



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.



+++++OREGON ONLY+++++

**MEYER - BUILDING COMMUNITY**

**DEADLINE:** March 15 – April 18, 2018 at 5 p.m.

**AMOUNT:** Project grants will be \$10,000 to \$185,000 total over one to three years. Generally, smaller awards support grassroots organizations and larger awards support multiple years

For collaboratives, we will consider up to \$250,000 total over two to three years. To learn how Meyer defines a collaborative for this purpose, please visit [mmt.org/apply/applicant-resources/collaborative-proposals](http://mmt.org/apply/applicant-resources/collaborative-proposals).

\*In 2017, the average size of a Building Community project grant was \$100,000 over two years.

**DESCRIPTION:** Creating a multicultural society where all people can realize their full potential requires shared responsibility. This means that communities should define their own path, address power imbalances and create conditions that allow for greater connections with others. It also means holding institutions and systems accountable and challenging different forms of oppression in our own practices and elsewhere.

The Building Community portfolio will support work that addresses social, political, economic and other injustices. We seek to invest in nonprofits, networks and collaboratives that strive to change systems and improve conditions for marginalized communities. We are especially interested in partnering with organizations that recognize the different ways in which issues of inequity show up in their work and communities and are actively engaged in addressing resulting disparities.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



We believe that lasting change requires work at multiple levels, and we will support efforts that focus on people, organizations and broader systems aimed at creating equitable outcomes for all.

**WEBSITE/LINK:** <https://mmt.org/apply>

#### **MEYER - EQUITABLE EDUCATION**

**DEADLINE:** March 15 – April 18, 2018 at 5 p.m.

**AMOUNT:** Project grants will be \$10,000 to \$185,000 total over one to three years. Generally, smaller awards support grassroots organizations and larger awards support multiple years

For collaboratives, we will consider up to \$250,000 total over two to three years (Learn how Meyer defines a collaborative for this purpose)

\*In 2017, the average size of an Equitable Education project grant was \$160,286 over 2 years.

**DESCRIPTION:** In a flourishing and equitable Oregon, each of the nearly 600,000 students have the opportunity to succeed in our public education system. They enter school ready to learn; develop a love of learning in a relevant, engaging and supportive environment; and graduate with a plan for postsecondary and career success.

Through the Equitable Education portfolio, Meyer contributes to this vision by investing in the “gap:” the achievement gap, the graduation gap and the opportunity gap. We prioritize students who disproportionately experience these gaps, and we seek to balance our investment between the urgent need of today’s student and the system that must prepare to meet the needs of tomorrow’s student.

This portfolio reflects a mix of rural and urban grantees that offer, through an equity lens, a vision and approach to eliminating the gaps so all students in Oregon have the opportunity to access a meaningful public education.

**WEBSITE/LINK:** <https://mmt.org/portfolio/education/annual-opportunity>

#### **MEYER - HEALTHY ENVIRONMENT**

**DEADLINE:** March 15 – April 18, 2018 at 5 p.m.

**AMOUNT:** Project grants will be \$10,000 to \$185,000 total over one to three years. Generally, smaller awards support grassroots organizations and larger awards support multiple years.

For collaboratives, we will consider up to \$250,000 total over two to three years. To learn how Meyer defines a collaborative for this purpose, please click here. If you are interested in a grant for a larger collaborative project, please contact a member of our Healthy Environment team to determine whether or not your collaborative project is a good fit for a large request and to receive guidance on the amount to request

\*In 2017, the average size of a Healthy Environment Statewide Program project grant was \$115,000 over two years

**DESCRIPTION:** Our environmental investments are grounded in the belief that a flourishing and equitable Oregon depends on healthy ecosystems and clean water and air



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



for all. Through the Healthy Environment portfolio, we work toward this in two ways: a Statewide Program that aims to build an inclusive environmental movement and engages and supports nonprofits working on a range of place-based and statewide efforts to protect and improve the environment, and the Willamette River Initiative, a 10-year commitment by Meyer to improve the health of the watershed that more than two-thirds of Oregonians call home.

Our environmental investments are grounded in the belief that a flourishing and equitable Oregon depends on healthy ecosystems and clean water and air for all.

**WEBSITE/LINK:** <https://mmt.org/portfolio/environment/annual-opportunity>

**MEYER – HOUSING OPPORTUNITIES**

**DEADLINE:** March 15 – April 18, 2018 at 5 p.m.

**AMOUNT:** Capital grants for preservation and new construction of affordable, multifamily rental housing. In 2018 we will consider capital requests of up to \$300,000 over one to two years, sized in relation to the project size/number of units. Eligible uses include pre-development, construction, land and building acquisition and rehab.

**DESCRIPTION:** Decent, safe and affordable housing, and the stability it offers, helps us to build better lives and strengthen communities. The vision of Meyer’s Housing Opportunities portfolio is that every Oregonian has a safe, decent and affordable place to call home.

Achieving a truly flourishing and equitable Oregon will require us to overcome serious issues, including high housing costs, substandard housing conditions, fair housing and equal access, the overall short supply of affordable housing, and coordination with essential services.

Identifying and closing disparities is core to Meyer’s mission. All Housing Opportunities investments support under-resourced communities, including communities of color, underserved rural communities and other marginalized populations. Funding will be prioritized for projects that reach Oregonians with incomes at or below 60 percent of Area Median Income (AMI) or Median Family Income (MFI).

This Annual Funding Opportunity supports the funding goals of Meyer’s core housing program. For information on our upcoming Affordable Housing Initiative funding opportunities, please visit: [mmt.org/rfp](https://mmt.org/rfp)

**WEBSITE/LINK:** <https://mmt.org/portfolio/housing/annual-opportunity>

+++++OREGON ONLY – END+++++

**School-Based Health Center Capital Program**

**DEADLINE:** Apr 17, 2018

**AMOUNT:** Estimated award amount: \$100,000. Project period: Up to 2 years. Estimated number of awards: 100. Estimated total program funding: \$10,000,000.

**DESCRIPTION:** This program provides grants to increase access to mental health, substance abuse, and childhood obesity-related services in operational school-based health



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



centers by funding minor alteration/renovation projects and/or the purchase of movable equipment, including telehealth equipment.

Preference will be given to school-based health centers that serve a large population of children eligible for medical assistance under the state Medicaid plan, under a waiver of such plan, or children eligible for child health assistance under the state child health plan.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300640>

**Rural Quality Improvement Technical Assistance Cooperative Agreement - HRSA**

**DEADLINE:** May 1, 2018

**AMOUNT:** \$500,000. September 1, 2018 through August 31, 2023 (5 years)

**DESCRIPTION:** The purpose of this cooperative agreement is to improve quality and health outcomes in rural communities through technical assistance to beneficiaries of the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy (FORHP) quality initiatives such as award recipients, Critical Access Hospitals (CAHs), and other rural providers.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=300293>

**Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program (Short Title: Healthy Transitions) - Department of Health and Human Services, Substance Abuse and Mental Health Services Admin**

**DEADLINE:** Monday, May 14, 2018

**AMOUNT:** Anticipated Number of Awards: Up to 4; Anticipated Award Amount: Up to \$1,000,000 per year; Length of Project: Up to 5 years; Cost Sharing/Match Required?: No

Proposed budgets cannot exceed \$1,000,000 in total costs (direct and indirect) in any year of the proposed project. Annual continuation awards will depend on the availability of funds, recipient progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all terms and conditions of award.

Funding estimates for this announcement are based on an annualized Continuing Resolution and do not reflect the final FY 2018 appropriation. Applicants should be aware that funding amounts are subject to the availability of funds.

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS), is accepting applications for fiscal year (FY) 2018 Healthy Transitions: Improving Life Trajectories for Youth and Young Adults With Serious Mental Disorders Program grants (Short Title: Healthy Transitions). The purpose of this program is to improve access to treatment and support services for youth and young adults, ages 16-25, who have a serious emotional disturbance (SED) or a serious mental illness (SMI), hereafter referred to as serious mental disorders. It is expected that this program will improve emotional and behavioral health functioning so that this population of youth and young adults can maximize their potential to assume adult roles and responsibilities and lead full and productive lives.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



Youth and young adults with SMI or SED between the ages of 16-25, including those with intellectual developmental disabilities, may not be working, in school, or in vocational and higher education programs. Some face the additional challenge of experiencing homelessness, or being in contact with the juvenile or criminal justice system, thereby increasing the likelihood of admissions to hospitals, mental health, and/or correctional facilities. Unfortunately, these same youth are among the least likely to seek help and may “fall through the cracks” and not receive the services and supports they need to become productive and healthy adults. It is imperative that appropriate outreach and engagement processes are developed and implemented to create access to effective behavioral health interventions and supports.

The overall goal of Healthy Transitions will be to provide developmentally appropriate, culturally and linguistically competent services and supports to address serious mental disorders among youth 16 – 25 years of age. This will be accomplished by increasing awareness, screening and detection, outreach and engagement, referrals to treatment, coordination of care, and evidence-informed treatment.

Healthy Transitions will accomplish program goals by:

Creating, implementing, and expanding services and supports that are developmentally appropriate, culturally competent, and youth and young adult-driven, involve family and community members (including business leaders and faith-based organizations), and provide for continuity of care and support between child- and adult-serving systems.

Improving cross-system collaboration, service capacity, and expertise related to the population(s) of focus through Infrastructure and organizational change at the state/tribal level.

Implementing public awareness and cross-system provider training (e.g., higher education/community colleges, behavioral Healthy Transition grants are authorized under Section 520A (290bb-32) of the Public Health Service Act, as amended.

This announcement also addresses Healthy People 2020 Mental Health and Mental Disorders Topic Area HP 2020-MHMD.

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

**For more information on this opportunity, email us at**  
[AIAN\\_Scholarship@ojp.usdoj.gov](mailto:AIAN_Scholarship@ojp.usdoj.gov).

**NIJ - Research and Evaluation in Safety, Health, and Wellness in the Criminal Justice System**

**DEADLINE:** May 14, 2018

**AMOUNT:** \$3 million (Six awards for 3 years.)

**DESCRIPTION:** With this solicitation, NIJ seeks applications for funding of multidisciplinary research projects addressing four topics:

- 1) The impact of fatigue and stress on officer performance.
- 2) The impact of occupational prestige and job satisfaction on officer stress resilience.
- 3) Enhancing strategies for officer interaction with mentally ill individuals.





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
**March 2018**



**4) Reducing traffic-related officer fatalities and injuries through technology enhancement and policy.**

This solicitation supports the U.S. Department of Justice's priority of protecting officers and other public safety personnel. This solicitation also supports the following three objectives of the NIJ Safety, Health, and Wellness Strategic Research Plan 2016-2021 (August 2016):

**1) Objective I.1: Promote vehicular and traffic safety for officers.**

2) Objective I.3: Develop policies, strategies, and technologies to promote safety in criminal justice interactions with the public.

3) Objective II.1: Promote research to improve the physical and mental health of individuals working in the criminal justice system.

All four topics, in varying degrees, lend themselves to a mixed-method approach involving the measurement of behavioral, psychological, and physiological responses, as well as the application of social science and/or operations research techniques.

Research proposed on topics outside of the four (4) categories proposed in this solicitation will not be considered. Applications must specify which of the categories they are responding to in the title of their proposal.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=301704>

**Research Grants for the Primary or Secondary Prevention of Opioid Overdose (R01)  
Department of Health and Human Services, Centers for Disease Control and  
Prevention – ERA**

**DEADLINE:** May 15, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$750,000

**DESCRIPTION:** The awards pursuant to this Notice of Funding Opportunity are contingent upon the availability of funds. The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent overdose from prescription and illicit opioids by developing and piloting, or rigorously evaluating novel primary or secondary prevention interventions. The intent of this Notice of Funding Opportunity (NOFO) is to: (1) build the scientific base for the primary or secondary prevention of opioid overdose, and (2) encourage collaboration of scientists from a spectrum of disciplines including public health, epidemiology, law enforcement, social work, economics, and criminal justice to perform research that can identify ways to prevent opioid overdose more effectively. Interventions can be strategies, programs, or policies. Ultimately, this research is intended to improve state and local health departments; ability to implement and improve interventions focused on preventing opioid-related deaths. Researchers are expected to develop and pilot, or rigorously evaluate novel primary or secondary prevention interventions that address prescription or illicit opioid overdose. Primary prevention approaches are expected to aim to prevent opioid misuse, abuse, and overdose before it occurs. Secondary prevention approaches are expected to focus on the more immediate responses to opioid overdose, such as emergency department services and linkage to treatment immediately following a nonfatal overdose. Clinical examinations of the treatment effectiveness for opioid use disorder are outside the



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



scope of the objectives and will not be considered (e.g., studies that solely test the effectiveness of buprenorphine, methadone, or naltrexone). It is anticipated that funded applicants will collaborate and partner with community and/or governmental organizations from multiple sectors (e.g., health, social services, law enforcement, criminal justice) that can provide access to populations at highest risk for opioid misuse and overdose and provide access to critical data systems. Investigators must provide information in the application demonstrating that they have an established relationship with each partner and a written agreement describing each partner's role in the proposed research.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=299896>

### **Research Grants for the Primary or Secondary Prevention of Opioid Overdose (R01) Department of Health and Human Services, Centers for Disease Control and Prevention - ERA**

**DEADLINE:** May 15, 2018. Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$750,000

**DESCRIPTION:** The awards pursuant to this Notice of Funding Opportunity are contingent upon the availability of funds. The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent overdose from prescription and illicit opioids by developing and piloting, or rigorously evaluating novel primary or secondary prevention interventions. The intent of this Notice of Funding Opportunity (NOFO) is to: (1) build the scientific base for the primary or secondary prevention of opioid overdose, and (2) encourage collaboration of scientists from a spectrum of disciplines including public health, epidemiology, law enforcement, social work, economics, and criminal justice to perform research that can identify ways to prevent opioid overdose more effectively. Interventions can be strategies, programs, or policies. Ultimately, this research is intended to improve state and local health departments' ability to implement and improve interventions focused on preventing opioid-related deaths. Researchers are expected to develop and pilot, or rigorously evaluate novel primary or secondary prevention interventions that address prescription or illicit opioid overdose. Primary prevention approaches are expected to aim to prevent opioid misuse, abuse, and overdose before it occurs. Secondary prevention approaches are expected to focus on the more immediate responses to opioid overdose, such as emergency department services and linkage to treatment immediately following a nonfatal overdose. Clinical examinations of the treatment effectiveness for opioid use disorder are outside the scope of the objectives and will not be considered (e.g., studies that solely test the effectiveness of buprenorphine, methadone, or naltrexone). It is anticipated that funded applicants will collaborate and partner with community and/or governmental organizations from multiple sectors (e.g., health, social services, law enforcement, criminal justice) that can provide access to populations at highest risk for opioid misuse and overdose and provide access to critical data systems. Investigators must provide information in the application demonstrating that they have an established relationship with each partner and a written agreement describing each partner's role in the proposed research.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=299896>



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



**Promoting Resources for Fetal Alcohol Spectrum Disorders Awareness and Prevention - CDC-RFA-DD18-1801**

**DEADLINE:** May 16, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$400,000 per year

**DESCRIPTION:** CDC plans to fund one organization to raise awareness about the risks of prenatal alcohol exposure and improve understanding about individuals affected by fetal alcohol spectrum disorders (FASDs) as well as to promote the prevention of FASDs and care of affected individuals. The work will focus on five major activities: (1) maintaining a national resource directory, (2) developing and disseminating information and resources to various audiences, (3) building capacity for state and local affiliates dedicated to services for FASD prevention as well as identification, care, and support for individuals with FASDs and their families, (4) conducting media outreach and media training, and (5) supporting a speakers bureau for enhanced FASD awareness and prevention efforts. The short-term outcomes to be achieved by the end of the project period focus on increased access to local and state-based resources across the country; increased access to accurate information on FASD prevention as well as identification, support, and care for individuals with FASDs and their families; improved linkages between healthcare champions and local affiliates; and increased awareness of the risks of prenatal alcohol use through use of presenters with lived experience.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=301799>

**Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services  
Department of Health and Human Services, Centers for Disease Control - NCBDDD**

**DEADLINE:** May 16, 2018

**AMOUNT:** \$400,000 per year

**DESCRIPTION:** The purpose of this Notice of Funding Opportunity (NOFO) is to reduce risky alcohol use among women of childbearing age through system-level implementation of alcohol screening and brief intervention (SBI) in health systems providing women's health services. Risky alcohol use can result in a variety of negative health and social consequences, such as motor vehicle crashes, intimate partner violence, and fetal alcohol spectrum disorders. It is costly, results in over 88,000 deaths annually, and can affect serious medical conditions, such as hypertension, liver disease and certain types of cancer. Health professionals are uniquely positioned to intervene with patients with acute and chronic health conditions caused or exacerbated by risky alcohol use. Alcohol SBI implementation efforts within health systems will focus on development and implementation of: a training and technical assistance plan; alcohol SBI protocols in primary care clinics; system-level approaches that facilitate uptake (e.g., electronic health record integration and performance metrics); an evaluation plan assessing feasibility and impact of system-level implementation; a dissemination plan on promising models and lessons learned; and a sustainability plan. Expected performance outcomes include documenting provider/clinic readiness to conduct alcohol SBI, documenting implementation barriers and proposed solutions, tracking clinic-level data on alcohol SBI, and assessing the use of system-level strategies.





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=301773>

**Native Student Travel Scholarship Program: Connecting Science to Crime and Justice**

**DEADLINE:** May, 18, 2018

**AMOUNT:** Funding will cover the costs of conference registration fees, round-trip airfare, lodging, ground transportation, baggage fees, meals, and incidental expenses. Scholarship recipients will be expected to arrange their travel so they arrive prior to and depart after the conference dates listed below. Throughout the conference experience, scholarship recipients will have the opportunity to interact with and learn more about the work of NIJ and NIJ's scientists, as well as researchers and practitioners from the field of criminal justice. Specific meeting information will be sent to selected applicants at a later date.

**DESCRIPTION:** Are you an American Indian or Alaska Native student who is enrolled in an undergraduate or graduate program AND are you interested in issues related to public safety, crime, and justice?

Would you like to learn how your education can be used to solve complex issues in these fields?

If so, the National Institute of Justice (NIJ) would like to help you explore science in criminal justice and public safety through conference scholarships!

To enhance diversity in the field of criminal justice, NIJ will support up to fifteen American Indian and Alaska Native students to attend a criminal justice-related conference to explore the role of science in solving complex problems to increase public safety. Attendance at these conferences will allow students to explore the ways their interest in science applies to crime and justice, and to meet researchers and practitioners currently engaged in similar work. Additionally, students will learn about innovative, evidence-based, and technological solutions to justice issues.

**WEBSITE/LINK:** [https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm\\_source=eblast-govdelivery&utm\\_medium=email&utm\\_campaign=adhoc&utm\\_term=native-scholarships](https://nij.gov/topics/tribal-justice/Pages/native-student-travel-scholarships.aspx?utm_source=eblast-govdelivery&utm_medium=email&utm_campaign=adhoc&utm_term=native-scholarships)

**NIJ FY18 Criminal Justice Testing and Evaluation Consortium - Department of Justice National Institute of Justice**

**DEADLINE:** May 29, 2018

**AMOUNT:** \$4,000,000

**DESCRIPTION:** With this solicitation, NIJ seeks proposals to establish a Criminal Justice Testing and Evaluation Consortium. The consortium will inform NIJ's R&D efforts, as well as, NIJ's stakeholders - criminal justice practitioners, policymakers, researchers, federal partners, and private industry by (1) conducting technology foraging activities to identify technologies for potential use by criminal justice communities, (2) conducting characterization/comparative testing and evaluations on technologies and practices to disseminate information and/or promising practices for adoption, (3) administering the NIJ Compliance Testing Program (CTP) and (4) supporting the development, validation, and maintenance of criminal justice equipment standards.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=302224>

### Forecast 1

**Networking2Save: CDCs National Network Approach to Preventing and Controlling Tobacco-related Cancers in Special Populations - Department of Health and Human Services, Centers for Disease Control – NCCDPHP**

**DEADLINE:** Jun 01, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$500,000

**DESCRIPTION:** Cigarette smoking and exposure to secondhand smoke (SHS) is the leading preventable cause of death in the United States, resulting in approximately 480,000 premature deaths and 16 million smoking-related illnesses. Cigarette smoking can lead to increased cardiovascular disease, multiple types of cancer, pulmonary disease, adverse reproductive outcomes, and the exacerbation of chronic health conditions. Annual costs associated with tobacco-related illnesses amount to nearly \$280 billion in medical expenses and lost productivity. Electronic cigarette (e-cigarette) use among U.S. youth and young adults has increased considerably, growing 900% among high school students from 2011 to 2015. Cancer is the second leading cause of death in the United States, with approximately 1.5 million new diagnoses and over 550,000 deaths each year. Commercial Tobacco use is the leading preventable cause of cancer and cancer deaths. It can cause not only lung cancer but also cancers of the mouth and throat, voice box, esophagus, stomach, kidney, pancreas, liver, bladder, cervix, colon and rectum, and a type of leukemia. Each year, 660,000 people in the US are diagnosed with and 343,000 people die from a cancer related to commercial tobacco use. The direct cost of cancer care in the United States was \$125 billion in 2010, and is expected to increase to \$158 billion in 2020. Tobacco-Related Disparities Tobacco disparities exist among racial and ethnic groups, including persons with low socioeconomic status (SES), persons with histories of mental illnesses and substance abuse disorders, the lesbian, gay, bisexual, and transgender (LGBT) community, persons with disabilities, persons living in certain geographic regions, and among youth high school drop-outs. Nearly 1 in 4 LGBT adults smoke cigarettes compared with about 1 in 6 heterosexual/straight adults. Approximately 25% of U.S. adults have some form of mental illness or substance use disorder, and these adults consume almost 40% of all cigarettes smoked by adults. 2016 BRFSS estimates of current smoking rates for persons with disabilities in the US are 28.2% compared to 13.4% for persons without disabilities. The proportion of current cigarette smokers who report smoking daily is highest among smokers living in the Midwest (68.3%), and lowest among those in the West (56.9%). Differences in flavored tobacco use, including menthol, exist across states and subpopulations. Subpopulations with the greatest overall prevalence of flavored tobacco use include persons who are male, younger in age, non-Hispanic, or non-white. Nearly 9 of every 10 African American smokers (88.5%) aged 12 years and older prefer menthol cigarettes. Disparities in the number of smokers who quit also persist among specific subpopulations including non-Hispanic blacks, persons with lower education, persons with disabilities, and persons on Medicaid or without health insurance. While information about the dangers of cigarette smoking have been provided to the public for more than 40 years, this basic information may not have reached persons who have limited English proficiency, such as those who have recently arrived in the United States, e.g. Asian Americans, Pacific Islanders and Hispanics. Forty percent of the U.S. population live in state or local communities with no comprehensive smoke-free air laws. Secondhand tobacco smoke exposure causes heart disease and lung cancer in nonsmoking adults and sudden infant



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



death syndrome, acute respiratory infections, middle ear disease, exacerbated asthma, respiratory symptoms, and decreased lung function in children. Cancer-Related Disparities Twelve cancers are caused by commercial tobacco use (lung, esophageal, laryngeal, oral cavity and pharyngeal, stomach, pancreatic, kidney, bladder, cervical and some leukemia's); and evidence exists for a causal relationship with several others. Furthermore, tobacco use also impacts health outcomes in patients and survivors with these tobacco-related cancers as well as other cancers. Tobacco use could adversely affect treatment outcomes, increase all-cause and cancer specific mortality, and also increase risk for second primary cancers. While lung cancer is the leading cause of cancer death among most men and women in the United States, several populations experience a disproportionately high number of cancer diagnoses and high rates of cancer-related deaths. The liver cancer rate among African American (10.3) per 100,000, Asian Pacific Islander (12.4), American Indian/Alaska Native (11.1), and Hispanic (13.4) men is much higher compared to white men (7.4). Additionally, liver cancer is the fourth and fifth leading cause of cancer death among Asian American and Pacific Island men respectively. Among Hispanic females, cervical cancer is the seventh most common cancer, with a rate of 7.5 per 100,000, a rate substantially higher than the U.S. aggregate of 9.4. Death rates from cervical cancer are higher among African American and Hispanic women compared to others. Uterine (endometrial) cancer is the fourth most common cancer among women in the United States; however, death rates from this cancer are almost twice as high among African American women (7.1) compared to white women (3.9). Finally, while white women have higher incidence rates of breast cancer, breast cancer death rates are lower among white women than among African American women (20.5, 28.1, respectively). Evidence-based, public health approaches for reducing the risk of cancer occurrence, and increasing the quality and duration of life following a cancer diagnosis includes prevention and cessation of commercial tobacco use, reduced exposure to secondhand smoke, regular physical activity, and maintenance of a healthy weight. Routine consultation with health-care providers about recommended screening and vaccination schedules are critical as well. Survivorship plans that lay out the follow up prevention work as well. The Office on Smoking and Health and Division of Cancer Prevention and Control seek to build on the successes of the previously funded National Networks (CDC-RFA-DP13-1314) and expand work to address tobacco-and cancer- related health disparities among these populations. This NOFO will focus prevention and control efforts on populations most vulnerable and harder to reach. Many factors also contribute to cancer-related disparities such as socioeconomic status, cultural characteristics, diet, and access to healthcare services. Efforts will address the unique need for population-specific capacity and infrastructure to support tobacco and cancer control strategies and promote access to tobacco cessation services, cancer prevention, and treatment and survivor resources for populations experiencing disparities. Tailored strategies are designed to achieve the benefits of an overall population-based policy approach to commercial tobacco and cancer control. The NOFO seeks to eliminate tobacco-and cancer- related health disparities. National Networks selected (up to 8) may focus on one of the following specific populations experiencing tobacco and cancer-related health disparities: 1) African Americans; 2) American Indians/Alaskan Natives; 3) Asian Americans/Pacific Islanders/Hawaiian Natives; 4) Latinos/Hispanics; 5) Lesbian, Gay, Bisexual and Transgender persons; 6) Persons with Low Socioeconomic Status; 7) Persons with Mental Health and Substance Abuse Disorders; and 8) Geographically Defined Populations with High Commercial Tobacco Use and Related Health Disparities. A culturally tailored approach for these specific populations will help prevent the high prevalence of commercial tobacco use and tobacco-related cancers and accelerate the elimination of existing disparities, thus achieving the benefits of an overall population-based approach to commercial tobacco use prevention and cancer prevention and control. Program strategies will focus on national and state interventions, training, technical assistance, mass reach health communication, and network administration and management. Activities will be



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



purpose fully are aligned with CDC's key domains (<https://www.cdc.gov/chronicdisease/resources/publications/four-domains.htm>), CDC's Winnable Battles (<https://www.cdc.gov/winnablebattles/report/tobacco.html>), and both the Office on Smoking and Health goals (<https://www.cdc.gov/tobacco/about/osh/index.htm>) and DCPC priorities (<https://www.cdc.gov/cancer/dcpc/about/programs.htm>). Some previous successes of Funding Announcement, CDC-RFA-DP13-1314, that will build on this current NOFO include: Increased reach of the work conducted by the previously-funded National Networks. The National Networks contributed to the development and/or expansion of their Networks through increasing representation and participation of membership and enhancement of infrastructure; as well as increased diversity in partnership that contributed additional information and expanded reach, communication, coordination, and potential collaboration among the partners. Lessons learned from existing assessments were utilized to identify specific needs and/or gaps to inform the planning of activities to help in addressing the disparities and tailor technical assistance and training for the CDC funded National Tobacco Control Program (NTCP) and National Comprehensive Cancer Control Program (NCCCP) and stakeholders. Supporting documents were identified and disseminated that inform and assist with implementing evidence-based or promising interventions. Various tools and resources developed to help fill gaps.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=302197>

**Assertive Community Treatment Grants (Short Title: ACT) - Department of Health and Human Services, Substance Abuse and Mental Health Services Admin**

**DEADLINE:** May 29, 2018

**AMOUNT:** \$678,000

**DESCRIPTION:** The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) is accepting applications for fiscal year (FY) 2018 Grants to Establish and Expand Assertive Community Treatment (Short Title: ACT). The purpose of this program is to establish or expand and maintain ACT programs for individuals with a serious mental illness (SMI). SAMHSA expects this program will improve behavioral health outcomes for individuals by reducing rates of hospitalization, mortality, substance use, homelessness, and involvement with the criminal justice system. ACT is considered to be one of the most effective evidence-based programs designed to support community living for individuals with the most severe functional impairments associated with SMI. Such individuals tend to need services from multiple providers (e.g., physicians, social workers) and multiple systems (e.g., social services, housing services, health care). Based on the ACT model, a multi-disciplinary team is available around the clock to deliver a wide range of services in a person's home or other community settings. ACT was developed to deliver comprehensive and effective services to those who live with the most serious psychiatric symptoms, the most significant social functioning challenges, and whose needs have not been well met by traditional approaches. ACT is a service delivery model, not a case management program. The ACT team model is composed of 10-12 multi-disciplinary behavioral health care staff who work together to deliver a mix of individualized, recovery-oriented services to persons living with SMI to help them successfully integrate into the community. Team members themselves provide the comprehensive array of services directly rather than through referrals. Caseloads are approximately one staff for every 10 individuals served. Services are provided 24 hours - 7 days a week, as long as needed and wherever they are needed. ACT teams often find they can anticipate and avoid crises.





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**WEBSITE/LINK:** <https://www.samhsa.gov/grants/grant-announcements/sm-18-013>

**Provision of Technical Assistance and Training Activities to Assure Comprehensive Cancer Control Outcomes - Department of Health and Human Services, Centers for Disease Control - NCCDPHP**

**DEADLINE:** May 30, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$825,000

**DESCRIPTION:** The proposed Funding Opportunity Announcement supports the provision of technical assistance and training to National Comprehensive Cancer Control grantees and their coalitions by national organizations with demonstrated capacities and expertise in chronic disease prevention and health promotion. This effort will contribute to the full adoption of evidence-based and promising comprehensive cancer control interventions in the areas of primary prevention, screening, and survivorship. This effort also aims to improve comprehensive cancer control program capacity to expand the reach of the target audience, efficiently use resources, increase competence and commitment for health action and change, and increase ability to respond to emerging health issues.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=302315>

**OJJDP FY 18 Juvenile Reentry Research and Evaluation Program - Department of Justice, Office of Juvenile Justice Delinquency Prevention**

**DEADLINE:** May 31, 2018

**AMOUNT:** \$1,000,000

**DESCRIPTION:** The purpose of this project is to support methodologically rigorous research and evaluations (ideally a randomized controlled demonstration field experiment) with practical implications for government-funded juvenile reentry including in areas not limited to screening and assessment, behavioral management, organizational or institutional capacity and structure, cross-system services and coordination, post-release services and supervision, and family engagement and support. OJJDP is particularly interested in studies that focus on effective strategies for juveniles with co-occurring substance abuse and mental health issues; gang involved juveniles; and older juveniles or young adults who are returning to communities struggling with violence and crime.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=302346>

**Support for Citizen Education Initiatives - The Herb Block Foundation: Encouraging Citizen Involvement**

**DEADLINE:** Letter of Intent- June 05, 2018. Full Proposal Invited- July 11, 2018. Full Proposal Due- August 08, 2018.

**AMOUNT:** Grants in the range of \$5,000 to \$25,000 will be considered. Grants will be considered for one year's funding.

**DESCRIPTION:** The Herb Block Foundation seeks to help ensure a responsible, responsive democratic government through citizen involvement. Proposals may focus on citizen





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



education and greater voter participation in the electoral process. All projects must be nonpartisan and may not involve lobbying for specific legislation or candidates.

In addition to providing grants in this area, The Herb Block Foundation has initiated an annual public policy lecture program featuring prominent speakers on issues of national importance.

**WEBSITE/LINK:** <https://www.herbblockfoundation.org/grant-programs/defending-basic-freedoms>

### **Research on the Health of Transgender and Gender Nonconforming Populations (R01 Clinical Trial Optional)**

**DEADLINE:** June 5, 2018

**AMOUNT:** The number of awards is contingent upon NIH appropriations and the submission of a sufficient number of meritorious applications. 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:** This funding opportunity announcement (FOA) calls for research on the health of transgender and gender nonconforming people of all ages, including both youth and adults who are questioning their gender identity and those individuals who are making or who have made a transition from being identified as one gender to the other. This group encompasses individuals whose gender identity differs from the sex on their original birth certificate or whose gender expression varies significantly from what is traditionally associated with or typical for that sex.

**WEBSITE/LINK:** [https://grants.nih.gov/grants/guide/pa-files/PA-18-729.html# Section II. Award 1](https://grants.nih.gov/grants/guide/pa-files/PA-18-729.html#_Section_II_Award_1)

### **Walmart Foundation Accepting Applications for Community Grant Program**

**DEADLINE:** December 31, 2018. Applications will be accepted on a rolling basis until December 31.

**AMOUNT:** Through the annual program, grants of up to \$5,000 will be awarded to support local nonprofit organizations within the service area of individual Walmart stores in the areas of hunger relief and healthy eating, sustainability, women's economic empowerment, and/or career opportunities.

**DESCRIPTION:** To be eligible, an organization must be tax-exempt status under Section 501(c)(3), (4), (6) or (19) of the Internal Revenue Code; be a recognized government entity (i.e., state, county, or city agency, including law enforcement or fire departments) that is requesting funds exclusively for public purposes; be a K-12 public or private school, charter school, community/junior college, state/private college or university; or be a church or other faith-based organization with a proposed project that benefits the community at large.

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



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**April 2018**

**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

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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 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.

**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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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>

#### **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](https://www.rwjf.org/en/library/funding-opportunities/2018/integrative-action-for-resilience.html?rid=0034400001rluooAAA&et_cid=1184486)

#### **THE PADDLE NATION PROJECT**

**DEADLINE:** Proposals must be submitted by April 13, 2018.

**AMOUNT:** \$5,000

**DESCRIPTION:** The Outdoor Foundation is pleased to announce that it is accepting applications from 501c3 non-profit organizations who are interested in connecting young Americans with their waterways through recreational paddling.

The Paddle Nation Project is made possible by support and funding from the Outdoor Foundation and Outdoor Retailer.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**WEBSITE/LINK:**

[http://www.cybergrants.com/pls/cybergrants/quiz.display\\_question?x\\_gm\\_id=4494&x\\_quiz\\_id=5170&x\\_order\\_by=1](http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=4494&x_quiz_id=5170&x_order_by=1)

**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.

**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





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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](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

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

### **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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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, 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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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.

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



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
**March 2018**



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>

**Evidence for Action: Matching Service**

**DEADLINE:** April 26, 2018, 3:00 p.m. ET

**AMOUNT:** one \$700,000 grant for an initial 24-month period

**DESCRIPTION:** The goal of this effort is to catalyze research partnerships that result in rigorously designed studies that could be funded by Evidence for Action (E4A), another Robert Wood Johnson Foundation (RWJF) program, or other funding source. We are particularly interested in matching organizations that do not have a track record of RWJF funding. To achieve this goal, E4A will support a “matching team” overseen by a grantee organization that meets the eligibility criteria noted below. The grantee’s primary role will be to link organizations working in and with communities with strong research partners to rigorously evaluate the health impacts of program or policy interventions. Organizations working in and with communities may include health care providers, nonprofits, community-based organizations, and social service or government agencies, which have the infrastructure to implement initiatives but limited research capacity for scientifically rigorous evaluation of their impact.

**WEBSITE/LINK:** [https://www.rwjf.org/en/library/funding-opportunities/2018/evidence-for-action--matching-service.html?rid=0034400001rluooAAA&et\\_cid=1189534](https://www.rwjf.org/en/library/funding-opportunities/2018/evidence-for-action--matching-service.html?rid=0034400001rluooAAA&et_cid=1189534)

**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.

**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>

**BJA FY 18 National Sexual Assault Kit Initiative (SAKI)**

**Department of Justice - Bureau of Justice Assistance**



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**DEADLINE:** Apr 30, 2018

**AMOUNT:** \$3,000,000

**DESCRIPTION:** The purpose of this grant program is to provide funding to test untested sexual assault kits, prevent sexual assaults, and improve the criminal justice system's response to sexual assaults.

**WEBSITE/LINK:**

<https://www.grants.gov/web/grants/view-opportunity.html?oppId=301599>

**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,





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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 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](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](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>

**JUNE 2018**

### **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.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Funding Opportunities

March 2018



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>

**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.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



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

**(Forecast 1) - WELL-INTEGRATED SCREENING AND EVALUATION FOR WOMEN ACROSS THE NATION (WISEWOMAN)**

**Department of Health and Human Services, Centers for Disease Control - NCCDPHP**

**DEADLINE:** Jun 23, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$2,500,000

**DESCRIPTION:** The Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, announces the opportunity to apply for funds to implement the Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) program. The WISEWOMAN program extends preventive health services to women who are participants of the CDC-funded National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These extended preventive health services include assessment of cardiovascular risk factors and provision of services to reduce those risks through improved diet, physical activity, tobacco cessation, and medication adherence support. A focus on the health systems and community-clinical links that are supportive of these preventive health services is required.

WEBSITE/LINK: <https://www.grants.gov/web/grants/view-opportunity.html?oppId=301358>

**MAY 2018**

**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

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.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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>

### **William T. Grant Foundation Seeks Applications for Inequality Research**

**DEADLINE:** May 2, 2018

**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.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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>

#### **Administrative Supplements for Research on Sexual and Gender Minority (SGM) Populations (Admin Supp Clinical Trial Optional)**

**DEADLINE:** May 7, 2018, by 5:00 PM local time of applicant organization.

**AMOUNT:** Application budgets are limited to no more than the amount of the current parent award and must reflect the actual needs of the proposed project but must not exceed \$100,000 in total costs.

**DESCRIPTION:** The mission of the NIH is to seek fundamental knowledge about the nature and behavior of living systems, and the application of that knowledge to enhance health, lengthen life, and reduce illness and disability. The NIH is committed to supporting research that will increase scientific understanding of the health and wellbeing of various population and subpopulation groups and study the effectiveness of evidence-based health interventions and services for individuals within those groups. NIH places high priority on research with populations that appear to have distinctive health risk profiles but have received insufficient attention from investigators. This Supplement provides administrative support to expanding existing research to focus on sexual and gender minority (SGM) populations, which include (but are not limited to) lesbian, gay, bisexual, and transgender people, and individuals with differences or disorders of sex development (DSD) (sometimes referred to as "intersex"). Basic, social, behavioral, clinical, translational, and health services research relevant to the missions of the sponsoring Institutes, Centers and Offices may be proposed. Potential applicants are also encouraged to review recent portfolio analyses of NIH-funded SGM research (found at <https://dpcpsi.nih.gov/sgmro/reports>) to identify gaps in research that may be relevant to this Funding Opportunity Announcement (FOA).

**WEBSITE/LINK:** [https://grants.nih.gov/grants/guide/pa-files/PA-18-713.html# Section II. Award 1](https://grants.nih.gov/grants/guide/pa-files/PA-18-713.html#_Section_II_Award_1)

#### **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





## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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>

### **Research Grants for the Primary or Secondary Prevention of Opioid Overdose (R01)**

**Department of Health and Human Services, Centers for Disease Control and Prevention – ERA**

**DEADLINE:** May 15, 2018 Electronically submitted applications must be submitted no later than 5:00 p.m., ET, on the listed application due date.

**AMOUNT:** \$750,000

**DESCRIPTION:** The awards pursuant to this Notice of Funding Opportunity are contingent upon the availability of funds. The Centers for Disease Control and Prevention's National Center for Injury Prevention and Control (NCIPC) is soliciting investigator-initiated research that will help expand and advance our understanding about what works to prevent overdose from prescription and illicit opioids by developing and piloting, or rigorously evaluating novel primary or secondary prevention interventions. The intent of this Notice of Funding Opportunity (NOFO) is to: (1) build the scientific base for the primary or secondary prevention of opioid overdose, and (2) encourage collaboration of scientists from a spectrum of disciplines including public health, epidemiology, law enforcement, social work, economics, and criminal justice to perform research that can identify ways to prevent opioid overdose more effectively. Interventions can be strategies, programs, or policies. Ultimately, this research is intended to improve state and local health departments; ability to implement and improve interventions focused on preventing opioid-related deaths. Researchers are expected to develop and pilot, or rigorously evaluate novel primary or secondary prevention interventions that address prescription or illicit opioid overdose. Primary prevention approaches are expected to aim to prevent opioid misuse, abuse, and overdose before it occurs. Secondary prevention approaches are expected to focus on the more immediate responses to opioid overdose, such as emergency department services and linkage to treatment immediately following a nonfatal overdose. Clinical examinations of the treatment effectiveness for opioid use disorder are outside the scope of the objectives and will not be considered (e.g., studies that solely test the effectiveness of buprenorphine, methadone, or naltrexone). It is anticipated that funded applicants will collaborate and partner with community and/or governmental organizations from multiple sectors (e.g., health, social services, law enforcement, criminal justice) that can provide access to populations at highest risk for opioid misuse and



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



overdose and provide access to critical data systems. Investigators must provide information in the application demonstrating that they have an established relationship with each partner and a written agreement describing each partners role in the proposed research.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=299896>

### **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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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, 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>

**JULY 2018**

#### **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.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



**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>

**(WASHINGTON ONLY) Arcora Foundation Grants**

**DEADLINE:** Jul 1, 2018

**AMOUNT:** Award amounts vary by organization and project.

**DESCRIPTION:** The Arcora Foundation provides:

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>

**AUGUST 2018**

**Advancing Exceptional Research on HIV/AIDS and Substance Abuse (R01 Clinical Trial Optional)**

**DEADLINE:** August 22, 2018

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



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities



**March 2018**

**DESCRIPTION:** This FOA supports highly innovative R01 applications on HIV/AIDS and drug abuse and complements the Avant-Garde Award Program for HIV/AIDS and Drug Use Research and the Avenir Award Program for Research on Substance Abuse and HIV/AIDS. The Avant-Garde award supports individuals who conduct high-risk, high-reward research and does not require a detailed research plan. The Avenir award is similar to the Avant-Garde award but focuses on support for early stage investigators. Applications submitted under this FOA are required to have a detailed research plan and preliminary data. This FOA focuses on innovative research projects that have the potential to open new areas of HIV/AIDS research and/or lead to new avenues for prevention and treatment of HIV/AIDS among substance abusers. The nexus with drug abuse should be clearly described. This FOA is open to both individual researchers and research teams and is not limited to any one area of research on HIV and substance use, but all studies must focus on NIH HIV/AIDS Research Priorities <https://grants.nih.gov/grants/guide/notice-files/NOT-OD-15-137.html>.

**WEBSITE/LINK:** <https://www.grants.gov/web/grants/view-opportunity.html?oppId=301634>





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**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.

**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.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



**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=3u0aFeLLcJROtLce2ecBeg&et\\_cid=469879](http://www.rwjf.org/en/library/funding-opportunities/2015/evidence-for-action-investigator-initiated-research-to-build-a-culture-of-health.html?rid=3u0aFeLLcJROtLce2ecBeg&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.

**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>



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**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**

➤ **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](http://kaboom.org/about_kaboom/programs/grants?utm_source=direct&utm_medium=surl)



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



➤ **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

**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.8WbcfjRk.dpuf](http://foundationcenter.org/pnd/rfp/rfp_item.jhtml?id=411900024#sthash.8WbcfjRk.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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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>

#### **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:**





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
**March 2018**



**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

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/>



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**~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.

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>



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**(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](mailto:internship@asphn.org).

**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](mailto:internship@asphn.org).

**Native Student Travel Scholarships: Connecting STEM and Justice**



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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

### **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!



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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=CjwKEAiAhPCyBRctwMDS5tzT03gSJADZ8VjRw5RxJw1br5NTowrY1NFzylowGtdvOagXa3LHyYK 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 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.





NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**WEBSITE/LINK:** [http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&et\\_cid=639126](http://www.rwjf.org/en/how-we-work/submit-a-proposal.html?rid=CR0RfoW1kVrIxFKudcSYjL9Zh7yWU63VdhdaVE2UAc&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:

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/aspca-northern-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



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



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 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.



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

### Funding Opportunities

**March 2018**



**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.

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>



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD  
Funding Opportunities  
March 2018



**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>





Before the harvest of wild rice these two old partners scatter tobacco on the water in hope of a good harvest and to give thanks. Copyright © 2016, by Carl Gawboy. "Offering." All Rights Reserved.

# IN A GOOD WAY:

## Indigenous Commercial Tobacco Control Practices

**SEPTEMBER  
2017**

*A report on strategies to reduce commercial tobacco use in tribal and American Indian/Alaska Native communities prepared by ClearWay Minnesota<sup>SM</sup>, Truth Initiative and Blue Cross and Blue Shield of Minnesota*



## ACKNOWLEDGEMENTS

ClearWay Minnesota, Truth Initiative, Blue Cross and Blue Shield of Minnesota and Laura Hamasaka (consultant) conceptualized the framework, reviewed drafts, and contributed to the writing of this report. **Zachary Slobig** served as the principal writer.

The following ClearWay Minnesota, Truth Initiative, Blue Cross and Blue Shield of Minnesota staff also reviewed and contributed to the creation of the document.

**Jaime Martínez and CoCo Villaluz**, *ClearWay Minnesota*<sup>SM</sup> • **Ines Alex Parks**, *Truth Initiative*  
**Chris Matter**, *Blue Cross and Blue Shield of Minnesota*



We would like to thank all those who contributed to this report by sharing their wisdom and lived experience as practitioners in the field, researchers, tireless advocates, and community leaders.

**Amanda Dionne**: *American Indian Cancer Foundation*

**Jean Anne Moose**: *Nez Perce Tribe*

**Edy Rodewald**: *Southeast Alaska Regional Health Consortium*

**June Maher**: *Cherokee Nation*

**Shanna Hammond**: *Hannahville Indian Community Health Services*

**Patricia Nez Henderson**: *Black Hills Center for American Indian Health*

**Julie Stetson**: *White Earth Nation Public Health*

**Sadie In The Woods**: *Great Plains Tribal Chairmen's Health Board*

**Roberta Marie**: *Fond du Lac Band of Lake Superior Chippewa, Cloquet*

**Kris Rhodes**: *American Indian Cancer Foundation*

**Chris Matter**: *Blue Cross and Blue Shield of Minnesota*

**Carla Feathers**: *The Muscogee (Creek) Nation*

**Earl Villebrun**: *Bois Forte Band of Chippewa*

**Alex Parks**: *Truth Initiative*

**Joshua Hudson**: *National Native Network, Intertribal Council of Michigan*

**Frank Yaska**: *Tanana Chiefs Conference*

**Tianna Marie Odegard**: *Upper Sioux Community*

**Richard Mousseau**: *Great Plains Tribal Chairmen's Health Board*

**LaToya Ross-Sullivan**: *Upper Sioux Community*

**Shannon Laing**: *Michigan Public Health Institute*

**LaTisha Marshall**: *Centers for Disease Control and Prevention*

**Dawn Newman**: *University of Minnesota*

**CoCo Villaluz**: *ClearWay Minnesota*<sup>SM</sup>

**Kevin T. Collins**: *Centers for Disease Control and Prevention*

**Erin O'Gara**: *ClearWay Minnesota*<sup>SM</sup>

**Jacqueline R. Avery**: *Centers for Disease Control and Prevention*

**Jaime Martínez**: *ClearWay Minnesota*<sup>SM</sup>

**David Willoughby**: *CEO, ClearWay Minnesota*<sup>SM</sup>

**Lori Ann New Breast**: *Amskapipikuni (Blackfeet) Nation*

**Laura Hamasaka**: *Consultant*



Copyright © 2017 by *ClearWay Minnesota*<sup>SM</sup>, *Truth Initiative* and *Blue Cross and Blue Shield of Minnesota*.

All rights reserved. Portions of this document may be used in other documents and manuscripts, but must be cited.

## EXECUTIVE SUMMARY

*In public health, we like to focus on evidenced-based practice, but we need to respect the Native tradition and knowledge of practice-based evidence.*

— *Dr. Donald Warne, MD, MPH*  
*North Dakota State University, Oglala Lakota*

This report intends to highlight tribally-based strategies developed over a 10-year period through the Centers for Disease Control and Prevention’s (CDC’s) formerly funded national Tribal Support Centers and through ClearWay Minnesota<sup>SM</sup>’s Tribal Tobacco Education and Policy (TTEP) grant initiatives. The CDC’s Tribal Support Centers were charged with advancing commercial tobacco control in tribal and American Indian/Alaska Native (AI/AN) communities across the country, and the TTEP initiative worked on advancing commercial tobacco-free policies on tribal lands in Minnesota. Both projects have worked to promote health in Indian Country for at least eight to 10 years, working to reduce the harm of commercial tobacco and restoring traditional tobacco practices. It is crucial that we acknowledge that tobacco exists in two ways in American Indian communities. Commercial tobacco use causes death and disease and is marketed for profit. Traditional tobacco use honors the Creator and is governed by cultural and ceremonial protocols.

This report is by no means intended to be a comprehensive look at the broad work around commercial tobacco education, advocacy and policy reform across the breadth of AI/AN communities, but we hope that it captures the key lessons and spirit of a time where increased resources were available to tackle one of the toughest health issues facing indigenous populations in the U.S. It is imperative to not approach the search for and replication of solutions with a ‘one-size-fits-all’ approach. Each of these communities is different, with varying traditions, cultural practices and relationships to traditional tobacco. Mainstream public health has largely failed to decrease commercial tobacco use rates in these communities. Solutions that have shown impact largely come from within the communities themselves: not top-down solutions, but those emerging from the grassroots.

The raw material for this report came in two forms, the first of which was a two-day meeting at the offices of ClearWay Minnesota<sup>SM</sup> in October of 2016. That meeting was followed by a series of individual interviews with the participants which gave the interviewer the opportunity to gather more details on issues and themes that had emerged in the meeting. What follows here will touch on these themes:

- ❖ The Role of Tobacco Traditions in Indian Country
- ❖ Reframing “Best Practices” From an Indian Point of View
- ❖ Interventions That Empower All Generations
- ❖ Honoring Relationships, Building Capacity With Partnerships
- ❖ The Historical Context of Policy in AI/AN communities
- ❖ Building In-Roads Within Gaming Establishment
- ❖ Culturally Appropriate Messaging
- ❖ Educating Funders, Stakeholders and Researchers
- ❖ The Power of Tribal Specific Data
- ❖ Reawakening and Reconnecting With Traditional Medicine





## INTRODUCTION

# Demographic Context and Health Disparities

American Indians and Alaska Native communities are vastly diverse and geographically dispersed—with some 567 federally recognized tribes spanning from the Athabascans of Alaska to the Navajo of the Southwest. In 2013 roughly 5.2 million people, or 2 percent of the U.S. population, identified as AI/AN. Several hundred additional tribes in the United States have sought federal recognition but remain unrecognized. This heterogeneous population deserves public health interventions and policy development that avoid the pitfalls of one-size-fits-all approaches.

Public health and policy development in Indian Country must also account for the generation-spanning impacts of the historic marginalization of American Indians, a legacy that shapes every aspect of these communities. The U.S. government removed American Indian tribes from their indigenous lands and forced these communities to resettle in new, unfamiliar lands against their will. An ancient indigenous way of life, with rich traditions and enduring culture, faced tremendous attack in the form of government-imposed assimilation. The economically depressed conditions these communities continue to suffer are a direct result of systematic injustice and discrimination, forced relocation and exploitation.

Still, within that 2 percent of the U.S. population, great diversity and resiliency exists, and while the public health world often treats AI/AN populations as one large homogenous group, approaches designed and implemented at the community and tribal level have shown the most success. Culturally specific interventions that account for the socioeconomic, historical and psychological factors that contribute to high commercial tobacco use rates are critically needed.

Tribal communities are not simply a minority or a special interest group, they are sovereign nations recognized by all branches of the federal government. With the powers of this sovereignty comes the great benefit of control over policy and laws that supersede any state or federal laws. Each nation must adopt or develop similar protections.



Smoking rates in the U.S. general population have decreased thanks to tobacco control policy implementation, education, cessation therapies and broad media strategy. The commercial tobacco use rate across AI/AN communities has experienced no such broad and measurable improvement. American Indians taken as a whole report the highest commercial tobacco use rates of any U.S. subpopulation, nearly double the general population's. While the need is critical, an underfunded Indian Health Service and state health departments have not been able to provide significant support for commercial tobacco programs in Indian country. The result is debilitating commercial tobacco use rates in these communities; these have seen little change in the past decades while rates in the general population continue on a steady downward trend.

**D**ata from the National Health Interview Survey (NHIS) support these troubling facts. Commercial tobacco prevalence rates for AI/AN are the highest of any racial/ethnic group in the United States.<sup>1</sup> Still, the NHIS statistics are broad brush and fail to get at the granular differences between communities. As with the general population, tremendous regional differences exist in smoking rates for the AI/AN population. According to a 2009 study, 28 percent of Southwest tribal members were smokers compared to 47 percent smoking rate among Northern Plains tribal members.<sup>2</sup> Meanwhile, the cigarette use rate among the American Indian population in Minnesota is 60 percent.<sup>3</sup> Smoking in tribal communities also begins at a young age—typically 14 years. In Minnesota, five of the six leading causes of death among American Indians—heart disease, cancer, diabetes, stroke and lower respiratory disease—are related to commercial tobacco use.<sup>4</sup>



<sup>1</sup> CDC. Current Cigarette Smoking Among Adults — United States, 2005–2015, 1999 – 2012. *MMWR Morb Mort Weekly Rep* 2016; 65 (44): 1205-1211.

<sup>2</sup> Nez-Henderson, P. et al., Patterns of Cigarette Smoking Initiation in Two Culturally Distinct American Indian Tribes. *American Journal of Public Health*. 2009; 99(11): 2020-2025.

<sup>3</sup> American Indian Community Tobacco Projects. Tribal Tobacco Use Project Survey, Statewide American Indian Community Report. 2013.

<sup>4</sup> Centers for Disease Control and Prevention. Health Effects of Cigarette Smoking. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/health\\_effects/effects\\_cig\\_smoking/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/). Accessed June 29, 2017.

# The Role of Tobacco Traditions in Indian Country

Any exploration of tobacco's place in Indian Country must first account for the central role that tobacco plays in the traditions of many American Indian communities. In fact, the history of tobacco is in many ways a history of American Indians. Tobacco was first cultivated some 7,000 years ago in the Andes, from where it spread north through other indigenous communities. For these tribes, tobacco is a gift from the creator, a sacred medicine cherished for its healing properties and its spiritual significance. Some believe that smoke from sacred tobacco will take a prayer directly up to the creator. Each of these communities has elaborate stories about how this plant came to them from the creator.

There are many names for this sacred tobacco: cansasa, canli, pistax'kaan, kinnekenick, aseema, asemaa. This intimate relationship with the plant dates back thousands of years, long before European contact. Ceremonial use of tobacco is varied in these communities. It could be used as an offering to the creator, or to a member of the tribe. It may be smoked or not, but it is not inhaled. Frequency varies as well, from daily to very sparingly. As we'll see in this report, the act of reclaiming the sacredness of this plant and clearly distinguishing its traditional use from its modern commercial tobacco use—introduced during an era of grave historical trauma—can prove critical in reshaping societal norms around tobacco.





Prior to colonization, many American Indian communities used many varieties such as *nicotiana rustica* (traditional tobacco), red willow tree bark, sage, sweet grass, cedar and other botanicals individually or in combination in sacred or ceremonial practice. This substance was not used casually or socially. Its use was governed by strict protocols, and in fact this was a powerful form of indigenous “tobacco control.” In the last century and a half, Indian communities largely began to replace this usage with *nicotiana tabacum*, cultivated commercial tobacco. Primarily this shift was a result of draconian government restrictions on American Indian cultural lifeways and partially this was a result of ease of access to cultivated commercial tobacco. It was not until 1978 with the Indian Religious Freedom Act were Indian communities free to practice their indigenous lifeways openly—and use traditional tobacco in its sacred setting.

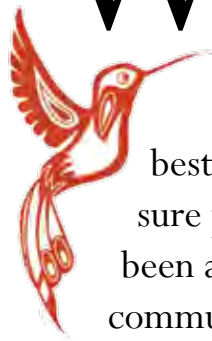
**T**he legacy of this dynamic repression cannot be underestimated. Because of these policies, many generations of young people have grown up seeing only commercial tobacco in ceremonies. This loss of tradition and culture has created severe health impacts, and in recent years, many communities have set out to educate tribal members, young and old, on the traditional use of this plant in an effort to restore and revitalize those ancient connections destroyed by colonization and a hostile federal government. Evidence is emerging that efforts to restore the place of traditional tobacco will help bring down the high rates of commercial tobacco use.



# Reframing “Best Practices” From an Indigenous Point of View

The term “best practices” while generally useful for spreading effective models, presents great challenges in AI/AN communities. The CDC defines best practices as “a practice supported by a rigorous process of peer review and evaluation indicating effectiveness in improving health outcomes, generally demonstrated through systematic reviews.”<sup>5</sup> This peer-review process and evaluation is constructed from Eurocentric values that do not include the

**W**e want to bring together this information that is critical to really moving the work among native people. We also need it as a part of the CDC’s best practice guidelines to make sure people understand that there’s been a lot of work done in these communities.



— *David Willoughby,*  
*CEO ClearWay Minnesota<sup>SM</sup>*

“Indian way” – which does not necessarily equate to university training, publication and recognition for research activities. Best practices in Indian Country are a specific set of behaviors and wisdom recognized by each community as being valued, and based on the teachings of elders. AI/AN communities have varied cultural values that may not align with a Western paradigm, but these communities are just as interested in crafting and implementing programs that work, based upon sound principles and values.<sup>6</sup> Programs that work in Indian Country are culturally relevant, culturally appropriate and designed in keeping with the “Indian Way.”

---

<sup>5</sup> Kochtitzky, C. Applying a General Best Practice Identification Framework to Environmental Health. *Journal of Environmental Health*. 2014; 77(4): 40-43.

<sup>6</sup> Cruz, C. Tribal Best Practices: There are Many Pathways. Oregon Department of Human Services. Located at: <http://www.nrc4tribes.org/files/Tribal%20Best%20Practices%20-culturally%20based%20practice%20ppt.pdf>. Accessed June 29, 2017.





Public health practitioners in Indian Country can struggle to demonstrate effectiveness of programs implemented in their communities because of this monolithic approach to the definition of best practices. This



report is an effort to collect and share best practices based on evidence from those working on the frontlines of commercial tobacco control within AI/AN communities, and to educate the mainstream public health community. In October 2016, representatives of 8 Tribal Support Centers and TTEP grantees gathered at the offices of ClearWay Minnesota<sup>SM</sup> for two days of reflection and sharing from the frontlines of the commercial tobacco control movement in Indian Country.

The Tribal Support Centers and TTEP programs implemented programs and policies, training and technical assistance, and related evaluation. Some Tribal Support Centers and TTEP were grantees for five years and others for 10 years. Over that time, these projects accumulated numerous lessons that should be captured and shared as other tribes and organizations implement projects to reduce commercial tobacco use. New CDC tribal grantees and other tribes can benefit, as can governmental and private funders who will continue to be involved in efforts to advance commercial tobacco control in tribal communities across the country.



What follows is a collection of snapshot accounts of those efforts shown to effectively shift norms around, mitigate the harms of, and curtail the use rates of commercial tobacco in these communities.

This publication reflects the grassroots-level experiences of a diverse array of AI/AN community advocates and is intended to act as a resource for any organization with aims to lower the commercial tobacco use rates and preserve traditional tobacco teachings in Indian Country.



SPOTLIGHT:

# Traditional Healing: Crucial Intervention for Young People at Risk

During Sadie In The Woods’s two years as a Project Manager with the Great Plains Tribal Chairman’s Health Board, the most effective program that she saw shifting norms around commercial tobacco use happened in small groups in the woods far outside of town.

Three years ago a medicine man and his wife, a pair of traditional healers, started a Lakota camp for suicidal young people in a community with a suicide rate that’s five times the national average. In this community, children as young as 11 years old have taken their lives.

The camp’s approach is revolutionary in its simplicity: It revives the nearly lost practices that once honored young people at their critical time of coming of age, galvanizing their identity and situating them as valued members of a community. The camp began as a small and passionate initiative of just this couple and has since become a lifeline for the most at-risk young people, and a rallying point for the entire tribe.

The camp is a several day sojourn in undeveloped land long held sacred. Here, these suicidal youth emerge transformed. Upon arrival, the boys are separated from the girls and their clothes are torched. “It’s a symbolic burning of the past to release the spirit,” said Sadie In The Woods.

**T**he healers erect a sweat lodge and smudge everything with burning sage to release the negative energies around the young people. Next, they show the kids how to pray, and guide them along, teaching them the ancient songs. A cleansing follows, and each one receives a Lakota name of honor. They’re given an eagle feather and learn that they must treat it with utmost respect, keeping it away from drugs and alcohol.

“These kids have never been exposed to any of this,” said Sadie In The Woods. “Few adults in the community have even been exposed to it. These kids have never been honored like that.”





The healers ask but one thing of these young people: They must return to mentor other kids, to pass along that gift of transformation, that incomparable rootedness which results from such an experience. Slowly, that tide of suicide has begun to ebb.

The struggles continue for these young people though. Sadie recalls one boy in particular who came into her offices looking for donations. He said he was raising money to pay for a ticket to a youth summit in Washington, D.C. “He was homeless,” she remembered. “He told us he wished that non-Native people would stop treating him like a criminal. He brought me to tears.”

**H**e went off to the Lakota camp and walked in the footsteps of his ancestors. There he learned about traditional sacred tobacco, how to cultivate it, when to plant it and where. “If the roots are twisted, for instance, you can’t plant it,” said Sadie in the Woods. “He learned what songs to sing, and how to harvest it. He learned the power of prayer and the place of sacred tobacco.”

Sadie’s staff awarded him a mini-grant through the Tribal Support Center resources, and he proudly represented his community at that Youth Summit in Washington, DC. It was a place this young man never thought he’d find himself. Now 17 years old, he mentors other young people at the Lakota camp, kids struggling to find their way in a world that seems stacked against them.

He teaches them about the vicious destruction caused by commercial tobacco, and the proper place of traditional tobacco as a healing force. “He continues to do this even without funding,” said Sadie In The Woods. “That young man is going to be a leader.”

These are the kids who become powerful advocates for progressive tobacco policy, she says. These are the ones that show up to council meetings when resolutions are up for a vote. It’s most powerful when elders join these young people as advocates.

“That’s the combination that really works,” she said, remembering one meeting where a 96-year-old nurse, long-time commercial tobacco control advocate in the tribal community and a celebrated elder, joined them silently and looked on with quiet pride. “It’s so nice to just sit here and rest,” she told Sadie In The Woods. “So nice to watch the young people do the hard work.”

**T**hese kids have never been exposed to any of this. Few adults in the community have even been exposed to it. These kids have never been honored like that.

— *Sadie In The Woods,*  
*Great Plains Tribal Chairman’s Health Board*







# Empowering All Generations

**M**any of the Tribal Support Centers report marked success with approaches that intentionally bring both youth and elders to the table. These intergenerational approaches value the wisdom found at both ends of the age spectrum and honor the experiences of each member of the community. June Maher, manager of the Tobacco Prevention Program at the Cherokee Nation in Oklahoma points to the rich youth engagement in her community that turned the tide towards smoke-free policies. Cherokee Nation encompasses 14 counties with distinct jurisdictions and Maher believes that the local SWAT Teams (Students Working Against Tobacco) were the real driver of change.

“Those teams were able to go in to the City Council and get ordinances passed,” said Maher. “If I went up there, they would not have listened to me. They listen to the youth.” Those efforts resulted in the Cherokee Nation passing one of the most comprehensive tobacco policies in Indian Country. Sadie In The Woods, Manager of the Tobacco Prevention Program for the Great Plains Tribal Chairman’s Health Board, also points to the impact of youth engagement on policy change, particularly the work of Teens Against Tobacco Use (TATU) groups. Change can come slowly in traditional communities, and some of the most persuasive agents of change are often the young people.

Sadie In The Woods described a particularly unique intervention aimed at the most at-risk segment of the youth population in her community. Young people who

suffered from severe depression and have contemplated or attempted suicide are invited to attend a traditional Lakota healing camp where they participate in ceremonies and are given new Lakota names. They are also taught the cultivation and preparation of traditional tobacco as well as how to use it in sacred rituals. Replacing commercial tobacco practices with culturally appropriate traditional tobacco use, she believes considerably lowers the stress and anxiety these young people endure from a bitter legacy of historical trauma.

**I** think we’re really starting to engage our youth more and realize that our youth have teachings that we can learn from them and not the other way around all the time.”



— *Josh Hudson,*  
*Intertribal Council of Michigan,*  
*National Native Network*

Some of these young people emerge from the camp as energized leaders and ambassadors of the appropriate use of traditional tobacco. “I thought that was one of the most unique things that I participated in that possibly saved some of those kids,” she said. “I think when we listen to our tribes and we try really hard to partner wherever we can, it turns out to be really beautiful.”

Edy Rodewald with the Southeast Alaskan Health Consortium sees that the tribal communities where she works all place great value on protecting the youth, creating a natural overlap between the elders and young people. “One traditional value in most of the cultures is promoting the idea that the youth are the future,” she said. “So even people who are addicted to tobacco and aren’t able to quit, they don’t want the young people to start, so they’re willing to pass policies that may make it less convenient for youth to start. They do it for the children, for future generations. When you work with the values that way, it’s more of a positive way to approach the elders.”

Health and wellness coalitions that include both young people and elders, working side by side, appear to be particularly effective. “When I look at these communities that have great success, it’s because of their coalitions,” said Richard Mousseau, Director of Prevention Programs at Great Plains Tribal Chairmen’s Health Board. “Take for instance Cheyenne River, they had a coalition of elders and younger individuals, in general good community leaders, even though they might not be tribal council people, or chair people, or even CEOs. They can still have a big impact on tribal council if consistently pressing the issue. They were really instrumental in the tribal community going smoke-free.”

**S**hanna Hammond, Health Educator at the Hannahville Health Center in Michigan, facilitates a Health Advisory Council comprised of volunteers ranging from young people in their 20s to elders. This group of health champions influenced policy and were trained to conduct the American Indian Adult Tobacco Survey (AI-ATS). They collected crucial tobacco use data through a process of face-to-face surveying. These types of cross-generational engagements appear to be particularly helpful in tribal communities. To authentically engage young people in leadership and advocacy is just as important as honoring the wisdom of elders who may hold more sway in shaping policy.

**T**hey’re all saying our young people are at risk. Well, I prefer to think of them as promising warriors, and like any warrior, you have those points where you overcome.

— *Lori New Breast,*  
*Blackfeet Nation*



SPOTLIGHT:

# Preparing for the 7th Generation: Tribal and State Collaboration in Oklahoma



June Maher has worked on the frontlines of commercial tobacco control in Cherokee Nation for more than three decades, and has collected a wealth of experience along the way. She’s also collected allies and partners—like Sally Carter in the Oklahoma State Department of Health—who have collaborated with tribes towards incremental systems change, from education and advocacy, to coalition building and policy change.

**M**aher began her public health career with a tobacco education curriculum for elementary school students, exposing them to the deceptive practices that commercial tobacco companies use to lure kids into the a deadly habit, and then into addiction. “We’d show them the Virginia Slims ads with the slender ladies and the white teeth,” recalled Maher. “We tell them all about how they target kids, even third and fourth graders.”

Carter, a licensed social worker, looks at the impact of commercial tobacco use in tribal populations as a social justice issue. “We’d see these prevalence reports with the numbers for the tribal populations so much higher, and I think, ‘well that just doesn’t seem right. What can I do?’” Carter said. She realized early on that sustainable, durable, systems-level change on this issue required working relationships between the tribes and the state—something that had not ever existed to a degree that resulted in real positive change.





“It takes someone like Sally to walk in with a soft voice and ask, ‘How can we help you all?’” said Maher. That had never happened. The tribes wanted a directory that listed all the cessation resources for each tribe so health workers could have them organized for referrals. This initial engagement was actually something that the state considered so low-impact that it wouldn’t normally deserve resources.



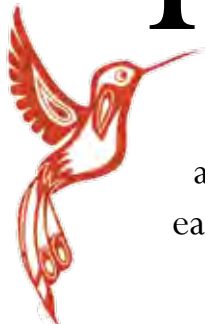
“As a social worker, you meet people where they are,” said Carter. “That’s what they needed, to have something to hand out to everybody at their clinic, the doctors and nurses. That allowed us to begin to establish relationships.”

From this low-impact engagement, a working group formed that met monthly with Carter under a collaborative governance model where no single party had more influence than another. Every month, Carter made the 12-hour drive to meet with this group of elders. “Tribal partners had equal decision making and they were at the table every step of the way,” said Carter. “You can’t get to the bottom of stuff unless you sit across the table and get real with each other.”

At these monthly meetings, Carter learned about all the problems the tribes have historically had with the state. She learned about the depth of distrust based on a long

history of oppression. She learned that the state had never been a reliable partner. She found out that there was language in the boilerplate contract that threatened tribal sovereignty.

Tribal partners had equal decision making and they were at the table every step of the way. You can’t get to the bottom of stuff unless you sit across the table and get real with each other.



— *Sally Carter,*  
*Oklahoma State Department of Health*

These are the historical barriers based on lack of understanding that made collaboration impossible. “Now everything that I ever put out of my office, the first words are that the State of Oklahoma, State Department of Health recognizes tribal sovereignty,” she said. “If you don’t respect that, the tribes will not work with you.”



As understanding improved, innovations followed. The state sent Indian trainers to train tobacco quitline workers to be better equipped to serve native populations. Maher and others in tribal health departments working on commercial tobacco had been travelling out of state for conferences and consensus emerged that Oklahoma should have its own conference focused on commercial tobacco issues.

With funding help from the Tribal Support Center grant and the state department of health, this working group conceived of the Preparing for the 7th Generation conference—an opportunity for the dozens of Oklahoma tribes to convene along with mainstream public health practitioners and funders to learn about the challenges of commercial tobacco, and the traditions of ceremonial tobacco in a tribal context.

We were surprised that our situations and traditions were all a little different from each other. It was a learning process for the state but also for the tribes, and we all needed each other.



— *June Maher, Manager,  
Tobacco Prevention Program,  
Cherokee Nation in Oklahoma*

“We had elders from each tribe come to talk and share about tobacco traditions,” said Maher. “We were surprised that our situations and traditions were all a little different from each other. It was a learning process for the state but also for the tribes, and we all needed each other. Sally opened the door to it all. Tribes can be very skeptical of outsiders and she was critical to bridging that gap.”

The conference, now a decade old, has helped to strengthen understanding and forge crucial partnerships that push towards that systems level change. Maher credits the

conference with the launch of Students Working Against Tobacco (SWAT) teams in tribal communities—what she considers the most effective advocates for commercial tobacco control. SWAT teams organized a range of interventions, creatively designed activities aimed at raising awareness about the dangers of commercial tobacco targeted at not just their peers, but their elders and influential policy makers as well.

Cherokee Nation was one of the first tribal communities to ban the use of commercial tobacco in all its government properties, a milestone victory that Maher believes would never have happened without the great Health Administrative staff within Cherokee Nation and by having the right people who care about the health and wellbeing of the citizens. The SWAT teams were instrumental in getting school board and city council to pass policies within the schools, parks, and city ordinances. “When we had grants, that’s when we were able to develop programs and policy,” said Maher. “The resources of the Tribal Support Center opened doors.”





Carter says that direct funding for the tribes creates the opportunities for systems change. “Any time that you don’t directly fund tribes and create a collaborative governance model, you’re going to lose out,” she said. “How much longer do we have to wait for American Indian people to get the help they need so they’re not always at the highest level of disparity in our state?”



# Honoring Relationships, Building Capacity With Partnerships

Tribal communities are built on a tight network of relationships, an interconnectedness that can be leveraged to shift norms and shape policy. Identifying and empowering community champions beyond the public health sector can be critical to systems change in these communities. Some tribal communities are small and connections can come easy, while in other communities these champions must be cultivated more closely.

“In our way of life, you listen and you talk, and you continue until you reach not a consensus, but a reconciliation of what is fracturing your world,” says Lori New Breast. “Working in the complexity of Indian Country, it really comes down to seeing that there’s

always these dual paradigms, there’s these two world views or sometimes four, sometimes ten, sometimes 15 world views, all happening around promoting the health and wellbeing of communities.”

Patricia Nez Henderson, MD, MPH with the Black Hills Center for American Indian Health credits the relationship developed with the Traditional Healers Associations and other organizations in Navajo Nation that brought them into a coalition for increasing taxes on commercial tobacco products and passing smoke-free policies. The Tribal Support center grant provided the resources to form an enduring coalition—Team Navajo—that continues to work towards strengthening and expanding commercial tobacco policies.

Edy Rodewald credits the partnership with Alaska Native Brotherhood and the Alaska Native Sisterhood with getting tobacco policies in place within 128 of the 227 tribes in that state. “We stir things up a little bit, get them started,” said Rodewald. “But there has to be champions within the tribe for that to happen.”

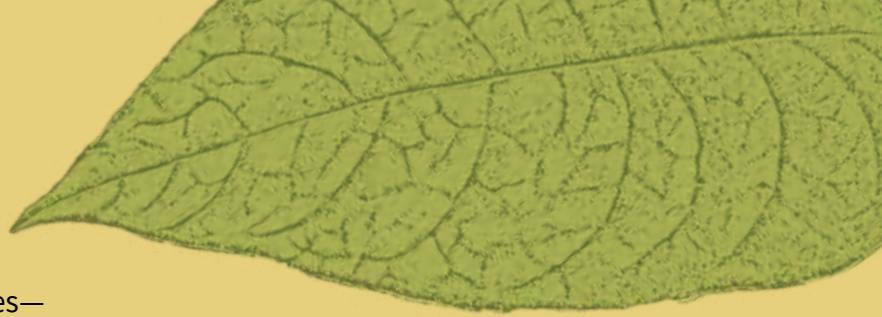
In our way of life, you listen and you talk, and you continue until you reach not a consensus, but a reconciliation of what is fracturing your world.

— *Lori New Breast,*  
*Blackfeet Nation*





# The P Word



Even the term “policy” can be negatively charged in AI/AN communities—policies in Indian Country historically were regulations imposed by federal government that served to further marginalize, impoverish, and fracture these communities. Dialogue at the ClearWay Minnesota<sup>SM</sup> meeting indicated that the policy system must be reframed as something that begins with the community and its values. “We talk about tribal resolutions and those different elements of it being more of a white man’s approach to things,” said Richard Mousseau. “But ultimately it’s the only way we can really make way for healthy communities and the only way we can really push efforts. I really push a lot of the policy efforts because that’s what I see as sustainability. It’s making that impact for generations.”

Progressive policies in Indian Country are emerging and according to Mousseau, that’s when real change begins to take hold. “I look at the transformation that’s made—that systems level change is really impactful,” he said. He points to communities like the Cheyenne River Sioux Tribe where a Smoke-Free Air Act passed in 2015, a first for the state of South Dakota. In 2013 United Tribes Technical College adopted a comprehensive tobacco free policy, a first for tribal colleges in the state. Such policies will have significant long-term impacts in a community where more than half of tribal members are smokers. Much work remains though, says Mousseau. With 83 percent of native children in the state living with a smoker, he believes smoke-free housing policies will be the next frontier.

**A**manda Dionne, from the American Indian Cancer Foundation, agreed that policy work is a critical fulcrum of change, but emphasized that it must be collaborative and participatory with the community to ensure success. “I do training around policy systems, and environmental change and what that looks like for indigenous communities and how even though it’s a western concept, it still can be applied within a

**I** really push a lot of the policy efforts because that’s what I see as sustainability.

It’s making that impact for generations.

— **Richard Mousseau,**  
*Great Plains Tribal Chairmen’s  
Health Board*

tribal nation,” she said. “A lot of communities, they hold very close to themselves, so it takes time. As long as you’re being authentic and authentically listening, and responding and helping them actualize what they want to do, then you get closer and closer to those types of more traditional conversations.”

Lori New Breast insists that those working in tobacco in Indian Country keep in mind that the Indian communities that revered this plant as one of the most powerful sacred medicines constructed the original tobacco control policies. Who better

to devise the most effective policies for their community, she asks. “Policy, that English word, has a bad name in Indian Country,” she said. “That word policy really has been used to dismantle and to injure our people. That’s historical. There’s no way around it. We don’t want to cause further harm through policy efforts that do not recognize us as indigenous people, the first and only people on creation that had tobacco protocols prior to contact.”





# Building In-Roads Within Gaming Establishment

For many communities, the gaming industry is a major economic engine that wields great influence and can be resistant to commercial tobacco policies. Bringing gaming officials to the table to have open dialogues about the impact of commercial tobacco can be challenging, but many gathered at the ClearWay Minnesota meeting believed that building relationships with gaming is crucial. “When we first introduced the policy on Navajo Nation back in 2008, the first gaming system was being built, and they didn’t have many patrons,” said Patricia Nez Henderson.

Fear of negative economic impacts on tribal casinos has been a significant barrier to the adoption of comprehensive smoke-free laws in Navajo Nation. Shortly after the historic Navajo Nation vote to enact smoke-free policies, the main Navajo newspaper ran a story on the front page under the headline: ‘Smoking Ban Prompts 40 Percent Cut in Jobs’ resulting in a veto. Many years of advocacy and relationship building eventually facilitated the passage

of a smoke-free bill for Navajo Nation, but not one that covers public spaces and workplaces—including casinos.<sup>7</sup> “The data certainly speaks to decrease in tobacco use in tribal populations that have made policy change,” said Henderson.

Lori New Breast, of the Blackfeet Nation, approaches gaming not as an adversary, but as a potentially powerful partner. “I don’t see gaming as a barrier,” she said. “They need to be brought into the circle. They are regulated under the Indian Gaming Regulatory Act, and there’s a part in there about promoting health and wellness from the gaming revenue. So they need to become our new friends, our cousins, our brothers.” It’s in the casinos where major impact will happen towards decreasing commercial tobacco use. Patricia Nez Henderson advocates for close increased dialogue with gaming as well. “I’ve never gone to any of their conferences, so it’s on my list to go to be more proactive and engaging with them just to understand their goals,” she said.

---

<sup>7</sup>Nez-Henderson, P. et al., Advancing Smoke-Free Policy Adoption on the Navajo Nation. *Tobacco Control*. 2016; 25(Suppl 1): i26-i31. Doi: 10.1136/tobaccocontrol-2016-05309

On the Fond du Lac reservation, Health Educator Roberta Marie sees promising incremental change happening with the casino establishment. In June 2015, the Black Bear Casino restaurants went smoke-free and on September 2015, the first floor of the Fond-Du-Luth Casino in downtown Duluth, Minnesota went smoke free.<sup>8</sup> Fond du Lac is a small community and she is able to have face-to-face dialogue with tribal leadership that results in real policy progress. She makes sure to be present at tribal events—opportunities to educate leaders and other community about the importance of smoke free spaces. This is the important groundwork that must precede any policy efforts. She saw results from her efforts—the tribe banned smoking from all tribal buildings, and soon after, at the powwows as well. She likens the hard work of building consensus towards shaping policy to quitting smoking. “I say don’t give up,” she said. “It took me seven tries.”

Systems change takes tremendous effort and persistence, says June Maher who has worked to free her community from the grip of commercial tobacco for some 25 years. Building relationships with tribal leaders is crucial, she says, particularly in communities where leadership changes often.

“When new leadership comes in, they redo the whole chief’s cabinet, so we

get a new secretary of health,” said Carla Feathers who worked with the Muscogee (Creek) Nation. “Tribal council members change every two years, so it’s a constant reeducating. That’s a battle because we have so many leaders who are tobacco users, and trying to get them to understand what we’re trying to do is a challenge.”

Without significant buy-in from leadership, comprehensive policies—like the 2008 Cherokee Nation tobacco policy that made all tribal properties tobacco-free—can’t emerge, nor be enforced. With that momentum, Maher and her team successfully advocated for policies in tribal schools and some of the largest employers in the community. “It

It doesn’t happen overnight. It may not happen in six months or a year. It takes time and teaching.

— June Maher, Manager Tobacco Prevention Program Cherokee Nation in Oklahoma



---

<sup>8</sup> ClearWay Minnesota<sup>SM</sup>. *Reclaiming Sacred Tobacco documentary: Casinos & Secondhand Smoke*. Located at: <http://clearwaymn.org/keptobaccosacred/>. Accessed June 29, 2017.



# Culturally Appropriate Messaging

Given the historical context of tribal communities and the intimate cultural connection to tobacco in many, great care must be taken to work directly with the community to craft messages that reflect and resonate with their values. Mainstream tobacco messages are often a poor fit for these communities and only storytelling and advocacy made by AI/AN communities, for AI/AN communities proves effective in reshaping norms around commercial tobacco use.

**N**athan Moose, member of the Oglala Sioux tribe, became one of the very few tribal members to share a personal story of the impacts of tobacco through the CDC's Tips From Former Smokers campaign. In fact, Nathan never smoked, but he worked in a smoke filled casino for over a decade and his health suffered gravely. He decided to speak out, and made the rounds regularly telling his story of the impact of secondhand smoke at tribal gatherings and pow-wows all over Indian Country. He became the first face of AI/AN advocacy against commercial tobacco and his story has become well known across Indian Country.<sup>9</sup>

Jean Anne Moose, Tobacco Coordinator with the Nez Perce tribal community in Idaho, encouraged her husband to go public for the good of the entire AI/AN population by sharing his story about a Native American getting sick from secondhand smoke exposure. "Nobody thinks smoking cigarettes, or being exposed to secondhand smoke is that bad," she said. During the creation of the TIPS commercial, Jean told him: "Wow, you're doing it, you're going to make an impact. You're going to save a lot of lives from the video." Nathan Moose passed away in 2013 from respiratory failure related to his years of secondhand smoke exposure. His legacy continues to loom large over the tobacco advocacy community.

**C**ulturally appropriate messaging recognizes and understands the inherent humanity in people and respects them for who they are and where they come from.

— **Josh Hudson,**  
*National Native Network,*  
*Intertribal Council of Michigan*

"Representation matters, and it's easy for Indian Country to think, well, the Tips campaign doesn't really apply to me, it's all just white and black people," said Josh Hudson of the National Native Network. "If you speak to a person in a language that they understand, you're speaking to their brain, but if you speak to a person in language that they know, that they live, then you will speak to their heart. I think that's really true in Indian Country." Big Tobacco has had a disproportionate impact on AI/AN communities for generations, says

Richard Mousseau, so the messaging must be tailored to the community and well crafted. "When your population is heavily targeted, you really have to find creative and unique solutions in the counter marketing," he said. "I think that unique solution is to really reach out and look to that community as you develop messaging."

---

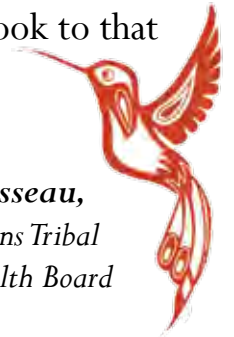
<sup>9</sup> Centers for Disease Control and Prevention. Tips From Former Smokers: Nathan's Story. Located at: <https://www.cdc.gov/tobacco/campaign/tips/stories/nathan.html>. Accessed June 29, 2017.

The images and language used in public health communication can be the difference between a message that will be received and embraced and one that misses the target completely. Edy Rodewald points out that tobacco has no historical place of reverence for Alaska Natives—early explorers and traders introduced commercial tobacco and these days some 47 percent of Alaska Natives are smokers. She points to media campaigns in her state that highlight this fact with clever messages of how tobacco has no place in the traditional values system as well as a “Homeland Heroes” campaign of the personal stories of community members taking a stand against tobacco.

Frank Yaska, Tobacco Prevention Specialist at the Tanana Chiefs Conference, a consortium of 42 villages in the interior of Alaska, helped to design and implement a “Join the Movement” campaign that emphasizes the fact that tobacco had no traditional place in the Alaska Native culture. “We completely redid all of our print media,” he said. “We were able to change everything and indigenize it.” He works with community members as young as Early Head Start, using a picture book that teaches not to use tobacco because you want to be big and strong like an eagle, or so you can swim as fast as a salmon. These are the kinds of messages that connect with young people in these remote villages, he says.

I think that a unique solution is to really reach out and look to that community as you develop messaging.

— *Richard Mousseau,*  
*Great Plains Tribal*  
*Chairmen’s Health Board*



He hosts week-long theater camps in the villages, an experience that culminates in a 10-minute play based around the theme of tobacco prevention in an Alaskan village, as well as a presentation to the tribal council. He sees such youth leadership efforts as particularly valuable and he believes real change has resulted. “When I started, only two tribal villages had tobacco or smoke-free policies,” he said. “Now we have nine villages with policies in place as well as a tobacco-free policy at the World Eskimo-Indian Olympics.”

Carla Feathers, Muskogee (Creek) Nation Tobacco Prevention Program Manager, found one local media campaign particularly resonant. It used images of a “stomp dance”, with the shadows of an old man and a little boy dancing by a fire. “It’s talking about how we have to lead these kids, because in stomp dance, that man is called the leader,” she said. “So we tailored it to that—we have to lead these kids in the right direction, and make sure we keep them healthy.”

It’s also important to keep in mind, says Feathers, the heterogeneity of the AI/AN community, and what works in one community may fall short in others. “A lot of programs want to group all 500 nations into one and say this is how you need to run things, and that’s not going to work,” she said. “The people up north in Montana and North Dakota have a completely different way of using tobacco than we do here in Oklahoma.”





SPOTLIGHT:

# Normative Shifts Through Youth Theater

Normative shifts around commercial tobacco use in remote Alaskan villages can start in an unlikely place: on a stage and in front of an audience. Frank Yaska had worked for several years in public health outreach with the Tanana Chiefs Conference before he decided to experiment with the theatrical toolkit that he had developed since falling in love with acting at the age of 11.



Frank had become frustrated with the results of the standard education approach. He became increasingly impatient for the progressive policy changes that would improve health outcomes in these small communities, but he wasn't seeing the impact of his work. What if he approached youth outreach and education much like the theater camps of his adolescence, he wondered.

Frank got buy-in from his supervisor and set about writing a script, something modular and adaptable to any community, something that young people could shape and make their own. The result was a theater camp curriculum he called "Today's Youth, Tomorrow's Chiefs: Honoring our Grandparents." He piloted the curriculum in the tiny town of Nenana (population 376), partnering with local stakeholders.

Eleven kids joined Frank for the week, learning their lines, and the basics of dramatic performance. Some of the key themes they explore are peer pressure and bullying, in addition to the dangers of commercial tobacco. He was immediately impressed by the level of engagement of these young people. These are smart, creative kids, and they seemed hungry for a fresh approach to a thorny problem.

“For a lot of these kids in these villages, after high school, they don’t have much to look forward to,” said Frank. “Yes, this is a creative way to educate them about the dangers of tobacco and to advocate for policy change, but it’s also a leadership training approach, to teach them some critical life skills, and a way to help them see that there’s a whole larger world out there.”

The first step for Frank is to establish a relationship of trust with these young people, and to make them see that they matter in the world. “I praise the kids from the very beginning,” he said. “The first day I watch them very closely, and I look for the best traits and values in each of them.”

One by one, on the following day, Frank shares his reflections with them as a group. For many of these kids, just having an adult give them that kind of focused attention can be transformative. Building self-esteem, in fact, may be the key to improving health in these communities, suspects Frank.

“I get to watch these kids get into character, and learn how to deliver with conviction,” said Frank. “It’s so admirable at such a young age to be able to do something that might make you feel uncomfortable in your own skin, but with practice they learn to submerge themselves into a character with intentions and conviction.”

The week culminates with a performance of the play, to which the entire community is invited, including tribal councilmembers and other influential elders. This is where the seeds of policy change are planted, says Frank. “It’s all a process,” he says, acknowledging this is incremental work towards a shift in norms.

Recently the Tanana Chiefs Conference held its annual conference in Fairbanks, and some of Frank’s theater kids made the journey from their remote villages. One of those kids sought Frank out, brimming with excitement. “She talked about her plans and how her future now looks so bright,” he recalled. “It’s really a brief experience: just five days, and four nights, but these kids are different afterwards.”

It’s still early days for Frank’s innovative commercial tobacco awareness and prevention curriculum, but the outlook is quite promising. After the success of Nenana, he’s taken the approach to the towns of Galena, Huslia and Fort Yukon. His goal is to reach 42 remote villages, and with the strength of the young voices of those communities, continue to work towards incremental policy change that will improve health outcomes.



“This experience has shown me that the best advocates are youth,” said Frank. “I can have a community meeting, or meet directly with tribal councils. I can do that from sunup to sundown year after year, but none of that carries as much weight as a kid from that community sharing the same messages.”



# Educating Funders, Stakeholders, and Researchers

A chasm exists between the experiences and needs of AI/AN communities around commercial tobacco and the mainstream public health response. Funders, researchers, and influential public health practitioners must recognize the diversity and unique contexts of these communities to begin to address the elevated commercial tobacco use rates. There exists a foundation of trauma in these communities spanning generations that cannot be underestimated—many refer to this as “historical trauma” or “unresolved grief”. This powerful dynamic has had devastating health impacts in Indian Country.

**I** think there’s a lot of things that work with tribes that are adaptive versions of evidence-based strategies.

— *Shannon Laing,*  
*Associate Director of*  
*Center for Healthy Communities,*  
*Michigan Public Health Institute*

“In Alaska there’s a lot of intergenerational trauma,” said Edy Rodewald. “We had this government regulated school system, where the goal was to assimilate the Alaskan Native people. Children were basically taken away from their parents. They were trying to eradicate the native culture. There’s a trauma that happens and that really also coincided with Big Tobacco marketing aggressively to these communities.”

The barriers to entry into these communities can be vast. “I think there has been a lot of

mistrust formed in Indian Country where people came in as partners, but they really weren’t looking for authentic partnerships,” says Amanda Dionne. “Some of the barriers are created when people come in without having that cultural competency. Having all these policies that were created to eradicate us, it creates a lot of closed doors. It takes a while to develop those partnership relationships.”

While the need is so great, the resources to address the problem are scant. Many Tribal Support Center representatives pointed out that Indian Health Services (IHS) fails to prioritize commercial tobacco programs. “IHS has a huge focus on diabetes and cardiovascular disease, but there isn’t really a priority put on commercial tobacco prevention,” said Amanda Dionne. “It’s not a standalone centerpiece of the work, even though it’s a huge risk factor for many other conditions.”

The evidence-based practices endorsed by the CDC are not inclusive of the experiences in Indian Country, where the unknowns are so great. Many evidence-based practices around tobacco exist, but they haven’t been tested in tribal communities. “We talk about the success of smoke-free workplaces and these are things we know work in non-tribal communities, but where’s the evidence of the impact for tribes?” asks Shannon Laing. “I think there’s a lot of things that work with tribes that are adaptive versions of evidence-based strategies. Local wisdom, tribal wisdom knows it’s working, but it doesn’t meet that threshold of evidence yet.”







Richard Mousseau urges tribal communities to capture that local wisdom in an organized way. “For CDC or federal government funds, they’ll require some kind of a demonstration of good outcomes,” he said. “Not that we have to have the NIH or CDC definition completely, but you’ll want to have evidence that it works.”

**W**hile mainstream health providers face smoking rates of around 20 percent, providers in Indian Country regularly face rates greater than 50 percent. “That means not only do we have less funding to deliver healthcare, but there’s also this additional burden of having to address nicotine addiction more likely than not in every visit,” said Kris Rhodes, of the American Indian Cancer Foundation. “The tobacco issue is more complicated than simply delivering a ‘don’t smoke’ message. The provider has to be aware of the cultural issues and be able to support the patients.”

Ultimately, the change will have to come from within these communities, not by applying cookie cutter approaches that have proved effective in communities that bear no resemblance to Indian Country. “We really believe that communities have the solutions to their own cancer burdens,” said Amanda Dionne. “It’s just about working with them and figuring out what they want to see in their community, and what they think they need in order to achieve it.”

**VALUE OUR TRADITION.**

**KEEP TOBACCO SACRED.**



# The Power of Tribal-Specific Data

Priority populations across the country have benefited greatly from access to targeted data sets that reveal the depth of the commercial tobacco problem. While it is tempting to treat AI/AN populations as a single monolith, it does no service to those working towards undoing the damage of commercial tobacco. Tribes that have been able to collect the AI-ATS on a community level are in turn empowered with data that captures a reliable picture of the impact of big tobacco. Those figures can be startling and serve as powerful motivation for normative and policy shifts.

“The national American Indian data is garbage in my opinion,” said Kris Rhodes. “It just collapses so much. Once you look even regionally, you can see the stark differences. A great example is between Northern Plains American Indians where smoking rates are higher than we’ve seen anywhere and among Southwest American Indians, where the smoking rates are even lower than the US mainstream rates.”

**H**aving the numbers to back up what we’re saying about prevention is a big deal.

— *Carla Feathers,*  
*Muscogee (Creek) Nation*



With the participation of a team of dedicated volunteers on the local Wellness Advisory Council, the tribal community of Hannahville conducted the AI-ATS twice, for the first time in 2012. With the first survey in Hannahville they found the adult smoking rate was nearly triple the rates seen at the state level. “So it was not news that we wanted to hear, but it was really motivating to get out there and do something about it right away,” said Shanna Hammond. Those statistics were a powerful asset in the process of presenting to the health board and advocating for policies. By 2015, the year of the second collection, the rate had measurably decreased by five percentage points, an exciting indication of progress. The Wellness Advisory Council and other advocates have now redoubled their efforts and have set a goal to have that rate fall below 50 percent by 2020.

**C**arla Feathers says that having tribal specific data legitimizes their work in Muscogee (Creek) Nation. “Many tribal leaders don’t see the benefit of putting dollars into prevention work when there’s money that’s needed in contract health,” she said. One of the statistics she found most glaring from the results of the AI-ATS was that 32 percent of women of childbearing age were tobacco users, a number significantly higher than the state of Oklahoma and nationwide. “Having the numbers to back up what we’re saying about prevention is a big deal,” she said.

In the four-state area that the Great Plains Tribal Chairmen’s Health Board serves, 10 of 18 tribal communities have collected the AI-ATS. “We found that our prevalence rate is over 60 percent, which also leads to a really high lung cancer rates, and then of course, affects life expectancy,” said Richard Mousseau. “In my tribe, life expectancy for a male is 49, and I buried my brother at 49 this year. I go to at least one funeral every year that’s tobacco-related.” These disparities are only thrown into sharp relief when the data is available at a community level. Funders should assist in developing the capacity of tribal communities to collect, analyze, and report this data back.

“Having data that’s relevant to tribal communities means being able to really tell the story of what’s going on,” said Kris Rhodes. “To have people from within those communities not only collecting the data, but also having them be part of the interpreting of that data is so important. If you have this data set and a bunch of university researchers trained to interpret data in one way and don’t understand the cultural nuances, it doesn’t make any sense anymore. I’ve seen it happen time and time again.”



# Reawakening and Reconnecting with Traditional Medicine

Perhaps the most exciting and promising intervention quickly gaining traction in Indian Country is the movement to embrace and reclaim traditional ceremonial tobacco practices. Due to the persistent education and advocacy of progressive tribal public health practitioners, sacred tobacco is moving back into its rightful and central place as a powerful earth medicine in communities all over.

“We’re no longer illegal, and in human history, that’s not a very long time to have regained the right to practice who you are,” said Lori New Breast. “In Indian Country there’s a very vibrant repatriation—like back to our land, our systems of knowledge, and tobacco is somewhere in the core of that. We need to give energy to our indigenous tobacco control, the protocols and practices that really honor the medicine, honor our way of life and help the families, while dismantling the tobacco industry’s commercial tobacco addiction.”

There is a growing awareness in tribal communities of the difference between the “two tobacco ways.” With the momentum of culturally appropriate messaging like the National Native Network’s Keep it Sacred campaign, slowly evidence is emerging that reconnecting tribal community members of all generations with traditional tobacco

**W**e’re no longer illegal, and in human history, that’s not a very long time to have regained the right to practice who you are.

— *Lori New Breast,*  
*Blackfeet Nation*



practices is beginning to undo the dark and destructive legacy of commercial tobacco. Sacred tobacco is growing in community gardens where the traditions were all but lost. At pow-wows and other prominent tribal gatherings, the offerings of cigarettes are being replaced with the sacred tobacco. Communities and campuses are adopting smoke-free policies that clearly and proudly preserve the privileged place of ceremonial tobacco use while curtailing commercial tobacco.





In Minnesota, funders of tribal tobacco work and American Indian advocates have begun incorporating the GONA (Gathering of Native Americans) on Traditional Tobacco as a way to promote health in Indian country. The GONA is a unique community health prevention event based on American Indian cultural principles and strengths to support the resiliency that promotes optimum wellbeing. The gathering focused on the two tobacco ways: to make clear the death and destruction that commercial tobacco causes and the health tool of traditional tobacco. “Each person who attended was gifted a traditional tobacco plant and seeds to be able to have and use for future needs,” said Amanda Dionne. “This started a cultural connection to traditional life-ways for those who may have the least experience. Everyone there was able to find at least one other person from their community practicing traditional ceremonies and now know where they can turn if they want to join.” This traditional knowledge is a powerful antidote to the bitter history of trauma and its health ramifications.

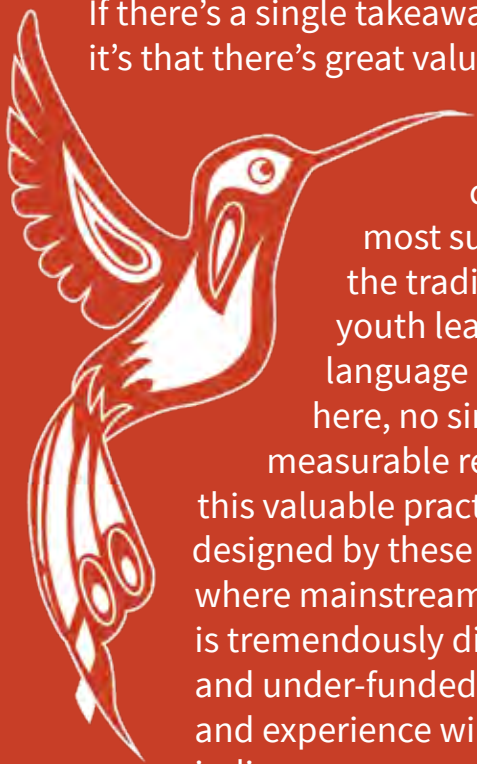
**T**ianna Marie Odegard, Tribal Tobacco Education Policy Coordinator with the Upper Sioux Community sees a genuine shift in how people are thinking about the difference between traditional tobacco and commercial tobacco. Her community has begun again to grow their own sacred tobacco. They’ve introduced this process to the young people, who help with the cultivation and preparation of White Buffalo Calf and Mohawk tobaccos, as well as offering adult Dakota Language classes taught by elders. “We have that community foundation where they have somewhere to go and somewhere where they can be surrounded by people so they don’t have those urges to go and smoke and have that addiction yelling at them,” she said.

For Odegard, this was an introduction to traditional tobacco as well. She’s been invigorated by this renaissance and gratified by the slow normative shift she’s beginning to see. Like many public health providers in Indian Country, she’s begun thinking more about commercial tobacco-free housing policies. When a spot opened on the local housing commission, she eagerly filled it. That’s how systems change happens in Indian Country, after all.

# Looking Towards the Next Generation

The eight to ten years of the Tribal Support Centers and TTEP era were something of a golden age of progress against the impact and legacy of commercial tobacco in Indian Country and tribal communities. This was a time of supporting and respecting the Native tradition and knowledge of “practiced based evidence” that has resulted in successful practices that often eluded the confining rubric of “evidence based practices” that dominates the mainstream public health conversation.

If there’s a single takeaway from the time of the Tribal Support Centers, it’s that there’s great value in being creative and nimble when working to free these communities from the lethal grip of commercial tobacco. What works in one community may not find success in another. The most successful approaches may come from far outside the traditional public health approach to the problem: youth leadership training, community gardens or traditional language classes. There’s no one size fits all approach here, no single standardized tool kit that produces reliably measurable results. Native tradition and knowledge creates this valuable practice-based evidence, techniques and practices designed by these communities themselves to address a disparity where mainstream public health has failed to deliver results. This is tremendously difficult work carried on by passionate, devoted, and under-funded community champions whose deep knowledge and experience will continue to shape the ever evolving practices in indigenous commercial tobacco control.





*In a good way, we would like to offer some recommendations to local, state, federal and private funders/foundations who are working or interested in working with indigenous communities.*

# RECOMMENDATIONS

- RESPECT THE SOVEREIGNTY OF TRIBAL COMMUNITIES
- FUND LONG-TERM COMMUNITY-GENERATED STRATEGIES
- SPEND THE TIME TO ASSESS COMMUNITY PRIORITIES
- PLACE VALUE ON COMMUNITY OUTREACH AND RELATIONSHIP BUILDING
- HIRE REPRESENTATIVE STAFF FROM COMMUNITIES BEING SERVED
- SUPPORT RELEVANT AND CULTURALLY APPROPRIATE MESSAGING AND STRATEGIES
- VALUE CULTURAL COMPETENCY
- LOOK TO LEVERAGE BOTH YOUTH AND ELDER LEADERSHIP
- BE OPEN TO CREATIVE COALITIONS
- RESEARCH AND ASSESSMENTS MUST BE LED BY INDIAN RESEARCHERS
- PLACE VALUE ON NATIVE INSIGHTS
- ADDRESS HISTORICAL TRAUMA AND NORMATIVE SHIFTS IN A HOLISTIC MANNER
- VALUE AND SUPPORT THE CULTIVATION OF TRADITIONAL TOBACCO PRACTICES





The Center for Prevention at Blue Cross and Blue Shield of Minnesota delivers on Blue Cross' long-term commitment to improve the health of all Minnesotans by tackling the leading root causes of preventable disease: tobacco use, lack of physical activity and unhealthy eating. Funded through proceeds from Blue Cross' historic lawsuit against the tobacco industry, they collaborate with organizations statewide to increase health equity, transform communities and create a healthier state.



ClearWay Minnesota<sup>SM</sup> is a nonprofit organization that works to eliminate the harm commercial tobacco causes the people of Minnesota. Since 1998, we've helped lower our state's smoking rate, reached more than 150,000 Minnesotans with quit-smoking services, reduced secondhand smoke exposure and worked to address tobacco use among those most affected by its harms. We are funded with 3 percent of the Minnesota tobacco settlement.



Truth Initiative<sup>®</sup> is a national public health organization that is inspiring tobacco-free lives and building a culture where all youth and young adults reject tobacco. The truth about tobacco and the tobacco industry is at the heart of our proven-effective and nationally-recognized truth<sup>®</sup> public education campaign, our rigorous scientific research and policy studies, and our innovative community and youth engagement programs that support populations at high risk of using tobacco.



For immediate release: March 26, 2018

(18-047)

Contact: [Dave Johnson](#), Strategic Communications Office, 360-545-2944

## Diabetes, seventh leading cause of death in Washington state

OLYMPIA – On Tuesday, the Department of Health joins the [American Diabetes Association for Alert Day](#) and encourages Washingtonians to take the [Type 2 Diabetes Risk Test](#) to know their risk.

“Alert Day is a one day ‘wake-up call’ that aims to get as many people as possible to take the Type 2 Diabetes Risk Test to find out if they are at risk for developing the disease,” said Dr. Cheryl Farmer, Washington State Department of Health.

In Washington state, about two million adults are thought to have [prediabetes](#), meaning their blood glucose levels are higher than normal, but not yet high enough to be diagnosed as diabetes.

“The unsettling thing about the two million adults with prediabetes is that most don’t know they have it. Only one out of 12 people with prediabetes know they have it. By learning if you have prediabetes you can take action to lower your risk of developing diabetes,” said Farmer.

Diabetes also disproportionately affects racial and ethnic minorities in Washington state. The prevalence of diabetes in American Indians/Alaska Natives (17 percent) is more than double that of Caucasians (7 percent).

Healthy choices can lower the risk of getting diabetes: avoid tobacco use, maintain a healthy weight, and exercise regularly.

The National Diabetes Prevention Program is available in many locations statewide. To find a program, visit the [Washington Information Network 211](#).

The Department of Health’s [State Health Assessment](#) provides a snapshot of the overall health and well-being of Washington state residents, and diabetes is the seventh leading cause of death in the state.

The DOH [website](#) is your source for a healthy dose of information. Find us on [Facebook](#)

and follow us on [Twitter](#). Sign-up for the DOH blog, [Public Health Connection](#).

###

---

[Visit the DOH Newsroom](#) for all news releases.

[Subscribe to get news releases in Spanish](#). You will continue to receive the English version.

[Washington State Department of Health](#) is your source for a healthy dose of information.



STAY CONNECTED:



SUBSCRIBER SERVICES:

[Manage Subscriptions](#) | [Unsubscribe](#) | [Help](#)

---

This email was sent to [jfinkbonner@npaih.org](mailto:jfinkbonner@npaih.org) using GovDelivery Communications Cloud on behalf of:  
Washington Department of Health · 101 Israel Road SE, Tumwater, WA 98501





**NPAIHB**

*Indian Leadership for Indian Health*

## SAVE THE DATE

### 2018 NW Tribal Food Sovereignty Coalition Gathering

A celebration of traditional foods, medicine, and culture!

**When:** September 27th, 2018

**Where:** Kiana Lodge, Suquamish, Washington

**Who should attend:** Coalition members, traditional food champions, tribal staff and members are all welcome to attend and take action to improve food systems in your community.

View and share the [Save the Date Flyer!](#)

For more information, please contact Nora Frank-Buckner at [nfrank@npaihb.org](mailto:nfrank@npaihb.org) or 503-416-3253.



*Established in 1972, the Northwest Portland Area Indian Health Board's (NPAIHB or the Board) mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high quality healthcare."*



# Native HOPE

## 3-Day Training Conference

### Training Themes:

*Native HOPE is a culture and resilience based program endorsed by Tribal Leaders, state and federal agencies as an effective prevention model. The topics include suicide prevention, and the related risk factors, substance abuse, violence prevention, coping with stress-trauma and depression. The training includes strengthening facilitation and group process skills.*

**2018**  
**JUNE 4<sup>th</sup>-6<sup>th</sup>**  
**8:30-4:00 PM**  
**DOI Training Center**

1011 Indian School Rd. NW - Bld #2  
Rooms 270 & 271  
Albuquerque, NM 87104

### Who Should Attend:

*Prevention Specialists, Domestic Violence Advocates, Social Workers, Mental Health Professionals, Substance Abuse Counselors, MSPI-DVPI workers, school-youth workers, Tribal Leaders, and Community Members.*

**2 CEU's have been requested through the University of New Mexico - Continuing Education**

**Hotel: Holiday Inn Express** 2300 12th Street NW • Albuquerque, NM 87104  
Phone: **505-842-5000** Single/Double **\$102** includes breakfast, plus tax.  
mention rate code: **Native Pride**

**Registration: [www.nativeprideus.org](http://www.nativeprideus.org)**

**Contact:** Maha Small, PhD—505-897-7968 or Clayton Small, PhD—505-321-2808

**Cost:** \$200/per person includes a copy of the Native HOPE curriculum

Pre-registration deadline: **May 18<sup>th</sup> 2018** • Late registration is \$250.00

*If participants are unable to attend, refunds will not be available after May 28, 2018*



**Benefits:** An awesome opportunity to address personal wellness and strengthen your training skills regarding suicide prevention and related risk factors as you enjoy charming Albuquerque. Please join us!





# Native H.O.P.E.

## AGENDA

### Day One-June 4, 2018

8:00-8:15 am.....Registration/Pictures/Snacks/Socializing

8:15-8:30 am.....Welcome/Blessing/Introductions/Overview

8:30-8:45 am.....Norms/Expectations/Team-Trust Building (15 minutes)

8:45-10:45 am.....Healthy Teams and Personal Wellness (2 hours)

10:45-11:00 am.....BREAK

11:00-Noon.....Creating Positive Change-Breaking Unhealthy Cycles (1 hour)

12:00-12:45 pm.....LUNCH (On Your Own)

1:00-1:15 pm.....Team-Trust Building Skills (15 minutes)

1:15-2:15 pm.....Hostility Survey and Practicing Assertiveness

2:15-2:30 pm.....BREAK

2:30-4:15 pm.....Healing the Shame and Addressing Forgiveness (1:45 hours)

4:15-4:30 pm.....Open Mic/Evaluations/Announcements/Closing

## **Native H.O.P.E.**

### **AGENDA**

#### **Day Two-June 5, 2018**

8:00-8:30 am.....Registration/Coffee/Welcome/Blessing

8:30-10:30 am.....Healthy Relationships-Mediation Skills (2 hours)

10:30-10:45 am.....BREAK

10:45-Noon.....Suicide in Indian Country (1:15 minutes)

12:00-12:45 pm.....LUNCH (On Your Own)

12:45-1:00 pm.....Team-Trust Building Skills (15 minutes)

1:00-2:45 pm.....Suicide Prevention-Continued (1 hour and 45 minutes)

2:45-3:00 pm.....BREAK

3:00-4:00 pm.....See It-Say It-Assertive Communications (1 hour)  
Making Referrals-Community Resources

4:00-4:30 pm.....Open Mic/Evaluations/Announcements/Closing

# Native H.O.P.E.

## AGENDA

Day Three-June 6, 2018

8:00-8:30 am.....Registration/Coffee/Welcome/Blessing

8:30-10:30 am.....Coping with Grief and Loss (2 hours)

10:30-10:45 am.....BREAK

10:45-11:00 am.....Team Building Skills (15 minutes)

11:00-Noon.....Peer- to- Peer Presentations (1 hour)

12:00-12:45 pm.....Lunch (On Your Own)

12:45-1:00 pm.....Team-Trust Building Skills (15 minutes)

1:00-2:00 pm.....Peer-to-Peer Presentations Continued (1 hour)

2:00-3:30 pm.....Strategic Action Planning (1:15 minutes)

3:30-4:00 pm.....Follow-Up Component: (30 minutes)  
(Youth Councils/Talking Circles/Peer Support)

4:00-4:30 pm.....Open Mic/Evaluations/Announcements/Closing



## Native HOPE

### Registration Form

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Payment Method: \_\_\_\_\_

You may register by mail, phone, fax, or on line: [www.nativeprideus.org](http://www.nativeprideus.org)

**Contact Maha Small for registration**

Phone: 505-321-3048 or 505-897-7968 /Fax: 505792-2735/email:mcharani@yahoo.com

Pay by check or money order. Make checks payable to Native PRIDE

Please mail to: Native PRIDE, PO Box 471, Corrales, NM 87048

Cancellation Policy

All cancellations incur a \$50 administrative fee and must be received in writing or electronically seven days prior to the training. If participants are unable to attend and no cancellation written notice was sent, the full amount of registration will be charged. No refunds after May 18, 2018 will be made. Substitutions are welcome.



**Dr. Clayton Small, Northern Cheyenne**

Native P.R.I.D.E. is a Native American owned non-profit organization located in Albuquerque, New Mexico. Dr. Small is a national and international trainer in the areas of prevention, wellness, leadership, and healing in Indian Country for the past 30 years. *His programs offer leadership and hope for Native people.*



# Professional Grant Development Workshop

Master the techniques of writing superior winning proposals

April 26-27, 2018

8:30 a.m.- 4:30 p.m.

To be held at:

Portland State University

Portland, OR

Sponsored by: The Grant Training Center

This intensive two-day grant proposal workshop is geared towards those who wish to strengthen their grant writing skills, as well as beginners who wish to acquire and master the techniques of preparing and writing winning proposals to various funding agencies. The focus will be on how to effectively write proposals in times of keen competition and limited resources.

## Participants will learn how to:

1. Navigate the world of grant procurement
2. Research and identify potential funding sources
3. Address the guidelines of federal and foundation applications
4. Find foundation and corporate giving for the state of Oregon
5. Understand the new federal guidelines for writing winning grants
6. Know the review process and how to address key points for reviewers
7. Write winning grants that stand out against scores of competing submissions
8. Develop focused and realistic budgets
9. Demonstrate the merits, excellence and innovation of your proposal
10. Package professional grant submissions

Our ultimate goal is for you to walk away with a product specific to your interests, which includes the grant design, abstract and budget.

## To register:

Please click [here](#)

Questions? Call us at (866) 704-7268

Workshop Fee: \$595.00 (includes a comprehensive directory, electronic workbook, certificate of completion, and continental breakfast)

There is a \$45/person discount available for registering two or more individuals from the same organization

**\*Space is limited, and since this class fills up quickly, it is on a first-come, first-serve basis.\***

## Can't make it?

[Online Version of this Workshop](#)

Portland State University is neither endorsing nor sponsoring the activities conducted by the Grant Training Center. You received this email due to your institutional or organizational affiliation. If we sent this to you in error and you wish not to receive any further emails from us, simply [unsubscribe](#) here.



Oregon Public Health Association  
Working together to make health happen

## INVITATION

### Putting the “Performance” into Performance Management and QI Plans: Tools, Culture, and Moving Forward

In Person Workshop with option to participate remotely

**Date:** Wednesday, May 16, 2018

**Time:** 9:30am - 3:15pm

**Location:** Lane County Health & Human Services - Room 258  
[151 W. 7th Ave](#)  
[Eugene, OR 97401](#)

**Registration:** Registration for the workshop opens in April and there will be a registration fee of \$20 for OPHA members and \$25 for non-members. This invitation is intended for state, local, and tribal health departments.

**Details:** Lunch will be provided.

OPHA is again collaborating with the American Public Health Association and the Oregon Health Authority - Public Health Division to host a full day in person workshop to support accreditation work in Oregon.

Perhaps you have experienced it. You have spent 6 months to a year drafting a Performance Management (PM) and Quality Improvement (QI) plan. Now what?

Not surprisingly, this question comes up fairly frequently. We have the plan, but we don't know what to do.

The 2018 workshop will be conducted by Marni Mason and Susan Ramsey and focuses on turning PM and QI plans into action. Attendees will experience a combination of didactic content, exercises, and application pertaining to PM and QI methods and tools. The workshop includes a process to track actions taken to implement strategies, how to report on progress, and the review and revisions, as necessary, based on achieved activities, implemented strategies, and changing level of resources. We have also incorporated case studies from local health departments that have already implemented QI and PM plans into the workshop. The content will be relevant for health departments that are working toward accreditation or are already accredited.

Please contact Jessica Nischik-Long, Executive Director, at [jnischik.oph@gmail.com](mailto:jnischik.oph@gmail.com) with questions.

*This workshop is supported by Cooperative Agreement number, 5NU380T000131-04 funded by the CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the CDC or the Department of Health and Human Services.*

---

**Oregon Public Health Association**

[818 SW 3rd Ave. #1201](#)

[Portland OR 97204](#)

[503-719-5600](#)

[www.oregonpublichealth.org](http://www.oregonpublichealth.org)

[ABOUT US](#) | [MEMBERSHIP](#) | [ADVOCACY](#) | [OPHA CONFERENCE](#) | [EVENTS](#)  
[CALENDAR](#) | [RESOURCES](#)

[JOIN OPHA](#) | [DONATE](#)

Like us on [Facebook](#) and follow OPHA on twitter [@ORPublicHealth](#)

---

This email was sent to [jnischik.oph@gmail.com](mailto:jnischik.oph@gmail.com) by [jnischik.oph@gmail.com](mailto:jnischik.oph@gmail.com)

Oregon Public Health Association · [818 SW Third Avenue #1201, Portland , Oregon 97204, United States](#)

[Remove My Email or Manage Preferences](#) · [Privacy Policy](#)

powered by  **MemberClicks**



# Registration Open!

## 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:** Native American Youth & Family Center (NAYA)  
5135 NE Columbia Blvd., Portland, OR

Register at:  
<https://www.surveymonkey.com/r/2018THRIVE>

**LODGING:** Howard Johnson Portland Airport, 8247 NE Sandy Blvd, Portland, OR 97220

Call 1-877-821-7927 for group rate under "THRIVE" at \$89/night + tax dbl occupancy, \$99 for four

\*A hot breakfast, airport shuttle, parking, and free wifi is included.

**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!

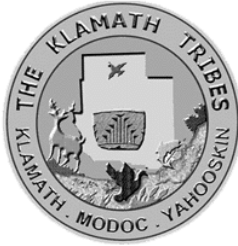
**WHAT:** This conference will be made up of FIVE workshop tracks and at registration each youth will need to rank their preference for which workshop they want to be in. Tracks include: Gen-I Bootcamp (stop motion film w/ special guest), Beats Lyrics Leaders (song writing and production), We Are Native youth Ambassadors (youth leadership), science and medical track sponsored by the Oregon Health and Science University, and the \*\*NEW\*\* track - Native Fitness and Traditional Foods (physical fitness and nutrition).

# #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>





## Klamath Tribal Health & Family Services

3949 South 6<sup>th</sup> Street  
Klamath Falls, OR 97603

Phone: (541) 882-1487 or 1-800-552-6290  
HR Fax: (541) 273-4564

OPEN: 03-19-2018

Open until Filled

EXEMPT X  
NON-EXEMPT \_\_\_\_\_

### POSITION DESCRIPTION

**POSITION:** MENTAL HEALTH THERAPIST

**RESPONSIBLE TO:** Clinical Supervisor

**SALARY:** GS-11 \$50,532 - \$65,682 Annual/Full Benefits  
GS-12 \$60,560 - \$78,728 Annual/Full Benefits  
GS-13 Only for Employees with 10+ years of Service

**CLASSIFICATION:** Professional, Regular, Full-time

**LOCATION:** Klamath Tribal Health & Family Services  
Youth & Family Guidance Center  
Klamath Falls, OR

### POSITION OBJECTIVES

The primary purpose of the Mental Health Therapist will be to provide evaluation and therapeutic services to eligible Tribal Members. The Mental Health Therapist will make appropriate referrals and will be responsible for ensuring services are meeting the needs of clients and that services being provided are in accordance with professional practices and legal requirements. Routine duties shall include providing health care related services to individuals eligible for services provided by Klamath Tribal Health & Family Services in homes, schools, clinics, alternate job sites and other community locations within the Klamath Tribes' Service Unit.

### MAJOR DUTIES AND RESPONSIBILITIES

1. Assess, develop, implement, and evaluate an effective and efficient treatment plan that will appropriately meet the needs of individual clients, utilizing program, agency and community resources.
2. Perform comprehensive diagnostic intake interviews and brief crisis assessments.
3. Utilize evidence based, practice based, and culturally appropriate interventions in individual, group, and family therapy. Plan frequency, intensity, and duration of therapy.

4. Provide treatment in outreach locations, as needed, such as jail, home visits and schools. Provide brief solution focused treatment in primary care setting, as needed.
5. Follow clinical guidelines for best practice, including level of care decisions and appropriate referrals. Collaborate with Substance Treatment Counselors, Case Managers, and Psychiatric Med Managers to provide comprehensive care.
6. Assist clients in navigation through other community systems such as schools, courts, and primary care.
7. Advocate for client needs and assist clients with linkage to other community resources and support services.
8. Prepare clinical documentation and billing forms according to agency and departmental policies.
9. Participate in clinical staffing/triage meetings to discuss appropriate referrals and review charts for quality assurance, and grant or contract compliance.
10. Participate in group and/or individual clinical supervision in accordance with licensure and ethics requirements.
11. Network with other professionals, in various Oregon DHS programs, Tribal Administration programs, criminal justice system, schools and health care systems, as needed to implement effective treatment.
12. Provide information for the monthly department report to the Behavioral Health Director, when requested.
13. Participate in the development and implementation of new services, as needed.
14. Participate in accreditation and site reviews, as needed.
15. The incumbent will be called upon to accomplish other tasks within their scope of work.

### **SUPERVISORY CONTROLS**

The Mental Health Therapist works under the direct supervision of the Clinical Supervisor, who provides general instructions. Work is assigned in terms of functional/organizational objectives. The supervisor will provide guidance with unusual situations that do not have clear precedents. The Clinical Supervisor will monitor and review work of unlicensed Mental Health Therapists, as required when working toward independent licensure.

The employee works independently, resolves problems on the basis of past precedent; exercises judgment interpreting guidelines and applicability; and ensures deadlines are met.

The employee plans and carries out various stages of a project by selecting and using approved methods and techniques as appropriate. Assignments are reviewed for quality and compliance with established policies and procedures.

### **KNOWLEDGE, SKILLS, ABILITIES**

Knowledge of theories, principles, and practice to include various theoretical models of psychotherapy; psychological assessment and report writing; crisis intervention; and ethical issues in the practice of mental health counseling. If a Licensed Psychologist, knowledge of both cognitive and personality psychological testing and report writing.

Knowledge of psychotropic medications, treatment interventions for dual diagnosis, family systems theory, and trauma informed care models.

Knowledge of the psychological effects of illness on individuals and their families, and the role of psychological factors in the exacerbation of illness.

Skill in providing diagnostic, preventative and/or therapeutic services to clients.

Ability to meet all state licensing requirements, including obtaining clinical supervision and adequate direct client service hours in preparation for independent licensure or adequate CEUs to maintain independent licensure.

Ability to obtain and maintain necessary licensure.

Ability to communicate effectively orally and in writing.

Ability to compile information to aid clients in carrying out treatment objectives.

Ability to function positively in an environment of limited resources.

Ability to relate well with a diverse group of people, including staff and the public.

Ability to maintain strict confidentiality of medical records and adhere to the standards for health record-keeping, HIPAA and Privacy Act requirements.

### **QUALIFICATIONS, EXPERIENCE, EDUCATION**

**Minimum Qualifications: *Failure to comply with minimum position requirements may result in termination of employment.***



- **REQUIRED** to have a Doctorate in Clinical Psychology or Counseling Psychology; **OR** a Master's Degree in Counseling, or Couples and Family Therapy, or Clinical Social Work. *(Must submit copy of degree or transcripts with application.)*
- **REQUIRED** to obtain independent Oregon licensure within two years from date of hire, if unlicensed at time of hire. Out of state licensed professionals must be able to acquire an Oregon License within six months of hire. Klamath Tribal Health will reimburse up to \$500 of the cost for testing and license. *(Must submit copy of applicable license with application, if currently licensed).*
- **REQUIRED** to have a minimum of one (1) year of clinical experience. Clinical practicum, internship, and post-graduate supervised training may count toward this requirement.
- **REQUIRED** to possess and maintain a valid Oregon Driver's License, (out of state applicants must receive ODL within 90 days of hire), have good driving record and be insurable by the Klamath Tribal Health & Family Services' vehicle insurance policy. *(Must submit copy of driver license with application.)*
- **REQUIRED** to have experience in the assessment of suicide risk, self-injurious behavior, and all high-risk behaviors; case management of high-risk clients.
- **REQUIRED** to have experience with clients who have been victims of physical and/or psychological trauma, with attention to early intervention.
- **REQUIRED** to be free from exclusion from providing Federal health care benefits including Medicare and Medicaid as per the Federal OIG and GSA exclusion lists.
- **REQUIRED** to submit to annual TB skin testing and adhere to KTHFS staff immunization policy in accordance with the Centers for Disease Control immunization recommendations for healthcare workers.
- **REQUIRED** to submit to and clear an alcohol/drug screen and random testing as per policy.
- **REQUIRED** to submit to a background and character investigation, as per Tribal policy. Following hire must immediately report to Human Resource any citation, arrest, conviction for a misdemeanor or felony crime.
- **REQUIRED** to acquire and maintain BLS certification within 180 days of hire; strongly recommend certification within 90 days of hire, probationary period will be extended for a maximum of 180 days pending certification.
- **REQUIRED** to accept the responsibility of a **mandatory reporter** of abuse and neglect of infants and children, people who are elderly or dependent, individuals with mental illness or developmental disabilities or residents of nursing homes and

other health care facilities. This includes reporting any evidence of physical injury, neglect, sexual or emotional abuse or financial exploitation.

**Preferred Qualifications:**

- Independent licensure as LPC, LCSW, or Clinical Psychologist is strongly preferred.
- Experience working with a multidisciplinary team is strongly preferred.
- Experience working with Native Americans is strongly preferred.
- Experience in program development is preferred.

**Indian Preference:**

- Indian and Tribal Preference will apply, as per policy. (*Must submit tribal documentation with application to qualify for Indian Preference*).

**ACKNOWLEDGEMENT**

This position description is intended to provide an overview of the requirements of the position. It is not necessarily inclusive and the job may require other essential and/or non-essential functions, tasks, duties, or responsibilities not listed herein. Management reserves the sole right to add, modify, or exclude any essential or non-essential requirement at any time with or without notice. Nothing in this job description, or by the completion of any requirement of the job by the employee, is intended to create a contract of employment of any type.

**APPLICATION PROCEDURE**

Submit a Klamath Tribal Health & Family Services ***Application for Employment*** with all requirements and supporting documentation to:

**Klamath Tribal Health & Family Services  
ATTN: Human Resource  
3949 South 6<sup>th</sup> Street  
Klamath Falls, OR 97603**

IT IS THE RESPONSIBILITY OF THE APPLICANT TO PROVIDE SUFFICIENT INFORMATION TO PROVE QUALIFICATIONS FOR TRIBAL POSITIONS.

Please Note: If requirements are not met, i.e., submission of a resume in lieu of an application or not including a required certification, your application will not be reviewed and will be disqualified.

Indian Preference will apply. In accordance with Klamath Tribal policy, priority in selection will be given to qualified applicants who present proof of eligibility for “Indian Preference”.

Applications will not be returned.

## Northwest Portland Area Indian Health Board



**Tribal Health Director's Meeting**  
**The Mill Casino ~ Hotel and RV Park**  
 3201 Tremont Ave., North Bend, OR 97459  
*Hosted by Coquille Tribe*



***April 16, 2018***

**2:00 – 5:00 pm**

|           |  |   |
|-----------|--|---|
| 2:00 p.m. | Welcome & Introductions  | Kelle Little, Health and Human Services Administrator Coquille Indian Tribe<br>Community Health Services & Laura Platero, NPAIHB Government Affairs/Policy Director   |
| 2:15 p.m. | State Panel Discussion <ul style="list-style-type: none"> <li>• 100% FMAP                         <ul style="list-style-type: none"> <li>○ FQHC/4-Wall Issue</li> <li>○ Comparison of FQHC reimbursements vs. Tribal reimbursements</li> </ul> </li> <li>• Programs for Elder Care</li> <li>• Effect of BHOs on MH/SUD services</li> <li>• Trauma Informed Care models and funding</li> <li>• Medication-Assisted Treatment (MAT)</li> </ul> | <ul style="list-style-type: none"> <li>• Julie A. Johnson, Tribal Affairs Director, Oregon Health Authority and</li> <li>• Jessie Dean WA HCA, Administrator, Tribal Affairs &amp; Analysis, Division of Policy, Planning &amp; Performance</li> <li>• George Gutierrez, Idaho Deputy Administrator Division of Medicaid</li> </ul> |
| 3:15 p.m. | <ul style="list-style-type: none"> <li>• Successes &amp; Challenges</li> <li>• PRC</li> <li>• Behavioral Health Integration</li> <li>• Trauma Informed Care intervention in Tribal Health Centers</li> </ul>   | Tribal Health Directors Discussion  |
| 4:30 p.m. | Early Assessment and Support Alliance (EASA) Center for Excellence at the OHSU-PSU School of Public Health   | Tamara Sale, Director   |
| 5:00 p.m. | <b>Adjourn</b>   |   |





# 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

### TUESDAY, APRIL 17, 2018 ~SALMON ROOM

|          |   |   |
|----------|---|---|
| 7:30 AM  | <b>Executive Committee Meeting</b>  | Spruce Room   |
| 9:00 AM  | Call to Order<br>Invocation<br>Welcome<br>Posting of Flags<br>Roll Call   | Andy Joseph, Chairman<br>Chief Don Ivy<br>Brenda Meade, Chairwoman<br>Coquille Veteran’s Group<br>Shawna Gavin, Treasurer                           |
| 9:15 AM  | Area Director Report <b>(1)</b>   | Dean Seyler, Portland Area IHS Director   |
| 10:00 AM | Executive Director Report <b>(2)</b><br><br>Committee Updates (National, IHS, State)  | Joe Finkbonner, NPAIHB Executive Director<br><br>Committee Members  |
| 10:30 AM | <b>Break</b>  |   |
| 10:45 AM | Legislative Update <b>(3)</b>   | Laura Platero, Government Affairs/Policy Director   |
| 11:30 AM | Farm Bill and Tribal Governments  | Colby D. Duren, Policy Director and Staff Attorney, Indigenous Food and Agriculture Initiative University of Arkansas School of Law                 |
| 12:00 PM | <b><u>LUNCH</u></b><br>Committee Meetings ( <i>working lunch</i> )  |   |
|          | 1. Elders<br>2. Veterans<br>3. Public Health<br>4. Behavioral Health<br>5. Personnel<br>6. Legislative/Resolution<br>7. Youth | Staff: Clarice Charging<br>Staff: Don Head<br>Staff: Victoria Warren-Mears<br>Staff: Stephanie Craig<br>Staff: Andra Wagner<br>Staff: Laura Platero |



# 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

|         |   |   |
|---------|---|---|
|         |   | Staff: Tana Atchley                                       |
| 1:30 PM | NW Tribal Food Sovereignty Coalition  | Nora Frank-Buckner, MPH<br>WEAVE-NW Project Coordinator   |
| 2:00 PM | Developing Native Youth into Health Professionals                             | Dr. Gerald Hill, Klamath Tribes Health Advisory Committee |
| 3:00 PM | <b>BREAK</b>  |   |
| 3:30 PM | Tribal Endocrinology TeleECHO Clinic: Sharing Knowledge Through Telementoring | Sunny Stone, Diabetes Manager, Shoshone-Bannock           |
| 4:30 PM | Executive Session   |   |
|         | <b>Cultural Dinner and Presentation</b>                                       |   |

### WEDNESDAY APRIL 18, 2018

|          |  |   |
|----------|--|---|
| 9:00 AM  | Call to Order<br>Invocation                          | Cheryle Kennedy, Vice-Chairman  |
| 9:15 AM  | Health Data Training                                 | Sujata Joshi, IDEA NW Project Director  |
| 9:30 AM  | Portland Area Health Facility Board (PAFAC)          | Mark Johnston & PAFAC Committee Members   |
| 10:00 AM | The Road to 2020 Census and Opportunities for Tribes | Charmaine Ramos, Tribal Partnership Specialist, Los Angeles Regional Office, US Census Bureau |
|          | Tribal Opioid Response Panel                         | John Stephens, Swinomish Program Administrator, Karol Dixon, Port Gamble, Health              |



# 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

|          |   |  |
|----------|---|--|
| 10:30 AM |   | Service Director & CAPT Stephen "Miles" Rudd, MD, FAAFP Chief Medical Officer/Deputy Director, Portland Area IHS |
| 11:30 AM | US Department of Health and Human Services, Region 10 - <b>INVITED</b>  | Barbara Green, Acting Regional Director  |
| 12:00 PM | <b>LUNCH</b>  |  |
|          | <b>Tribal Updates</b>   |  |
| 1:30 PM  | <ol style="list-style-type: none"> <li>1. Nisqually Tribe</li> <li>2. Quileute Tribe</li> <li>3. Quinault Nation</li> </ol> |  |
| 2:30 PM  | I-LEAD  | Stephanie Craig-Rushing THRIVE & PRT Project Director and Tana Atchley, Youth Engagement Coordinator             |
| 3:00 PM  | Portland Area SDPI/TLDC Consultation  | <b>PROPOSED</b>  |
| 3:30 PM  | <b>BREAK</b><br>Portland Area SDPI/TLDC Consultation  | <b>PROPOSED</b>  |
|          | <b>Tour of the Coquille Tribal Health Center</b>  |  |

### THURSDAY, APRIL 19, 2018 ~ SALMON ROOM

|         |                             |                       |
|---------|-----------------------------|-----------------------|
| 8:30 AM | Call to Order<br>Invocation | Andy Joseph, Chairman |
| 8:45 AM | Chair's Report              | Andy Joseph, Chairman |
| 9:00 AM | Committee Reports:          |                       |



# 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

|          |  |                |
|----------|--|----------------|
|          | <ol style="list-style-type: none"> <li>1. Elders</li> <li>2. Veterans</li> <li>3. Public Health</li> <li>4. Behavioral Health</li> <li>5. Personnel</li> <li>6. Legislative/Resolution</li> <li>7. Youth</li> </ol>  |                |
| 9:30 AM  | <p>Unfinished/New Business</p> <ol style="list-style-type: none"> <li>1. Finance Report</li> <li>2. Approval of Minutes <ul style="list-style-type: none"> <li>• January 2018</li> </ul> </li> <li>3. Resolutions</li> <li>4. Future Board Meeting Sites: <ul style="list-style-type: none"> <li>• <i>July 17-19, 2018 – Bellingham, WA (Lummi)</i></li> <li>• <i>October 16-18, Fort Hal, ID (Shoshone-Bannock Tribe)</i></li> <li>• <i>January 15-19, 2019- TBD</i></li> <li>• <i>April 16-19, 2019 – La Conner, WA (Swinomish)</i></li> <li>• <i>July Joint Meeting with CRIHB, Dates TBD</i></li> <li>• <i>October 15-17, 2019 – Pendleton, OR (Umatilla Tribe)</i></li> </ul> </li> </ol> | Eugene Mostifi |
| 12:00 PM | Adjourn  |                |



# OHA Tribal Monthly Meeting Agenda



|   |  |             |
|---|--|-------------|
| <b>Meeting Date:</b>  | April 11, 2018   |             |
| <b>Meeting Time:</b>  | 9:00 am - 4:00 pm  |             |
| <b>Meeting Location:</b>  | DCBS: 350 Winter St NE Rm 260, Salem, OR ( <b>Please note location</b> )<br>Conference line: 888-363-4734 Code: 3292468 (Please mute your phone unless you are talking-thank you!) |             |
| <b>Meeting Purpose:</b>   | The purpose of this meeting is for planning, coordination, and collaboration with the 9 Oregon Tribes, NARA, NPAIHB and OHA.   |             |
| <b>Agenda</b>   | <b>Presenter/Division</b>  | <b>Time</b> |
| <b>Opening and Introductions</b>  | All  | 9:00-9:10   |
| <b>1) Review meeting minutes, agenda updates</b>  | All  | 9:10-9:30   |
| <b>Background:</b> Review minutes and follow-up from the last meeting to ensure progress. Are there any added agenda items?   |  |             |
| <b>2) Standing agenda item for SPA'S, waivers, rulemaking</b>   | Jesse Anderson, HPA<br>Julie Johnson, TA   | 9:30-10:00  |
| <b>Background:</b> We need to share upcoming SPA's, waivers, and rulemaking so that if consultation is needed it can be scheduled within the timeframe needed.  |  |             |
| <b>3) Behavioral Health Collaborative Update and STR Grant</b>  | Royce Bowlin, HPA<br>Jackie Fabrick, HPA<br>Rusha Grinstead, HPA   | 10:00-11:00 |
| <b>Background:</b> Updates and discussion for the BH work with tribes.  |  |             |
| <b>4) CDC Prevention for States-Prescription Drug Grant</b>   | Lisa Shields, PHD  | 11:00-11:30 |
| <b>Background:</b> OHA-Public Health-Injury and Violence Prevention Program is in the process of planning the final year of their CDC Prevention for States-PDO grant. They are hoping to allocate funds starting September 2018 to fund tribal communities /entities /governments to carry out the work priorities identified through the upcoming Tribal Opioid Conference. They are not certain yet whether they will receive the funding or not but want to keep everyone informed. |  |             |
| <b>5) Diabetes Prevention Program</b>   | Kirsten Aird, PHD<br>Lisa Bui, HPA   | 11:30-12:00 |
| <b>Background:</b> Provide an overview of Oregon's Medicaid Pilot Project to implement the National Diabetes Prevention Program.  |  |             |
| <b>LUNCH provided</b>   | ALL  | 12:00-12:30 |
| <b>6) MOUs between OHA, IHS, NPAIHB, and Tribes</b>   | Richard Leman, PHD   | 12:30-1:00  |
| <b>Background:</b> OHA-PHD, IHS and NPAIHB have drafted MOU templates that describe how OHA, IHS, NPAIHB and any federally-recognized Tribes that choose to participate would work together in the event of a communicable disease outbreak or other public health emergency.   |  |             |
| <b>7) CCO 2.0's update and planning for consultations</b>   | Jeremy Vandehey, HPA   | 1:00-1:30   |
| <b>Background:</b> Share engagement plan and proposed tribal engagement plan, work plans for subject areas, discuss and plan any individual consultations.  |  |             |
| <b>8) Oregon Health IT Strategic Plan Update</b>  | Susan Otter, HPA<br>Kristin Bork, HPA  | 1:30-2:00   |
| <b>Background:</b> The HIT Strategic Plan will be shared and they are also seeking tribal representation on the Health Information Oversight Council.   |  |             |
| <b>9) Priority List</b>   | Julie Johnson  | 2:00-2:30   |
| <b>Background:</b> Review and update tribal priority list.  |  |             |



# Health Data Literacy & Applications for Tribal Health Workshop

**May 2<sup>nd</sup> & 3<sup>rd</sup> 2018**

## Purpose:

The Northwest Portland Area Indian Health Board (NPAIHB) is excited to present the Health Data Literacy & Applications for Tribal Health Workshop! This training provides an excellent opportunity to gain (or refresh) skills in finding, understanding, presenting and applying health data.

## Audience:

This will be a very practical skill building session for grant writers, data analysts, health professionals, tribal leaders, policy makers, community planners and students.

## Topics:

- Health statistics 101
- Where to find public health data for AI/AN communities
- Best practices for presenting data effectively
- How to get started with collecting and mapping data using Open Source Geographic Information System (GIS) software.
- Putting data to use for community development and health programs

## Registration:

Register online at <https://www.surveymonkey.com/r/HDLMay2018> by **April 20<sup>th</sup>**.

## Location:

**Swinomish Casino & Lodge  
12885 Casino Dr  
Anacortes, WA 98271**

## Questions?

Contact Sujata Joshi at  
[sjoshi@npaihb.org](mailto:sjoshi@npaihb.org) or (503) 416-3261

## Travel Scholarships:

There is no registration fee for this workshop, and travel scholarships (per diem not included) are available for those who are members of or are working with Northwest Tribes (apply during registration). Travel scholarships are limited, so register as soon as you can!



# Future Generations Collaborative Collective Impact Summit

**REGISTER**

[Fgcimpact.eventbrite.com](http://Fgcimpact.eventbrite.com)

**Monday April 30, 2018  
8:30am - 4:00pm**

**OHSU Collaborative Life Sciences Building, CLSB 3A002  
Learning Studio West (3rd floor), 2730 S.W. Moody Ave,  
Portland, OR 97201**

**Public transportation to the event: Bus lines 9, 17, 35, 36,  
Max orange line and Portland Streetcar**

## **What will happen at the Collective Impact Summit:**

- Discuss opportunities for building collective impact to prevent substance-exposed pregnancies
- Provide an overview of new and established partnerships and share outcomes
- Release components of our Native maternal, child and family health data profile

**Registration and continental breakfast at 8:00 am, program  
to begin precisely at 8:30**

**Please contact William Miller, FGC Policy Coordinator, for  
questions regarding the Collective Impact Summit:**

[williamm@nayapdx.org](mailto:williamm@nayapdx.org)

O: 503.288.8177 ext 306

C: 971.288.7783

# 2018 American Indian and Alaska Native National Behavioral Health Conference

*Promoting Connections Between Culture and Purpose*

July 25-27, 2018 | Washington D.C.



National Indian Health Board

2018 AMERICAN INDIAN AND ALASKA NATIVE NATIONAL  
**BEHAVIORAL HEALTH CONFERENCE**  
*Promoting Connections Between Culture and Purpose*

**JULY 25-27**

OMNI SHOREHAM HOTEL || WASHINGTON, DC

## Call for Proposals Open!

Tribal behavioral health experts, researchers, community-based service providers, and Tribal professionals are invited to submit abstracts for the 2018 American Indian and Alaska Native (AI/AN) Behavioral Health Conference, taking place July 25-27, 2018 at the Omni Shoreham Hotel in Washington, DC. NIHB is accepting abstracts for 90-minute workshops and 60-minute roundtables.

NIHB encourages presentations highlighting evidence-

## REGISTRATION

Conference registration is now open!

For more information and to register for the conference click [HERE](#)

## LOCATION

based, best, or promising practices developed in and for Tribal communities. NIHB is particularly interested in presentations that provide tools in addition to information and research, so that gained knowledge can be made actionable. NIHB is also looking for presentations that address Tribal behavioral health issues from multiple perspectives, paying close attention to the social determinants of health (i.e. socioeconomic status, exposure to trauma, access to education, the physical environment, etc.) which directly influence behavioral health outcomes. This year's conference focuses on actions and tools that promote connections with culture and community and knowing your purpose through the implementation of Tribal best practices. Please consider topics and content that emphasize this theme.

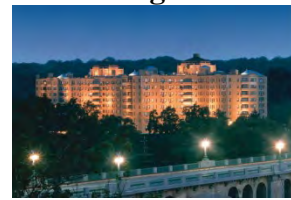
### Conference Tracks

- Community-Based Behavioral Health Services
- Sharing Traditional Best and Promising Practices
- Behavioral Health Integration- Substance Use Disorders, Mental Health Disorders, and Suicide Prevention
- Behavioral Health Workforce Innovation
- MSPI and DVPI Grantee Track

Click [HERE](#) for additional information or to submit your proposal today!

**Deadline: Friday, April 13, 2018**

### Omni Shoreham Hotel Washington D.C.



#### LODGING

For more information or to book lodging click [HERE](#)

#### EXHIBITORS

For more information about exhibitors and vendors click [HERE](#)

Created by the Tribes in 1972, the National Indian Health Board exists to advocate on behalf of all 567 federally recognized American Indian and Alaska Native Tribes to ensure the fulfillment of the trust responsibility to deliver health and public health services as assured through treaties, and reaffirmed in legislation, executive orders and supreme court cases.

National Indian  
Health Board



National Indian Health Board  
910 Pennsylvania Avenue, SE  
Washington, DC 20003  
202-507-4070 | [www.nihb.org](http://www.nihb.org)



## TRAINING OPPORTUNITY

### Collecting and Using Stories for Evaluation

Stories can be an effective means of communicating the impact and benefits of varied programs. Stories are memorable and depict important aspects of programs that are invisible in other forms of data.

[<http://files.constantcontact.com/2cfcab80601/1d8396f8-da9f-475b-8fc4-e4d71fe1bd7a.jpg>]

This workshop is intended to build skills on the use of stories for evaluation. Participants will gain skills in gathering stories, developing and editing stories for maximum effectiveness, and presenting stories in a defensible manner suitable for evaluation purposes.

- \* When: May 15-16, 2018
- \* Where: Anchorage
- \* Cost: \$125

Register at: [anecstoryevaluation.eventbrite.com](http://anecstoryevaluation.eventbrite.com) <[http://r20.rs6.net/tn.jsp?f=001bG1E7vr9n1ZMyNzzH-iLh0Se2038bPZsYDoOw4yVUVGcwh7Q6fNL8trE05WjS7F31rO5pChfjRI2Td6cXbgyYzxyzvR3Z3E7Ijxj3xu3kx\\_ixZOh3GKhD7C5fcSu7RpYIHA-ExYwDI5Ar\\_zhSLuSwSuxZ3uXCqtJN9ujtq1F9V5E=&c=83eShFckZok2giOSJHHmp2nUtyZ4J36rQbaDm5KT0Czw2zEGyVtXtQ==&ch=FXOD4zHGJ95USs5BZGXIKvdulXb-CkxYsV7xekdvUSyTqclPpFUPOg==>](http://r20.rs6.net/tn.jsp?f=001bG1E7vr9n1ZMyNzzH-iLh0Se2038bPZsYDoOw4yVUVGcwh7Q6fNL8trE05WjS7F31rO5pChfjRI2Td6cXbgyYzxyzvR3Z3E7Ijxj3xu3kx_ixZOh3GKhD7C5fcSu7RpYIHA-ExYwDI5Ar_zhSLuSwSuxZ3uXCqtJN9ujtq1F9V5E=&c=83eShFckZok2giOSJHHmp2nUtyZ4J36rQbaDm5KT0Czw2zEGyVtXtQ==&ch=FXOD4zHGJ95USs5BZGXIKvdulXb-CkxYsV7xekdvUSyTqclPpFUPOg==>)

- \* Travel scholarships available to MSPI/DVPI grant program staff.
- \* Food provided.

## Registration Announcement: Recovery-Oriented Engagement Practices Spring 2018 Series



Recovery to Practice (RTP) Initiative invites you to attend...

### *Recovery-Oriented Engagement Practices Spring 2018 Series*

**Wednesdays, 1:00 pm to 2:00 pm ET**

**April 4, 2018:**

[Therapeutic Alliance and its Impact on Engagement](#)

Forrest (Rusty) Foster, M.S.W., Senior Implementation Specialist at the Center for Practice Innovations, Columbia University and Regina Shoen, Advocacy Specialist with the New York State Office of Mental Health, Office of Consumer Affairs will present clinical frameworks for strengthening engagement and alliance in therapeutic relationships, based on recovery oriented principles and practices.

**May 2, 2018:**

[Engagement via a Crisis or Pre-crisis Tool within a Wellness Recovery Action Plan \(WRAP\)](#)

Nev Jones, M.A., M.A., PhD, Assistant Professor, University of South Florida and Matthew R. Federici, M.S., C.P.R.P. Executive Director of The Copeland Center will draw from the tools and resources in peer provided practices to identify respectful and meaningful approaches to

engagement.

**May 23, 2018:**

[Social Media/Technology for Outreach and Engagement](#)

John Naslund, PhD, Harvard Medical School, Global Health and Social Medicine will share his research and experiences working alongside individuals living with serious mental illness and community mental health providers. He will discuss ways to use technology and social media to overcome engagement challenges in a 21<sup>st</sup> century world.

Click on the name of each session to register.

You may **attend one or all** the webinars in this series. Registration will be necessary for **each** session. A one-hour continuing education credit, through NAADAC, is available for each session and brief quiz completed. Each session will be recorded and archived for future viewing.

*Engagement in treatment and services has often been seen as a success of the clinician or a failure of the person being served. As we have learned more about seeking recovery, we know that engagement is a joining together of the person, the provider, and, frequently, other important people in the person's life - with everyone contributing to and responsible for engagement and alliance.*

In this series, we will explore three distinct elements of engagement. The first webinar will look at therapeutic alliance and its impact on engagement and outcomes. The second webinar considers how Wellness Recovery Action Plan (WRAP) tools for crisis and pre-crisis planning can promote engagement and positive relationships between individuals and service providers. The final webinar will discuss social media and other technology as emerging tools for outreach and engagement in behavioral healthcare.

**NAADAC statement:** This course has been approved by Advocates for Human Potential, Inc., as a NAADAC Approved Education Provider, for 1 CE. NAADAC Provider #81914, Advocates for Human Potential, Inc., is responsible for all aspects of their programming.

---

[Email](#) | [Website](#)



Advocates for Human Potential, 490 B Boston Post Road, Sudbury, MA 01776

SafeUnsubscribe™

[Forward this email](#) | [Update Profile](#) | [About our service provider](#)

Sent by [rtp@ahpnet.com](mailto:rtp@ahpnet.com) in collaboration with



Try it free today

**Reply-To:** [rtp@ahpnet.com](mailto:rtp@ahpnet.com)



## “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
- Stllaguamish Tribe
- Suquamish Tribe
- Swinomish Tribe
- Tulalip Tribe
- Umatilla Tribe
- Upper Skagit Tribe
- Warm Springs Tribe
- Yakama Nation

Date: \_\_\_\_\_  
 Tribe: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

|   |
|---|
| <b>Briefly describe the activity, event, training that the funds will be used for:</b>  |
|   |
| <b>Total Amount For Request (\$2,000 max)</b>   |
| *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.<br>** 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](mailto: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](http://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-sanesae-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 – 40<sup>th</sup> 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 – 13<sup>th</sup> 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](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/>

# 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 April 2, 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

### In this issue:

- [Announcements](#)
- [Webinars](#)
- [Funding Opportunities](#)

### Chickasaw Nation SNAP-Ed Coordinated Programming and Evaluation to Prevent Type 2 Diabetes

**T**he Eagle Adventure program was developed through a collaboration between the Chickasaw Nation Nutrition Services SNAP-Ed Program and the Oklahoma State University Department of Nutritional Sciences' Solution-based Health Innovations and Nutrition Excellence (SHINE) Partnership in Indian Country. Read more [here](#).

### 2018 American Indian and Alaska Native National Behavioral Health Conference—Promoting Connections Between Culture and Purpose

Call for Proposal Submission Deadline: **April 13, 2018** Read more [here](#).

### IN A GOOD WAY: Indigenous Commercial Tobacco Control Practices

**T**his colorful report is attached to the email.

### PCD Releases New Collection on Childhood Obesity

**P**reventing Chronic Disease has published a collection of on the Childhood Obesity Research Demonstration (CORD) Project. These projects combine efforts from pediatric health care settings with public health interventions in schools, early care and education centers, and communities to address the growing childhood obesity epidemic. Download the PDF [here](#).

### From Field and Range to Market 2: Gathering to share business resources for NM tribal farmers and ranchers

**T**he overarching goal of this project is to address food deserts in New Mexico tribal communities and strengthen tribal food systems. A food desert refers to areas where there is limited access to affordable, fresh produce and other nutritious foods. Read more [here](#).

Date: **April 13, 2018**  
Location: **Santa Ana Pueblo, NM**

## 2018 9th Annual NIHB National Tribal 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. Read more [here](#).

Date: **May 22-24, 2018**

Location: **Prior Lake, MN**

## Webinars

### GPTCHB Community Health Webinar Series

Contact Jennifer William for details regarding the webinar.

Jennifer Williams, Program Manager  
Great Plains Good Health and Wellness  
Great Plains Tribal Chairmen's Health Board  
(P) 605.721.1922 ext. 144

On the look-out for photos!  
Send any GHWIC related photos to [AQUIROZ@cdc.gov](mailto: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.

|         |                                    |   |
|---------|------------------------------------|---|
| 4/11/18 | PSE and Sustainability             | Shannon Udy, Health Educator  |
| 5/9/18  | Helpful Tips on Enforcing a Policy | Rae O'Leary, Canli Coalition  |
| 6/13/18 | HRSA                               | Nick Zucconi, HRSA Regional Administrator for Region 8 (Denver Region Office) |

### Community-Based Participatory Research (CBPR) in Indian Country

The webinar will focus on these principles to address health disparities among American Indian and Alaska Native communities. Read more [here](#).

Date: **April 5, 2018 @ 2:00-3:00 PM Eastern**

## Funding Opportunities

### National Native American Youth Initiative (NNAI)

A summer program designed to prepare American Indian and Alaska Native high school students to pursue careers in healthcare or biomedical research. Read more [here](#).

Application Deadline: **April 30, 2018**

### Indian Highway Safety Occupant Protection Grant

Grants to federally recognized tribes for implementing traffic safety programs and projects which are designed to reduce the number of traffic crashes, deaths, injuries, and property damage. Read more [here](#).

Application Deadline: **May 1, 2018**



NIMIIPUU Health—Lapwai, ID  
—photo courtesy Mary Hall—CDC Tribal Liaison

## Contact Information:

National Center for Chronic Disease Prevention and Health Promotion  
Office of the Medical Director  
4770 Buford Highway, MS F80  
Atlanta, GA 30341  
(770) 488-5131 / <http://www.cdc.gov/chronicdisease/index.htm>

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](mailto:AQUIROZ@cdc.gov) with the words "TRIBAL DIGEST" in the subject line.



C.L. "BUTCH" OTTER – Governor  
RUSSELL S. BARRON – Director

# IDAHO DEPARTMENT OF HEALTH & WELFARE

MATT WIMMER - Administrator  
DIVISION OF MEDICAID  
Post Office Box 83720  
Boise, Idaho 83720-0009  
PHONE: (208) 334-5747  
FAX: (208) 364-1811

March 23, 2018

*Dear Tribal Representative:*

In accordance with section 1902(a)(73)(A) of the Social Security Act regarding the solicitation of advice prior to the submission of any Medicaid State Plan Amendment (SPA) or waiver application or amendment likely to have a direct effect on Indians, Indian Health Programs, or Urban Indian Organizations, the Idaho Department of Health and Welfare (IDHW) Division of Medicaid (Idaho Medicaid) provides notice on the following matter.

## **Purpose**

Idaho Medicaid intends to submit a 1915(b) Managed Care waiver application titled Idaho Medicaid Plus to the Centers for Medicare and Medicaid Services (CMS) on or before May 31, 2018 to allow for a phased in mandatory Medicaid Managed Care Program for full dual-eligible individuals in counties where there are at least two participating health plans. Currently, there are two participating health plans in Ada, Bannock, Bingham, Bonner, Bonneville, Canyon, Kootenai, Nez Perce, and Twin Falls counties.

In addition, the Aged and Disabled(A&D) 1915(c) waiver, Medicaid State Plan, and Idaho MMCP Quality Strategy must be amended to align with the Idaho Medicaid Plus 1915(b) waiver application.

## **Anticipated Impact on Indians/Indian Health Program/Urban Indian Organizations**

Tribal members will be exempt from mandatory enrollment but will continue to be able to voluntarily enroll in the Medicare Medicaid Coordinated Plan. There is no anticipated impact on Indian Health Programs, or Urban Indian Organizations.

## **Availability for Review**

Idaho Medicaid will post the new Idaho Medicaid Plus application, the draft Aged and Disabled waiver amendment, and the revised Idaho MMCP Quality Strategy on the Medicaid webpage, located at <http://healthandwelfare.idaho.gov/Medical/Medicaid/tabid/123/Default.aspx> on or before April 2, 2018

## **Comments and Questions**

The tribal comment period will begin April 2, 2018 and continue through the close of business on May 1, 2018.

If you have any questions or wish to submit comments on the proposed waiver application, waiver amendment, State Plan amendment, or the Idaho MMCP Quality Strategy, you may email Idaho Medicaid at [IdahoMMCP@dhw.idaho.gov](mailto:IdahoMMCP@dhw.idaho.gov) or call Alexandra (Ali) Fernández at (208) 287-1179.



March 23, 2018

Page 2

Idaho Medicaid's proposed 1915(b) Idaho Medicaid Plus waiver application and Aged and Disabled waiver amendments will be reviewed as part of the Policy Update at the next quarterly Tribal meeting.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Wimmer', with a long horizontal flourish extending to the right.

MATT WIMMER  
Administrator  
MW/af

Northwest Center for Public Health Practice  
Pop-Up Institute: Oregon

# SAVE THE DATE

## The Language of Public Health:

*Incorporating Values, Data, Visuals, and Words*

The Oregon Pop-Up Institute Planning Team invites you to join us for a no-cost two-day workshop for public health professionals and students. The aim of this event is to improve our ability to effectively use data for decision-making and to communicate with the public and decision-makers about public health issues.

When: June 27-28, 2018

Where: Primary Location:

Oregon Health Authority in Portland

Satellite Locations: (virtually connected with on-site facilitator)

Oregon State University in Corvallis

(we are currently working on two potential additional satellite sites)

Questions? Contact [ann.custer@oregonstate.edu](mailto:ann.custer@oregonstate.edu)



SCHOOL OF  
**PUBLIC HEALTH**



Oregon State University  
College of Public Health  
and Human Sciences



Artwork by Tanya Blackhorse

# Save the Date

June 5th & 6th, 2018

Please Join us for the

## Oregon Tribal Summit on Opioids & other Drugs

Hosted by the

**Confederated Tribes of Warm Springs**

at Kah-Nee-Ta Resort, 6823 Oregon 8, Warm Springs, OR 97761

In partnership with



For more information contact, Asa Wright at 971.247.9072 or [asaw@linesforlife.org](mailto:asaw@linesforlife.org)

Are you passionate about the health of your community? Do you want to be a part of community efforts to improve health equity? If this sounds like you, apply to be a member of the Multnomah County Public Health Advisory Board by 4/27. Learn more at:

[https://multco.us/health/councils-and-advisory-boards/multnomah-county-public-health-advisory-board?utm\\_content=social-xf8ec&utm\\_medium=social&utm\\_source=SocialMedia&utm\\_campaign=SocialPilot](https://multco.us/health/councils-and-advisory-boards/multnomah-county-public-health-advisory-board?utm_content=social-xf8ec&utm_medium=social&utm_source=SocialMedia&utm_campaign=SocialPilot)

## Multnomah County Public Health Advisory Board | Multnomah County

multco.us

Advises the Health Department's Public Health Division.

---