by regular mail or fax should provide the information outlined in a two- to three-page document.

They fund:

- **Delivery System Innovation and Improvement**
- **Health Reform Policy**



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➤ **Health System Performance Assessment and Tracking**

<http://www.commonwealthfund.org/Grants-and-Programs/Letter-of-Inquiry.aspx>

➤ **Kaboom! Invites Grant Applications to Open Previously Unavailable Playgrounds**

Deadline: KaBOOM! is inviting grant applications from communities anywhere in the United States working to establish joint use agreements to re-open playground and recreational facilities previously unavailable due to safety and upkeep concerns. (No specific deadline.)

Amount: Let's Play Land Use grants of \$15,000 and \$30,000 will support creation of joint-use agreements between local governments and school districts that address cost concerns related to safety, vandalism, maintenance, and liability issues to re-open previously unavailable playgrounds and recreational facilities.

The \$15,000 grants will support the opening of at least four playgrounds in cities with populations of less than 100,000 people. The \$30,000 grants will support the opening of at least eight playgrounds in larger communities.

Description: Grants can be used for training and technical assistance, utilities and other building related to the extra use of the facility, legal fees, contract security

services, and marketing campaigns related to the joint-use agreement. Grant recipients must commit to opening the playgrounds within twelve months of the grant decision.

Complete grant application guidelines are available on the KaBOOM! website:

http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl

➤ **Meyer Memorial Trust**

Deadline: Monthly (Except January, April and August)

Amount: Range generally from \$40,001 to \$300,000 with grant periods from one to two (and occasionally three) years.

Description: Responsive Grants are awarded for a wide array of activities in the areas of human services, health, affordable housing, community development, conservation and environment, public affairs, arts and culture and education. There are two stages of consideration before Responsive Grants are awarded. Initial Inquires are accepted at any time through MMT's online grants application. Applicants that pass initial approval are invited to submit full proposals. The full two-step proposal investigation usually takes five to seven months. <http://www.mmt.org/program/responsive-grants>

➤ **Kellogg Foundation Invites Applications for Programs that Engage Youth and Communities in Learning Opportunities**

Deadline: No Deadline

Amount: No Amount Specified



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Description: The W.K. Kellogg Foundation is accepting applications from nonprofit organizations working to promote new ideas about how to engage children and youth in learning and ways to bring together community-based systems that promote learning. The foundation will consider grants in four priority areas: Educated Kids; Healthy Kids; Secure Families; and Civic Engagement.

Educated Kids: To ensure that all children get the development and education they need as a basis for independence and success, the foundation seeks opportunities to invest in early child development (ages zero to eight) leading to reading proficiency by third grade, graduation from high school, and pathways to meaningful employment.

Healthy Kids: The foundation supports programs that work to ensure that all children grow and reach optimal well-being by having access to fresh, healthy food, physical activity, quality health care, and strong family supports.

Secure Families: The foundation supports programs that build economic security for vulnerable children and their families through sustained income and asset accumulation.

Civic Engagement: The foundation partners with organizations committed to inclusion, impact, and innovation in solving public problems and meeting the needs of children and families who are most vulnerable.

See the Kellogg Foundation Web site for eligibility and application guidelines.

http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfRk.dpuf

• **W.K. Kellogg Foundation**

Deadline: The Kellogg Foundation does not have any submission deadlines. Grant applications are accepted throughout the year and are reviewed at their headquarters in Battle Creek, Michigan, or in our regional office in Mexico (for submissions focused within their region).

Amount: NO LIMIT (Please read restrictions/What they won't fund.)

Description: What to Expect Once they receive your completed online application, an automated response, which includes your WKKF reference number, will be sent to you acknowledging its receipt. Their goal is to review your application and email their initial response to you within 45 days. Your grant may be declined or it may be selected for further development.

As part of review process you may be asked to submit your organization's financial reports and/or IRS Form 990. While this information may be required, it is not intended to be the overall determining factor for any funding. You will not be asked to provide any financial reports or detailed budget information during this initial submission. They will only request this information later if needed as part of the proposal development.

If you would like to speak with someone personally, please contact the Central Proposal Processing department at (269) 969-2329. <http://www.wkkf.org/>

AHRQ Research and Other Activities Relevant to American Indians and Alaska Natives

<http://www.ahrq.gov/research/findings/factsheets/minority/amindbrf/index.html>



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Community Grant Program- WALMART

DEADLINE: The 2016 grant cycle begins Feb. 1, 2016 and the application deadline to apply is Dec. 31, 2016. **Application may be submitted at any time during this funding cycle. Please note that applications will only remain pending in our system for 90 days.**

AMOUNT: Awarded grants range from \$250 to \$2,500.

DESCRIPTION: Through the Community Grant Program, our associates are proud to support the needs of their communities by providing grants to local organizations.

WEBSITE: <http://giving.walmart.com/apply-for-grants/local-giving>

Community Facilities Direct Loan & Grant Program

DEADLINE: Applications for this program are accepted year round.

AMOUNT: (See website.)

DESCRIPTION: This program provides affordable funding to develop essential community facilities in rural areas. An essential community facility is defined as a facility that provides an essential service to the local community for the orderly development of the community in a primarily rural area, and does not include private, commercial or business undertakings. Who can answer questions? Contact your local RD office.

WEBSITE/LINK: <https://www.rd.usda.gov/programs-services/community-facilities-direct-loan-grant-program>

SCHOLARSHIP:

The Meyerhoff Adaptation Project -

The Meyerhoff Scholars Program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences or engineering, and who are interested in the advancement of minorities in the sciences and related fields. Students must be nominated for the program and are most typically nominated by their high school administrators, guidance counselors, and teachers. Awards range from \$5,000 – \$22,000 per year for four years.

The Meyerhoff Selection Committee considers students academic performance, standardized test scores, recommendation letters, and commitment to community service. Scholars are selected for their interests in the sciences, engineering, mathematics, or computer science, as well as their plans to pursue a Ph.D. or combined M.D./Ph.D. in the sciences or engineering. Reviewing the freshman class profile may provide an idea of the kinds of students who are admitted to UMBC and the Meyerhoff Scholars Program.

Applicants are expected to have completed a strong college preparatory program of study from an accredited high school. The minimum program of study should include:

English: four years

Social Science/History: three years

Mathematics*: three years

Science: three years



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Language other than English: two years

*Students are strongly recommended to have completed four years of mathematics, including trigonometry, pre-calculus, and/or calculus.

Eligibility Criteria

To be considered for the Meyerhoff Scholars Program, prospective students must have at least a “B” average in high school science or math courses, and many applicants have completed a year or more of calculus. Preference is given to those who have taken advanced placement courses in math and science, have research experience, and have strong references from science or math instructors. In recent years, a strong preference has been given to those students interested in the Ph.D. or M.D./Ph.D. (over the M.D.).

Students must meet all eligibility requirements:

Minimum of 600 on the Math component of the SAT

Cumulative High School GPA of a 3.0 or above

Aspire to obtain a Ph.D. or M.D./Ph.D. in Math, Science, Computer Science, or Engineering

Display commitment to community service

Must be a citizen or permanent resident of the United States

WEBSITE:

<http://meyerhoff.umbc.edu/how-to-apply/benefits-and-eligibility/>

~ONLY FOR WASHINGTON STATE UNIVERSITY~

First Scholars – The Suder Foundation

DEADLINE:

AMOUNT: The goal of the First Scholars program is to help first-generation college students succeed in school, graduate, and have a life complete with self-awareness, success and significance. Scholars receive personalized support, including a four-year renewable scholarship of \$5,000. The program is open to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree.

DESCRIPTION: The First Scholars™ Program is available to incoming first-time, full-time freshmen whose parents have no more than two years of education beyond high school and no post-secondary degree. Participation in First Scholars™ includes a four-year renewable scholarship, half disbursed in the fall semester and half disbursed in the spring semester. Students can receive the award depending on eligibility requirements for a total of 4 years if program requirements are met.

This scholarship is open to Washington residents who enroll at Washington State University - Pullman full-time during the 2016-2017 academic year. The program requires that the recipients live on campus in a specified residence hall for the 2016-2017 academic year, and outside of the family home the following three academic years in order to renew the scholarship.



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First-generation students represent a cross-section of America and college campus demographics. First Scholars come from diverse cultural, socioeconomic, geographic and family backgrounds and experiences. First-gen students are found in all departments and colleges of virtually every major public university across the country. Our affiliate universities have an average 30-50% first-gen enrollment and the number keeps rising. However, the average national graduation rate for first-generation students is only 34%, compared with 55% for the general student population.

WEBSITE: <http://firstscholars.wsu.edu/>

Education Award Applications –The American College of Psychiatrists

DEADLINE: June 30

AMOUNT: (SEE WEBSITE)

DESCRIPTION: The Award for Creativity in Psychiatric Education is open to any creative/innovative program for psychiatric education that has been in operation for at least two years, and has been a part of a U.S. or Canadian approved psychiatric residency training program. Trainees may include: medical students, residents, other physicians, allied mental health professionals, or members of the community. The Committee selects an awardee in the fall; all applicants are notified of the Committee's decision by November 15.

WEBSITE: <http://www.acpsych.org/awards/education-award-applications-deadline-december-1>

(Internship Program/Scholarship Opportunities)

CDC Undergraduate Public Health Scholars Program (CUPS): A Public Health Experience to Expose Undergraduate and Graduate Students to Minority Health, Public Health and Health Professions/Department of Health and Human Services/Centers for Disease Control - OD

DEADLINE: Jun 19, 2017 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

AMOUNT: \$850,000

DESCRIPTION: CDC seeks to fund organizations with the ability to reach undergraduate and graduate students, including sexual and gender, people with disabilities, low socioeconomic status (SES) and those from underrepresented racial and ethnic minority populations. The ultimate goal is to increase the diversity of the public health workforce, improve the representation of underrepresented populations in public health, and increase the quality of public health services nationally.

WEBSITE/LINK: <http://www.cdc.gov/features/studentopportunities/index.html>

DIRECTORS OF HEALTH PROMOTION AND EDUCATION (DHPE)-2017 SPRING HEALTH EQUITY INTERNSHIP

DEADLINE: & AMOUNT: For more information, contact Karen Probert at internship@asphn.org.



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DESCRIPTION: DHPE has received supplemental funding to support the Health Equity Internship for an additional year. The funding is from the Centers of Disease Control and Prevention (CDC) Division for Heart Disease and Stroke Prevention (DHDSPP). The mission of the CDC DHDSPP is to provide public health leadership to improve cardiovascular health for all, reduce the burden, and eliminate disparities associated with heart disease and stroke. DHPE is working with the Association of State Public Health Nutritionists (ASPHN) to administer the Internship Program for the 2017 Spring cohort.

College students selected for these cohorts should be interested in an internship project and placement site that focuses on the following:

Cardiovascular Disease Risks Reduction;

Heart Disease Prevention and Education, including Hypertension and Stroke;

Nutrition and Healthy Eating;

Physical Activity and/or Obesity. Interested students should mention their proposed internship site within their application.

Preference will be given to undergraduate and graduate students who attend Minority-Serving Institutions (HBCUs, HSIs and Tribal Colleges), are from racial and ethnic populations, and/or have demonstrated interest in working to achieve health equity in minority and underserved communities.

WEBSITE/LINK: For more information, contact Karen Probert at internship@asphn.org.

Native Student Travel Scholarships: Connecting STEM and Justice

DEADLINE: Apply now for sponsorship to visit Philadelphia and attend the International Association of Chiefs of Police Conference (IACP) on October 21-24, 2017.

AMOUNT: Funding includes registration, airfare, lodging, ground transportation, baggage, meals, and incidental expenses. You would fly from your home airport to Philadelphia on October 20, 2017, and return on October 25, 2017. Decision notices will be sent to all applicants by August 30, 2017.

DESCRIPTION: Are you an American Indian or Alaska Native student in science, tech, engineering, or math (STEM)?

The National Institute of Justice is looking for five qualified undergrad or grad students to attend this conference, which brings together thousands of professionals from federal, state, local, and tribal organizations.

Attendance will aid you in exploring applications of your STEM training to issues of criminal justice and public safety. You will have the opportunity to interact with scientists and attend panel discussions on the most urgent issues facing communities and innovative, evidence-based solutions.

WEBSITE/LINK: https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=adhoc



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VETERANS



VFW Accepting Applications From Veterans for Emergency Financial Assistance

DEADLINE: Open

AMOUNT: Grants of up to \$5,000 will be awarded to active and discharged military service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity or natural disaster....

DESCRIPTION: As the nation's largest organization of combat veterans, we understand the challenges veterans, service members and military families can face and believe that experiencing financial difficulties should not be one of them. That's the premise behind the VFW's Unmet Needs program.

Unmet Needs is there to help America's service members who have been deployed in the last six years and have run into unexpected financial difficulties as a result of deployment or other military-related activity. The program provides financial aid of up to \$5,000 to assist with basic life needs in the form of a grant -not a loan- so no repayment is required. To further ease the burden, we pay the creditor directly.

Since the program's inception, Unmet Needs has distributed over \$5 million in assistance to qualified military families, with nearly half of those funds going directly toward basic housing needs.

The needs of our veterans, service members and their families should never go unmet. Let us offer you a hand up when you need it!

Please review the Unmet Needs eligibility criteria to see if you or someone you know qualifies for a grant through the Unmet Needs program.

WEBSITE:

http://www.vfw.org/UnmetNeeds/?gclid=CjwKEAiAhPCyBRctwMDS5tzT03gSIADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK_PRoCB4Hw_wcB

RWJF: Submit a Pioneering Idea Brief Proposal - Throughout the year, we welcome Pioneering Ideas Brief Proposals that can help us anticipate the future and consider new and unconventional perspectives and approaches to building a Culture of Health.

DEADLINE: Open

AMOUNT: See site

DESCRIPTION: The goal of the Pioneering Ideas Brief Proposal funding opportunity is to explore; to look into the future and put health first as we design for changes in how we live, learn, work and play; to wade into uncharted territory in order to better understand what new trends, opportunities and breakthrough ideas can enable everyone in America to live the healthiest life possible.

While improving the status quo is vital to the health and well-being of millions of Americans now, the Pioneering Ideas Brief Proposal opportunity reaches beyond



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incremental changes to explore the ideas and trends that will influence the trajectory and future of health. Ultimately, we support work that will help us learn what a Culture of Health can look like—and how we can get there.

What is a Pioneering Idea?

Good question! We don't want to provide a checklist that limits your thinking—or ours. We do want to give you as clear a picture as we can about the kinds of proposals we hope to see, so you can best assess whether submitting an idea through our Pioneering Ideas Brief Proposal process is the right next step for you. Our application form allows you to introduce your idea; if it seems to be a fit for our portfolio we will reach out for more information.

We share some examples below of Pioneering Ideas we have funded in the past to give you a sense of where we've been. Keep in mind that ultimately, we need you to challenge us, and to tell us where we should be going and what ideas have the most potential to transform the way we think about health. As you review the examples below, you may notice some shared themes or characteristics which:

Challenge assumptions or long-held cultural practices.

Take an existing idea and give it a new spin—or a novel application.

Offer a new take or perspective on a long-running, perplexing problem.

Apply cutting-edge ideas from other fields to health.

Explore the potential for emerging trends to impact our ability to build a Culture of Health.

WEBSITE/LINK: http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjIL9Zh7yWU63VdhdaVE2UAc&et_cid=639126

IDAHO & WASHINGTON - ONLY

ASPCA Northern Tier Shelter Initiative Coalition Grants

DEADLINE: No Deadline

AMOUNT: Grant amounts will vary depending on project. A site visit may be required as part of the review process or as a condition of receiving the grant funds. Consultation services may be offered as part of a grant package.

DESCRIPTION: Priority will be given to coalitions working toward long-term, systemic, and sustainable community/regional improvements in animal welfare services. This may include (but not limited to) programs that:

Increase capacity to provide quality animal care and services by:

Improving protocols around vaccination on intake, disease spread prevention, decreased length of stay, physical and behavioral care of sheltered pets

Improving capacity to provide basic health services including spay/neuter and vaccines for animals at risk in the community.

Increase coalition live release rate via:



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Fee-waived adoption programs and policies

High-volume adoption events

Foster programs

Relocation initiatives within the seven Northern Tier target states

Decrease shelter intake via:

Lost and found programs

Return to owner in the field

Pet retention assistance, such as safety net programs

Re-homing assistance

WEBSITE: <http://aspcapro.org/grant/2016/05/06/aspcanorthern-tier-shelter-initiative-coalition-grants>

Healthy Native Babies Outreach Stipend Application

DEADLINE: Applications will be accepted on a rolling basis as funds are available.

AMOUNT: \$1500

DESCRIPTION: The Healthy Native Babies Project, a project of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), has created culturally appropriate materials with safe infant sleep messages for American Indian and Alaska Native communities. These materials can be tailored for local communities by selecting various photos, graphic designs, and phrases in Native languages from the Healthy Native Babies Project Toolkit Disk. Outreach stipends are available for printing customized outreach materials to disseminate in your community. Recipients must be from one of the following Indian Health Service (IHS) Areas: Alaska, Bemidji, Billings, Great Plains, and Portland. Information on IHS Areas can be found at: <https://www.ihs.gov/locations/>.

WEBSITE/LINK: <http://files.constantcontact.com/913a319f001/8e50ceae-d3be-462e-be3d-3216455225bc.pdf?ver=1470849886000>

Good Sports Accepting Applications for Sports Equipment Program

DEADLINE: *ROLLING FUNDING*

AMOUNT: While the equipment, apparel, and footwear received through the program are free, recipients are expected to pay shipping and handling costs, which amount to roughly 10 percent of the donation value, with a maximum fee of \$1,500.

DESCRIPTION: Good Sports helps lay the foundation for healthy, active lifestyles by providing athletic equipment, footwear, and apparel to disadvantaged young people nationwide. By working closely with teams, coaches, and community leaders across the United States, the organization is able to focus on the respective needs of each individual program and help offset the main factors causing the greatest challenges.

Good Sports is accepting applications from organizations and schools for equipment, apparel, and footwear for a wide range of sports. Organizations that are approved will have



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access to equipment, apparel, and footwear inventory for a two-year period. During that time, organizations can make up to six separate donation requests — as long as need is well documented, donations will be granted. There is no need to resubmit a full application again during the two-year period.

To be eligible, applicants must directly serve youth between the ages of 3 and 18; serve youth in an economically disadvantaged area; be located in North America (the U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Schools must apply as a whole; applications for individual programs within a school will not be considered. Donation requests for short-term events such as sports camps and tournaments or to individual athletes will not be considered.

Applications are reviewed on a rolling basis. It is recommended, however, that organizations apply at least eight weeks prior to the start of their particular season or program to ensure the desired equipment can be accessed and shipped on time.

WEBSITE/LINK: <https://www.goodsports.org/apply/>

Good Sports Accepting Applications for **Athletic Equipment Grants**

DEADLINE: *ROLLING FUNDING*

AMOUNT: You will be required to sign a release form and pay a shipping and handling fee with each donation. This will always equal 10% of the total retail value of the items; for example, if the total value of your items equals \$2,000, you will be asked to provide \$200, etc.

DESCRIPTION: Good Sports in Quincy, Massachusetts, is a nonprofit whose mission is to increase youth participation in sports, recreation, and fitness activities.

To that end, the organization provides sports equipment, apparel, and footwear to youth organizations offering sports, fitness, and recreational programs to youth in need.

To be eligible, organizations must directly serve youth between the ages of 3 and 18 in an economically disadvantaged area; be located in North America (U.S. and Canada); and operate an organized sport, recreational activity, or fitness program that offers consistent and structured opportunity for play to large groups of children. Winning organizations may make up to six equipment requests within a two-year period. Winners will be responsible for operational costs, including equipment shipping, up to \$1,500.

WEBSITE/LINK: <http://www.goodsports.org/apply/>

Voya Foundation Grants

DEADLINE: Grant requests are reviewed throughout the year. Grant applicants should check the online system for quarterly deadlines, which are subject to change.

AMOUNT: Value of grant requests must be a minimum of \$2,500.

DESCRIPTION: The Voya Foundation, the philanthropic arm of Voya Financial, works to ensure that youth are equipped with science, technology, engineering, and math (STEM) expertise and financial knowledge necessary to compete in the twenty-first century workforce and make smart financial decisions that lead to a secure retirement.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



To that end, Voya is accepting applications from organizations that provide innovative and experiential K-8 STEM learning opportunities that promote an early interest in STEM career fields and improve teachers' capabilities in STEM; or that provide financial education curriculum to grade 9-12 students focused on navigating major financial milestones such as student debt, credit, home ownership, financial products and services/financial capability, and family needs.

- 1) **STEM Education:** The foundation supports organizations that fund high-quality experiential STEM learning opportunities for children in grades K-8. Programs are evaluated based on improvements in covered STEM concepts and increased interest in STEM careers generated over the course of the program.
- 2) **Financial Literacy:** Voya's financial literacy grants support organizations that provide financial literacy curriculum to students in high school (grades 9-12). Programs must cover student debt, credit, home ownership, investing, and understanding of financial products and services (financial capability), and family financial planning.

To be eligible, applicants must be considered tax exempt under Section 501(c)(3) of the Internal Revenue Code.

WEBSITE/LINK: <http://corporate.voya.com/corporate-responsibility/investing-communities/voya-foundation-grants>

COMMUNITY

FY 2017 Economic Development Assistance Programs - Application submission and program requirements for EDA's Public Works and Economic Adjustment Assistance programs. Department of Commerce

DEADLINE: There are no submission deadlines under this opportunity. Proposals and applications will be accepted on an ongoing basis until the publication of a new EDAP NOFA.

AMOUNT: \$3,000,000

DESCRIPTION: Under this NOFA, EDA solicits applications from applicants in rural and urban areas to provide investments that support construction, non-construction, technical assistance, and revolving loan fund projects under EDA's Public Works and EAA programs. Grants and cooperative agreements made under these programs are designed to leverage existing regional assets and support the implementation of economic development strategies that advance new ideas and creative approaches to advance economic prosperity in distressed communities, including communities and regions that have been impacted, or can reasonably demonstrate that they will be impacted, by coal mining or coal power plant employment loss, or employment loss in the supply chain industries of either. EDA provides strategic investments on a competitive-merit-basis to support economic development, foster job creation, and attract private investment in economically distressed areas of the United States. This EDAP NOFA supersedes the EDAP Federal Funding Opportunity dated December 23, 2016.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=294771>

SAVE-THE-DATE

8th Annual THRIVE Conference

June 25-29, 2018

WHO: For American Indian and Alaska Native Youth 13-19 years old

- 1 Chaperone for every 4 youth attending. **Background checks are required for all adults facilitating or attending who did not attend in 2017.
- Activities, materials, lunch and snacks Mon-Thurs. will be provided.
- Travel, parking, lodging, breakfast and dinners are not included.

WHERE: To be determined in Portland, Oregon

LODGING: Once a location is set we will circulate group rates for a local hotel.

WHY: Build protective factors and increase your skills and self-esteem, connect with other young Natives, learn about healthy behaviors (suicide prevention, healthy relationships, etc.) and how to strengthen your nation through culture, prevention, connections, and empowerment!

WHAT: This conference will be made up of FIVE (or six) workshop tracks and at registration each youth will need to rank their preference for which workshop they want to be in. Tracks may include: digital storytelling, movement, nutrition, art creation, physical activity, beats lyrics leaders (song writing and production), We Are Native youth ambassador leadership (additional application required), or a science and medical track sponsored by the Oregon Health and Science University.

NEW WORKSHOPS IN 2018!!
Registration (free) will open
the first week in April!!

#WeNeedYouthere

Contact Information:

Northwest Portland Area Indian Health Board's project THRIVE
Celena McCray, project coordinator
Ph. 503-228-4185 x 270
Email. cmccray@npaihb.org
Website. <http://www.npaihb.org/epicenter/project/thrive>



Registration now open!

April 11-13, 2018

Coeur d'Alene Casino Resort Hotel

**Tribal Leaders
& Tribal
Environmental
professionals
come together
MAKING
POSITIVE
CHANGES
IN A
CHANGING
WORLD**

Alaska * Idaho **REGION 10** Oregon * Washington

2018 TRIBAL ENVIRONMENTAL LEADERS SUMMIT

**Facilitated Sessions *Native American Dance Group *Cultural Night *Awards*

REGISTRATION online at <https://region10tels.eventsmart.com>

HOTEL INFORMATION Book your room before March 26, 2018 for conference rates. Hotel reservations can be made by calling 800-523-2464. (Group Name: Tribal Environmental Leaders Summit; Booking ID: 2525)

AIRPORT Spokane International Airport

TRANSPORTATION The Coeur d'Alene Casino Resort Hotel will provide complimentary transportation service to and from the Spokane International Airport. Arrangements need to be made 2 weeks prior to arrival. You will need to provide contact cell phone and flight itineraries when you book your hotel. If notification is not received within the deadline, there will be a fee of \$25 each way.

FOR MORE INFORMATION

Contact Carm Bohnee, TELS Coordinator
telscoordinator@region10rtoc.net (208) 816-6950



#TELS2018

#POSITIVECHANGES



NIJ is seeking applications for rigorous program evaluation of specific services for victims of crime, including housing, legal assistance, and technology-based services.

NIJ is collaborating with the Office for Victims for Crime to support a phased evaluation approach in three areas of victim services:

1. Technology-based victim services;
2. Housing and shelter models; and
3. Legal assistance models for victims of crime.

All applications are due by 11:59 p.m. Eastern Time on May 4, 2018.

Review the solicitation.

<https://nij.gov/funding/Documents/solicitations/NIJ-2018-14060.pdf>

Applicants must register with Grants.gov at <https://www.grants.gov/web/grants/register.html> prior to submitting an application.

Learn how to become an NIJ proposal peer reviewer.

https://nij.gov/funding/reviews/Pages/nij-is-recruiting-peer-reviewers-for-2018-solicitations.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=peerreview

This solicitation is competitive; therefore, NIJ staff **cannot** have individual conversations with prospective applicants. Any questions concerning the solicitation should be submitted to the National Criminal Justice Reference Service: 1-800-851-3420; TTY at 301-240-6310 (for hearing impaired only); email grants@ncjrs.gov; fax 301-240-5830; or web chat <https://webcontact.ncjrs.gov/ncjchat/chat.jsp>. See also nij.gov's solicitation FAQ page.

Bethany L. Backes, Ph.D., MSW, MPH
Social Science Analyst
Office of Research and Evaluation
National Institute of Justice
810 7th Street NW
Washington, DC 20531 (Overnight 20001)
(p) 202.305.4419
(m) 202.598.0507
Bethany.Backes@ojp.usdoj.gov

The National Institute of Justice — the research, development, and evaluation agency of the U.S. Department of Justice — is dedicated to improving knowledge and understanding of crime and justice issues through science.

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NOTICE: This E-mail (including attachments), covered by the Electronic Communications Privacy Act, 18 USC 2510-2521, is confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication is strictly prohibited. Please reply to the sender that you have received the message in error, and then delete it.



March 6, 2018

GLITC is recruiting for the following position. Drug Testing required before hire and random thereafter.

EPIDEMIOLOGY OFFICER

The Epidemiology Officer responsibilities include carrying out a very broad range of epidemiologic activities that serves 34 Tribal Nations, four Urban Indian Programs and three Indian Health Service (IHS) units, covering the geographical areas of Michigan, Minnesota, Wisconsin and Chicago. Specifics include surveillance, assessment and analysis, providing technical assistance on a variety of epidemiological issues addressing morbidity, mortality, incidence and prevalence of illness associated to social determinants. Daily attendance is an essential component of this position.

Principal Duties: Acquire, assess and report on health statistics to improve Tribal Nation and Urban Indian health programs. *Assist in building the capacity of Tribal staff to conduct epidemiological functions related to data collection, analysis and interpretations for use in grant applications and program modifications. *Provide capacity building assistance to Tribal Nations for data management, health program planning and evaluation in areas of chronic and infectious diseases, environmental and maternal/child health. *Work with Federal, State and local public health departments and IHS to acquire data needed to develop health profiles, community health assessments and to coordinate public health workshops and trainings for Tribal Nations. Works to coordinate with other Epidemiologists serving Wisconsin, Michigan and Minnesota that produce regional data products, annual reports, provide training, and build program capacity. *Assemble and coordinate project specific health advisory and adhoc health work groups that promote partnerships with Tribal Nations and governmental public health departments. *Assist in development of Memorandums of Understanding's and Inter-agency agreements, with federal, tribal, state, county and local health agencies and medical institutions. *Meet with Wisconsin, Michigan, and Minnesota Tribal health directors periodically to update them on GLITC Epidemiology Center activities to determine epidemiologic strategies to build program capacity. *Frequent travel is required for this job. Must be able to serve as a project coordinator on specific federal grants.

Main office/worksites is at GLITC Headquarters, Lac du Flambeau, WI. This is a full time exempt position with a starting rate of \$47,000 to \$65,000 (depending on experience) per year with benefits including: Annual/Personal Leave and Holiday Pay; Health, Dental, Life & AD&D, STD and LTD Insurance, FSA and 403(b) Retirement Plan.

Qualifications

Required: Master's degree in Public Health with specialization in epidemiology, emphasis bio statistics, public health or equivalent, two to five years' related experience and/or training; or equivalent combination of education and experience.

Desired: Demonstrated experience working effectively with or for Tribal Nations and/or American Indian/Alaska Native organizations and/or not-for-profit agencies.

Individual must possess: excellent verbal and written communication skills; professional demeanor and appearance; technical presentation skills; problem solving skills; critical thinking skills; ability to manage time efficiently; self-motivation skills; work effectively under pressure; effective ability to build positive working relationships with internal and external stakeholders; ability to interact professionally with a wide variety of people and speak in front of groups. Individual must be able to address a wide range of intellectual and practical problems, apply statistical calculations to findings, and the ability to compose complex business correspondence (reports, health profiles.) Requires a high level of confidentiality. Must possess valid driver's license and/or reliable transportation with adequate insurance and ability to travel frequently.

To Apply: Preferred method is to apply through [indeed.com](https://www.indeed.com); search using job posting title or organization name. Otherwise, email a resume, cover letter, or application to hr@glitc.org. See the employment page of our website at www.glitc.org for the application. ***Only the most qualified candidates will be contacted for an interview.**

Great Lakes Inter-Tribal Council (GLITC) is an equal opportunity employer that applies Native American Preference as defined in Section 703(i) of the Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. § 2000e-2(i). Consistent with the referenced Native American Preference, it is the policy of GLITC to provide employment, compensation, and other benefits related to employment based on qualifications of the job applied for, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, GLITC intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request a needed accommodation from the representative of the Human Resource Department, PO Box 9 Lac Du Flambeau, WI 54538 or phone (715) 588-1069 or (800) 872-7207.

Closing date is: 3/30/18



March 6, 2018

GLITC is recruiting for the following position. Drug Testing required before hire and random thereafter.

EPIDEMIOLOGIST W/ BEHAVIORAL HEALTH FOCUS

The Epidemiologist with focus on Behavioral/Mental Health and Other Substance Abuse (BMSA) issues include carrying out a broad range of epidemiologic activities including: assessment, analysis and interpretation of Tribal / State collected information; technical assistance to Tribes on a variety of epidemiological issues focusing on drug abuse, substance abuse research, program planning, evaluation and training in relation to properly using statistical information. Daily attendance is an essential job function of this position. Frequent travel is required.

Principal Duties: Provide epidemiology assistance to Tribal Nations and Urban programs in Wisconsin, Minnesota and Michigan with a variety of behavioral/mental health and BMSA topics. *Work with federal, state, local and non-profit public health agencies to acquire and support data quality improvement, depository, and management efforts with and for tribal Nations. *Coordinate with other Epidemiologists serving tribes to produce regional data products, write semi-annual and annual reports, provide training, and coordinate program advisory committees. *Assist tribes in development of MOU's and other working agreements to share data and resources with state, county, and local public health agencies. *Assist with internal grant writing, submitting reports and developing budgets. *Meet with Wisconsin, Michigan, and/or Minnesota tribal health directors periodically to update them on GLITC Epidemiology Center mental/behavioral health activities and determine additional epidemiologic assistance. *Attend all meetings to maintain a comprehensive knowledge base of behavioral/mental health, BMSA and additional resources from tribal, federal, state and local agencies.

Main office/worksites is at GLITC Headquarters, Lac du Flambeau, WI. This is a full time exempt position with a starting rate of \$47,000 to \$65,000 (depending on experience) per year with benefits including: Annual/Personal Leave and Holiday Pay; Health, Dental, Life & AD&D, STD and LTD Insurance, FSA and 403(b) Retirement Plan.

Qualifications

Required: Master's degree in Public Health with specialization in epidemiology, emphasis behavioral/mental health or equivalent, two to five years' related experience and/or training; or equivalent combination of education and experience.

Desired: Demonstrated experience working effectively with or for Tribal Nations and/or American Indian/Alaska Native organizations and/or not-for-profit agencies.

Individual must possess: excellent verbal and written communication skills; professional demeanor and appearance; technical presentation skills; problem solving skills; critical thinking skills; ability to manage time efficiently; self-motivation skills; work effectively under pressure; effective ability to build positive working relationships with internal and external stakeholders; ability to interact professionally with a wide variety of people and speak in front of groups. Individual must be able to address a wide range of intellectual and practical problems, apply statistical calculations to findings, and the ability to compose complex business correspondence (reports, health profiles.) Requires a high level of confidentiality. Must possess valid driver's license and/or reliable transportation with adequate insurance and ability to travel frequently.

To Apply: Preferred method is to apply through indeed.com; search using job posting title or organization name. Otherwise, email a resume, cover letter, or application to hr@glitc.org. See the employment page of our website at www.glitc.org for the application. ***Only the most qualified candidates will be contacted for an interview.**

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Closing date is: 3/30/18

Research Assistant
Full-time or Part-time

Job Description

James Bell Associates, a well-established firm specializing in evaluations of health and human services programs, seeks a Research Assistant to support the Tribal Evaluation Practice Area. The Research Assistant will support evaluations of tribal health and human services programs and projects that build the capacity of tribal communities to collect and use data. This position may either be in the Arlington, VA office or in another location by telecommuting.

Qualifications/Requirements

A minimum of a bachelor's degree (master's degree preferred) in a behavioral or social science plus at least 2 years of experience working with tribal programs and interventions, preferably in a research or evaluation capacity. Candidates should have strong organizational skills, experience with Microsoft Office products (e.g., MS Word, Excel, Access); excellent communication skills (both verbal and written); project support experience; and understanding of basic research and evaluation methods. Candidate should be self-directed and able to work independently and as part of a team. Exceptional candidates will have prior professional experience supporting research and evaluation projects with tribal programs and knowledge of community based participatory research.

Responsibilities

Tasks include assisting with planning webinars, meetings and site visits; organizing and tracking information related to research approvals; supporting in-person data collection; developing training materials; tracking data collection; analyzing qualitative data; and preparing reports and presentations.

Some U.S. travel is required. Excellent salary and benefits. E-mail resume with salary requirements and position sought to Rowena Gear by March 15, 2018:

Rowena Gear
James Bell Associates
gear@jbassoc.com
Fax: 703-243-3017
EOE

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
JOB POSTING – CLOSING DATE: 3/16/18

Job Title: General Office Assistant
Reports To: Administrative Officer
Salary: \$12.00-14.00/hr
Department: Administration

FLSAStatus: Non-Exempt (hourly)
Classification: Regular, On-call
Location: Portland, Oregon

Job Summary: The Office Assistant will provide administrative and general support on scheduled short-term assignments or when the NPAIHB needs administrative support with short notice due to employee absence. This position will work on an as needed basis during regular office hours. The tasks may include staff support tasks at conferences and training sessions held off-site.

When working at the front desk, the Office Assistant has primary responsibility to answer a multi-line telephone system, routing callers and visitors in a courteous and professional manner, and to provide clerical support for NPAIHB staff. The Office Assistant must ensure the smooth functioning of the reception area, serve as the first contact to the general public and be the first representative of the Board to all visitors. He or she must be courteous, personable, self-motivated, and have the ability to manage multiple tasks and meet deadlines in providing support for unspecified functions of the organization. The Office Assistant will maintain a professional relationship with all NPAIHB project staff while dealing with sensitive personnel and project information. Therefore, the Office Assistant will need to understand the importance and sensitivity of confidentiality and maintain it at all times.

Essential Functions:

1. Provide Reception Support
 - Professionally meet and greet visitors, in person, or over the telephone.
 - Ensure that security protocols are followed, including guest sign-in, and verifying maintenance calls.
 - Route telephone calls to proper departments and/or staff members; provide helpful information as needed.
 - Maintain a comfortable and tidy atmosphere for all guests and visitors in the reception area.
 - Receive package deliveries and notify intended recipient

2. Provide Office Functions and Activities Support
 - Provide general clerical assistance to Administrative Officer and specific projects as assigned
 - Provide general project support to NPAIHB projects on ad hoc and impromptu assignments and committees.
 - Perform word processing assignments.
 - Collect, sort and properly distribute all in-coming mail daily.
 - Properly route and notify designated staff of received contracts, checks, and funding announcements/applications/notices.
 - Prepare out-going mail with correct postage and place in out-going mail box.
 - Assist with conference and meeting set up tasks, as assigned
 - Maintain a clean and well-organized office environment and workspace.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
JOB POSTING – CLOSING DATE: 3/16/18

Additional Functions:

- Perform other duties and assignments as directed.
- Prepare a daily or weekly report of tasks undertaken ,completed with enough detail to inform other employees when read

Standards of Conduct:

- Consistently exhibit professional behavior and a high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours.
- Effectively plan, organize workload, and schedule time to meet workload demands.
- Exercise judgment and initiative in performance of duties and responsibilities.
- Work in a cooperative manner with all levels of management and with all NPAIHB staff.
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.
- Abide by NPAIHB policies, procedures, and organizational structure.

Qualifications:

- HS Diploma or equivalent
- Experience in a Receptionist or Office Support position preferred.
- Demonstrates the ability to work effectively with American Indian people in a culturally diverse environment.
- Knowledge of MS Outlook and Word
- Ability to carry out responsibilities with a minimal amount of supervision.
- Ability to use office equipment.
- Available to work on-call as needed.

Typical Physical Activity:

Physical Demands: Frequently involves sedentary work: exerting up to 10 pounds of force and/or a negligible amount of force to lift, carry, push, pull or otherwise move objects, including the human body.

Physical Requirements: Constantly requires the ability to receive detailed information through oral communications, and to make fine discrimination in sound. Constantly requires repetitive movement of the wrists, hands and/or fingers. Often requires walking or moving about to accomplish tasks. Occasionally requires standing and/or sitting for sustained periods of time. Occasionally requires ascending or descending stairs or ramps using feet and legs and/or hand and arms. Occasionally requires stooping which entails the use of the lower extremities and back muscles. Infrequently requires crouching.

Typical Environmental Conditions: The worker is frequently subject to inside environmental conditions which provide protection from weather conditions, but not necessarily from temperature changes, and is occasionally subject to outside environmental conditions.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
JOB POSTING – CLOSING DATE: 3/16/18

Travel Requirements: No travel is required.

Disclaimer: The individual must perform the essential duties and responsibilities with or without reasonable accommodation efficiently and accurately without causing a significant safety threat to self or others. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and or skills required of all personnel so classified.

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, creed, age, sex, national origin, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

Applications can be found online at www.npaihb.org

SEND RESUME AND APPLICATION TO:

Andra Wagner
Human Resources Coordinator
2121 SW Broadway, Suite 300
Portland, Oregon 97201
FAX: (503) 228-8182
Email: awagner@npaihb.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

Please note: You are welcome to submit a resume/CV in addition to, but not in place of, this signed form.

1. Name: _____
FIRST MIDDLE LAST

Address: _____

_____ CITY STATE ZIP

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

2. Position for which you are applying: _____

3. When will you be available for work? _____

4. If the position requires travel, are you willing to travel (Check One) NO SOME OFTEN

5. Are you at least 18 years of age? NO YES

If you are under 18 years of age, can you provide proof of your eligibility to work? NO YES

6. Are you eligible for employment in the United States? (Proof of identity and eligibility is required for employment)
 NO YES

7. How did you hear of this job? __referral, __ad Referred by: _____

8. Do you have any relatives who work at NPAIHB? NO YES

9. **Indian Heritage:** This information is essential if you wish consideration under the Indian Preference Act.
Verification of blood quantum, enrollment number, tribe, and reservation should accompany this application.

_____ TRIBE RESERVATION

_____ Enrollment Number/Blood Quantum

10. Are you able to perform the essential functions listed in the job announcement you are applying for, either with or without reasonable accommodations? NO YES
If not, please describe what functions you cannot perform.

11. EDUCATION, beginning with most recent. **An attached copy of degree or certificates earned is required.**

College or University	From	To	Credits earned	Major/minor	Degree earned	Year
High School attended :					Graduated?	Year
GED completion through:					Yes/No	

Other schools or training: vocational, armed forces, trade, etc. For each give the name, location, dates attended, subjects studied, number of classroom hours, certificates or credits earned. If needed, continue on last page of application.							
Name and Location	From	To	Area of study	Credits earned	Certificate earned	Year	

12. COMPUTER and other office machine experience, training. Please name the software with which you have experience in the following areas:

TASK	Name of software	Level of expertise 0-5, (5 being master/high)
Word processing		
Spreadsheet set-up and usage		
Office E-mail system experience		
Data Management		
High-level data analysis		
Photo-text slide presentations		
Preparation of brochures, flyers		
Other (fax, copier, scanner, etc.)		

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)**13. EMPLOYMENT HISTORY**, beginning with most recent

May inquiry be made of your current employer regarding your character, qualifications, and record of employment? NO YES With advance notice to applicant
(A "no" will not affect your consideration for employment opportunities)

A.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

B.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business:
Name of Supervisor: Phone Number:		Name and Address of Employer:	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (NPAIHB)

C.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space is provided at the end of application.			

D.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number:		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

E.			
From: _____ To: _____ (Date) (Date)		Title of Position:	
Average Hours Per Week:	Place of Employment City: State:	Number and Job Titles of Employees Supervised:	Kind of Business
Name of Supervisor: Phone Number		Name and Address of Employer	
Reason for leaving position:			
Description of duties, responsibilities and accomplishments: Additional space provided at the end of application.			

14. **Special qualifications and skills** (relevant publications; public speaking experience; membership in a professional or scientific society, etc.) Use additional pages if needed.

15. **HONORS, AWARDS, AND FELLOWSHIPS RECEIVED:**

16. **REFERENCES:** List 3 persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Please ensure that telephone numbers are current.

Name	Phone Number	Occupation
1.		
2.		
3.		

YOU MUST SIGN THIS APPLICATION. Read the following three parts carefully before you sign:

- A false statement on any part of this application may be grounds for not hiring me, or firing me after I begin work. I understand that any information I give may be investigated as allowed by law or Presidential order.

- In consideration of NPAIHB's review of my application for employment, I hereby authorize NPAIHB and its agents to investigate my background as it pertains to employment considerations. This may include, but is not necessarily limited to, investigation of past employers/supervisors, personal references, educational institutions, criminal records/background checks, motor vehicle records and information contained in public records. I consent to the release of information to NPAIHB, by all persons and sources of information and their agents, relative to such investigation. I hereby release all such persons and sources of information and their agents from any liability or damages on account of having furnished information to the NPAIHB, and release the NPAIHB and its agents from any liability or damages on account of having conducted the investigation.
- I certify that, to the best of my knowledge and belief, all of my statements contained in my employment application and any attached documentation are true, correct, complete and made in good faith.

SIGNATURE

DATE

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, national origin, sex, creed, age, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

12. (a) (for continuation of description of duties, responsibilities, etc., as needed)

**Please submit your completed form to: Human Resources Coordinator
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Or FAX to: 503-228-8182
Or e-mail to: HR@npaihb.org**



STATE OF OREGON
invites applications for the position of:

Tribal Policy and Program Analyst (Operations and Policy Analyst 3)

JOB CODE: OHA18-0082

OPENING DATE/TIME: 03/08/18 12:00 AM

CLOSING DATE/TIME: 03/23/18 11:59 PM

SALARY: \$4,765.00 - \$6,977.00 Monthly

JOB TYPE: Permanent

LOCATION: Salem, Oregon

AGENCY: Oregon Health Authority

DESCRIPTION:

Vision

A healthy Oregon

Mission

Helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care.



OHA18-0082

The [Oregon Health Authority](#) currently has an opportunity for a **Tribal Policy and Program Analyst (Operations and Policy Analyst 3)** located in Salem, Oregon. The position duties are unique to the administration of Medicaid to American Indians/Alaskan Natives (AI/AN) and including tribal health programs, clinics, and providers as part of the tribal delivery system. A strong background in Medicaid, tribal health and tribal government is essential as this position focuses on policy research and development of technical assistance, training and communications.

The Oregon Health Authority promotes health equity by developing policies and programs to eliminate health disparities and reach health equity for all Oregonians.

What you will do!

You will be leading and monitoring changes to operational systems and procedures to support policy direction, while providing technical assistance to internal and external partners in the implementation of policy changes. You will analyze, interpret and apply state and federal laws, regulations and current trends to advise senior management, explaining pros and cons, on policy direction. Prior to the incorporation of programs, policies, or procedures, you will evaluate any impacts to Oregon medical assistance programs.

In this position, you will collaborate with the Oregon Health Authority's Tribal Affairs Director and act as liaison with various state and national groups, by leading meetings, evaluating compliance within budgetary restraints, and troubleshooting problems to resolution.

You will be relied upon for your experience in working with Tribes on social service related issues and managed care contracting for primary care. This role requires the ability to facilitate, negotiate and build consensus among diverse constituent and stakeholders with competing needs. You will need to demonstrate experience working with Oregon Tribes and addressing politically challenging situations with diplomacy.

What's in it for you?

We offer full medical, vision and dental with paid sick leave, vacation, personal leave and ten paid holidays per year. If you are a highly independent self-starter with Tribal health policy experience and background please consider joining our team and apply today!

This is a full-time, classified position and is represented by a union.

The Oregon Health Authority is an equal opportunity, affirmative action employer committed to work force diversity.

QUALIFICATIONS, REQUIRED & REQUESTED SKILLS:

MINIMUM QUALIFICATIONS

A Bachelor's Degree in Behavioral or Social Sciences or any degree related to healthcare; **AND four (4) years** professional-level evaluative, analytical and planning work related to healthcare and tribal health;

OR

Any combination of experience and education equivalent to **seven (7) years** of experience related to healthcare and tribal health.

REQUESTED SKILLS

In addition to the minimum qualifications, applicants will be reviewed against the following criteria:

- Advanced experience and understanding of Tribal healthcare delivery systems.
- Knowledge of relevant state and federal laws/regulations, comparable programs, and policies in other state Medicaid agencies.
- Current knowledge of national third party payers, healthcare delivery trends, reform, and value-based payment trends, new technologies, and statewide and national economic issues impacting tribal health programs and the health and wellbeing of tribal members.
- Knowledge of Medicaid eligibility, coverage, and provider payment methodologies.
- Experience with understanding of government to government relationships between states and sovereign tribal nations.
- Demonstrated ability to explain, in oral and written form, complex technical and legal material and concepts in understandable language to people of diverse cultural background, education levels, and language skills.
- Demonstrated proficiency to apply critical thinking, accounting for issues from impacts on vulnerable populations to cost containment to clinical quality, to develop a course of action and follow through even if all stakeholders will not be pleased with the results.
- Proficiency analyzing, reading and interpreting healthcare data.

Applicants that meet the minimum qualifications and most closely match the desired attributes will be invited for an interview.

ADDITIONAL INFORMATION:

WORKING CONDITIONS

Open cubicle office style environment with interruptions and moderate noise levels. Must be accessible by phone at all times. Frequent travel to all Oregon counties with overnight stays expected and long periods of sitting. Travel in hazardous weather is probable. Requires the ability to get in to and out of vehicles without assistance. The duties of this position require the ability to work long hours, weekends and/or holidays to meet critical timeframes.

You must have a valid driver's license with an acceptable driving record. If not, you must be able to provide an alternate method of transportation.

APPLICATION INSTRUCTIONS

To apply, please follow these steps.

1. Complete the application. We will not accept a resume or position description in place of a completed application. Because of the volume of applications we receive, we do not review any attachments that we do not ask for.
2. The work experience and/or education section of your application must **clearly** demonstrate how you meet all of the minimum and special qualifications listed above. If it does not, we are required to disqualify it.
3. Complete the supplemental questions. Answers to the supplemental questions must be substantiated with the experience you listed in the work experience section of the application. If you say you have 10 years of experience in customer service, but don't show 10 years of experience in the application, you may be disqualified.

Caution: If you fail to follow these instructions, your application will be disqualified. Incomplete or late applications will not be considered.

PRE-EMPLOYMENT CHECKS

If you are offered employment, the offer will be contingent upon the outcome of an abuse check, criminal records check and driving records check, and the information shall be shared with the Oregon Health Authority (OHA), Office of Human Resources (OHR). Any criminal or founded abuse history will be reviewed and could result in the withdrawal of the offer or termination of employment.

VETERANS INFORMATION

If you are an eligible veteran and wish to claim veterans' preference points **AND** you also meet the minimum qualifications for this position, the points will be added to your score. **To receive veterans' preference points you MUST attach the following required documentation to your electronic application.**

- > A copy of your DD214/DD215 form; **OR** a letter from the US Dept. of Veterans Affairs indicating you receive a non-service connected pension for the five (5) point preference.
- > A copy of your DD214/DD215 form; **AND** a copy of your veterans' disability preference letter from the Dept. of Veterans Affairs for the ten (10) point preference.

For more information on veterans' preference points visit www.oregonjobs.org, and select veterans' preference.

NEED HELP?

If you need assistance to participate in the application process, you are encouraged to call Janice Wallace 503.945.5743 Monday through Friday. TTY users please use the Oregon Telecommunications Relay Service: 1-800-735-2900.

For technical support, please call toll free 1-855-524-5627, for customer service assistance.

PLEASE CONSIDER JOINING US!

The [Oregon Health Authority \(OHA\)](#) includes most of the state's health care programs, including Public Health, Health Policy and Analytics, Health Systems Division, and Oregon State Hospital. Incorporating the state's health care programs within one agency gives the state greater purchasing and marketing power to begin tackling the issues of cost, quality, and access to care.

OHA strives to create inclusive environments that welcome and value the diversity of the people we serve. OHA fosters fairness, equity, and inclusion to create workplace environments where everyone is treated with respect and dignity regardless of race, color, religion, sex, disability, physical stature, age, national origin, sexual orientation, gender identity, marital status, political affiliation and any other factor applicable by state or federal law.

VISIT OUR AGENCY WEBSITE AT:

<http://www.oregonjobs.org>

OUR OFFICE IS LOCATED AT:

500 Summer Street NE, E22
Salem, OR 97301-1099
503-945-5698

Job #OHA18-0082
TRIBAL POLICY AND PROGRAM ANALYST
(OPERATIONS AND POLICY ANALYST 3)
JW

Tribal Policy and Program Analyst (Operations and Policy Analyst 3) Supplemental Questionnaire**Work Experience**

The work experience section of your application must include a clear description of your experience in order to determine if you meet the required skills (**minimum and special qualifications**) and at what level you meet the requested skills (**desired attributes**). Your answers to supplemental questions about your specific experience must also be supported in the work experience statements in your application form or, if requested, your resume. Supplemental materials such as cover letters and/or a resume will NOT be reviewed or used to determine candidates' qualifications unless the posting specifically states those materials are required from applicants.

Supplemental Questions

Your answers to the Supplemental Questions may be reviewed to help determine if you meet the required skills and how you meet the requested skills for the position to which you have applied. This review may include an automated scoring process and/or a manual review of all or some of the responses.

Note: The specific questions and scoring process used are determined by each hiring authority. Only those individuals who meet the required skills and most closely match the requested skills will be invited to an interview.

- * 1. Which of the following best describes your **highest related level of education**?
 - High School Diploma or Equivalent
 - Some College Coursework, No Degree Received
 - Associate's Degree
 - Associate's Degree and additional coursework
 - Bachelor's Degree
 - Bachelor's Degree and additional coursework
 - Master's Degree
 - Master's Degree and additional coursework
 - Doctorate Degree
 - Doctorate Degree and additional coursework
 - None of the Above

- * 2. If you selected "Some College Coursework, No Degree Received" or "degree and additional coursework" in question 1, how many **upper division (300 level or higher)** credit hours have you completed? Select the Quarter/Semester hours that best describe your **completed coursework**. If you did not, select N/A.
 - N/A
 - 4 Quarter hours/3 Semester hours
 - 8 Quarter hours/5 Semester hours
 - 12 Quarter hours/8 Semester hours
 - 16 Quarter hours/11 Semester hours
 - 20 Quarter hours/13 Semester hours
 - 24 Quarter hours/16 Semester hours
 - 28 Quarter hours/19 Semester hours
 - 32 Quarter hours/21 Semester hours
 - 36 Quarter hours/24 Semester hours
 - 40 Quarter hours/27 Semester hours
 - 44 Quarter hours/29 Semester hours
 - 45-68 Quarter hours /30-45 Semester hours
 - 69-95 Quarter hours /46-63 Semester hours
 - 96-143 Quarter hours /64-95 Semester hours
 - 144-191 Quarter hours /96-127 Semester hours
 - 192-239 Quarter hours /128-159 Semester hours
 - 240 or more Quarter hours /160 or more Semester hours

- * 3. If you selected "Some College Coursework, No Degree Received" or "degree with additional coursework" in question 1, please identify the focus of your **upper division (300 or higher)** coursework. If you did not, enter N/A.

- * 4. Which of the following best describes the **focus of your degree**?
 - Behavioral Science
 - Social Science
 - Other Related Degree
 - My degree is not related
 - I do not have a degree

- * 5. If you selected "Other Related Degree" in question 4, please identify the **focus of your degree**. If you did not, enter N/A.

- * 6. Which of the following best describes your **professional level of experience which included evaluative, analytical and planning work related to Medicaid and Tribal health**?

NOTE: If you have part-time work experience, please select the answer that is equivalent to full time

- 4 years
- 5 years
- 6 years
- 7 years or more
- None of the above

- * 7. Provide a detailed description of your experience/knowledge interpreting and implementing federal and state laws/regulations/administrative rules regarding Medicaid and Tribal Health Systems. If you do not have this experience please enter N/A.

- * 8. Please tell us about your experience with American Indian and Alaskan Native tribes and their people. Address your specific experience with government to government relations with tribal sovereign notions, and with tribal healthcare programs. If you do not have this experience please enter N/A.

- * 9. Provide a detailed description of your experience/knowledge in evaluating the cost effectiveness, access and quality of healthcare programs. If you do not have this experience/knowledge please enter N/A.

- * 10. **Transcripts:** Transcripts are required to be attached to your application if you are using education or coursework to meet the minimum and/or special qualifications. Transcripts must be from an accredited institution and clearly show 1) your name; 2) the name and address of the institution; 3) the degree received and; 4) required courses completed with a passing grade. For application purposes, photocopies are acceptable; however official or original documents may be requested to validate education. **Veteran's Preference Points:** If you are requesting Veteran's Preference points, you must attach the necessary documentation to receive the credits. If you do not, points will not be provided. **Work Experience:** The work experience section of your application must include a clear description of your experience in order to determine if you meet the required skills (minimum and special qualifications) and at what level you meet the requested skills (desired attributes). Your answers to supplemental questions about your specific experience must also be supported in the work experience statements in your application form or, if requested, your resume. Supplemental materials such as cover letters and/or a resume will NOT be reviewed or used to determine candidates' qualifications unless the posting specifically states those materials are required from applicants. **Supplemental Questions:** Your answers to the Supplemental Questions may be reviewed to help determine if you meet the required skills and how you meet the requested skills for the position to which you have applied. This review may include an automated scoring process and/or a manual review of all or some of the responses. **Note:** The specific questions and scoring process used is determined by each hiring authority. Only those individuals who meet the required skills and most closely match the requested skills will be invited to an interview. **Have you demonstrated your work experience in your answers and attached all necessary documents?**
 - Yes
 - No

- * 11. Are you a current employee with the Oregon Health Authority (OHA)? This includes regular status, trial service and limited duration employees. OHA temporary, volunteer and contract employees are not included.]
 - Yes, I am a current trial service, regular status or limited duration employee with OHA.
 - No, I am not a current employee with OHA.

- * 12. From the following list, **please indicate where you first learned about this job opportunity (only include the state's job page if that's where you first became aware of this job)**. The data helps us track where applicants first see information regarding specific positions.
 - Career Builder
 - Craigslist
 - Friend
 - LinkedIn
 - Partners in Diversity
 - OHA HR E-mail listserv
 - Oregon.gov/jobs (state of Oregon's jobs page)
 - State of Oregon Job Interest Card
 - WorkSource Oregon/i-Match Skills/Oregon Employment Department
 - Indeed
 - Other

- * 13. **If you selected "Other" in the previous question, please indicate where you first learned about this job opportunity.** If you selected any of the above, enter "NA."

* Required Question

NICWA is now hiring a strategic communications manager!

The National Indian Child Welfare Association is now recruiting for a strategic communications manager. Please assist us in our search for qualified applicants by distributing the announcement across your networks and to anyone you think may be interested. Interested applicants may visit our website at <https://www.nicwa.org/employment/>, where they can find the full description and instructions on how to apply. The position is open until Wednesday, April 4th.

Questions and submissions may be directed to hr@nicwa.org, or 503-222-4044.

Thank you very much for your help—we greatly appreciate it!

Human Resources

National Indian Child Welfare Association

5100 SW Macadam Ave., Ste. 300

Portland, OR 97239

P: 503-222-4044

F: 503-222-4007

www.nicwa.org

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date 3/23/18

Job Title: CHAP Project Director
Reports To: Executive Director
Starting Wage: \$85,000-\$95,000

Status: Exempt, Salaried
Classification: 1.0 FTE, Regular
Location: Portland, OR

Job Summary: The Community Health Aide Program (CHAP) Project Director will administer an initiative to establish the Community Health Aide Program infrastructure in the Portland Area to serve providers working in Indian health programs operated by Tribes and tribal organizations under the Indian Self-Determination and Education Assistance Act (P.L. 93-638). The CHAP Project Director will work under the supervision of the Executive Director and close collaboration with the Government Affairs/Health Policy Director and the Native Dental Therapy Initiative (NDTI) Project Director to carry out their job duties.

The CHAP Project Director must have a demonstrated record in health program development and policy leadership. The CHAP Project Director will combine program development, direct policy and advocacy responsibilities with supervision, and project management. This position will be based in Portland, Oregon. Travel will be required to visit CHAP program sites and state health agencies in Olympia, Salem, and Boise, and participation in national and regional meetings as requested. Ability to work a flexible schedule is required, with some evenings and weekend availability required. Health, dental, and retirement benefits are included. Desired start date is May 1, 2018.

Essential Functions:

1. Manages grant activities and funder relationships to develop CHAP program infrastructure for Tribes in Idaho, Oregon, and Washington.
2. Meets project and financial objectives by forecasting requirements, preparing budgets, scheduling expenditures, analyzing variances, and initiating corrective action as needed in order to complete required work.
3. Oversees consultants and attorneys (and eventually staff) to carry out project work plan, meet project milestones, and manage the project.
4. Develop a work plan and timeline for CHAP implementation in the Portland Area.
5. Accomplishes project requirements by orienting, training, assigning, and scheduling project tasks in collaboration with the Executive Director, Government Affairs/Health Policy Director, NDTI Project Director and other Board personnel essential to establishing CHAP infrastructure in the Portland Area.
6. In collaboration with the Government Affairs/Health Policy Director and NDTI Project Director monitors implementation of state and federal health policies, including engagement with state agency personnel, and responds to state and federal proposals regarding establishing CHAP program and related policies.
7. Provide technical assistance to the Portland Area representatives of the IHS CHAP Tribal Advisory Group (TAG).
8. Maintains and expands partnerships and relationships with Tribal and non-tribal stakeholders, serving as an external representative of NPAIHB's health policy work.
9. Establish relationships with education institutions in the Portland Area for potential CHAP training sites

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date 3/23/18

10. Discretion, good judgment and reasoning, and ability to handle confidential information are required as this position is part of the health policymaking effort of Northwest Tribal Leaders.
11. Participation in meetings and/or presenting at conferences regionally and nationally as required.
12. Prepares written reports, white papers, presentations to member Tribes, federal and state agencies, and other oral, behavioral and medical health stakeholders. Develops written documents associated with carry out project goals and objectives.
13. Assists Government Affairs/Health Policy Director and NDTI Project Director on preparation of comments related to proposed CHAP policies.
14. Performs other duties as assigned by the Executive Director. Prepares monthly activity reports and provides to the Executive Director at the end of each month.

Standards of Conduct:

- Consistently exhibit professional behavior and the high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours.
- Effectively plan, organize workload, and schedule time to meet workload demands.
- Maintain a clean and well-organized workstation and office environment.
- Exercise judgment and initiative in performance of duties and responsibilities.
- Work in a cooperative manner with all levels of management and with all NPAIHB staff.
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.
- Participate willingly in NPAIHB activities.
- Abide by NPAIHB policies, procedures, and structure.
- Research and with the approval of supervisor, attend trainings as needed to improve skills that enhance overall capabilities related to job performance.

Qualifications:

- Bachelor's Degree or level degree or equivalent work experience in public policy or health related field required, completion of Community Health Aide Training Programs preferred.
- Five years of experience in health policy, legislation, regulations, or community health.
- Experience as a Community Health Aide Program Director desirable.
- Two to four years of experience working with tribal communities or tribal organizations.
- Advanced user in Microsoft Office package. (Access, Excel, Word, Publisher, PowerPoint).
- Excellent writing skills.
- Excellent communication skills.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date 3/23/18

- Must be highly organized and motivated, and be able manage complex projects and carry out all responsibilities of the job requirements with minimal day-to-day supervision.
- Must demonstrate discretion, tact, knowledge, judgment, and overall ability in working effectively with federal, tribal, and other professionals and facilitating participation and partnership in the activities of the program.
- Must be sensitive to cross-cultural differences, and able to work effectively within their context.
- Must be able to travel, as requested.

Typical Physical Activity:

Physical Demands: Frequently involves sedentary work: exerting up to 10 pounds of force and/or a negligible amount of force to lift, carry, push, pull or otherwise move objects, including the human body.

Physical Requirements: Constantly requires the ability to receive detailed information through oral communications, and to make fine discrimination in sound. Constantly requires verbally expressing or exchanging ideas or important instructions accurately, loudly, or quickly. Constantly requires working with fingers rather than the whole hand or arm. Constantly requires repetitive movement of the wrists, hands and/or fingers. Often requires walking or moving about to accomplish tasks. Occasionally requires standing and/or sitting for sustained periods of time. Occasionally requires ascending or descending stairs or ramps using feet and legs and/or hand and arms. Occasionally requires stooping which entails the use of the lower extremities and back muscles. Infrequently requires crouching.

Typical Environmental Conditions: The worker is frequently subject to inside environmental conditions which provide protection from weather conditions, but not necessarily from temperature changes, and is occasionally subject to outside environmental conditions.

Travel Requirements: Local travel is regularly required. Overnight travel outside of the area (nationally and regionally) is frequently required.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Job Posting Closing Date 3/23/18

Disclaimer: The individual must perform the essential duties and responsibilities with or without reasonable accommodation efficiently and accurately without causing a significant safety threat to self or others. The above statements are intended to describe the general nature and level of work being performed by employees assigned to this classification. They are not intended to be construed as an exhaustive list of all responsibilities, duties and or skills required of all personnel so classified.

Except as provided by Title 25, U.S.C. § 450e(b), which allows for Indian preference in hiring, the NPAIHB does not discriminate on the basis of race, color, creed, age, sex, national origin, disability, marital status, sexual orientation, religion, politics, membership or non-membership in an employee organization.

Applications can be found online at www.npaihb.org

SEND RESUME AND APPLICATION TO:

Andra Wagner
Human Resources Coordinator
2121 SW Broadway, Suite 300
Portland, Oregon 97201
FAX: (503) 228-8182
Email: awagner@npaihb.org



YELLOWHAWK
TRIBAL HEALTH CENTER

For Immediate Release: February 23, 2018
Contact: Kaeleen McGuire, Communications Manager
KaeleenMcGuire@Yellowhawk.org (541) 215-2028

Chief Executive Officer Named for Yellowhawk Tribal Health Center

MISSION, OREGON – The Confederated Tribes of the Umatilla Indian Reservation’s (CTUIR) Tribal Health Commission announced today that they have selected Lisa M. Guzman, enrolled tribal member of the Nez Perce Tribe, to serve as the new Chief Executive Officer (CEO) of Yellowhawk Tribal Health Center. Guzman will assume her role on March 26, 2018.



“Lisa brings a wealth of experience and we are excited to have her join us during our transition into the new clinic,” said Shawna M. Gavin, Chairwoman of the CTUIR Health Commission. “We are confident that we have selected a CEO who shares Yellowhawk’s mission and vision, and one who will make a strong connection with our community.”

Guzman brings with her many years of knowledge and experience in healthcare, social service and education. She joins Yellowhawk from the Camas Center Clinic, owned by the Kalispel Tribe of Indians in Usk, Washington where she served as Health Care Administrator. During Guzman’s time there she was responsible for the day to day oversight and management of an Ambulatory Care Clinic, which included medical, dental, purchase referred care, behavioral health and social service programs. Guzman earned a Bachelor of Science in Psychology from the University of Idaho and a Masters of Social Work from Eastern Washington University.

The hiring of Guzman comes just weeks before Yellowhawk plans to transition into its new 64,000 square feet health care facility. Guzman will succeed Sandra Sampson who has served as the Interim CEO since May 2017.

###

Yellowhawk Tribal Health Center is owned and operated by the Confederated Tribes of the Umatilla Indian Reservation. It provides primary healthcare and additional services to more than 3,000 American Indian/Alaska Native patients.

Yellowhawk Vision:

Our Tribal community achieves optimal health through a culture of wellness.

Yellowhawk Mission:

It is our mission to empower our Tribal community with opportunities to learn and experience healthy lifestyles.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

QUARTERLY BOARD MEETING

APRIL 17 – 19, 2018

AT

The Mill Casino ~Hotel
and RV Park

3201 Tremont St
North Bend, OR 97459

RESERVATIONS: 800-953-4800

Rooms are blocked under the group name of **“Northwest Portland Area Indian Health Board”**. Hotel rooms are \$93.00 per night plus occupancy taxes. Please call by **March 31, 2018** to receive the group rate. Reservations received after this date will be accepted on a space available basis and at the regular room rate.

If you have any questions, please contact Lisa Griggs, Executive Administrative Assistant at (503) 416-3269 or email lgriggs@npaihb.org



QUARTERLY BOARD MEETING
The Mill Casino ~ Hotel and RV Park
3201 Tremont Ave., North Bend, OR 97459
Hosted by Coquille Tribe
April 17- 19, 2018



AGENDA

MONDAY APRIL 16, 2018~Willow~Beargrass Room

2:00-5:00 PM | Director's Meeting

TUESDAY, APRIL 17, 2018 ~ SALMON ROOM WEST

7:30 AM | **Executive Committee Meeting** | *Spruce Room*

9:00 AM | Call to Order
Invocation
Welcome
Posting of Flags
Roll Call

9:15-12:00 PM | PAO Area Directors Report
NPAlHB Executive Directors Report
Legislative Updates

- General Session

12:00 PM | **LUNCH**
Committee Meetings (*working lunch*)

- Elders
- Veterans
- Public Health
- Behavioral Health
- Personnel
- Legislative/Resolution
- Youth

1:45 – 4:30 PM | General Session

4:30 PM | Executive Session

WEDNESDAY APRIL 18, 2018~ SALMON ROOM WEST

9:00 AM	Call to Order Invocation
9:15 – 12:00 PM	General Session
12:00 PM	LUNCH – On your own
1:30 – 5:00 PM	General Session

THURSDAY, APRIL 19, 2018~ SALMON ROOM WEST

8:30 AM	Call to Order Invocation
8:45 AM	Chairman's Report
9:00 AM	Committee Reports: <ol style="list-style-type: none">1. Elders2. Veterans3. Public Health4. Behavioral Health5. Personnel6. Legislative/Resolution7. Youth
10:00 -12:00 PM	Unfinished/New Business <ol style="list-style-type: none">1. Approval of Minutes2. Finance Report3. Resolutions4. Future Board Meeting Sites:<ul style="list-style-type: none">• July 17-19, 2018 – Bellingham, WA hosted by Lummi• January 2019• April 16-18, 2019, Anacortes, WA hosted by Swinomish• October 2019 Pendleton, OR hosted by Umatilla
12:00 PM	Adjourn

April's Quarterly Board Meeting (QBM) will be held at Mill Casino Hotel, North Bend, OR, hosted by Coquille Tribe Rooms are blocked under the group name of "**Northwest Portland Area Indian Health Board**". Hotel rooms are \$93.00 per night plus taxes. Please call by **March 31, 2018** to receive the group rate.

April 16, 2018 Tribal Health Director's Meeting (THD)

April 17- 19, 2018 Quarterly Board Meeting (QBM)

Management team your rooms have been reserved. Please feel free to contact me with any questions or concerns.

Thank you,

Lisa L. Griggs
Northwest Portland Area Indian Health Board
Executive and Program Ops. Assistant
2121 SW Broadway, Suite 300
Portland, OR 97201
503.228.4185
503.228.1472 Fax



NW Tribal Tobacco Prevention Conference

Prevention Through Culture and Policy

Register Here

<https://www.surveymonkey.com/r/2018NWTribalTobacco>

Travel reimbursements are available to NW tribes working in tobacco prevention (hotel, flight and/or mileage)

Where: Suquamish Clearwater
Casino and Resort

When: May 22 and 23

For Questions, Please Contact:

Ryan Sealy

WEAVE-NW Tobacco Specialist

rsealy@npaihb.org

503.416.3304



NPAIHB

Indian Leadership for Indian Health



Aiy yu kwee--Hello to You All,

My name is Valerie Reed, I'm a Yurok Tribal member and I am honored to be administering our project with our local Tribes and Tribal communities called **Health of the Environment=Health of the People** made possible by the CDC Good Health and Wellness in Indian Country (GHWIC) grant.

We here at United Indian Health Services (UIHS) wanted to take a moment and invite you all to the beautiful Northern California Coast to our **Hands on Health Conference** scheduled for April 23-26, 2018 at Bear River Rancheria, in Loleta, California. Thank you to Bear River Rancheria for being such a gracious host. Two years ago we held a Tribal Resource Conference in Klamath, California and it was so well attended by you all, but we missed getting to meet some of our CDC GHWIC partners. Welcome to all CDC GHWIC people; sub-awardees this means you too. 😊

This conference is called Hands on Health for a few reasons, but the most notable one is that there is a common thread that links us together as Native People, resilience. As you all know too well, our People suffer from the highest prevalence of diabetes, heart disease, stroke, obesity, cancer and other diseases and it is our belief that the way to good health and wellness for our People is get in and get your hands on health. Do your part in the reduction of chronic risk factors and be hands on!

We have created and would like to share opportunities and strategies through social, traditional and cultural activities that strengthen and promote community health and wellness. Sustaining those practices by using tribally driven, holistic and positive improvements to support and enhance policies that reflect upon healthier Native communities (PSE).

The entire conference is focused upon all of you and us going hands on and sharing knowledge and strategies that have served us well to promote good health and wellness here in our communities, and now we hope that you can implement some of those further into your communities across Indian Country.

So, please join us!

Register at:

www.handsonhealth.eventzilla.net

Call for Posters and Media for the event! We have the capability to showcase your work here at the conference and hope you can send it to us for exhibition. Media includes: PSA's, digital stories, interviews, etc. Media will be on a permanent loop format for viewing throughout the conference. Posters will be on display throughout entire conference. Please send by April 2, 2018 to:
Kella Roberts

UIHS

1600 Weeot Way
Arcata, CA 95521

or

Kella.roberts@crihb.org

Hands on Health

National Conference

Save the Date

April 23 ~ 26, 2018

@ Bear River Rancheria
11 Bear Paws Way, Loleta, CA

- * Creating opportunities for healthier living practices
- * Sharing successful strategies
- * Promoting healthy policies
- * Supporting healthier communities

www.handsonhealth.eventzilla.net



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Ashley Callingbull

April 24th, 2018 8:30 am Recreation Center

- Cree First Nations woman from the Enoch Cree Nation in the province of Alberta
- Former Mrs. Universe 2015
- International motivational speaker
- Received Role Model award from the United Nations and at the Dreamcatcher Gala
- Canadian Activist for First Nations Rights and Environmental causes

Keynote Speakers

Topics Include:

Self-esteem

Empowerment

Community Motivation



Gary "Litefoot" Davis

April 25th, 2018 8:30 am Recreation Center

- Enrolled member of the Cherokee Nation of Oklahoma
- Award winning Actor, musician, author, public speaker and entrepreneur
- Motivates and inspires tribal, educational and corporate audiences
- Combines his success as an entrepreneur and public figure, with his passion to better the future of Indian Country and serve as a source of inspiration

For more information please contact Kella Roberts at kella.roberts@crihb.org or in Community Health & Wellness at (707) 825-5070 ex.4145.

Hands on Health Conference Hotel Information

The Hands on Health Conference will be held at the Bear River Rancheria in Loleta, CA Monday, April 23 to Thursday, April 26.

The host hotel **Bear River Casino Resort** has rooms at the special rate of \$109.00/night. For reservations please call (707)733-9644 Opt. 2. When calling to make your reservation please reference the group code: HEALTHY. This rate will only be available until April 11, 2018 so please make your reservations soon.

Best Western Plus, Humboldt Bay Inn located at 232 W. 5th Street in Eureka, CA is 14.5 miles from the conference and is also offering rooms at \$109.00. For reservations please call (707)443-2234 and reference the group code: HANDS ON HEALTH.

Comfort Inn & Suites Redwood Country located at 1583 Riverwalk Drive in Fortuna, CA is 5 miles from the conference and is also offering rooms at \$99.00/night. For reservations please call (707)725-7025 and reference the group code: HANDS ON HEALTH. This rate will only be available until April 1, 2018 so please make your reservations soon.

If you have any questions please call Kella Roberts at (707)825-4145.

Hands on Health Conference Airport Information

United Airlines flies between the California Redwood Coast – Humboldt County Airport and San Francisco International Airport via its United Express subsidiary. The Airport is located 30 miles north of the Bear River Rancheria. The Airport Code is ACV.

Hands on Health Conference Rental Car Information

The Hands on Health Conference will be held at the Bear River Rancheria in Loleta, CA which is about 30 miles south of our only Airport. The Airport offers the following Rental Car Companies on site –

Alamo Car Rental - (707)839-3229

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Enterprise Rent-A-Car – (707)826-9090 – They offer a shuttle to their office from the airport



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2018 Contemporary Northwest Tribal Health Conference

Sponsored by:

Northwest Native American Research Center for Health (NW NARCH)
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Prevention Research Center, Oregon Health & Science University (OHSU)

April 27-28, 2018

Portland State University
Native American Student & Community Center
Portland, Oregon

Register online: <http://bit.ly/NWNARCH18reg>

***No registration fee
Lodging support available***

Submit an abstract: <http://bit.ly/NWNARCH18>

Deadline: Wednesday, February 28, 2018

If you are conducting health research in AI/AN communities in the Pacific Northwest (Washington, Oregon, Idaho), we invite you to share your research and experiences. Oral and poster presentations can be on any health-related topic or theme, but should be limited to AI/AN-focused research taking place in the Northwest.

For more information, see the Events Calendar at www.npaihb.org
or email th-conference@npaihb.org.



Tribal Public Health Emergency Preparedness Training & Conference

Pre-Conference Training: May 14-15, 2018

Conference Sessions: May 16-18, 2018

**Suquamish Clearwater Resort
Suquamish, WA**

Register: <http://bit.ly/18TPHEPreg>

Submit a Session Proposal: <http://bit.ly/18TPHEPpres>
Due by March 9

Questions??

Contact Taylor Ellis, NPAIHB, tellis@npaihb.org

Conference sponsored by:

*Northwest Portland Area Indian Health Board
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2018 Leadership Institute Application Period Now Open

Applications are now being accepted for the 2018 cohort of the Northwest Public Health Leadership Institute. A nine-month online program with three on-site sessions in Seattle, the Leadership Institute is designed to help emerging public health leaders strengthen their leadership skills to meet the complicated demands of today's public health landscape.

The 2018 Leadership Institute program is framed through a life-course lens that emphasizes health equity and social justice. Scholars will learn and practice collaborative leadership and change management skills to help them work effectively toward goals with colleagues, systems, policy makers, communities, and stakeholders.

Leadership Institute Quick Facts

When: Late April-November 2018. On-site session dates: May 2-4, August 8-10, and November 5-7

Format: Distance-based and in-person learning; three Seattle on-site sessions

Application Deadline: Applications will be accepted through March 23. Early-bird deadline is March 9.

Cost: \$3,000 (\$2,700 by the early-bird deadline). Some partial scholarships available to those in the field of maternal and child health.

To Apply: www.nwcphp.org/leadership-institute

Learn More >><http://www.nwcphp.org/communications/news/2018-leadership-institute-application-period-now-open>

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Northwest Portland Area Indian Health Board

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To: Tribal Delegates, Tribal Health Directors, and Tribal Clinic Directors
From: Northwest Portland Area Indian Health Board Staff
Date: March 7, 2018
Re: Department of Health and Human Service (HHS) Secretary's Tribal Advisory Committee (STAC) Meeting January 17-18, 2018

The Department of Health and Human Services (HHS) held the Secretary's Tribal Advisory Committee (STAC) in Washington D.C. on January 17-18, 2018. NPAIHB representative attended the STAC meeting and provided technical support to the Portland Area tribal representative, Chairman Ron Allen of the Jamestown S'Klallam Tribe. STAC Committee member at large Chairman Brian Cladoosby of the Swinomish Tribe was also in attendance. The next HHS STAC meeting will be held on May 9-10, 2018 in Washington, DC.

The STAC re-nominated and re-elected Tohono O'odham Nation Councilman Chester Antone, STAC Tucson Area representative as the STAC Chair. Navajo Nation President Russell Begaye, STAC Navajo Area is the STAC Vice Chair. Currently, there are six HHS regional directors and four HHS acting directors (including Region 10) in place.

Discussion with HHS Acting Secretary Eric D. Hargan and HHS Leadership

Department of Health and Human Services (HHS) Acting Secretary Eric Hargan previously served at HHS under the Bush Administration and will return to Deputy Secretary once Alex Aazar is confirmed. Acting Secretary Hargan requested STAC members for recommendations on how to provide more effective HHS services and priorities that tribes would like the Administration to focus on. Jamestown S'Klallam Chairman Ron Allen emphasized the foundational importance of consultation, the government-to-government relationship and engagement with tribal governments. On January 24, Congress confirmed Alex Aazar as Secretary of HHS.

CMS Work Requirements

Chairman Allen identified the critical role of Centers for Medicare and Medicaid Services (CMS) healthcare services and programs in tribal communities. STAC members informed the HHS Acting Secretary of the lack of tribal engagement with the new CMS guidance concerning state implementation of work and community requirements through 1115 demonstration waivers on Medicaid beneficiaries. Tribes must not be required to comply with state programs. Tribal delegates requested that the federal government include tribal work assistance programs because of high unemployment rates in tribal communities exceeding the national norm. Numerous tribes have calculated up to 25% of their Medicaid revenue due to requiring work of tribal Medicaid beneficiaries. Tribal delegates have requested an exemption from the waiver and CMS Administrator Seema Verma stated her support for an AI/AN exemption; however, the HHS Office of Civil Rights objected to the request because they view the issue as race-based and not politically-based. CMS officials declared their commitment to engage in

meaningful tribal consultation between tribes and states to address high risk factors in tribal communities, the issue will be further addressed with the CMS Tribal Technical Advisory Group (TTAG).

Dental Health Aide Therapists

Swinomish Chairman Brian Cladoosby stressed the goal of HHS and the Indian Health Service (IHS) to embrace dental health aide therapists (DHATs) in tribal communities. Chairman Cladoosby underscored the issue with the sentence in the Indian Health Care Improvement Act (IHCIA) limiting DHATs to Alaska. Swinomish requested a Washington State Plan Amendment for DHAT services to be reimbursed by Medicaid and we are concerned that CMS is questioning free choice of provider provision that tribes must provide services to all Medicaid beneficiaries. However, in 1976, tribes were allowed to bill for Medicaid and there was a limited services section that was recognized only to provide services to tribal providers and tribal members. CMS Senior Counselor to the Administrator Calder Lynch replied that CMS issued a request for additional information (RAI) to gather additional information from the state of Washington and then CMS will move forward with a solution. Acting Secretary Hargan stated that he had traveled to Alaska and was aware of the benefits. Acting Secretary Hargan declared that HHS will have internal dialogue because of changes to the law and requirement to go to the states due to resistance of implementation.

As to IHS's response to Port Gamble S'klallam's Annual Funding Agreement (AFA), IHS Acting Director Admiral Michael Weahkee stated that it is a technical language issue with the AFA. Admiral Weahkee stressed the need to have more conversation on DHATS and understands that IHS needs to move forward. IHS Acting Director Weahkee announced that there will be a Dear Tribal Leader Letter (DTLL) forthcoming with details on an IHS Community Health Aide Program (CHAP) workgroup meeting in March.

Special Diabetes Program for Indians (SDPI)

STAC members highlighted the importance and effectiveness of the Special Diabetes Program for Indians (SDPI) in Indian Country. Tribes were told that SDPI would be funded long-term and attached to the Children's Health Insurance Plan (CHIP) reauthorization. Tribal delegates stressed that the program is vital for tribal communities and HHS must support the program and provide technical assistance to Congress on reauthorization. IHS Acting Director Weahkee responded that IHS wants to make sure that the program continues and currently Congress is providing funding through the end of March and is working on a longer-term solution. Congress passed a Continuing Resolution (CR) on February 9 to fund the government until March 23. The CR included a two-year reauthorization for SDPI with \$150 million for FY 2018 and \$150 million for FY 2019.

Contract Support Costs (CSC)

Tanana Chiefs Conference Chairman Victor Joseph highlighted the recent IHS rescission of the 97/3 Contract Support Costs (CSC) duplication option, which is an important provision that permits tribes to avoid a lengthy negotiation process. The agreements were made in good faith and agreed upon by the agency and tribes. To suspend this provision without tribal consultation is extremely problematic. The CSC workgroup sent a letter to IHS Acting Director Weahkee to requesting the withdrawal of the suspension and asked for access to the materials that IHS used to justify their action. STAC members requested that the Acting Secretary of HHS reinstate the 97/3 CSC duplication before the CSC workgroup meets to have a discussion. IHS Acting Director Weahkee replied that the Office of General Counsel weighed in and in the ongoing negotiations there was at least one instance in which the 97/3 split was problematic, and the payment would be over what the statute would allow. IHS wanted to stop additional litigation; therefore, they temporarily suspended the policy to work through the issues.

Acting HHS Secretary Hargan requested tribal perspectives on the opioid epidemic and as initiatives come out of HHS on opioids that tribes share their thoughts. Councilman Chester Antone responded to the Acting Secretary that follow-up would be provided in a letter from STAC to HHS.

Discussion with IHS Acting Director Michael Weahkee

IHS Acting Director Michael Weahkee provided a recruitment and retention update, announcing a new pay rate for IHS nurse practitioners to enhance competitive compensation for IHS workforce recruitment and retention. Additionally, IHS has obtained authority to provide increased relocation incentives to compete with the private sector, raising the cap from 25% to 50% to strengthen the recruitment and retention of nurses. IHS is increasing efforts to recruit new Commissioned Corp applicants and can now make first contact with applicants.

Contract Support Costs (CSC) Update

In October 2016, IHS approved a revised Contract Support Costs (CSC) policy following tribal consultation and CSC tribal/federal workgroup sessions to ensure transparency and adequate negotiations. The CSC policy will be assessed on a regular basis. After a year of implementation, IHS has found that in certain circumstances the alternative method for calculating indirect recurring costs, the 97/3 split allows for more funding and does not comply with the Indian Self Determination Education and Assistance Act (ISDEAA) authority. IHS has temporarily rescinded the 97/3 CSC policy and will engage in tribal consultation before making any decisions.

Chairman Ron Allen along with other tribal leaders stressed great concern over the CSC policy update stating that “suspension of the CSC policy has created issues for indirect and direct cost rate negotiations for tribes that have been worked on for years.” Chairman Allen requested that IHS Acting Director RADM Weahkee and IHS engage in a timely manner with tribes on the implementation of the policy. Acting Director Weahkee stated that IHS will provide a quick response within the next few weeks to the CSC Workgroup and STAC regarding the letter on the 97/3 split from the CSC Workgroup Tribal Co-Chairman Andy Joseph. The next CSC Workgroup meeting will be March 6-7, 2018. Details of tribal consultation on the 97/3 split will be sent around soon.

STAC tribal leaders requested that IHS share the information and data analysis conducted that impacted the determination that in all cases the 97/3 split will not conform to the ISDEAA authority. The Office of General Counsel (OGC) is looking into how to share factual analysis in response to the letter from CSC Workgroup Tribal Co-Chairman Andy Joseph without violating privacy of the tribe in litigation. RADM Weahkee stated that IHS is looking at current and ongoing litigation, negotiations and the impacts of the provision in those proceedings.

Ms. Julia Pierce from the OGC reported that they are currently litigating duplication issues, expansion of CSC, and a crossover with the 97/3 split issue. OGC found an issue with the 97/3 split for at least one tribe and suspect it will be an issue with others. Ms. Pierce highlighted that the OGC found that the 97/3 split may work for some but for others it is a concerning issue of duplication. STAC tribal leaders were unanimous in expressing their disturbance with potential undue harm to tribes because of the suspension of the CSC policy due to litigation.

IHS Strategic Plan Workgroup Update

IHS received 137 tribal, tribal organization, and federal comments. IHS will hold a 30-day comment period on the draft Strategic Plan as well as tribal consultation. The final Strategic Plan is anticipated to be published in April. Chairman Ron Allen requested an update from Acting Director RADM Weahkee on the efficiency of IHS operations and the engagement of tribal leadership on the considerations for the IHS Strategic Plan 2018-2022. RADM Weahkee replied that IHS is waiting for an HHS Secretary to be confirmed to move forward with reorganizational plans. Additionally, Acting Director Weahkee reported that the goals and objectives of the Strategic Plan do not incorporate any restructuring at IHS.

Quality Update

Acting Director RADM Weahkee conveyed to STAC that the IHS contract with Avera Health eCARE telehealth network has expanded in IHS facilities for behavioral health, cardiology, endocrine, rheumatology, and pain management.

IHS is currently looking into the creation of the National Community Health Aide workgroup to discuss the Community Health Aide Program (CHAP) and Dental Health Aide Therapists (DHAT), more information forthcoming in March through a Dear Tribal Leader Letter.

Chief Medical Office RADM Michael Toedt announced termination of a leasing emergency medical services (EMS) vehicle agreement with the General Service Administration (GSA) due to vehicle quality and safety concerns.

Opioid Crisis Update

STAC tribal delegate Brian Cladoosby, Swinomish Indian Community Chairman requested IHS to provide STAC with a report on the National Committee on Heroin, Opioids, and Pain Efforts (HOPE) committee goals and objectives. IHS Acting Director RADM Weahkee conveyed to the STAC that the HOPE Committee is active and has five focus areas, including prescriber support. STAC tribal delegates voiced a concerning example of tribes being left out of legislation regarding the lack of access to state opioid and prevention grants, despite having opioid facilities. RADM Weahkee replied that the issue will be addressed in budget discussions and IHS is looking to the Special Diabetes Program for Indians (SDPI) grants as an example of best practices on tailoring programs to community needs. IHS continues to provide naloxone drug training for Bureau of Indian Affairs (BIA) law enforcement and has issued guidance. Additionally, there is a naloxone first responder toolkit on the IHS website.

Tribal Access to Behavioral Health Data

STAC tribal delegates requested IHS provide a webinar training and discussion on the current process for tribes and tribal epidemiology centers (TECs) to access behavioral health data as well as the barriers to getting information that tribes are trying to access from the National Data Warehouse. IHS Chief Medical Officer RADM Michael Toedt responded that TECs have recognition as public health authorities to access data, which has been challenged by states and IHS has provided technical assistance in those situations.

Dental Health Aide Therapists

Swinomish Chairman Brian Cladoosby, STAC tribal member at large requested an update and expressed concern with IHS denying the Port Gamble S'klallam tribe's authority to provide dental health aide therapy (DHAT) services until IHS develops a national community health aide program (CHAP). Chairman Cladoosby validated that the IHS argument is inconsistent with Washington law and Port Gamble submitted identical language to the Swinomish language, which was submitted and approved. Acting Director Weahkee stated that it was a technical language issue that IHS is working on and there will be a meeting with Port Gamble in February.

HHS Budget Updates with Acting Assistant Secretary for Financial Resources, Jennifer Moughalian

The proposed CR that will fund the government until March 23, 2018 includes a two-year reauthorization for SDPI at \$150 million per year. The House and Senate will conference for the final FY 2018 budget. The House FY 2018 budget bill includes \$5.1 million (\$100 million above FY 2017 levels) and the Senate FY 2018 bill includes \$5 billion and \$12 million for facilities and infrastructure. HHS will provide technical assistance to Congress and be as responsive and helpful to fully implement the FY 2018 levels. HHS is still in the process of developing the FY 2019 budget request.

Chairman Ron Allen, STAC Portland Area tribal delegate communicated tribal concerns of proposed cuts if HHS negates to listen to the challenges in tribal communities and the tribal requests to be taken into consideration. STAC tribal delegates voiced troubling implications on tribal communities with CRs and government shutdowns. Acting Assistant Secretary Moughalian affirmed that the federal government instituted processes to confirm a quarterly approach to a lapse in funding and what functions would need to continue after the government shutdown in 2013.

Discussion with CMS Administrator Seema Verma

CMS State Medicaid Director Letter- Community Engagement Opportunities

The HHS STAC meeting was the first time that the Centers for Medicare and Medicaid Services (CMS) Administrator Seema Verma has met with tribal leaders and she identified tribes as CMS partners along with states and local communities. Administrator Verma announced that CMS issued a new policy through a State Medicaid Director (SMD) letter on January 11 providing guidance for States to voluntarily submit Section 1115 demonstration waiver proposals that would impose work and community engagement requirements as a condition of Medicaid eligibility. Medicaid work requirements would require verification of participation in approved activities, such as employment, job search, or job training programs, for a certain number of hours per week in order to receive health coverage. Exemptions may include, but are not limited to age, disability, responsibility for a dependent, participation in a drug addiction or alcohol treatment and rehabilitation program, or another state-specified reason. CMS has asked States to assure CMS with an evaluation plan in the proposal to assess what is working and what needs improvement.

Currently, CMS has approved the Kentucky demonstration waiver and there are 9 active proposals (AR, AZ, ME, IN, KS, NH, UT, MS and WI) from states with work and community engagement requirements for able-bodied Medicaid beneficiaries. CMS has received several requests for tribal consultation (AR, ME, WI) and a number of states have agreed to either exempt Indians from work requirements (UT, AR, AZ) or deem Indians to have met work requirements due to tribal employment and assistance programs (IN). Chairman Allen voiced the need to recognize alternative forms of employment that are more common in Native communities, like traditional crafts. Additionally, Chairman Allen requested better guidance for the states on what tribal consultation means in the context of waiver applications because there are so many varying types of relationships between tribes and states on different topics. Administrator Verma stated that CMS has included numerous protections for beneficiaries in the SMD letter and has recommended that states align their requirements with Supplemental Nutrition Assistance Program (SNAP) and the Temporary Assistance for Needy Families (TANF) employment efforts.

Chairman Ron Allen, STAC Portland Area Tribal Delegate called for CMS to include an exemption for AI/ANs from community and work requirements because tribes have a political status. Additionally, Chairman Allen requested that CMS work with tribes directly rather than states to identify issues in Indian Country as well as tribal employment agencies to assist with processing eligibility. Administrator Verma addressed the tribal request for an exemption for AI/ANs to tribal STAC delegates and stated that the HHS Office of Civil Rights advised CMS that they could not create an exemption based solely on the status of an AI/AN. Administrator Verma's recommendation is to have States work with local tribes to find solutions such as the inclusion of community engagement programs like SNAP and TANF. Chairman Allen replied that tribes must meet with the HHS Office of Civil Rights and CMS must balance the perspective of the Office of Civil Rights with the unique reality of tribal nations. Administrator Verma made a commitment to the STAC tribal delegates that States must consult with tribes as a condition of applying for and receiving a work requirement waiver.

Institution for Mental Disease (IMD)

Administrator Verma announced that in November, CMS announced a new Medicaid policy to allow states to design demonstration projects that increase access to treatment for opioid use disorder (OUD) and other substance use disorders (SUD). The updated policy replaces the Medicaid provision which

prevented services from being provided at a facility with more than 16 beds. Through the updated policy, States will be able to pay for a fuller continuum of care to treat SUD, including critical treatment in residential treatment facilities that Medicaid is unable to pay for without a waiver. It may take time for States to put together a plan, but CMS has developed oversight to monitor plans. Currently, CMS has 3 States (KY, NJ, and UT) that have submitted plans and are expecting more States to approve the altered provisions.

Dental Health Aide Therapy (DHAT)

Chairman Brian Cladoosby, STAC member at large tribal delegate advocated for the federal government to support the successful dental health aide therapist (DHAT) program in Alaska and the work that has begun in the Northwest. The Washington legislature approved the ability for tribes to provide DHAT services on reservations in February 2017 and the state has to work with CMS to come up with a plan for reimbursement. The State Plan Amendment (SPA) that the Washington Health Care Authority submitted to CMS was rejected because Medicaid Section 1902 request that Medicaid beneficiaries has free choice of providers and may obtain services from any Medicaid providers. Washington has enacted that DHATs furnish services only on tribal lands and for Indians eligible for the Indian Health Service (IHS). Chairman Cladoosby justified the argument with a limited services agreement in 1976, which recognized that tribes may not be able to serve all populations. Chairman Cladoosby requested an explanation of the CMS concern for free choice of provider justification. Swinomish became the first tribe to provide DHAT in the lower 48 a year ago and they have been unable to allow their providers to bill for services they are providing. Another issue is that IHS denied the Port Gamble S'Klallam tribe the ability to provide DHAT until a national policy and board are in place, but the state of Washington has already authorized tribal DHATs. Administrator Verma responded to Chairman Cladoosby by clarifying that the SPA was not rejected, there was a request for additional information and provided her commitment to work on this issue and make it a priority.

Discussion with the Administration for Children and Families Acting Assistant Secretary Steven Wagner

Acting Assistant Secretary Steven Wagner highlighted that welfare reform is emerging as one of the key priorities of the Trump Administration and the Administration for Children and Families (ACF) is committed to move resources to prevention an adoption of analytics techniques and early childhood development. STAC tribal delegates voiced concern of the implementation of the Adoption and Foster Care Analysis and Reporting System (AFCARS) and requested consultation on any proposed regulatory reforms. Acting Assistant Secretary Wagner identified AFCARS are potentially being burdensome as a data collection tool for broader issues. The ACF is opening the proposed rule for tribes to weigh in on what is necessary data. Acting Assistant Secretary Wagner notified STAC tribal delegates that a Dear Tribal Leader Letter (DTLL) will be released in the next month or so.

Discussion with the U.S. Surgeon General Jerome M. Adams

U.S. Surgeon General Jerome Adams provided an update to STAC on a pilot project that the Commission Corps began with IHS in the spring of 2017 to reshape the processes to improve efficiency of recruiting and reimagine the Corps through workforce management. The Corps will provide lists to IHS for folks who were unable to join the Commission Corps to potentially be civilian employees or contractors. The pilot project initially included 400 interested IHS applicants, which were vetted down to 16% and further decreased to 11% and then 5% went forward with interviewing. STAC tribal delegates requested additional information on what the exact impediments were to applicants in moving forward once they learned more about IHS.

IHS is a priority agency for the Commission Corp and since May 2017 there has been 7 dentists, 8 nurses, 1 nurse practitioner, 1 physician, and 2 pharmacists. U.S. Surgeon General Adams stated that IHS will remain one of the most important agencies for the Commission Corps and they want to figure out how to improve care. U.S. Surgeon General Adams acknowledged the concern from STAC on deployment of

Commission Corps from the Indian healthcare system to a natural disaster area and the Commission Corps has identified IHS as receiving assistance over other deployments because of the mission critical roles.

Tanana Chiefs Conference Chairman Victor Joseph expressed appreciation for the Corps streamlining the application process and the time from identification of candidates to hiring. However, Chairman Joseph specified that it is taking approximately a year and the software changes do not run smoothly because tribal management is not always well informed of potential changes. Surgeon General Adams responded that it takes approximately 6 months for the application to be received for first personnel action, but the Corps highlighted underserved populations to be a priority. There are year-round open application windows for certain positions. If there are critical needs within tribal nations or a geographic area, the Corps will work as appropriate to meet those needs. Navajo Nation President Russell Begaye recommended the use of a memorandum of agreement (MOA) with tribal nations and the Surgeon General was supportive of the idea. IHS Acting Director RADM Weahkee added the need to link the tribal office with regional offices.

Discussion with the Administration for Community Living (ACL) Administrator Lance Robertson

The Administration for Community Living (ACL) Administrator Lance Robertson highlighted a new issue brief on AI/AN aging that was published in October as well as a fact sheet on community living in Indian Country. The ACL is in the final stages of creating an online educational tool for professionals working with Native elders. The agency is pursuing a variety of partnership opportunities in areas such as non-profit legal services and higher education tracts related to disability and aging. ACL staff are in the process of developing a tribal consultation policy, which is currently under internal review and will be available for review at the next STAC meeting. Additionally, ACL has started to have conversations on reauthorization of the Older Americans Act, which includes Title III and Title VI funding and programs).

Discussion with the Office of the Assistant Secretary for Health Deputy Assistant Secretary for Minority Health Matthew Lin

Deputy Assistant Secretary for Minority Health Matthew Lin emphasized the need to partner with local and national organizations to more effectively manage resources. Deputy Assistant Secretary Matthew Lin provided recognition of the uniquely disparate health conditions facing AI/AN communities and OMH is engaging to achieve health equity. The Office of Minority Health (OMH) is utilizing a health standards data report card to identify critical research needs and develop responsive policies. OMH is conducting telephone surveys on AI/AN health priorities that targets certain states, the data will be shared next year. STAC tribal delegates emphasized the need to include tribes and tribal epidemiology centers (TECs) for critical information.

Discussion with the National Institutes of Health Principal Deputy Director, Lawrence Tabak

In September, the National Institutes of Health (NIH) Tribal Advisory Committee (TAC) met and discussed data sharing and data ownership. Principal Deputy Director Lawrence Tabak announced that NIH is working on five funding opportunity announcements for collaborative research between tribal epidemiology centers and investigative entities. The NIH Tribal Collaboration Workgroup focuses on culturally appropriate collaboration with tribal leaders and consortium representatives. Consistent concerns from the Tribal Collaboration Workgroup include data access, governance, consent, Institutional Review Board (IRB) ethics, and specimen storage. Principal Deputy Director Tabak announced opportunities the All of Use program to enroll 1 million or more Americans in a research partnership with NIH to access medical information and blood samples to conduct genomic analyses. STAC tribal delegates conveyed to Principal Deputy Director Tabak concerns with sensitive issues such as data ownership, data storage, and use of AI/AN data. Principal Deputy Director Tabak acknowledged tribal concerns and stated that conversations will continue, and NIH will be holding a tribal consultation session during the 2018 National Indian Health Board (NIHB) Public Health Summit on May 22 in Prior Lake, Minnesota.

Discussion with Centers for Disease Control and Prevention Office for State, Tribal, Local and Territorial Support Director Jose Montero

The Centers for Disease Control and Prevention (CDC) Tribal Advisory Committee (TAC) met in Atlanta in March and is modifying the way the group operates to improve functionality. CDC helps to improve the public health systems across the nation and Director Jose Montero of the Office for State, Tribal, Local and Territorial Support acknowledged and is correcting the lack of contact that CDC has with tribal public health officials. Director Montero is looking at how to engage tribal participation and has received tribal nominations for the CDC Social Determinants of Health group. Members of the Social Determinants of Health group will be appointed by the next STAC meeting. CDC recently announced a funding opportunity announcement to fund tribal nations and regional tribal organizations focused on strengthening public health systems and services to improve and protect the nation's health (closes March 29).

STAC tribal leaders underlined concerns with data availability and access to useable data and requested for assistance from CDC to make data more freely accessible to tribes and tribal organizations. A priority area of discussion was improved collaboration between CDC, IHS, and SAMHSA. Director Montero affirmed that CDC is working to improve several surveillance systems from other sources and agrees that collaboration is needed. STAC specified behavioral health data concerns and barriers that tribal epidemiology centers have unexpectedly encountered with accessing data. Tribal delegates requested trainings for CDC to engage with tribes and the trust responsibility.

Swinomish Chairman Cladoosby emphasized the need for CDC to look at successful tribal models and the need for adequate tribal consultation. Swinomish recently implemented a tribally-financed and tribally-operated response to the opioid crisis and has already saved fifty adults. Director Montero reported to STAC that CDC is supporting tribal pregnant women with IHS and the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as conducting an opioid prevention scan for 2017 with NIHB to reduce opioid overdose. Additionally, Chairman Cladoosby stressed the need to include pharmaceutical companies as part of the solution to address the opioid crisis because it is where many of the addictions begin.

Discussion with the Substance Abuse and Mental Health Services Administration (SAMHSA) Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz

The 21st Century Cures Act established an Assistant Secretary for Mental Health and Substance Use to head SAMHSA. The new Assistant Secretary for Mental Health and Substance Use, Elinore McCance-Katz is responsible for maintaining system of communication and consultation with stakeholders. Additionally, the 21st Century Cures Act requires the Assistant Secretary to work with stakeholders to improve the recruitment and retention of mental health and substance use disorder professionals. SAMHSA is part of a public-private committee with the Centers for Medicare and Medicaid Services (CMS), the Department of Veterans Affairs (VA), the Department of Defense, the Social Security Administration (SSA), the Department of Labor, the Department of Energy, and the Department of Housing and Urban Development called the Interdepartmental Serious Mental Illness Coordinating Committee (ISMIC). The ISMIC is a five-year committee which meets quarterly and has identified 45 recommendations.

Opioid Crisis

SAMHSA is creating a National Mental Health and Substance Use Policy Laboratory to promote evidence-based practices (EBPs) and service delivery models through evaluating models that would benefit from further development and expansion, replication or scaling of EBPs. Service models and EBPs for substance use disorders will focus on the opioid use disorder (OUD).

SAMHSA plans to address the opioid crisis through support for evidence-based prevention, treatment, and recovery services for opioid use disorder. The 21st Century Cures Act provides grant initiatives including state targeted response (STR) grants to states, block grants to states, program focused on established medicated-assisted treatment (MAT) for opioid use disorders. Tribal delegates requested that language in the state grants mandatorily include tribes, otherwise tribes will more often be excluded. Tribal delegates emphasized the barrier of tribal-state relationships, out of 35 states with tribes only 16 states identified tribes as populations of focus for the STR grants. Unfortunately, Assistant Secretary McCance-Katz informed STAC that SAMHSA is unable to demand that states include tribes in grants, it would require a legislative fix. SAMHSA is providing guidance to states on the inclusion of tribes in their STR programs and will follow up with states after year one on work with tribal communities. Swinomish Chairman Cladoosby requested assistance to tribes from SAMHSA to ensure that tribal and IHS professionals receive the data waiver required before prescribing MAT as well as direct funding to increase access to MAT. Assistant Secretary McCance-Katz assured STAC that SAMHSA can get the data waiver training to tribes. Tribal delegates informed SAMHSA representatives of the gaps in the ability for tribes to provide a full continuum of care in rural and remote locations and the inability to specialize treatments to the drug or individual in need of care. SAMHSA ensured STAC that the agency would work with tribes to identify successful community approaches such as the Rhode Island model designed to provide a range of services for substance use disorders within a network to reduce the burden on local facilities.

Workforce Development

Assistant Secretary McCance-Katz reported to STAC that SAMHSA is building a workforce development system across the mental health side of the agency to create a network to meet community needs. SAMHSA is working with the Health Resources and Services Administration (HRSA) to identify ways to increase providers in underserved areas.

R10 HHS Tribal Consultation Agenda - NEED YOUR FEEDBACK

Sent on behalf of:

Barbara Greene

Acting Regional Director

US Dept of Health & Human Services, Region 10

701 Fifth Avenue, Suite 1600, MS-01

Seattle, Washington 98104

Phone: 206-615-2010

FAX: 206-615-2087

Barbara.greene@hhs.gov

Region 10 serving Alaska, Idaho, Oregon and Washington

Thank you to those of you who participated in the discussion earlier this week about the R10 HHS Tribal Consultation Agenda. The discussion ended in agreement to add a Round Table Discussion to the agenda. We are interested in your ideas of specific issues related to opioids that you want to address in the Round Table such as how it affects elder care, youth, etc., and recommendations for community-based prevention, treatment and recovery approaches being implemented by Tribes who are interested in highlighting their model programs. Some examples of Tribes that have implemented indigenous or culturally-based models that were mentioned during the call included the Muckleshoot, Port Gamble S'Klallam, Lummi, and the Confederated Tribes of Warm Springs. We know that many Tribal communities are addressing the opioid epidemic with a variety of approaches, and look forward to the Round Table discussion as way for participating Tribes to share the common challenges and successes that are being seen in your communities.

Please respond to this email with your suggestions by March 22, 2018.

Regards,

Barbara

Barbara Greene

Acting Regional Director, Executive Officer

US Dept of Health & Human Services, Region 10

701 Fifth Avenue, Suite 1600, MS-01

Seattle, Washington 98104

Phone: 206-615-2011

FAX: 206-615-2087

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Region 10 serving Alaska, Idaho, Oregon and Washington



“Response Circles” Funding Request for the Northwest Tribes

This form is to be used when requesting funding for an activity, event, or training that is associated with domestic & sexual violence prevention. The funds may be used for: meeting expenses, materials and supplies for activities, incentives, travel, and training fees. Funds may not be used for wages, food, or promotional clothing items i.e. t-shirts. Page 2 includes opportunities that can be funded. About \$15,000 is available for these requests by the Northwest Tribes and will be available until the money runs out. **Requests can be submitted anytime January 8 to August 15, 2018.**

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 Shoshoni 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

Date: _____
 Tribe: _____
 Department: _____
 Address: _____
 Contact Person: _____ Phone: _____

Briefly describe the activity, event, training that the funds will be used for:
Total Amount For Request (\$2,000 max)
*Please be sure your total request includes all your needs including: indirect, travel, lodging, per diem, registration fees, internet, supplies, print materials, incentives, honoraria, stipends, trainer fees and travel, and/or facility costs. ** Funds may not be used for wages, food, or promotional clothing items i.e. t-shirts.

*Depending on the event/training chosen NPAIHB staff may ask you to provide a short evaluation, survey, or post-description of the event/training. Please fax this document to 503-228-8182, Attn: Colbie, or email ccaughlan@npaihb.org. If you have any further questions, please call Colbie Caughlan: (503) 416-3284.

2121 SW Broadway
 Suite 300
 Portland, OR 97201
 Phone: (503) 228-4185
 Fax: (503) 228-8182
www.npaihb.org

List of Upcoming Opportunities for Domestic & Sexual Violence Prevention

- March 12-18, 2018 – Core DV/SA Advocacy Training - Bend, Oregon
<https://www.surveymonkey.com/r/DK5FV5L>
- March 26-30, 2018 – SANE/SAE Training - Southwestern Oregon Community College, Curry Campus
<http://oregonsatf.org/training/brookings-40-hour-saneseae-training/>
- May 1-3, 2018 – Annual Conference for the WA Coalition of Sexual Assault Programs – Kennewick, WA
<http://www.wcsap.org/wcsap-2018-annual-conference>
- May 7 - 11, 2018 – Sexual Assault Examiner Training - Portland, OR
<http://www.tribalforensichealthcare.org/page/Live>
- May 21-23, 2018 – 40th Annual Conference for the Oregon Coalition Against Domestic & Sexual Violence - *New Visions for Safety, Equity, and Justice* – Sunriver, OR
<https://www.ocadsv.org/our-work/annual-conference>
- June 26-28, 2018 – 13th Women Are Sacred Conference hosted by the National Indigenous Women’s Resource Center – Albuquerque, NM -
<http://www.niwrc.org/events/women-are-sacred-conference>
- August 29-30, 2018 – National Sexual Assault Conference 2018 - *BOLD MOVES: Ending Sexual Violence in One Generation* – Anaheim, CA
<http://www.calcasa.org/events/nsac/2018-national-sexual-assault-conference/save-the-date/>
- Sexual Assault Response Team (SART) Toolkit – training on your own, check out
<https://ovc.ncjrs.gov/sartkit/about.html>
- April 18, 2018 - Developing a SART in Indian Country Webinar, CE’s provided for some professionals
<http://www.tribalforensichealthcare.org/page/Webinars>

Websites to find more opportunities & dates

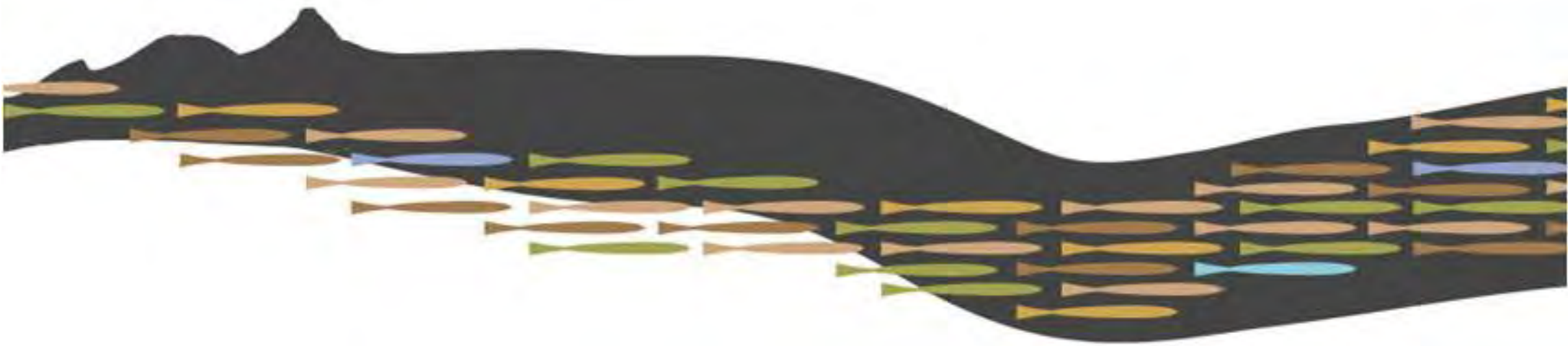
- National Center on Domestic & Sexual Violence -
http://www.ncdsv.org/ncd_upcomingtrainings.html
- Sexual Assault Forensic Examinations, Support, Training, Access and Resources (SAFESTAR) -
<http://www.safestar.net/training/>
- International Assoc. of Forensic Nurses - <http://www.forensicnurses.org/?page=registerforSANE>
- IHS Tribal Forensic Healthcare <http://tribalforensichealthcare.site-ym.com>
- Idaho Coalition Against Sexual & Domestic Violence - <https://idvsa.org/>
- Oregon Attorney General’s Sexual Assault Task Force - <http://oregonsatf.org/calendar/trainings/>
- Oregon Coalition Against Domestic & Sexual Violence - <https://www.ocadsv.org/>
- Washington State Coalition Against Domestic Violence - <https://wscadv.org/>
- Washington Coalition of Sexual Assault Programs - <http://www.wcsap.org/>

Summer Research Training Institute

June 11 – June 29, 2018

Portland, OR

For American Indian and Alaska Native Health Professionals



*Hosted by the Northwest Portland Area Indian Health Board and the Center for
Healthy Communities at Oregon Health & Science University*

Who Should Attend

The Summer Research Training Institute curriculum is designed to meet the needs of professionals who work in diverse areas of American Indian and Alaska Native health. Almost anyone who works in Indian health can take advantage of this skill-building opportunity—from administrators to community health workers, physicians, nurses, researchers, and program managers. Because our courses emphasize research skills, program design, and implementation, those professionals who seek training opportunities related to research will find relevant courses in this program. American Indian and Alaska Native health professionals and health science students are strongly encouraged to attend. We also seek American Indian and Alaska Native students and participants from other professional areas who are interested in Native health issues. Courses will take place at the Northwest Portland Area Indian Health Board, located at: 2121 SW Broadway, Suite 300, Portland, OR, 97201.

Sponsors

The Summer Institute is funded by the Native American Research Centers for Health (NARCH U261IHS0074) housed at the Northwest Portland Area Indian Health Board. It is co-sponsored by the Center for Healthy Communities, a CDC-funded Prevention Research Center (U48DP005006), at Oregon Health & Science University.

For More Information

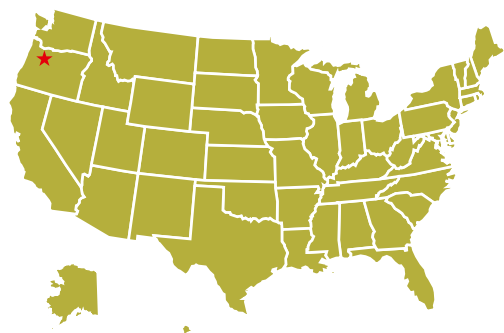
Northwest Portland Area Indian Health Board
2121 SW Broadway, Suite 300
Portland, OR 97201
Tel: 503-416-3285 Fax: 503-228-8182
E-mail: summerinstitute@npaihb.org
www.npaihb.org/narch-training

Travel & Accommodations

Location

Courses will take place at the Northwest Portland Area Indian Health Board, located at: 2121 SW Broadway, Suite 300, Portland, OR, 97201.

Transportation options to and from the training will be sent to registered trainees prior to the beginning of the Summer Institute.



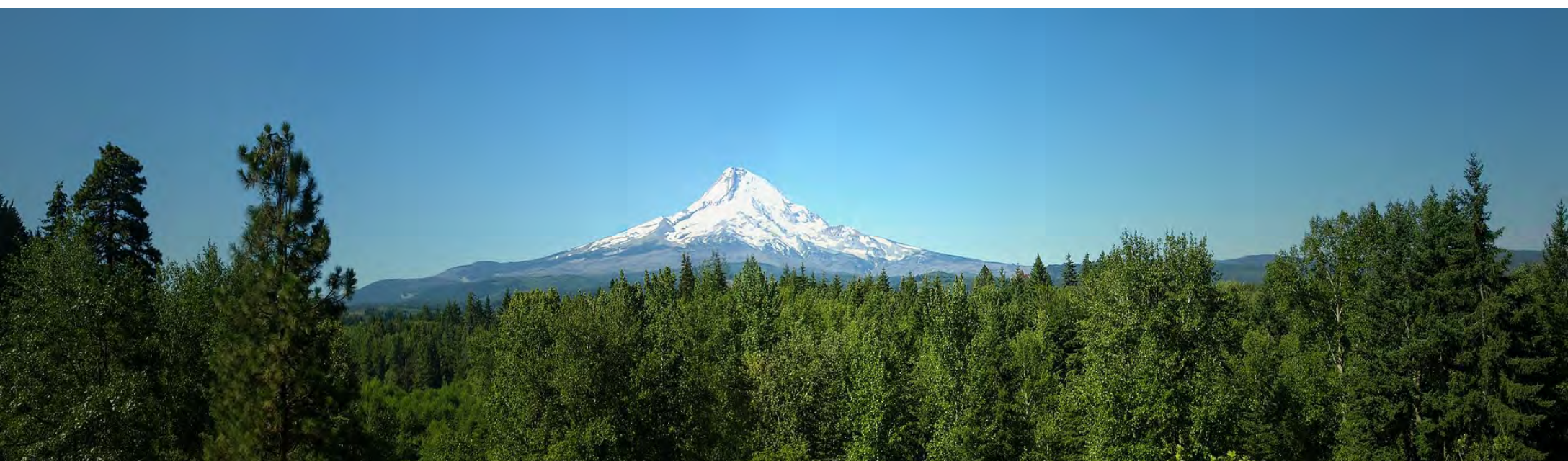
Travel

Summer Research Training Institute participants are responsible for making their own travel arrangements. Portland is easily accessible by plane, train, and automobile. Portland International Airport is approximately 15 minutes from downtown Portland and is accessible by light rail train (the Max) and by car. The train station and bus depot are located in the middle of downtown Portland. Several city buses offer service to the Northwest Portland Area Indian Health Board. For more information on public transportation, visit: www.trimet.org. If you need additional assistance with transportation options, we are available to assist you.

Where to Stay

We have negotiated a discounted rate with the Residence Inn Downtown/RiverPlace by Marriott located at 2115 Southwest River Parkway, Portland, OR, 97201. You can book online here: <https://goo.gl/HDkUuw> or contact them at (503) 552-9500 and reference the 2018 Summer Institute group. Many other hotels in Portland offer government rates and discounted rates to guests of Oregon Health & Science University. We suggest you make reservations as early as possible as Portland area hotels fill quickly in the summer.

Travel scholarship recipients will be required to stay at the Marriott Residence Inn-Downtown Riverplace.



Course Descriptions & Schedule

About the Curriculum

Courses are offered in the morning and in the afternoon of each week. You may choose as many courses as are of interest to you, so long as they don't overlap. All books and course materials will be provided. Courses with fewer than five enrolled students will be cancelled. All students will be expected to complete a final exam or project in each of their courses to receive certificates of completion. We are "going green" this year! If you own a laptop or tablet, we ask that you bring it to the training. If you will need printed materials, please contact us and let us know in advance.

Week One: June 11 – 15, 2018

Epidemiology I

This course focuses primarily on the basic principles of epidemiology: (1) introduction to epidemiologic thinking, (2) measures of disease frequency and association, (3) basic statistics relevant to epidemiology measurement, and (4) an overview of study design (especially cross-sectional surveys, case-control, and cohort studies). As time allows we will also cover a very basic introduction to bias, confounding, and effect modification.

Time: 9:00am-12:00pm
Instructor: John Stull, MD, MPH

Program Evaluation

This course will introduce students to the fundamental principles of program evaluation and their application. The course will include discussion of a variety of theory-based evaluation designs and methods. Evaluation focusing on assessment of processes, impact, and outcomes associated with cancer-related health promotion and health education programs will be emphasized. Specific attention will be concentrated on the practical application of theories. By the end of the course, students will have developed a plan for evaluating a program and will present the plan for critique by faculty and students.

Time: 9:00am-12:00pm
Instructor: Mark Dignan, PhD, MPH

Introduction to Biostatistics

In this course students will get a gentle introduction to concepts in biostatistics. We will lay the foundation for conducting public health research from a biostatistics point of view. Specifically, students will learn about types of data and how they can be summarized; estimation; hypothesis testing; categorical data analysis; and (if time) diagnostic testing. Although the focus of the course will be on ideas, students will learn how to interpret some results output from a statistical software package (Stata). Examples from the literature, drawn primarily from studies involving Native populations, will illustrate concepts. This course is designed to dovetail with Introduction to Epidemiology for students who are taking that course.

Time: 1:30pm-4:30pm
Instructor: Amy Laird, PhD

Health Literacy

The aim of this course is to provide a brief overview of basic health data literacy topics for those who wish to interpret, present and make use of epidemiologic data but do not have a statistics background. Students will leave with an understanding of core epidemiology concepts, where to find AI/AN specific health data, best practices for presenting data effectively, and using GIS mapping tools. Please note that this course is designed for those who wish to interpret and make use of health data, but not those who wish to learn how to conduct their own data analysis and surveys.

Time: 1:30pm-4:30pm
Instructors: Nicole Smith, Jenine Dankovchik, Sujata Joshi, Nanette Star, and Monika Damron

Week Two: June 18-22, 2018

Research Design & Grant Writing

This course is designed for health professionals and students with a working knowledge of epidemiology and study design. It will cover how to plan, design, and develop a brief outline for an NIH research proposal (abstract, aims, research design, outcomes, budget line item for 1 category, budget justification, etc.). Participants should have a grant idea or topic prior to attending the class for the course to be of significant value. The outline provides the basis for work the participant will need to expand after the class is over. The course is held in the computer lab but each day has homework and participants need to have access to a laptop computer to complete their daily homework.

Time: 9:00am-12:00pm

Instructor: Linda Burhansstipanov, DrPH, MSPH

Substance Abuse Epidemiology

This course examines prevention and treatment services for American Indian/Alaska Native populations with substance use and behavioral health disorders. Classes examine social determinants of health and the range of substance use disorders (SUDs) and describe health services research opportunities. Prevalence and incidence of SUDs, risk and protective factors, culturally relevant interventions, use of participatory research methods, and culturally developed and supported interventions will also be explored. Class members engage in active discussion related to their own work and community. Services research strategies and policy interventions are also reviewed. Students will be introduced to papers on key concepts and will participate in group projects, activities, and interactive learning.

Time: 9:00am-12:00pm

Instructors: Dennis McCarty, PhD and Kathy Tomlin, PhD, LPC, CADIII

Cancer Prevention & Control

Cancer remains a leading cause of morbidity and mortality among tribal people, and many of the causes of cancer in Native people are preventable. In this course, we will discuss cancer etiology, cancer biology, common epidemiologic approaches to studying cancer and cancer prevention, surveillance, and will present examples of successful cancer prevention projects in Indian country.

Time: 1:30pm-4:30pm

Instructors: Charles Wiggins, PhD and Tom Becker, MD, PhD

Community-Based Participatory Research

This course will provide an introduction to community-based participatory research (CBPR) as a form of community-engaged research with tribal communities. This class will introduce concepts of effective CBPR, discuss standard methods of gathering information, and the value of community involvement in data collection through the use of representative CBPR studies. Upon completion of this course, trainees should have more confidence and competence in using CBPR techniques with their tribal communities.

Time: 1:30pm-4:30pm

Instructor: Victoria Warren-Mears, PhD, RD



Week Three: June 25-29, 2018

Focus Groups

This session will provide an overview of focus group methodology and will include a discussion on the method's strengths and limitations. The instructors will provide examples of when focus groups are utilized to: inform quantitative research design and survey development; explain and provide context for quantitative results; and/or integrated into a multi-method evaluation. Students will participate in a mock focus group session and consider analysis of resultant data in order to gain experience with this methodology.

Time: 9:00am-12:00pm

Instructors: Jennie R. Joe, PhD and Stephanie A. Farquhar, PhD

Grant Management

This course is designed for those interested in learning more about managing a grant after an award is received. Topics to be discussed include: research team selection and management, development and monitoring a budget, submitting progress reports, and general project management using both didactic presentation, small group interaction and case study. Participants work in teams and there is both in-class and "homework" assignments. The final output is a group presentation and 3 page paper.

Time: 9:00am - 12:00pm

Instructor: Teshia Solomon, PhD



Course Schedule

Week One: June 11-15, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Epidemiology I	Epidemiology I	Epidemiology I	Epidemiology I	Epidemiology I
9am-noon	Program Evaluation	Program Evaluation	Program Evaluation	Program Evaluation	Program Evaluation
1:30pm-4:30pm	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics	Introduction to Biostatistics
1:30pm-4:30pm	Health Literacy	Health Literacy	Health Literacy	Health Literacy	Health Literacy

Week Two: June 18-22, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology	Substance Abuse Epidemiology
9am-noon	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing	Research Design & Grant Writing
1:30pm-4:30pm	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control	Cancer Prevention & Control
1:30pm-4:30pm	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research	Community Based Participatory Research

Week Three: June 25-29, 2018

Time	Monday	Tuesday	Wednesday	Thursday	Friday
9am-noon	Focus Groups	Focus Groups	Focus Groups	Focus Groups	Focus Groups
9am-noon	Grant Management	Grant Management	Grant Management	Grant Management	Grant Management

Cost

Tuition for each course offered is \$300. Tuition covers course materials and required textbooks. Tuition waivers are available for American Indian and Alaska Native participants and Tribal EpiCenter employees. Travel scholarships are available for registrants who meet the eligibility requirements.

Travel Scholarship

The 2018 application period is **February 20, 2018 to April 2, 2018**. No exceptions will be made and applications will only be accepted via Regonline.

Applicants must:

- if applicable, provide proof of EpiCenter employment (for Non-native EpiCenter employees);
- provide a copy of Certificate of Indian Blood or tribal enrollment (if applicable) and if not already on file;
- submit a brief essay describing why they want to attend the Summer Institute and how it will benefit their career/education goals (in 1-2 paragraphs); and
- attend both morning and afternoon courses, with the exception of week 3.

Travel scholarships cover the cost of 1) lodging (room and tax only) and 2) airfare, train, or car mileage (up to \$600). Please note: mileage is based on federal regulations and must not exceed lowest airfare to Portland.

Selection Process

- All applications will be reviewed and the highest-rated applicants will be selected.
- Awardees will receive their scholarship notification within four (4) weeks of deadline.
- Travel scholarships are limited, but we will do our best to award as many qualified applicants as possible.
- Students and new registrants will be given preference.
- Course load should include both morning and afternoon courses each week of attendance.
- Awardees will be given five (5) business days to accept/decline the scholarship award and must notify us via email at summerinstitute@npaihb.org or 503-416-3285. Failure to notify will result in award withdrawal.
- As a final recipient, you will be contacted to discuss logistical arrangements.

To Apply

To apply for a tuition waiver or travel scholarship, you will need to enter a tribal affiliation or enter the name of the Tribal EpiCenter you work for within the 'Other Personal Information' section in Regonline. Once that information is selected, a check box will appear. You will be asked to check the box if you want to apply for a tuition and/or travel scholarship. Travel scholarship applications require a brief (1-2 paragraphs) essay.

Tuition is due by May 30, 2018. Please make checks payable to:

Northwest Portland Area Indian Health Board Summer Institute
2121 SW Broadway, Suite 300 Portland, OR 97201

Tips for Registration

- Registration should be completed on-line at www.regonline.com/2018SRI
- Registration will be closed on May 1, 2018.
- Scholarship application will be closed on April 2, 2018.
- Class space is limited, so it is best to register as soon as possible.
- If a class is full, you will be placed on a waitlist. Should an opening become available, you will be notified. Please note that you will not be allowed to switch classes during the training.

Northwest Portland Area Indian Health Board
Summer Institute
2121 SW Broadway, Suite 300
Portland, OR 97201



NATIVE DENTAL THERAPY INITIATIVE

A project of the Northwest Portland Area Indian Health Board



March 2018

News and Updates

PORT GAMBLE S'KLALLAM TRIBE FIRST TO HIRE DENTAL THERAPIST AFTER GROUNDBREAKING 2017 LEGISLATION



Rochelle Ferry
PGST Dental Therapist

Port Gamble S'Klallam Tribe (PGST) has become the first Washington state tribe to hire a Dental Therapist since passage of groundbreaking state legislation ([SB 5079](#)) to authorize dental therapists to practice on tribal lands, just one year ago. Rochelle Ferry, a Dental Therapist with eight years of experience working in Alaska, joins the team at the Port Gamble S'Klallam Dental clinic.

"Port Gamble S'Klallam Health Services is committed to providing excellent care, and the whole team is excited to bring this provider type to our clinic. The evidence is compelling. Tribal dental therapists are culturally relevant providers that improve access and clinic efficiency, offer an accessible health-profession role model to our youth, and most importantly, improve oral health," said Karol Dixon, PGST Health Services Director.

Recognizing this success, and honoring the sovereign rights and responsibility of tribes to provide the best health care possible for their communities, Washington passed legislation last year with bi-partisan support to allow Dental Therapist to practice in tribal health settings. The legislation has impacted workforce development, with five students from Washington tribes currently attending the Alaska Dental Therapy Education Program. Washington Tribes are also working with a local community college to build a Dental Therapy training program in the state.

In the News

New York Times: [HOW DENTAL INEQUALITY HURTS AMERICANS](#)

Huffington Post: [STUDY REFUTES A BIG HEALTH CARE SPECIAL INTEREST'S TALKING POINTS](#)

Anchorage Daily News: [STUDY FINDS RURAL DENTAL AIDES ONCE CHALLENGED BY DENTISTS MAKE A DIFFERENCE IN ORAL HEALTH](#)

Yes Magazine: [HOW ALASKA NATIVE TRIBES SOLVED THEIR DENTAL HEALTH CRISIS](#)

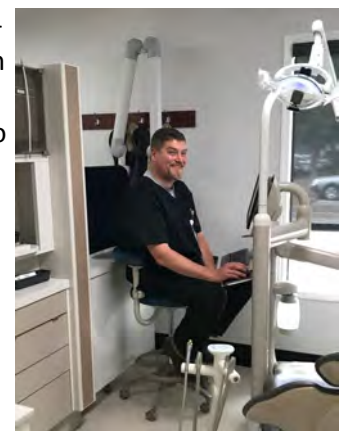
Indian Country Media Network: [9 REASONS DENTAL HEALTH AIDE THERAPISTS ARE GOOD FOR NATIVE KIDS](#)

DENTAL THERAPIST BEN STEWARD JOINS NARA DENTAL TEAM

Ben Steward, an experienced Dental Therapist that graduated from the Alaska Dental Therapist Education Program in 2009, has joined the Native American Rehabilitation Association (NARA) Dental Clinic. Ben, an enrolled member of Cow Creek Band of Umpqua Tribe of Indians, worked as a DHAT for 7 years in Alaska. He and his family moved back to Oregon to help NARA expand their team to increase access to oral health care as part of Oregon's Dental Pilot Project Program.

NARA is an American Indian-owned and operated non-profit agency. Founded in Portland, Oregon in 1970, NARA offers a range of health services to American Indians and Alaskan Natives (AI/AN) in the greater Portland area. NARA started as an outpatient substance abuse treatment center and expanded to include a residential family treatment center, a child and family services center, a wellness center, and primary health care clinic. It also offers adult mental health services at several locations and operates transitional housing for Native women and children. The dental clinic opened up in 2016.

NARA also recently received a CareOregon grant for portable operatories, that along with Ben on the team, will allow them to expand care into their other care facilities.



Ben Steward, NARA Dental Therapist

NEW STUDY FROM UNIVERSITY OF WASHINGTON SHOWS DENTAL THERAPISTS ASSOCIATED WITH ORAL HEALTH IMPROVEMENTS

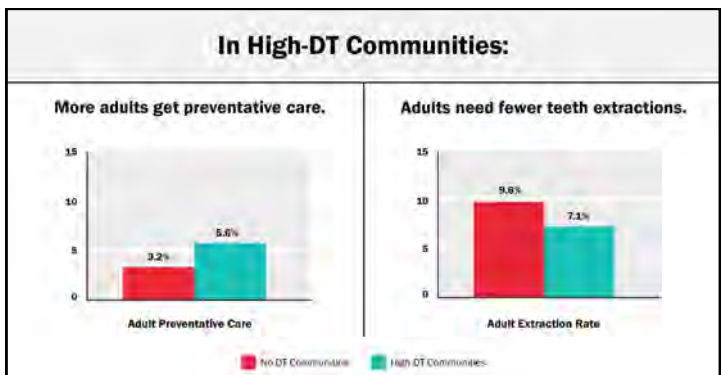
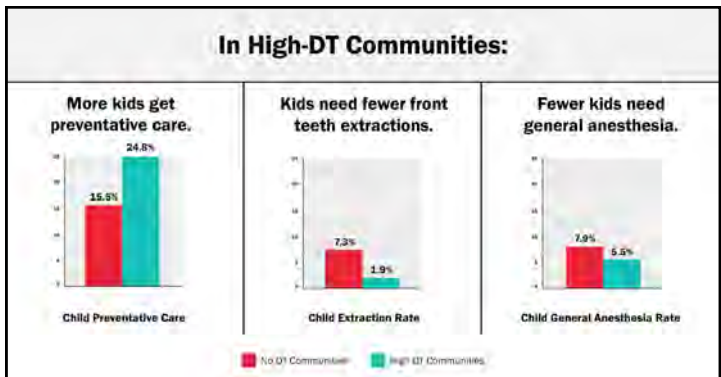
A new study, *Dental Utilization for Communities Served by Dental Therapists in Alaska's Yukon Kuskokwim Delta*, was released August 11, 2017 by Principal Investigator Donald L. Chi, DDS, PhD Associate Professor, University of Washington, School of Dentistry.

The dramatic and exciting results offer further evidence that Dental Therapists are making a difference in the communities they serve. The study examined whether dental utilization rates in Alaska Native communities were associated with the number of Dental Therapist treatment days, and looked at differences in dental utilization rates between communities with no Dental Therapist treatment days versus communities with the highest number of Dental Therapist treatment days.

Conclusions:

- Increased Dental Therapists treatment days at the community-level in the YK Delta were positively associated with preventive care use and negatively associated with extractions.
- There appear to be clinically meaningful differences between communities with no Dental Therapists and communities with the highest number of Dental Therapist treatment days, with the latter communities exhibiting utilization patterns consistent with improved outcomes (e.g., more preventive care, fewer extractions, less general anesthesia).

Read the full study here: <http://www.npaihb.org/wpfb-file/dhatfinalreport-pdf/>



WE ARE HEALERS COLLABORATION FEATURES DENTAL THERAPISTS



Meet Trisha Patton, DHAT



AK Dental Therapy Education Program Video

The Native Dental Therapy Initiative is excited to be partnering with [We are Healers](#) to feature dental therapists in a series of videos. We Are Healers is changing health disparities faced by American Indians/Alaska Natives by increasing the number of AI/AN health professionals who provide culturally appropriate, high quality health care to tribal communities.

The videos are being released with an eye towards prospective students gaining a better understanding of the program, and potentially seeing themselves as Dental Therapists. While available to all, we are encouraging tribal health programs and higher-education programs to use these videos to open doors to a profession that is being increasingly utilized to increase access and improve oral health outcomes in tribal communities.

Click on captions or check out the videos on our [website](http://www.npaihb.org/ndti): www.npaihb.org/ndti

Native Dental Therapy Initiative

Visit our website: www.npaihb.org/ndti

Contact: Pam Johnson, pjohnson@npaihb.org, 206-755-4309

Follow us on:



Notice of Funding Opportunity: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement.

CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) is pleased to announce that a new notice of funding opportunity (NOFO), CDC-RFA-OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, has been published on Grants.gov. This new five-year cooperative agreement will fund up to 25 federally recognized American Indian and Alaska Native (AI/AN) tribal nations and regional AI/AN tribally designated organizations to optimize the quality and performance of the tribal public health systems, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. Applications are due **April 24, 2018, no later than 11:59 pm (EDT)**. For more information, please send questions to OSTLTSTribalNOFO@CDC.GOV.

CDC encourages all eligible organizations interested in applying for this opportunity to participate in either of the two applicant informational conference calls—

First: March 12, 2018, 3:00–4:30 pm (EDT)

Final: March 20, 2018, 2:00–3:30 pm (EDT)

Conference Call Line (Toll Free): 1-800-369-1960 | Participant Passcode: 9975592

Alleen R. Weathers

Cherokee Nation Assurance

Office for State, Tribal, Local and Territorial Support
Centers for Disease Control and Prevention

Phone: (404) 498-2298

Fax: (404) 498-6882

NCCDPHP

Good Health and Wellness in Indian Country TRIBAL RESOURCE DIGEST



Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of March 5, 2018. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

Announcements

2018 Alaska Maternal Child Health & Immunization Conference

The Alaska MCH and Immunization Conference is organized by the Alaska Native Epidemiology Center (EpiCenter) and the Alaska Division of Public Health, Section of Women's, Children's, and Family Health. Rural and urban Alaska health professionals to come together to learn about best practices, tools, and surveillance data related to the prevention, diagnosis, and treatment of women's, children's, and adolescent health issues in Alaska. Read more [here](#).

Date: September 26-28, 2018

Location: Anchorage, AK

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NIHB's 9th Annual National Public Health Summit

The National Tribal Public Health Summit is a premier Indian public health event that attracts over 500 Tribal public health professionals, elected leaders, advocates, researchers, and community-based service providers. If you receive Special Diabetes Program for Indians (SDPI) funding, there be a poster session on SDPI programs. The programs you discuss would need to be directly funded by SDPI. Call for poster proposals is [here](#). Read more [here](#).

Date: May 22-24, 2018

Location: Prior Lake, MN

SAVE THE DATE - Power of Collaboration-Make it happen

The event will address Opioids: Its effects, problems and solutions training. Read more [here](#).

Date: April 10-12, 2018

Location: Billings, MT

Hands on Health Conference

See attachment for details regarding this conference. Read more [here](#).

Date: April 23-26, 2018

Location: Loleta, CA

Webinars

GPTCHB Community Health Webinar Series

Contact Jennifer William for details regarding the webinar.

3/14/18	Successful Community Gardening	Devon Riter, Lower Brule Research (LBR)
4/11/18	PSE and Sustainability	Shannon Udy, Health Educator
5/9/18	Helpful Tips on Enforcing a Policy	Rae O'Leary, Canli Coalition

Jennifer Williams, Program Manager
Great Plains Good Health and Wellness
Great Plains Tribal Chairmen's Health Board
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Funding Opportunities

FDPNE Grant Application is Now Open

The Food and Nutrition Service (FNS) is pleased to announce that the Request for Applications (RFA) for the Fiscal Year (FY) 2018 Food Distribution Program on Indian Reservations Nutrition Education (FDPNE) grant has now been posted to Grants.gov. The FDPNE grant funds projects that provide nutrition information and services to Food Distribution Program on Indian Reservations (FDPIR) participants, helping the organizations that serve this population find new ways to aid their constituents. Indian Tribal Organizations and State agencies that are current FDPIR allowance holders (have a direct agreement with FNS to administer FDPIR) are eligible to apply. You can read about projects funded last year [here](#).

For FY 2018, FNS has revised and updated the RFA and application, so all applicants are encouraged to read the document closely for any information that might have changed from previous years. To see the RFA itself, you can view the grant opportunity web page by following [this link](#). On that page, you can also find supplemental documents, such as a sample budget narrative, sample project timeline, and match calculator to help you apply.

Interested in learning more? FNS hosted a webinar on February 27. If you were unable to attend, you can view the [recording here](#).

The National Recreation and Park Association (NRPA) periodically posts information about grant and fundraising opportunities that are available for park and recreation agencies. Read more [here](#).

Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement

CDC's Office for State, Tribal, Local and Territorial Support (OSTLTS) is pleased to announce that a new 5-year notice of funding opportunity (NOFO), CDC-RFA-OT18-1803: Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement, has been published on Grants.gov. Read more [here](#).

Application Deadline: April 24, 2018, by 11:59pm EDT

Food Distribution Program on Indian Reservations Nutrition Education Grant

Funding to provide nutrition education to participants of the Food Distribution Program on Indian Reservations, resulting in healthier food choices and a better understanding of healthy food preparation methods. Read more [here](#).

Application Deadline: April 16, 2018

On the look-out for photos!

Send any GHWIC related photos to AQUIROZ@cdc.gov. If you wish to feature a community garden, event, team meeting, etc., this is the place! Send your photo with a short description.

Native Youth and Culture Fund

Grants for projects that focus on youth and incorporate culture and tradition to address social and health issues, such as drug and alcohol abuse, teen pregnancy, and mental health. Read more [here](#).

Application Deadline: **May 1, 2018**

AmeriCorps Indian Tribes Grants

Funding for programs that are designed to strengthen tribal communities and solve local problems through service and volunteering. Read more [here](#).

Application Deadline: **May 2, 2018**

PCD Student Research Paper Contest

Do you know an exceptional student who's doing great work in the field of chronic disease prevention and health promotion? Preventing Chronic Disease (PCD) is currently taking submissions for its 2018 Student Research Paper Contest.

The PCD Editorial Office is looking for high school, undergraduate and graduate students, and medical residency and recent postdoctoral fellows to submit work relevant to the prevention, screening, surveillance, and/or population-based intervention of chronic diseases, including but not limited to arthritis, asthma, cancer, depression, diabetes, obesity, and cardiovascular disease. Papers must be received electronically than 5:00 PM EST. Read more [here](#).

Application Deadline: **May 23, 2018**

Articles

Minnesota researchers seek to use American Indian imagery, once used to sell cigarettes, to cut tobacco use by Jeremy Olson Star Tribune

Tobacco companies used American Indian imagery and stereotypes for decades to sell cigarettes to the nation's white majority. Now Minnesota researchers hope that awareness of this insensitive marketing will motivate American Indians to quit smoking. Read more [here](#).



Nez Perce Community Center Gym
Left to Right—Mary Hall, David Scott, Agnes Weaskus, LiTisha Marshall, Abraham Broncheau (Students for Success Director)
—photo courtesy Mary Hall

Contact Information:

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The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at AQUIROZ@cdc.gov with the words "TRIBAL DIGEST" in the subject line.