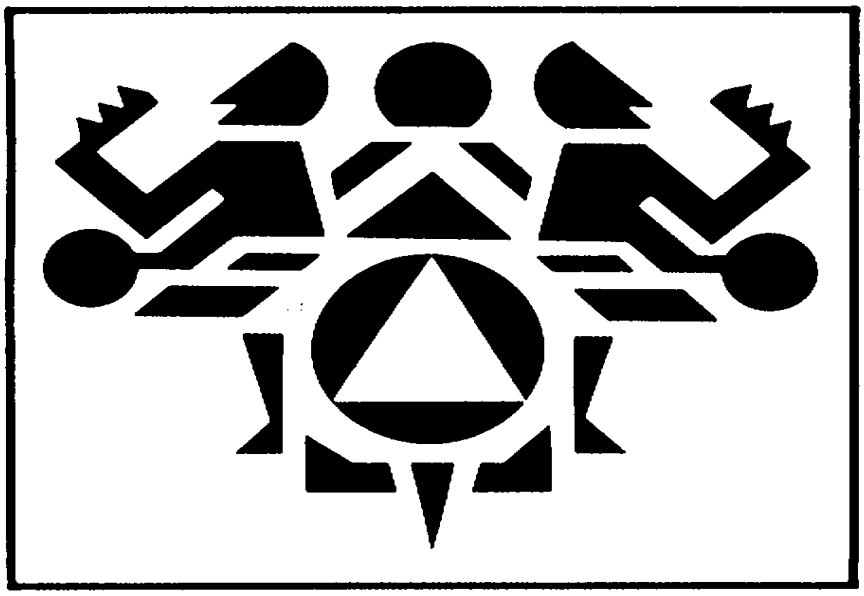
MINUTES

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



QUARTERLY BOARD MEETING

OCTOBER 22-24, 2019

WILDHORSE CASINO RESORT
PENDLETON, OR

Summary of Minutes

Issue	Summary	Action	Follow-Up
TUESDAY OCTOBER 22, 2019			
PORTLAND AREA IHS DIRECTOR REPORT, CAPT ANN ARNETT, DEPUTY DIRECTOR	**Indian Health Service Portland Area** HRSA – HPSA SCORES ❖ 145 I/T/U sites Agency wide went from competitive to non-competitive ❖ 11 Portland Area Tribes impacted for Primary Care score ❖ 15 Portland Area Tribes converting to competitive for Dental Health ❖ 3 Portland Area I/T/U converting to competitive for Mental Health ❖ All sites need to update data on HRSA Data Warehouse web page ❖ If any sites have current scholars, they will receive FY20 funds **Area Staff Changes** ❖ Andrew Terranella, MD – Chief Medical Officer ❖ Jeremy Howell, DHA, FACHE - Chief Executive Officer, Wellpinit Service Unit ❖ Hyllis Dauphinais Sr., Chief Executive Officer, Warm Springs Service Unit **Office of Clinical Support – Diabetes** ❖ **Roney Won- Acting Diabetes Coordinator** ❖ **roney.won@ihs.gov 503-414-5555** ❖ FY 2020 Continuation Application ❖ Submitted applications currently under review ❖ Recent Meetings/Trainings ❖ TLDC Meeting: October 9 – 10		

Summary of Minutes

- Urban Diabetes Audit Webinar: October 9
- CME/CE – Beyond PubMed: Finding Clinical Literature on Diabetes: November 12

Office of Clinical Support

- **Upcoming Meetings – RPMS Training**
- Meetings & Trainings
  - EHR Clinical Reminders Advanced Logic & Troubleshooting – Oct 21-25
  - 20th Annual TribalNet Conference – Nov 11-14
  - EHR for HIM – Nov 18-22
- RPMS-EHR
  - IHS Health IT Modernization Project – expected report of findings soon
  - Electronic Prescribing of Controlled Substances
- IHS Adverse Event Reporting System (WebCident) Replacement

Sanitation Facilities Construction

Acting Division Director for Sanitation Facilities Construction
CDR Craig Haugland, P.E., Acting Director, craig.haugland@ihs.gov

Spokane District and Fort Hall Field Office (Eastern Washington, Idaho)
CDR Steve Sauer, P.E., BCEE, District Engineer, steve.sauer@ihs.gov

Olympic District (Washington, West of the Cascade Mountains)
CDR Roger Hargrove, P.E., District Engineer, roger.hargrove@ihs.gov

Oregon District (Oregon Tribes + Yakama Field Office)
LT Derek Hancey, P.E., Supervisory Environmental Engineer

Summary of Minutes

derek.hancey@ihs.gov

District Utility Consultant (Area-wide coverage)
CDR Ben Chadwick, P.E., District Engineer (Utility Consulting)
benjamin.chadwick@ihs.gov

- **2019 IHS Funding for Sanitation Facilities Construction**
  - 2019 appropriation resulted in 3.2% increase in construction funding over last year.
  - 35 Projects approved.
  - The Tribal need continues to exceed available funding.
- **Preparation for 2020 SFC Funding:**
  - Identification of potential 2020 projects.
  - Sanitation Deficiencies (existing water/sewer infrastructure)
    - Submitted September30th for HQ review
  - Housing Developments (Housing Priority System)
    - Requested from Tribes in Early September
    - Due October 10th to District Engineers)

- **Sanitation Facilities Construction Staffing new additions**
- CDR Ben Chadwick joined our team as the District Utility Consultant in the Bremerton District Office.
- LT Kim Eisberg joined our team as an Environmental Engineer in the Spokane District Office.
- Mr. Tyler Timmons, E.I.T., was selected for an environmental engineering position in the Portland Area Office.
- The Portland Area IHS SFC Director has been advertised.
  - Please see USAJOBS for the announcement.

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- IHS-19-WR-10612145-ESEP/MP

- Draft AFA's are out for T1 tribes that contract on a Fiscal year basis, please contact PAO if changes/updates are needed.
- Funding tables for TV that compact on a fiscal year basis have been sent as well
- If you have not signed your AFA or finalized your Funding tables it will result in a delay for your initial FY2020 payment.
- Ongoing CSC reconciliations FY14 – FY18
- CY2020 documents will be out to tribes for review prior to end of October

- **Purchase and Referred Care**
  - FY2018 CHEF – funds exhausted
    - Total reimbursement, $3,277,045.00
  - FY2019 CHEF – Balance $44,721,627
    - 56 new cases
    - 11 amendments
    - Reimbursed to date, $1,165,918.00
    -
  - FY2020 CHEF – We have not been notified that HQ is accepting
  - FY20 CHEF cases, however if you have them send them in and we will
  - prepare them for submission when HQ is open.

- **Purchase and Referred Care, cont.**
  - CHEF Online Tool
    - On September 26, 2019 we were notified to temporarily suspend the use of

the CHEF online tool while the Office of Resource Access and Partnership and the Office of Information Technology collaborate to enhance the level of application integration and IT security.

If you are interested in the CHEF Online Tool, you can reach out Salena Massey at Salena.Massey@ihs.gov or 503.414.5545. Salena can provide information regarding access and set up for when the suspension is lifted.

Continuing Appropriations Act, 2020, Public Law No: 116-59

- Provides FY2020 continuing appropriations to federal agencies through November 21, 2019, 14.21%
- Increase of $237 million above FY2019 enacted for I.H.S.
  - CSC, staffing of new health care facilities, HCFC, SFC and medical equipment

Exception Apportionment

- IHS received approval to request an exception apportionment
- IHS is requesting an exception to the standard CR funding level that will enable us to pay tribal contractors and compactors the majority of their fiscal year contract/compact amounts
- Once approved by OMB, IHS could have access to funds beyond the CR amount to pay fiscal year Title I and Title V contractors and compactors more than the standard CR percent calculation
- While we work through the exception apportionment process, IHS is issuing tribal payments with the CR funding levels currently available--just like we would under any normal CR

Summary of Minutes

- The exception apportionment would only apply to tribally operated programs.
  - IHS federally operated programs and Urban Indian Organizations were not included in the approval and will continue to be funded at the current CR funding level of 14.21% through November 21, or the percent identified in any subsequent CR.

Portland Area Indian Health Service - FY 2022 Budget Formulation Meeting

Location and Date

- Embassy Suites Portland (Airport), Portland, OR
- November 14, 2019

Purpose

- Determine FY 2022 Budget Priorities for Portland Area I.H.S.
- Identify Hot Topics
- Elect two (2) Tribal Representatives to negotiate and vote on behalf of Portland Area IHS at National Budget Workgroup Meetings

Special Diabetes Program for Indians FY21 Tribal Consult/Urban Confer

- October 02, 2019 DTLL and DUIOLL
- Comment submission deadline – December 02, 2019
- Portland Area Tribal Consultation – During this QBM
- Follow up Tribal Consultation - November 15, 2019 @ 10:00AM Pacific
  - Embassy Suites, PDX Airport
- Portland Area Urban Confer Call – November 5, 2019 @ 2:00PM Pacific
- www.ihs.gov/newsroom/triballeaderletter/
- https://www.ihs.gov/newsroom/urbanleaderletters/

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Ending the HIV Epidemic initiative

- Press Release - October 07, 2019
- $2.4 million to Tribal Epidemiology Centers
- NPAIHB – Northwest Tribal Epidemiology Center
- Seattle Indian Health Board – Urban Indian Health Institute
- https://www.ihs.gov/newsroom/pressreleases/2019pressreleases/ihs-awards-2-4-million-to-tribal-epidemiology-centers-for-diagnosis-treatment-and-response-to-hiv-hepatitis-c-and-stis/

Verdict in the Trial of Former IHS Pediatrician Stanley Patrick Weber

- Press Release – September 27, 2019
- RADM Weahkee Statement
- IHS hotline – 1-301-443-0658

CMO Updates

- Recent Special General Memos
  - SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
- Other
  - Circular 19-05 Contractor Training Plan for Implementation of Indian Health Manual Part 3 Chapter 20, Protecting Children from Sexual Abuse by Health Care Providers

Medical Epidemiologist Updates

- Immunizations
  - Childhood immunizations as reported in the Indian Health Service National

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	Immunization Reporting System have dropped to an all-time low below 50% ◦ Please ensure that for facilities using RPMS or have the ability to provide this information to NIRS that these data are submitted each quarter ◦ Remove barriers to childhood immunization: • Provide immunizations at all visits, including walk-ins • Do not require informed consent • Check the State Immunization Information System for immunizations given elsewhere • Address patients' concerns directly • 2019-2020 Flu Season Updates • Vaccines have arrived and vaccination activities have begun • The vaccine makeup similar to last year except that the H3N2 component is new and is designed to protect against the strain that was in circulation in 2018-2019 • Flumist (the nasal spray) is available again this year but the production was delayed • There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive! Look for this brochure on the table.		
CHAIR'S REPORT, CHERYLE KENNEDY	• I'm pleased to report that it's been a productive quarter for the staff at NPAIHB with new funding and policy activities. • NPAIHB and Northwest Tribal Epidemiology Center (NWTEC) have several new sources of funding. • NPAIHB was awarded the Tribal Opioid Response (TOR) grant from SAMHSA for another 6 Tribes. • This is in addition to the TOR funding that we received last year. • The NWTEC was also awarded $340,000 for HIV prevention activities in the Northwest		

Summary of Minutes

	Region, which will include development of a new community of practice using the ECHO model. • The NWTEC was awarded funds for the second 5-year cycle of Good Health and Wellness in Indian Country for training and technical assistance to regional tribes and provision of tribal sub-awards for policy, system and environment changes to enhance health among the Northwest Tribes. • Under the Centers for Disease Control and Prevention umbrella mechanism, NWTEC was awarded funds for a project to enhance immunization adherence, to continue an environmental health tracking project the NWTEC had previously undertaken, and to provide Tribes with assistance as to public health accreditation preparedness activities. • NWTEC was awarded the Washington State Department of Health contract for the Tribal Public Health Emergency Preparedness Conference, with a potential of a 5-year extension. • The NWTEC will also be assisting Washington and Oregon States with activities related to Tribal Public Health Improvement planning as a contract recipient for each state. • As to policy activities, NPAIHB commented on the $10 million in opioid funding that was appropriated to IHS for the Special Behavioral Health Program for Indians, and commented on the IHS National Tribal Advisory Committee's recommendation for Behavioral Health Initiative funding. • Our comment letters requested that tribes be provided an option to receive funding through Indian Self-Determination Education Assistance Act (ISDEAA) contracts and compacts. • Northwest Tribes have a long history of operating IHS programs and having more control over these funds will allow tribes to develop comprehensive behavioral health programs.		

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EXECUTIVE DIRECTOR UPDATE, JOE FINKBONNER:	**Personnel Report** **New Hires:** • **Morgan Thomas,** LGBTQ 2 Spirit Outreach & Engagement Coordinator • **Kimberly Calloway**, CDC Assignee **Promotions/Transfers** • **Nora Frank-Buckner,** WEAVE-NW Food Sovereignty Project Manager • **Ryan Sealy,** WEAVE-NW Tobacco & Breastfeeding Project Manager • **Pam Johnson**, NDTI Project Manager • **Tanya Firemoon**, TCHP Project Specialist **Temps and Interns** • **Jennifer Seaman**, Intern **Recognition:** • **Ticey Mason ~** 15 Years of Service • **Lisa Griggs ~** 15 Years of Service **Meetings** **AUGUST** • **Region 10 Opioid Summit**, Vancouver, WA (8/6 – 8/9) • **Nike Native Fitness**, Nike HQ (8/15 – 8/16) **SEPTEMBER** • **Arcora Foundation Board Retreat,** Skamania, WA (9/19 – 9/21)		

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Dancing in the Square
SEPTEMBER

- Downtown Portland, OR (9/27)

OCTOBER

- **NPAIHB Staff Retreat**, Sun River, OR (10/1 – 10/3)
- **ATNI**, Suquamish, WA (10/7 – 10/10)

Upcoming Meetings
NOVEMBER

- **Washington Governors Indian Health Advisory Council** Meeting, Shelton, WA (11/6)
- **Washington Centennial Accord Meeting**, Shelton, WA (11/7 – 11/8)
- **3rd Annual NDTI Yearly DHAT Meeting**, Portland, OR (11/20 – 11/21)

DECEMBER

- **PHAB Board Meeting,** Washington, DC (12/4 – 12/5)
- **Accora Foundation Board Meeting and Alumni Lunch** (12/6)
- **NPAIHB Holiday Party 12/12** at Top Golf in Beaverton, OR

Other Business
2019 NIHB Local Impact Award

- Alison Goerl – NARA *(not present)*
- Alison has amazing dedication to the patients of the NARA Indian Health Clinic. She has been instrumental in improving preventive care & management in the Greater Portland area. This includes expanding the Diabetes program to fully implement a Diabetes

Summary of Minutes

	Prevention component. She has revitalized NARA's Breast and Cervical Cancer Program. She has worked to expand prevention & chronic disease management services to include the WISEWOMAN program to prevent cardiovascular disease & has initiated a program to increase colorectal cancer screening as well. Under Alison's leadership, NARA patients now have "whole person" preventive & chronic disease care addressing many persistent conditions. • Alison demonstrates the highest standard of commitment to comprehensive quality health care & represents the finest example of what can be accomplished with commitment & compassion for our patients, their families & community. With leadership like Alison's, we can address & eliminate health disparities! • Alison is a Registered Dietitian & the Diabetes/BCCP/Wisewoman Program Director at the NARA Indian Health Clinic in Portland, OR. She received a BS in Microbiology & Nutrition from Oregon State and completed her Dietetic Internship at Oregon Health Sciences University. Alison has worked at NARA for more than 17 years and has managed the SDPI Diabetes grants since 2004. She leads a multidisciplinary team of health care professionals who provide care to 500 AI/AN people with diabetes and 1000 AI/AN people with prediabetes. Recently she served as a consultant to the professional writer of the SDPI Diabetes Prevention Dissemination Toolkit • <u>Kathy Wynecoop ~ Spokane Tribe of Indians</u> *(1of 2)* • Kathy done specialty work with other reservations and urban Native Centers recruiting Native people for the Native American Bone Marrow Registry. Her vision was to help Native peoples find that match and save lives. Brings the Blood Drive to the community to keep available in those emergent situations. Kathy was dedicated to the youth in the community by providing health education and disease prevention classes throughout the years. Providing these kids with the resources available to fulfill those needs. Kathy's		

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persistent personality helps drive her. She's the perfect person to have serving your community. Kathy maintains many contacts, and partnerships near and far. She gets contacted from various agencies on special projects, special requests from clinic staff on management of patient needs, medical equipment needs, anything that impacts our communities' healthcare needs. Kathy works long days and drives many miles to serve the community. Visits homes, delivers medication, medical equipment, performs vitals assessing their healthcare needs. Does a lot of case management, transports, communicating with providers, and setting up appointments, sets up medication boxes to prevent missed and or over dosing, orders refill's. Some weekends spent doing special medication regiments through pic lines, dressing changes to ensure her patients don't develop infections. Her 32 years of service and dedication is long overdue for this type of special award. Great job

- Kathy D Wynecoop Spokane Tribal Member. She has several family members that have served or are serving the community and tribe. Her late grandfather was the Chairman of the Spokane Tribe, one sister was in education, the other in IHS and many Veterans. Kathy graduated from SCC in 1984 with an Associate Degree in Liberal Arts. In 1988 she graduated from YVCC with a degree in Community Health. She started serving the Native American population on the Spokane Indian Reservation on November 6th, 1986. Her interests were in specialty services when introduced to the Native American Bone Marrow Registry program.

20th Anniversary of our Northwest Tribal Cancer Coalition

- ***January 14th – 16th, 2020 ~ Marysville, WA hosted by Tulalip *** new dates*****
- ***April 21st – 23rd ~ Grand Mound, WA hosted by Chehalis*** *(don't have the week of April 20th but April 13th is available **the 12th is Easter Sunday) 1st 2 weeks in April are Spring Break*

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	and week of April 27th is Self-Governance Conference **NEWSLETTER FUN** Newsletter fun, can you find Harry the sasquatch? To have a little fun for this quarter, there are five hidden Harrys' throughout Health News & Notes. Remember, like you brand new chap stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… sasquatches are VERY elusive. Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL FIVE Harrys', will win a We R Native fanny pack with some extra goodies inside. Show them to Lisa Griggs to claim your prize!"		
REVIEW NATIONAL COMMITTEE LIST	**National and Regional Committees** • U.S. Department of Health and Human Services (HHS) • Indian Health Service (IHS) • Substance Abuse Mental Health Services Administration (SAMHSA) • Centers for Disease Control and Prevention (CDC) • Centers for Medicare and Medicaid Services (CMS) • National Institutes of Health (NIH) **HHS Secretary's Tribal Advisory Committee (STAC)** • Ron Allen was in attendance as PA rep and Tino Batt as national at-large rep. The next meeting is in January or February. • Here are main points from the STAC meeting with Deputy Secretary Eric Hargan. [Joe- we handed out a Hobbs Strauss summary of the mtg or ask Laura for other administrative updates]. • Deputy Secretary Hargan discussed six areas of focus for HHS: 1) ending HIV; 2) opioid		

crisis; 3) kidney failure; 4) rural and remote health; 5) morbidity rates; 6) social determinants of health

- He talked about their efforts to combat the opioid crisis. HHS is concerned about rising rates of meth. They are trying to have an evidence-based approach to both.
- As to strategic planning for HHS, they are looking to see what things they can accomplish in the next year.
- STAC members requested support on Advance Appropriations, requested an indefinite appropriation for 105(l) leases, opposed Medicaid block grants, requested that HHS programs be improved, requested that IHS Director should have an Assistant Secretary position, addressed HPSA scores, addressed TANF and poverty guidelines, stated that AFCARs final rules are still an issue, inclusion of tribes in IHS/IT modernization, and inquired about HHS priorities.
- Deputy Secretary Hargan didn't have time to provide responses to all the requests that were made.
- For Advance Appropriations, his staff clearly heard tribes' request and Hargan said that Congress is often wary of giving advance funding.

IHS Tribal Leader Diabetes Committee (TLDC)

- Portland Area Representatives Cassie Sellerds-Reck and Sharon Stanphill attended the meeting and Sarah attended as the Technical Advisor.
- The main focus during the last 2 meetings has been the current SDPI funding distribution, developing questions from the TLDC to be included in the DTLL for consultation, ensuring tribes have sufficient and transparent information to provide comments to the SDPI FY 2021 funding cycle (which begins in 2021), as well as discussing tribal shares as an option for SDPI grantees.
- At the September NIHB National Tribal Health Conference, there was a Diabetes Summit

and World Café to discuss with a panel consisting of panelists from TSGAC, DSTAC, Urban Indian organizations, and TLDC on amending legislation to provide tribes with the options of tribal shares. Portland Area TLDC representative Sharon Stanphil and Technical Advisor Sarah were in attendance.

- At the next meeting in Orlando, the TLDC will be reviewing and discussing the comments received during the SDPI FY 2021 consultation. Comments for the SDPI consultation are due December 2. NPAIHB will be submitting comments and will send out a template comment at the end of November.
- Cassie and Sharon can you provide information from your previous meetings?

IHS Budget Formulation Workgroup

- There is no new update on for this workgroup.
- LAST UPDATE:
- National Tribal Budget Formulation Workgroup (NTBFW) met on June 27-28 in Reno, Nevada. Andy. was able to attend the meeting for Portland Area.
- Workgroup decided to request full funding now (not 12 year phased in funding).
    - An analysis will be conducted to determine what that amount is.
    - Workgroup would like to have a consistent message as to what full funding. We say IHS funded at half the level of need and also say full funding is at $37 billion. Workgroup decided that a consistent message is needed.
- Recommendation for FY 2022 will be based on NTBFW request for FY 2021, plus 30%.
- Portland Area Budget Formulation Meeting is November 14, 2019 in Portland, Oregon-Embassy Suites.

IHS Director established the Direct Service Tribes Advisory Committee (DSTAC)

- Staff were unable to attend this meeting because it conflicted with the Board's Staff

Retreat.
- However, staff reviewed the agenda and provided some talking points to Greg for the meeting

Tribal Self-Governance Advisory Committee (TSGAC).
- Again, staff had to miss this meeting because of the Board Staff Retreat but provided some talking points to Ron for the meeting.

The Community Health Aide Program (CHAP) Tribal Advisory Group (TAG)
- Portland Area contributed nearly half of all the comments received through consultation (119 out of the 263) (good job us, I don't remember if we already reported that). It is clear that the Portland Area Tribes are driving this work!
- IHS shared the comments with the advisory committee
- The advisory committee had hoped that IHS would have a new version of the policy incorporating the comments, they did not – IHS had hoped that the advisory committee would suggest which comments to prioritize, they did not – the advisory committee felt that all of the comments should be given equal weight.
- The advisory committee sent a letter to IHS encouraging them to respond to the questions raised by the comment period and suggested that the TAG continue to operate after the policy is final.
- There has not been another draft of the policy circulated to the TAG since the meeting.
- Lastly, CHAP TAG requested IHS address NPAIHB's need to have working TCHPs certified, either with a demonstration program, an interagency agreement or simply a letter from RADM Weahkee authorizing Alaska to certify CHAPs outside of Alaska. This would not only satisfy Portland Area, but also for Phoenix and Billings who are right behind us with Phoenix a little closer than Billings.

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- No date has been set for the next meeting.

The National Tribal Advisory Committee (NTAC)

- No net updates. The last meeting was June 17 in Washington DC for the NTAC to present to RADM Weahkee their funding recommendations to provide more funding to tribal grantees through ISDEAA compacts and contracts and less funding to IHS national grant management. It was a meeting scheduled last minute and Cheryl Sanders (alternate Portland Area representative) and Sarah as technical advisor was online throughout the day of the meeting.
- The comment deadline for the NTAC behavioral health mechanism recommendations closed on October 1. NPAIHB submitted comments.
- The next meeting has not been scheduled.
- Cassie or Cheryl could you provide us with any information or other updates?

CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR

- CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR on policy issues and broad strategies that may significantly affect AI/AN communities. Assists CDC/ATSDR in fulfilling its mission to promote health and quality of life by preventing and controlling disease, injury, and disability through established and ongoing relationships and consultation sessions.
- Portland Area Representatives:
  - Steve Kutz, Cowlitz (Primary)
  - Sharon Stanphill, Cow Creek Chief Operations Officer (Alternate)
- Meetings:
  - Last meeting and Tribal Consultation: August 13-14, 2019, Cherokee, NC
  - **Next meeting: February, 2019, in Atlanta, GA**

Summary of Minutes

SAMHSA formed the Tribal Technical Advisory Group (TTAC)

- At the STAC meeting, there was a request to Assistant Secretary McCance Katz that the SAMHSA TTAC in-person meetings be scheduled.
- At the last TTAC meeting, which was a virtual meeting July 30-31, Councilman Nick Lewis became primary. Therefore, we have an alternate position that is vacant. Nick as primary and Sarah as a technical advisor attended the virtual meeting. The TTAC charter was discussed and approved.
- Nick and Sarah both voiced extreme concern over the TOR client level data collection required for all clients receiving treatment or recovery services at intake, 6 month follow up and discharge. Grantees are required to achieve a 6 month follow up rate of 80%. SAMHSA responded that they will be having a webinar to address TOR reporting, which we were not happy with.
- Future meetings were proposed for February week of Feb. 24 in DC and the week of 13th of July for meeting in Indian Country. Nick offered for the July TTAC meeting to be held in the Portland Area.

The CMS Tribal Technical Advisory Group (TTAG)

- At the July meeting, the TTAG had a discussion with CMS leadership on work requirements, block grants, and the importance of tribal standard terms and conditions.
- Additionally, at the last meeting a presentation was provided on the AI/AN population highlights of the SUPPORTS Act for SUD providers. OR and WA submitted letters of intent to apply for SUPPORT Act funding. We worked with WA on their application.
- Next face-to-face meeting is on November 7. CMS plans on having representatives from Medicare Advantage Plans as well as SUD waiver update. They will also have the managed care program lead attend.

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- On the Sept. 9 call, Dr. Dave Wilson from NIH announced that a traditional medicine summit is being organized on November 20-22 at the Ben Night Horse Campbell Center in Aurora, CO. 50 traditional healers were invited to it. No flyer has been circulated yet.
- Here are a few subcommittee updates of interest to our area:
- Devin Delrow from NIHB talked about the TTAG strategic plan. This will be reviewed at next face-to-face TTAG meeting.
- 1115 waiver subcommittee announced that ID 1115 work requirements waiver out for public comment.
- Tribal consultation subcommittee circulated a 5-page chart to subcommittee members on tribal consultation key elements to improve state-tribal consultation.
- The managed care subcommittee compiled a chart of managed care issues and sub-issues and will be circulating the chart prior to the TTAG meeting.

The Medicare, Medicaid and Health Reform Policy Committee (MMPC)

- During the last MMPC meeting, the MMPC (Portland Area representative Ron Allen and TA Sarah were in attendance) had a discussion with staff from the Office of the Inspector General on the need for tribes to have the same parity with FQHCs for safe harbors from the anti-kickback statute.
- Other preparation discussions for TTAG included work requirements and block grants as well as the importance of adequate tribal consultation and inclusion of tribal impacts in 1332 and 1115 waivers.

The National Institutes of Health (NIH)

- Robyn Sigo, Suquamish (Primary) and Jeromy Sylvan, Port Gamble S'Klallam (Alternate) terms just ended in September.
- We don't know if they want to continue on the TAC.

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	• NIH reached out to us about the vacancies. If Robyn or Jeromy do not want to continue, is anyone interested in serving on this committee?
	• On the CMS TTAG call on September 9, Dr. Dave Wilson announced that the All of Us Research Project deadline will be extended for 60 days.
	
	Other Committees – Any updates?
	• IHS Facilities Appropriations Advisory Board (FAAB)
	• IHS Indian Health Care Improvement Fund (IHCIF)
	• IHS Information Systems Advisory Committee (ISAC)
	• IHS Purchased and Referred Care (PRC) Workgroup
	• Portland Area Fund Distribution Workgroup (FDWG)
	• Portland Area Facilities Advisory Committee (PAFAC)
	  • We are working on getting an update on the last FAAB meeting.
	  • Katie participated in the last ISAC meeting by phone and may have an update during the EHR presentation.
	  • The PRC workgroup had a meeting last week. [If Eric Metcalf is at the meeting, ask him for an update.]		

WORKING LUNCH	**COMMITTEE MEETINGS**		
LEGISLATIVE & POLICY UPDATE, LAURA PLATERO, GOVERNMENT AFFAIRS/POLICY DIRECTOR	**REPORT OVERVIEW** 1. HOT TOPICS 2. LEGISLATION 3. FUTURE IHS APPROPRIATIONS & BUDGET FORMULATION 4. NEW & PENDING FEDERAL POLICIES 5. OTHER LITIGATION		

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6. RECENT AND UPCOMING NATIONAL/REGIONAL MEETINGS
7. DHAT STATE LEGISLATIVE UPDATE

HOT TOPICS

- *BRACKEEN V. BERNHARDT* - UPDATE
- ADVANCE APPROPRIATIONS – HOUSE SUBCOMMITTEE HEARING AND SENATE BILL
- FY 2020 APPROPRIATIONS
- OTHER INDIAN-SPECIFIC LEGISLATION TO BE INTRODUCED
- NPAIHB RESOLUTION TRACKER

NEW! NPAIHB RESOLUTION TRACKER

Legislation

FY 2020 Interior IHS Appropriations Summary

- National Tribal Budget Formulation Workgroup recommended over **$7 billion** for IHS for FY 2020 (36% increase over FY 2017 enacted level).
- President Released Budget on 3/11/19
  - Proposed **$5.9 billion**, an $82.6m increase above FY 2019 for services and facilities (1.7%) or $115 m (2%) increase overall above 2019 enacted level.
- Continuing resolution through 11/21/19 (IHS and SDPI) under H.R. 4378.
- House Bill Status: On 6/25/19, House passed Interior appropriations bill (with 4 others) ($537m above FY 2019)
- Senate Bill Status: On 9/26/19, Senate Appropriations Committee passed Interior appropriations bill ($237m above FY 2019)

Advanced Appropriations Bills for BIA/BIE/IHS and IHS only

- **S. 229 & H.R. 1122 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**

- Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
- House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
- **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

- **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
  - House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
  - Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

Special Diabetes Program for Indians Reauthorization
SDPI under continuing resolution through 11/21/19 (H.R. 4378). Surprise billing legislation most likely vehicle for extending SDPI:

- **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)
  - **Status**: 7/17/19 – Ordered Reported by House E&C
- **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 7/8/19- Placed on Senate Leg Calendar

Other pending bills:

- **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
  - **Status**: 6/4/19- House E&C Health Subcommittee Hearing
- **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom

Summary of Minutes

O'Halleran (D-AZ)- 5 years at $200m
  - **Status**: 6/4/19-House E&C Health Subcommittee Hearing
- **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1 year extension at $150m)
  - **Status**: 6/26/19- In Committees
- **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 1/18/19- In HELP Committee

New Indian Legislation

- H.R. 4530 – Native American Health Savings Act
- H.R. 4532/S. 2558 – Nursing Home Care for Native Veterans Act
- H.R. 4533 – Native American Health Access Improvement Act
- H.R. 4534 – Native Health and Wellness Act

Future IHS Appropriations & Budget Formulation
FY 2021 IHS Budget Formulation

- National Tribal Budget Formulation Workgroup met on March 14-15, 2019 in Washington D.C. and recommended full funding for IHS at $37.61 billion to be phased in over 12 years.
- For FY 2021, a total of $9.1 billion for IHS is requested. Includes:
  - $257 m for full funding of current services
  - $413 m for binding fiscal obligations
  - $2.7 b for program increases (46% above FY 2019 enacted level)
  - And more!
- Available at: https://www.nihb.org/legislative/budget_formulation.php
- National Tribal Budget Formulation Workgroup (NTBFW) met on June 27-28 in Reno,

Summary of Minutes

Nevada.

- Workgroup decided to request full funding now (not 12 year phased in funding).
  - An analysis will be conducted to determine what that amount is.
- Recommendation for FY 2022 will be based on NTBFW request for FY 2021, plus 30%.
- Portland Area Budget Formulation Meeting for FY 2022 is November 14, 2019 in Portland, Oregon.

New & Pending Federal Policies

Executive Order

- **E.O. 13875: Evaluating and Improving the Utility of Federal Advisory Committees**-Issued 6/14/19
  - Directs agencies to terminate at least 1/3 of its current committees established under 9(a)(2) of FACA, including other committees.
- Imposes the following three deadlines on federal agencies:
  - **August 1, 2019**: agencies must provide a detailed plan to the Office of Management and Budget recommending the termination or continuance of its Section 9(a)(1) committees
  - **September 1, 2019**: OMB shall make recommendations to the President about terminating presidential committees.
  - **September 30, 2019**: 1/3 of agency committees must be terminated.
- On 7/30/19, many tribal organizations signed a letter opposing this requirement to White House, OMB and EPA.
  - Impact on Tribal Advisory Committees is still not clear.

Summary of Minutes

HHS Proposed Rule on Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)

- Issued 8/26; **Comments Due 10/25, 5pm EST**
- Proposes changes to the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2.
- These changes were prompted by the need to continue aligning the regulations with advances in the U.S. health care delivery system, while retaining important privacy protections for individuals seeking treatment for substance use disorders (SUDs).

CMS Request for Information: Treating Pain and Substance Use Disorders

- **CMS Request for Information (RFI): Treating Pain and Substance Use Disorders**; comments submitted
  - SUPPORT Act directs the HHS Secretary to develop an action plan to prevent opioid addiction and increase access to MAT
  - Action Plan will include a review of Medicare and Medicaid payment policies

CMS-Pending Responses and/or Ongoing Issues

- Work Requirements
- Four Walls Limitation- FAQs
- Decision on Appeal of Washington DHAT SPA
- Tribal Consultation
- Managed Care
- Anti-Kickback Laws/Safe Harbors or Exemptions for IHCP

IHS-Special Diabetes Program for Indians Update

- FY 2020- SDPI under a continuing resolution until 11/21/19.
- NIHB coordinated an SDPI Summit on 9/19/19 to discuss the future of SDPI funding, and

Summary of Minutes

tribal shares option.
- Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; **Comments Due on 12/2**
  - Portland Area consultations on:
    - October 28 and November 15

IHS-Behavioral Health/Opioid Funding DTLLs
- Tribal Consultation conducted on Recommendations by the IHS National Tribal Advisory Committee on Behavioral Health for Behavioral Health Funding; DTLL 8/2/19; comments due 10/1/19; comments submitted.
- Tribal Consultation and Urban Confer conducted on Developing IHS Opioid Grant Program to Distribute the FY 2019 Opioid Funding; DTLL 7/5/19; comments submitted.
  - Related to $10m for Special Behavioral Health Program for Indians, FY 2019 appropriation.

IHS-Community Health Aide Program (CHAP) Expansion
- Tribal Consultation conducted on Community Health Aide Program Interim Policy; DTLL on 5/8/19; comments submitted.
  - IHS Community Health Aide Program (CHAP) Workgroup reviewed comments on 9/9/19.
- House bill $20m; Senate Appropriations Committee bill $3m
- NPAIHB actively advocating for CHAP expansion funding and to be a demonstration project if funded

IHS-Section 105(l) Leases
- Tribal Consultation conducted on Long and Short Term Options for Meeting ISDEAA 105(l)

Summary of Minutes

Requirements, DTLL 3/12/19
  - Comments submitted requesting an indefinite discretionary appropriation like CSC
- RADM Weahkee recently reported that over 190 proposals have been submitted at a cost of $103m and it is continuing to rise.
  - House bill $53m; Senate Appropriations Committee bill $97m
- A Technical workgroup has been established under National Tribal Budget Formulation Workgroup

Contract Support Costs (CSC)

- Results of Tribal Consultation on CSC Alternative Method for Calculating Indirect Costs Associated with Recurring Service Unit Shares (also known as "97/3 Split"); DTLL 8/6/19
  - IHS substantially changed the 97/3 provision by making it something both the Area Office and the Tribe have to agree to use, rather than something that is the exclusive option of the Tribe.

IHS-Other Recent DTLLs

- **Tribal Consultation and Urban Confer to Seek Input on the Memorandum of Understanding and Related Performance Measures between the VA, VHA, HHS and IHS**; DTLL 9/4/19
  - First consultation at NIHB conference in September; future consultations to be scheduled.
- **Invitation to Provide Updated Facility Master Plans and/or Identified Health Care Facility Needs to Local IHS Area Facilities Program Director for Possible Inclusion in the 2021 IHS and Tribal Health Care Facilities Needs Assessment Report to Congress**; DTLL 7/5/19; **Data Due 12/31**

Summary of Minutes

HRSA Update

- **HRSA Rural Access to Health Care Services Request for Information**; comments submitted
  - Seeks information about measuring access to health care in rural communities through a set of "Questions for Public Comment."
- **HRSA Tribal Advisory Committee**
  - At last HHS STAC meeting, HRSA leadership announced that it will be convening a HRSA Tribal Advisory Committee (request from HHS Region 10 Consultation).
- **HRSA Shortage Designation Modernization Project (SDMP)**
  - New Auto-HPSA designation scores will be applicable to the 2020 National Health Service Corp application cycle (application cycle begins February 2020).
  - **8/30/19:** HRSA Auto-HPSA online portal opened on for tribes to upload facility-specific data and supplemental data to increase scores (replacement of the ACS data)and tribes can request rescores. (Portal- https://bhw.hrsa.gov/sdmp)
  - **9/9/19:** HRSA rescored dental health and mental health Auto-HPSAs for I/T/Us with additional data provided by IHS.
    - For instructions on how to upload data, watch the June 25 Webinar: Auto-HPSA Portal Training for I/T/Us.
    - Email SDMP@HRSA.GOV for assistance or your state HRSA representatives.
    - Webinar recordings available at: https://bhw.hrsa.gov/sdmp

VA Updates

- VA/IHS Consultation Session at NIHB Conference on 9/16/19 to seek input on the MOU and related measures to improve access and health outcomes for AI/AN veterans.
- *Wolfe v. Wilkie*: Federal court ruled that VA wrongly denied reimbursements to veterans. Class action lawsuit was the result of VA failing to fully reimburse veterans for emergency room care at non-VA facilities.

Summary of Minutes

- H.R. 4532/S. 2258- Nursing Home Care for Native Veterans Act, addresses the lack of nursing homes for veterans on tribal lands.

Other Litigation

Texas v. United States **-** Challenge to Affordable Care Act

- On December 14, 2018, Judge Reed O'Conner (USDC ND Texas) held:
  - That the individual mandate enacted as part of the ACA is unconstitutional because it cannot be justified under Congress' taxing power (Congress reduced tax penalty to $0).
  - The entire ACA must be invalidated because the individual mandate is not severable and essential to the ACA's operation.
- If ACA struck down, ICHIA would also be struck down.
- Appealed to USCA for the the Fifth Circuit.
- 483 tribes and tribal organizations (including NPAIHB) joined an amicus brief.
- On March 25, 2019, a coalition of states intervened in the case in order to defend the ACA while Department of Justice filed a two-sentence letter with the court announcing that the U.S. had changed its position in the litigation.
- On July 9, 2019, a three-panel judge in the Fifth Circuit heard oral arguments.
- Fifth Circuit Decision pending- likely to be appealed to the Supreme Court.

Brackeen v. Bernhardt **- Challenge to ICWA**

- On 10/5/18, Judge Reed O'Conner (USDC ND Texas) ruled that ICWA is unconstitutional in Brackeen v. Zinke.
- Found that *Morton v. Mancari* rule does not apply because ICWA extends to Indians who are not members of tribes.

Summary of Minutes

- ICWA struck down in violation of equal protection.
- Appealed to USCA for the Fifth Circuit and now titled, *Brackeen v. Bernhardt*.
- Many tribes and tribal organizations (including NPAIHB) joined the amicus brief.
- **Status:**
  - On 8/9/19, the Fifth Circuit Reversed D.C. Grant of Summary Judgment - A win for Indian Country!
  - On 10/1/19, plaintiffs filed for a rehearing *en banc.*

Recent and Upcoming National/Regional Meetings

Recent Meetings (not Committees)

- NIHB Quarterly Board Meeting: September 15
- NIHB Tribal Health Conference: September 16-19
  - HRSA Consultation Session (9/16)
  - Joint IHS/VA Consultation Session (9/16)
  - CMS Listening Session (9/16)
  - IHS Listening Session (9/17)
  - Special Diabetes Program for Indians Summit (9/19)
- Affiliated Tribes of Northwest Indians: October 7-10

Upcoming Meetings - October-December 2019

- NCAI Annual Convention and Marketplace, October 20-25, Albuquerque, NM
- MMPC/CMS TTAG Meeting November 6-8, Washington, D.C.
- NIHB 4th Quarter Board Meeting, November 13-15, Washington, D.C.
- Portland Area Budget Formulation Meeting, November 14, Portland, OR
- Tribal Leaders Diabetes Committee Meeting, December 2-3, Washington, D.C.

Summary of Minutes

	DHAT State Legislative Update • **Washington state** will continue to pursue statewide licensing bill that will enable UIPs to employ dental therapists. Bill *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill. • **Oregon** is looking to introduce statewide licensing bill in 2020 session. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations. • **Idaho** passed legislation this past year that will grant state licenses to dental therapists practicing on tribal lands.		
INDIAN HEALTH SERVICE - MATERNAL & CHILD HEALTH PROGRAM: REACH OUT & READ COLLABORATION: DR. MARCY RONYAK - DIRECTOR, OFFICE OF CLINICAL & COMMUNITY SERVICES REACH OUT & READ INITIATIVE & DR. ALLISON EMPEY - ASSISTANT PROFESSOR,	*Please see PowerPoint Presentation*		

Summary of Minutes

DEPARTMENT OF PEDIATRICS DEPUTY DIRECTOR, NORTHWEST NATIVE AMERICAN CENTER OF EXCELLENCE OREGON HEALTH & SCIENCE UNIVERSITY			
2020 – 2025 NPAIHB STRATEGIC PLANNING & REVIEW: STEPHANIE CRAIG-RUSHING, THRIVE & PRT PROJECT DIRECTOR & NORA FRANK BUCKNER, WEAVE NW PROJECT COORDINATOR	*Please see PowerPoint Presentation*		
EXECUTIVE SESSION	**MOTION** to go into Executive Session by Cassie Sellards-Reck, Cowlitz; 2nd by Cheryl Raser, Swinomish. **MOTION PASSES**		
Wednesday October 23, 2019			
	Call to Order: at 9:05 am		

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WASHINGTON STATE UNIVERSITY NATIVE AMERICAN HEALTH SCIENCE: DR. NAOMI BENDER, DIRECTOR NATIVE AMERICAN HEALTH SCIENCES PROGRAM	*Please see PowerPoint Presentation*		
OREGON OFFICE OF RURAL HEALTH, STACEE REED, PROGRAM MANAGER – RECRUITMENT AND RETENTION: STACEE REED, RECRUITMENT AND RETENTION MANAGER	*Please see PowerPoint Presentation*		
IDEA-NW PROJECT: SUJATA JOSHI, IDEA-NW PROJECT DIRECTOR	*Please see PowerPoint Presentation*		
EHR RESULTS AND	*Please see PowerPoint Presentation*		

Summary of Minutes

REPORT: KATIE JOHNSON, ER INTEGRATED CARE COORDINATOR & SARAH SULLIVAN, HEALTH POLICY ANALYST			
LUNCH	**SPECIAL DIABETES PROJECT FOR INDIANS (SDPI) CONSULTATION** Here is a summary of the consultation: **Portland Area SDPI Consultation Round #1** **Wednesday, October 23, 2019** **NPAIHB Quarterly Board Meeting** • Undisbursed funds- there are funds that were to prior year funds (column 3), there is 13.82M as well as another 8.9M, 2 areas have money from excessive years back. There are ways IHS can offset it to use past funds for the past year and then to new grant years. • **ACTION: All recommendations made today should be written up for review to Cassie and Sharon and sent to headquarters.** • The question about unspent funds/undistributed funds is a new topic to the whole area. We brought that conversation to IHS headquarters. I appreciate RADM Weahkee's transparency as well as our own Area. It is not always that way. **A lot of these questions we need to document because we need to pass them along to IHS as partnering conversations because we don't know.** • If there is funding, we want to include the other tribes.		

Summary of Minutes

	• **When we talk about rollover, we have inflation. Nothing has changed.** Tribes and tribal organizations have been the ones lobbying for this funding for a reason and purpose. **Going back to the executive order 13175, we are the decision makers, a serious take on this needs to be spent to not take from tribal services, the most important thing**. **We need to be more involved with the tribes who need to get up and running. IHS should be doing everything they can to get all the tribes involved, but don't take from tribal services.** Bring these comments forward. If the shoe was on the other foot, we would definitely be having a different conversation. Remember, we will continue lobbying and asking for more money to serve our people. • I agree. It makes sense to not take away for tribes who have been lobbying and fighting for this money. We are probably the furthest away from Portland. Our program is unique and we use the funding uniquely and provide a lot of different services. IHS is the missing piece because we don't have doctors to care for our patients, especially those who are chronically ill and have co-morbidities. Our staff includes 3 people and our service population is above 5,000. We have dialysis patients who have to be transported by our CHRs to our dialysis centers. We have to have internal discussions and take it to our council. There is still a lot of footwork to do. **Our diabetes programs that have been in place for years, it has evolved and will continue to evolve and we need additional staff. We just bought brand new meters that show through technology that our A1C levels are coming down. It is important for the higher ups to see what is really working for the tribes and it is a cost and IHS doesn't provide those funding to the tribes. It is a hard situation because of how it is budgeted, but there are all kinds of dynamics involved in this.** • **Of the undispersed funds, how much is from our Area?** • IHS Portland Area Office: I don't know if I have that information. • We need to make sure those funds are dispersed.		

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U.S. CENSUS: SHANA RADFORD, TRIBAL PARTNERSHIP SPECIALIST LOS ANGELES REGIONAL CENSUS CENTER U.S. CENSUS BUREAU – STATE OF OREGON	*Please see PowerPoint Presentation*		
HEALTHY NATIVE YOUTH AND WERNATIVE UPDATE: MICHELLE SINGER, HEALTH NATIVE YOUTH PROJECT MANAGER	*Please see PowerPoint Presentation*		
RECESS	Recess for the day at 4:05 p.m.		
THURSDAY OCTOBER 24, 2019			
COMMITTEE REPORTS	**Elders Committee –** Twila Teeman, Burns (A copy of the report is attached) **Veterans Committee –** Don Head & Sarah Sullivan, NPAIHB Staff (A copy of the report is		

Summary of Minutes

	attached) **Public Health Committee –** Andrew Shogren, Suquamish Tribe: (A copy of the report is attached) **Behavioral Health Committee –** Ali Desautel, Kalispel (A copy of the report is attached) **Personnel Committee–** Shawn Gavin, Conf. Tribes of Umatilla (A copy of the report is attached) **Youth Committee** – Written report (A copy of the report is attached) **Oral Health Committee** – Joe Finkbonner, NPAIHB Staff (A copy of the report is attached) **Legislative/Resolution Committee** – Laura Platero, NPAIHB Staff		
RESOLUTIONS:	*Northwest Health Foundation Funding for Dental Therapy Legislation in Oregon* **MOTION to Approve**: Shawna Gavin, Confederated Tribes of Umatilla; 2nd by Cheryl Raser, Swinomish: **MOTION PASSES** *Tribal Community Health Provider Program Funding for Development of Behavioral Health Aide Program (BHAP) and Native Dental Therapist Initiative (NDTI) Education Programs* **MOTION to Approve**: Cheryl Raser, Swinomish; 2nd by Shawna Gavin, Confederated Tribes of Umatilla: **MOTION PASSES** *Support of Ban on Sale of Flavored Vaping Products* **MOTION to Approve**: Debra Jones, Samish; 2nd by Kim Thompson, Shoalwater Bay**: 3 Abstentions: MOTION PASSES**	**MOTION** **MOTION**	**PASSED** **PASSED**

Summary of Minutes

		MOTION	**PASSED**
	Two letter to RADM. Weahkee: First, letter on Contract Support Workgroup (CSC) not meeting and send a follow up letter asking the CSC to meet in person very soon. Second, letter related to Direct Service Tribes, request IHS focus on and include Direct Service Tribes in the DHAT opportunity. **Motion to send CSC letters and DHAT letters**: by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Andrew Shogren, Suquamish: **MOTION PASSES**	**MOTION PASSED**	**LETTERS SENT 11/3/2019**
UNFINISHED/NEW BUSINESS:			
FINANCE REPORT	Eugen Mostofi, Account Manager **-- MOTION to Approve: by Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Andrew Shogren, Suquamish: MOTION PASSES**	**MOTION**	**PASSED**
MINUTES	**MOTION to Approve:** Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Twila Teeman, Burns-Paiute: **MOTION PASSES**	**MOTION**	**PASSED**
ADJOURN	**MOTION to ADJOURN – MOTION** by Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Debra Jones, Samish: **ADJOURN at 10:00 a.m.**	**MOTION**	**PASSED**

QUARTERLY BOARD MEETING

Wildhorse Casino Resort
Pendleton, OR

October 22-24, 2019
MINUTES

TUESDAY OCTOBER 22, 2019

Call to Order: Cheryle Kennedy, Acting Chairman,

Invocation: BOT Men

Posting of Flags:

Welcome: Chairman Burke and Chairman Sigo

Roll Call: Greg Abrahamson, Secretary, called roll:

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

There were 24 delegates present, a quorum is established.

AREA DIRECTOR REPORT CAPT ANN ARNETT, DEPUTY DIRECTOR PORTLAND AREA IHS

Indian Health Service Portland Area
HRSA – HPSA SCORES

- 145 I/T/U sites Agency wide went from competitive to non-competitive
- 11 Portland Area Tribes impacted for Primary Care score
- 15 Portland Area Tribes converting to competitive for Dental Health
- 3 Portland Area I/T/U converting to competitive for Mental Health
- All sites need to update data on HRSA Data Warehouse web page
- If any sites have current scholars, they will receive FY20 funds

Area Staff Changes

- Andrew Terranella, MD – Chief Medical Officer
- Jeremy Howell, DHA, FACHE - Chief Executive Officer, Wellpinit Service Unit
- Hyllis Dauphinais Sr., Chief Executive Officer, Warm Springs Service Unit

Office of Clinical Support – Diabetes

- **Roney Won- Acting Diabetes Coordinator**
  - **roney.won@ihs.gov 503-414-5555**
- FY 2020 Continuation Application
  - Submitted applications currently under review
- Recent Meetings/Trainings
  - TLDC Meeting: October 9 – 10
- Urban Diabetes Audit Webinar: October 9
- CME/CE – Beyond PubMed: Finding Clinical Literature on Diabetes: November 12

Office of Clinical Support

- **Upcoming Meetings – RPMS Training**
- Meetings & Trainings
  - EHR Clinical Reminders Advanced Logic & Troubleshooting – Oct 21-25
  - 20th Annual TribalNet Conference – Nov 11-14
  - EHR for HIM – Nov 18-22
- RPMS-EHR
  - IHS Health IT Modernization Project – expected report of findings soon
  - Electronic Prescribing of Controlled Substances
- IHS Adverse Event Reporting System (WebCident) Replacement

Sanitation Facilities Construction

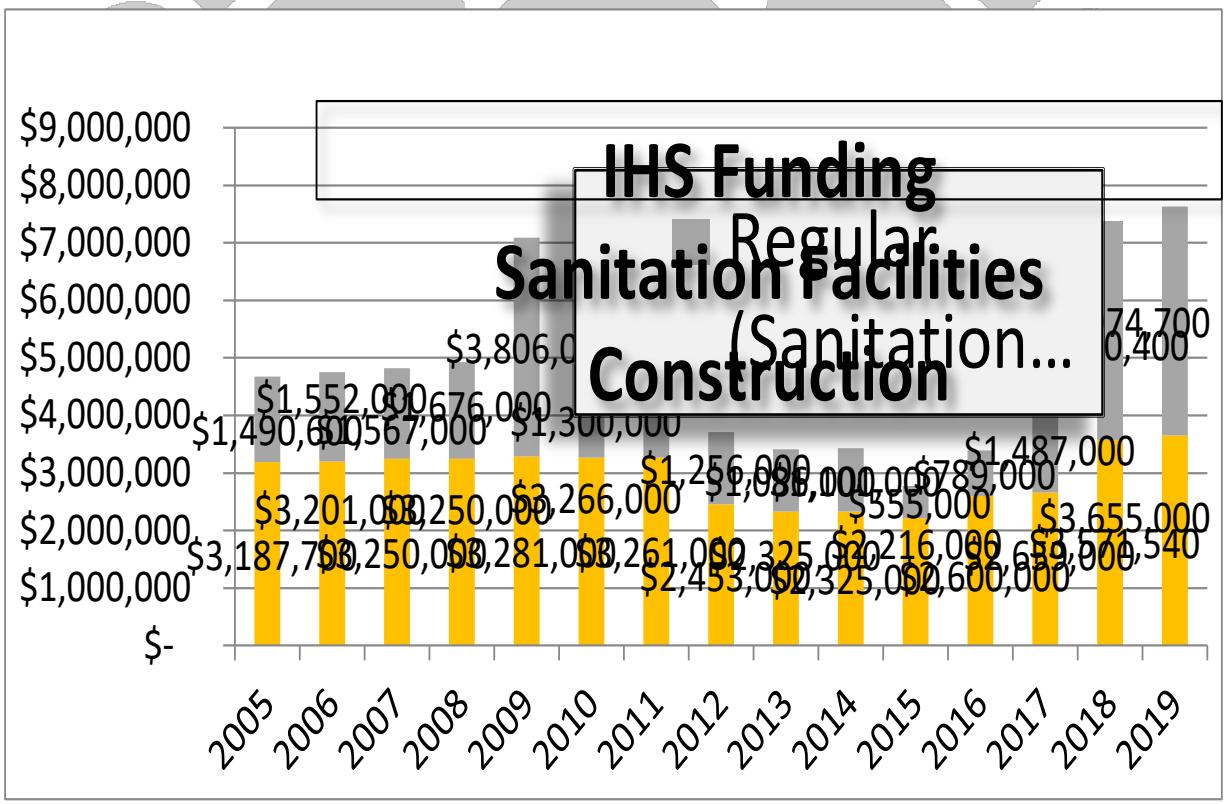
Acting Division Director for Sanitation Facilities Construction
CDR Craig Haugland, P.E., Acting Director, craig.haugland@ihs.gov

Spokane District and Fort Hall Field Office (Eastern Washington, Idaho)
CDR Steve Sauer, P.E., BCEE, District Engineer, steve.sauer@ihs.gov

Olympic District (Washington, West of the Cascade Mountains)
CDR Roger Hargrove, P.E., District Engineer, roger.hargrove@ihs.gov

Oregon District (Oregon Tribes + Yakama Field Office)
LT Derek Hancey, P.E., Supervisory Environmental Engineer
derek.hancey@ihs.gov

District Utility Consultant (Area-wide coverage)
CDR Ben Chadwick, P.E., District Engineer (Utility Consulting)
benjamin.chadwick@ihs.gov



- **2019 IHS Funding for Sanitation Facilities Construction**
  - 2019 appropriation resulted in 3.2% increase in construction funding over last year.
  - 35 Projects approved.
  - The Tribal need continues to exceed available funding.
- **Preparation for 2020 SFC Funding:**
  - Identification of potential 2020 projects.
  - Sanitation Deficiencies (existing water/sewer infrastructure)
    - Submitted September30th for HQ review
  - Housing Developments (Housing Priority System)
    - Requested from Tribes in Early September
    - Due October 10th to District Engineers)

- **Sanitation Facilities Construction Staffing new additions**
- CDR Ben Chadwick joined our team as the District Utility Consultant in the Bremerton District Office.
- LT Kim Eisberg joined our team as an Environmental Engineer in the Spokane District Office.
- Mr. Tyler Timmons, E.I.T., was selected for an environmental engineering position in the Portland Area Office.
- The Portland Area IHS SFC Director has been advertised.
  - Please see USAJOBS for the announcement.
  - IHS-19-WR-10612145-ESEP/MP

- Draft AFA's are out for T1 tribes that contract on a Fiscal year basis, please contact PAO if changes/updates are needed.
- Funding tables for TV that compact on a fiscal year basis have been sent as well
- If you have not signed your AFA or finalized your Funding tables it will result in a delay for your initial FY2020 payment.
- Ongoing CSC reconciliations FY14 – FY18
- CY2020 documents will be out to tribes for review prior to end of October

- **Purchase and Referred Care**
  - FY2018 CHEF – funds exhausted
    - Total reimbursement, $3,277,045.00
  - FY2019 CHEF – Balance $44,721,627
    - 56 new cases
    - 11 amendments
    - Reimbursed to date, $1,165,918.00
    -

- ❖ FY2020 CHEF – We have not been notified that HQ is accepting
- ❖ FY20 CHEF cases, however if you have them send them in and we will
- ❖ prepare them for submission when HQ is open.

- ❖ **Purchase and Referred Care, cont.**
  - ❖ CHEF Online Tool
    - ❖ On September 26, 2019 we were notified to temporarily suspend the use of the CHEF online tool while the Office of Resource Access and Partnership and the Office of Information Technology collaborate to enhance the level of application integration and IT security.

If you are interested in the CHEF Online Tool, you can reach out Salena Massey at Salena.Massey@ihs.gov or 503.414.5545. Salena can provide information regarding access and set up for when the suspension is lifted.

Continuing Appropriations Act, 2020, Public Law No: 116-59

- Provides FY2020 continuing appropriations to federal agencies through November 21, 2019, 14.21%
- Increase of $237 million above FY2019 enacted for I.H.S.
  - CSC, staffing of new health care facilities, HCFC, SFC and medical equipment

Exception Apportionment

- IHS received approval to request an exception apportionment
- IHS is requesting an exception to the standard CR funding level that will enable us to pay tribal contractors and compactors the majority of their fiscal year contract/compact amounts
- Once approved by OMB, IHS could have access to funds beyond the CR amount to pay fiscal year Title I and Title V contractors and compactors more than the standard CR percent calculation
- While we work through the exception apportionment process, IHS is issuing tribal payments with the CR funding levels currently available--just like we would under any normal CR
- The exception apportionment would only apply to tribally operated programs.
  - IHS federally operated programs and Urban Indian Organizations were not included in the approval and will continue to be funded at the current CR funding level of 14.21% through November 21, or the percent identified in any subsequent CR.

Portland Area Indian Health Service - FY 2022 Budget Formulation Meeting

Location and Date

- Embassy Suites Portland (Airport), Portland, OR
- November 14, 2019

Purpose

- Determine FY 2022 Budget Priorities for Portland Area I.H.S.
- Identify Hot Topics
- Elect two (2) Tribal Representatives to negotiate and vote on behalf of Portland Area IHS at National Budget Workgroup Meetings

Special Diabetes Program for Indians FY21 Tribal Consult/Urban Confer

- October 02, 2019 DTLL and DUIOLL
- Comment submission deadline – December 02, 2019
- Portland Area Tribal Consultation – During this QBM
- Follow up Tribal Consultation - November 15, 2019 @ 10:00AM Pacific
  - Embassy Suites, PDX Airport
- Portland Area Urban Confer Call – November 5, 2019 @ 2:00PM Pacific
- www.ihs.gov/newsroom/triballeaderletter/
- https://www.ihs.gov/newsroom/urbanleaderletters/

Ending the HIV Epidemic initiative

- Press Release - October 07, 2019
- $2.4 million to Tribal Epidemiology Centers
- NPAIHB – Northwest Tribal Epidemiology Center
- Seattle Indian Health Board – Urban Indian Health Institute
- https://www.ihs.gov/newsroom/pressreleases/2019pressreleases/ihs-awards-2-4-million-to-tribal-epidemiology-centers-for-diagnosis-treatment-and-response-to-hiv-hepatitis-c-and-stis/

Verdict in the Trial of Former IHS Pediatrician Stanley Patrick Weber

- Press Release – September 27, 2019
- RADM Weahkee Statement
- IHS hotline – 1-301-443-0658

CMO Updates

- Recent Special General Memos
  - SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
- Other

- Circular 19-05 Contractor Training Plan for Implementation of Indian Health Manual Part 3 Chapter 20, Protecting Children from Sexual Abuse by Health Care Providers

Medical Epidemiologist Updates

- Immunizations
  - Childhood immunizations as reported in the Indian Health Service National Immunization Reporting System have dropped to an all-time low below 50%
    - Please ensure that for facilities using RPMS or have the ability to provide this information to NIRS that these data are submitted each quarter
    - Remove barriers to childhood immunization:
      - Provide immunizations at all visits, including walk-ins
      - Do not require informed consent
      - Check the State Immunization Information System for immunizations given elsewhere
      - Address patients' concerns directly
- 2019-2020 Flu Season Updates
- Vaccines have arrived and vaccination activities have begun
- The vaccine makeup similar to last year except that the H3N2 component is new and is designed to protect against the strain that was in circulation in 2018-2019
- Flumist (the nasal spray) is available again this year but the production was delayed
- There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive! Look for this brochure on the table.

CHAIR'S REPORT, CHERYLE KENNEDY

- I'm pleased to report that it's been a productive quarter for the staff at NPAIHB with new funding and policy activities.
- NPAIHB and Northwest Tribal Epidemiology Center (NWTEC) have several new sources of funding.
- NPAIHB was awarded the Tribal Opioid Response (TOR) grant from SAMHSA for another 6 Tribes.
- This is in addition to the TOR funding that we received last year.
- The NWTEC was also awarded $340,000 for HIV prevention activities in the Northwest Region, which will include development of a new community of practice using the ECHO model.
- The NWTEC was awarded funds for the second 5-year cycle of Good Health and Wellness in Indian Country for training and technical assistance to regional tribes and

provision of tribal sub-awards for policy, system and environment changes to enhance health among the Northwest Tribes.

- Under the Centers for Disease Control and Prevention umbrella mechanism, NWTEC was awarded funds for a project to enhance immunization adherence, to continue an environmental health tracking project the NWTEC had previously undertaken, and to provide Tribes with assistance as to public health accreditation preparedness activities.
- NWTEC was awarded the Washington State Department of Health contract for the Tribal Public Health Emergency Preparedness Conference, with a potential of a 5-year extension.
- The NWTEC will also be assisting Washington and Oregon States with activities related to Tribal Public Health Improvement planning as a contract recipient for each state.
- As to policy activities, NPAIHB commented on the $10 million in opioid funding that was appropriated to IHS for the Special Behavioral Health Program for Indians, and commented on the IHS National Tribal Advisory Committee's recommendation for Behavioral Health Initiative funding.
- Our comment letters requested that tribes be provided an option to receive funding through Indian Self-Determination Education Assistance Act (ISDEAA) contracts and compacts.
- Northwest Tribes have a long history of operating IHS programs and having more control over these funds will allow tribes to develop comprehensive behavioral health programs.

EXECUTIVE DIRECTOR'S REPORT, JOE FINKBONNER

Personnel Report
New Hires:

- **Morgan Thomas,** LGBTQ 2 Spirit Outreach & Engagement Coordinator
- **Kimberly Calloway**, CDC Assignee

Promotions/Transfers

- **Nora Frank-Buckner,** WEAVE-NW Food Sovereignty Project Manager
- **Ryan Sealy,** WEAVE-NW Tobacco & Breastfeeding Project Manager
- **Pam Johnson**, NDTI Project Manager
- **Tanya Firemoon**, TCHP Project Specialist

Temps and Interns

- **Jennifer Seaman**, Intern

Recognition:

- **Ticey Mason ~** 15 Years of Service
- **Lisa Griggs ~** 15 Years of Service

Meetings
AUGUST

- **Region 10 Opioid Summit**, Vancouver, WA (8/6 – 8/9)
- **Nike Native Fitness**, Nike HQ (8/15 – 8/16)

SEPTEMBER

- **Arcora Foundation Board Retreat,** Skamania, WA (9/19 – 9/21)

Dancing in the Square
SEPTEMBER

- Downtown Portland, OR (9/27)

OCTOBER

- **NPAIHB Staff Retreat**, Sun River, OR (10/1 – 10/3)
- **ATNI**, Suquamish, WA (10/7 – 10/10)

Upcoming Meetings
NOVEMBER

- **Washington Governors Indian Health Advisory Council** Meeting, Shelton, WA (11/6)
- **Washington Centennial Accord Meeting**, Shelton, WA (11/7 – 11/8)
- **3rd Annual NDTI Yearly DHAT Meeting**, Portland, OR (11/20 – 11/21)

DECEMBER

- **PHAB Board Meeting,** Washington, DC (12/4 – 12/5)
- **Accora Foundation Board Meeting and Alumni Lunch** (12/6)
- **NPAIHB Holiday Party 12/12** at Top Golf in Beaverton, OR

Other Business
2019 NIHB Local Impact Award

- Alison Goerl – NARA *(not present)*
- Alison has amazing dedication to the patients of the NARA Indian Health Clinic. She has been instrumental in improving preventive care & management in the Greater Portland area. This includes expanding the Diabetes program to fully implement a Diabetes Prevention component. She has revitalized NARA's Breast and Cervical Cancer Program. She has worked to expand prevention & chronic disease management services to include the WISEWOMAN program to prevent cardiovascular disease & has initiated a program to increase colorectal cancer screening as well. Under Alison's leadership,

NARA patients now have "whole person" preventive & chronic disease care addressing many persistent conditions.

- Alison demonstrates the highest standard of commitment to comprehensive quality health care & represents the finest example of what can be accomplished with commitment & compassion for our patients, their families & community. With leadership like Alison's, we can address & eliminate health disparities!
- Alison is a Registered Dietitian & the Diabetes/BCCP/Wisewoman Program Director at the NARA Indian Health Clinic in Portland, OR. She received a BS in Microbiology & Nutrition from Oregon State and completed her Dietetic Internship at Oregon Health Sciences University. Alison has worked at NARA for more than 17 years and has managed the SDPI Diabetes grants since 2004. She leads a multidisciplinary team of health care professionals who provide care to 500 AI/AN people with diabetes and 1000 AI/AN people with prediabetes. Recently she served as a consultant to the professional writer of the SDPI Diabetes Prevention Dissemination Toolkit

- Kathy Wynecoop ~ Spokane Tribe of Indians *(1of 2)*
- Kathy done specialty work with other reservations and urban Native Centers recruiting Native people for the Native American Bone Marrow Registry. Her vision was to help Native peoples find that match and save lives. Brings the Blood Drive to the community to keep available in those emergent situations. Kathy was dedicated to the youth in the community by providing health education and disease prevention classes throughout the years. Providing these kids with the resources available to fulfill those needs. Kathy's persistent personality helps drive her. She's the perfect person to have serving your community. Kathy maintains many contacts, and partnerships near and far. She gets contacted from various agencies on special projects, special requests from clinic staff on management of patient needs, medical equipment needs, anything that impacts our communities' healthcare needs. Kathy works long days and drives many miles to serve the community. Visits homes, delivers medication, medical equipment, performs vitals assessing their healthcare needs. Does a lot of case management, transports, communicating with providers, and setting up appointments, sets up medication boxes to prevent missed and or over dosing, orders refill's. Some weekends spent doing special medication regiments through pic lines, dressing changes to ensure her patients don't develop infections. Her 32 years of service and dedication is long overdue for this type of special award. Great job
- Kathy D Wynecoop Spokane Tribal Member. She has several family members that have served or are serving the community and tribe. Her late grandfather was the Chairman of the Spokane Tribe, one sister was in education, the other in IHS and many Veterans. Kathy graduated from SCC in 1984 with an Associate Degree in Liberal Arts. In 1988 she graduated from YVCC with a degree in Community Health. She started serving the Native American population on the Spokane Indian Reservation on November 6th, 1986.

Her interests were in specialty services when introduced to the Native American Bone Marrow Registry program.

20th Anniversary of our Northwest Tribal Cancer Coalition

- ***January 14th – 16th, 2020 ~ Marysville, WA hosted by Tulalip *** new dates*****
- ***April 21st – 23rd ~ Grand Mound, WA hosted by Chehalis*** *(don't have the week of April 20th but April 13th is available **the 12th is Easter Sunday) 1st 2 weeks in April are Spring Break and week of April 27th is Self-Governance Conference*

NEWSLETTER FUN
Newsletter fun, can you find Harry the sasquatch? To have a little fun for this quarter, there are five hidden Harrys' throughout Health News & Notes. Remember, like you brand new chap stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… sasquatches are VERY elusive. Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL FIVE Harrys', will win a We R Native fanny pack with some extra goodies inside. Show them to Lisa Griggs to claim your prize!"

NATIONAL AND REGIONAL COMMITTEE UPDATES

National and Regional Committees

- U.S. Department of Health and Human Services (HHS)
- Indian Health Service (IHS)
- Substance Abuse Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- National Institutes of Health (NIH)

HHS Secretary's Tribal Advisory Committee (STAC)

- Ron Allen was in attendance as PA rep and Tino Batt as national at-large rep. The next meeting is in January or February.
- Here are main points from the STAC meeting with Deputy Secretary Eric Hargan. [Joe- we handed out a Hobbs Strauss summary of the mtg or ask Laura for other administrative updates].
- Deputy Secretary Hargan discussed six areas of focus for HHS: 1) ending HIV; 2) opioid crisis; 3) kidney failure; 4) rural and remote health; 5) morbidity rates; 6) social determinants of health
- He talked about their efforts to combat the opioid crisis. HHS is concerned about rising rates of meth. They are trying to have an evidence-based approach to both.

- As to strategic planning for HHS, they are looking to see what things they can accomplish in the next year.
- STAC members requested support on Advance Appropriations, requested an indefinite appropriation for 105(l) leases, opposed Medicaid block grants, requested that HHS programs be improved, requested that IHS Director should have an Assistant Secretary position, addressed HPSA scores, addressed TANF and poverty guidelines, stated that AFCARs final rules are still an issue, inclusion of tribes in IHS/IT modernization, and inquired about HHS priorities.
- Deputy Secretary Hargan didn't have time to provide responses to all the requests that were made.
- For Advance Appropriations, his staff clearly heard tribes' request and Hargan said that Congress is often wary of giving advance funding.

IHS Tribal Leader Diabetes Committee (TLDC)

- Portland Area Representatives Cassie Sellerds-Reck and Sharon Stanphill attended the meeting and Sarah attended as the Technical Advisor.
- The main focus during the last 2 meetings has been the current SDPI funding distribution, developing questions from the TLDC to be included in the DTLL for consultation, ensuring tribes have sufficient and transparent information to provide comments to the SDPI FY 2021 funding cycle (which begins in 2021), as well as discussing tribal shares as an option for SDPI grantees.
- At the September NIHB National Tribal Health Conference, there was a Diabetes Summit and World Café to discuss with a panel consisting of panelists from TSGAC, DSTAC, Urban Indian organizations, and TLDC on amending legislation to provide tribes with the options of tribal shares. Portland Area TLDC representative Sharon Stanphil and Technical Advisor Sarah were in attendance.
- At the next meeting in Orlando, the TLDC will be reviewing and discussing the comments received during the SDPI FY 2021 consultation. Comments for the SDPI consultation are due December 2. NPAIHB will be submitting comments and will send out a template comment at the end of November.
- Cassie and Sharon can you provide information from your previous meetings?

IHS Budget Formulation Workgroup

- There is no new update on for this workgroup.
- LAST UPDATE:
- National Tribal Budget Formulation Workgroup (NTBFW) met on June 27-28 in Reno, Nevada. Andy. was able to attend the meeting for Portland Area.
- Workgroup decided to request full funding now (not 12 year phased in funding).
    - An analysis will be conducted to determine what that amount is.

- Workgroup would like to have a consistent message as to what full funding. We say IHS funded at half the level of need and also say full funding is at $37 billion. Workgroup decided that a consistent message is needed.
- Recommendation for FY 2022 will be based on NTBFW request for FY 2021, plus 30%.
- Portland Area Budget Formulation Meeting is November 14, 2019 in Portland, Oregon-Embassy Suites.

IHS Director established the Direct Service Tribes Advisory Committee (DSTAC)

- Staff were unable to attend this meeting because it conflicted with the Board's Staff Retreat.
- However, staff reviewed the agenda and provided some talking points to Greg for the meeting

Tribal Self-Governance Advisory Committee (TSGAC).

- Again, staff had to miss this meeting because of the Board Staff Retreat but provided some talking points to Ron for the meeting.

The Community Health Aide Program (CHAP) Tribal Advisory Group (TAG)

- Portland Area contributed nearly half of all the comments received through consultation (119 out of the 263) (good job us, I don't remember if we already reported that). It is clear that the Portland Area Tribes are driving this work!
- IHS shared the comments with the advisory committee
- The advisory committee had hoped that IHS would have a new version of the policy incorporating the comments, they did not – IHS had hoped that the advisory committee would suggest which comments to prioritize, they did not – the advisory committee felt that all of the comments should be given equal weight.
- The advisory committee sent a letter to IHS encouraging them to respond to the questions raised by the comment period and suggested that the TAG continue to operate after the policy is final.
- There has not been another draft of the policy circulated to the TAG since the meeting.
- Lastly, CHAP TAG requested IHS address NPAIHB's need to have working TCHPs certified, either with a demonstration program, an interagency agreement or simply a letter from RADM Weahkee authorizing Alaska to certify CHAPs outside of Alaska. This would not only satisfy Portland Area, but also for Phoenix and Billings who are right behind us with Phoenix a little closer than Billings.
- No date has been set for the next meeting.

The National Tribal Advisory Committee (NTAC)

- No net updates. The last meeting was June 17 in Washington DC for the NTAC to present to RADM Weahkee their funding recommendations to provide more funding to

tribal grantees through ISDEAA compacts and contracts and less funding to IHS national grant management. It was a meeting scheduled last minute and Cheryl Sanders (alternate Portland Area representative) and Sarah as technical advisor was online throughout the day of the meeting.

- The comment deadline for the NTAC behavioral health mechanism recommendations closed on October 1. NPAIHB submitted comments.
- The next meeting has not been scheduled.
- Cassie or Cheryl could you provide us with any information or other updates?

CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR

- CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR on policy issues and broad strategies that may significantly affect AI/AN communities. Assists CDC/ATSDR in fulfilling its mission to promote health and quality of life by preventing and controlling disease, injury, and disability through established and ongoing relationships and consultation sessions.
- Portland Area Representatives:
  - Steve Kutz, Cowlitz (Primary)
  - Sharon Stanphill, Cow Creek Chief Operations Officer (Alternate)
- Meetings:
  - Last meeting and Tribal Consultation: August 13-14, 2019, Cherokee, NC
  - **Next meeting: February, 2019, in Atlanta, GA**

SAMHSA formed the Tribal Technical Advisory Group (TTAC)

- At the STAC meeting, there was a request to Assistant Secretary McCance Katz that the SAMHSA TTAC in-person meetings be scheduled.
- At the last TTAC meeting, which was a virtual meeting July 30-31, Councilman Nick Lewis became primary. Therefore, we have an alternate position that is vacant. Nick as primary and Sarah as a technical advisor attended the virtual meeting. The TTAC charter was discussed and approved.
- Nick and Sarah both voiced extreme concern over the TOR client level data collection required for all clients receiving treatment or recovery services at intake, 6 month follow up and discharge. Grantees are required to achieve a 6 month follow up rate of 80%. SAMHSA responded that they will be having a webinar to address TOR reporting, which we were not happy with.
- Future meetings were proposed for February week of Feb. 24 in DC and the week of 13th of July for meeting in Indian Country. Nick offered for the July TTAC meeting to be held in the Portland Area.

The CMS Tribal Technical Advisory Group (TTAG)

- At the July meeting, the TTAG had a discussion with CMS leadership on work requirements, block grants, and the importance of tribal standard terms and conditions.
- Additionally, at the last meeting a presentation was provided on the AI/AN population highlights of the SUPPORTS Act for SUD providers. OR and WA submitted letters of intent to apply for SUPPORT Act funding. We worked with WA on their application.
- Next face-to-face meeting is on November 7. CMS plans on having representatives from Medicare Advantage Plans as well as SUD waiver update. They will also have the managed care program lead attend.
- On the Sept. 9 call, Dr. Dave Wilson from NIH announced that a traditional medicine summit is being organized on November 20-22 at the Ben Night Horse Campbell Center in Aurora, CO. 50 traditional healers were invited to it. No flyer has been circulated yet.
- Here are a few subcommittee updates of interest to our area:
- Devin Delrow from NIHB talked about the TTAG strategic plan. This will be reviewed at next face-to-face TTAG meeting.
- 1115 waiver subcommittee announced that ID 1115 work requirements waiver out for public comment.
- Tribal consultation subcommittee circulated a 5-page chart to subcommittee members on tribal consultation key elements to improve state-tribal consultation.
- The managed care subcommittee compiled a chart of managed care issues and sub-issues and will be circulating the chart prior to the TTAG meeting.

The Medicare, Medicaid and Health Reform Policy Committee (MMPC)

- During the last MMPC meeting, the MMPC (Portland Area representative Ron Allen and TA Sarah were in attendance) had a discussion with staff from the Office of the Inspector General on the need for tribes to have the same parity with FQHCs for safe harbors from the anti-kickback statute.
- Other preparation discussions for TTAG included work requirements and block grants as well as the importance of adequate tribal consultation and inclusion of tribal impacts in 1332 and 1115 waivers.

The National Institutes of Health (NIH)

- Robyn Sigo, Suquamish (Primary) and Jeromy Sylvan, Port Gamble S'Klallam (Alternate) terms just ended in September.
- We don't know if they want to continue on the TAC.
- NIH reached out to us about the vacancies. If Robyn or Jeromy do not want to continue, is anyone interested in serving on this committee?
- On the CMS TTAG call on September 9, Dr. Dave Wilson announced that the All of Us Research Project deadline will be extended for 60 days.

Other Committees – Any updates?

- IHS Facilities Appropriations Advisory Board (FAAB)
- IHS Indian Health Care Improvement Fund (IHCIF)
- IHS Information Systems Advisory Committee (ISAC)
- IHS Purchased and Referred Care (PRC) Workgroup
- Portland Area Fund Distribution Workgroup (FDWG)
- Portland Area Facilities Advisory Committee (PAFAC)
    - We are working on getting an update on the last FAAB meeting.
    - Katie participated in the last ISAC meeting by phone and may have an update during the EHR presentation.
    - The PRC workgroup had a meeting last week. [If Eric Metcalf is at the meeting, ask him for an update.]

WORKING COMMITTEE MEETINGS

LEGISLATIVE UPDATE, LAURA PLATERO, GOVERNMENTAL AFFAIRS/POLICY DIRECTOR & SARAH SULLIVAN, HEALTH POLICY ANALYST

REPORT OVERVIEW

1. HOT TOPICS
2. LEGISLATION
3. FUTURE IHS APPROPRIATIONS & BUDGET FORMULATION
4. NEW & PENDING FEDERAL POLICIES
5. OTHER LITIGATION
6. RECENT AND UPCOMING NATIONAL/REGIONAL MEETINGS
7. DHAT STATE LEGISLATIVE UPDATE

HOT TOPICS

- *BRACKEEN V. BERNHARDT* - UPDATE
- ADVANCE APPROPRIATIONS – HOUSE SUBCOMMITTEE HEARING AND SENATE BILL
- FY 2020 APPROPRIATIONS
- OTHER INDIAN-SPECIFIC LEGISLATION TO BE INTRODUCED
- NPAIHB RESOLUTION TRACKER

NEW! NPAIHB RESOLUTION TRACKER

PASSED AT JULY JOINT QBM*	ATNI OCT	NCAI OCT
ENSURE MEDICAID TRUST RESPONSIBILITY TO AI/AN	PASSED	NOT SENT**
HHS OMH AI/AN HEALTH RESOURCES ADV COMM	PASSED	PENDING
INCREASE FUNDING FOR SBHPP WITH TRIBAL SHARES OPTION	PASSED	PENDING
SUPPORT FOR PERMANENT AUTH OF SDPI WITH TRIBAL SHARES OPTION	PASSED	PENDING
MOVE PRC DEPENDENT FACTOR	PASSED	PENDING

*Other joint resolutions not listed above and passed at July QBM were not forwarded to ATNI since they were previously forwarded by NPAIHB to ATNI and passed; or similar resolution was already passed.
**This resolution was already enacted at NCAI (#DEN-19-054) but having one by ATNI will give more leverage to regional advocacy.

Legislation

FY 2020 Interior IHS Appropriations Summary

- National Tribal Budget Formulation Workgroup recommended over **$7 billion** for IHS for FY 2020 (36% increase over FY 2017 enacted level).
- President Released Budget on 3/11/19
  - Proposed **$5.9 billion**, an $82.6m increase above FY 2019 for services and facilities (1.7%) or $115 m (2%) increase overall above 2019 enacted level.
- Continuing resolution through 11/21/19 (IHS and SDPI) under H.R. 4378.
- House Bill Status: On 6/25/19, House passed Interior appropriations bill (with 4 others) ($537m above FY 2019)
- Senate Bill Status: On 9/26/19, Senate Appropriations Committee passed Interior appropriations bill ($237m above FY 2019)

FY 2020 Interior IHS Appropriations Summary

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Comm.
Clinical Svcs	$3,739,961	$3,996,963	$4,120,282	$3,949,062
Prev Health	174,742	118,257	181,062	178,636
Other Svcs	188,487	171,321	255,526	191,186
Total Services	**4,103,190**	**4,286,541**	**4,556,870**	**4,318,884**
Facilities	878,806	803,026	964,121	902,878
Total w/o CSC	**$4,981,996**	**$5,089,567**	**$5,520,991**	**$5,221,762**
CSC	822,227	820,000	820,000	820,000
Total w/CSC	**$5,804,223**	**$5,909,567**	**$6,340,991**	**$6,041,762**
Diff w/2019 Enacted	----------	**+105m**	**+537m**	**+237m**

FY 2020 IHS Clinical Services

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Committee
H&HC	$2,147,343	$2,363,278	$2,420,568	$2,339,707
EHR	0	25,000	25,000	3,000
Dental	204,672	212,369	227,562	210,315
MH	105,281	109,825	125,332	108,569
Alcohol/SA	245,566	246,034	280,151	247,828
PRC	964,819	968,177	969,479	967,363
IHCIF	72,280	72,280	72,280	72,280
Totals:	**$3,739,961**	**$3,996,963**	**$4,120,282**	**$3,949,062**

H&HC:
-House bill includes $20m for CHAP expansion; $4m increase for DV prevention; $2m increase for TECs; $53m for 105(l) leases; $25m for HIV/HCV.
-Senate Appropriations Committee bill includes $97 million for 105(l) leases and only $5m for CHAP expansion; $0 for HIV/HCV; $8m for R&R.
Alcohol/SA: Senate Appropriations bill includes $10m for opioid grants

FY 2020 IHS Preventative Health

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Bill
PH Nursing	$89,159	$92,084	$95,307	$92,677
Health Educ	20,568	0	20,669	20,923
CHRs	62,888	24,000	62,913	62,888
Immun AK	2,127	2,173	2,173	2,148
Totals:	**$174,742**	**$118,257**	**$181,062**	**$178,636**

Health Education & CHRs: House bill and Senate Appropriations Committee bill fund both health education and CHRs.

FY 2020 IHS Other Services

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Comm.
Urban Health	$51,315	$48,771	$81,000	$53,159
IHP	57,363	43,612	90,656	57,796
Tribal Mngt	2,465	0	2,521	2,465
Direct Ops	71,538	74,131	75,385	71,945
Self Gov	5,806	4,807	5,964	5,821
Totals:	**$188,487**	**$171,321**	**$255,526**	**$191,186**

Urban Health: House bill includes $30m increase while Senate Appropriations Committee bill includes $1.8 m increase.
IHP: House bill language provides $50m for the loan repayment program.

FY 2020 IHS Facilities

M&I	**$167,527**	**$168,568**	**$174,336**	**$168,952**
Sanitation	**192,033**	**193,252**	**193,577**	**193,577**
HC Fac Const	**243,480**	**165,810**	**304,290**	**249,279**
Fac & Envir.	**252,060**	**251,413**	**266,831**	**261,983**
Equipment	**23,706**	**23,983**	**25,087**	**29,087**

Totals:	**$878,806**	**$803,026**	**$964,121**	**$902,878**

Health Care Facilities Construction:
-House bill includes $10m for Green Infrastructure.
-Senate Appropriations Committee bill includes $15m for small ambulatory program; $5m for demonstration authority projects (construction and renovation of hospitals and health centers).
Joint Venture Construction Program: Both bills urge a more consistent competitive cycle between three and five years.

FY 2020 Labor HHS Education (LHE) Appropriations- Indian programs

Program	House Bill	Senate Appr. Bill
CDC- Good Health and Wellness in IC	**$21m**	
SAMHSA-Tribal Opioid Response Grants	**$50m**	**$50m**
SAMSHA-Medication Assisted Treatment	**$10m**	**$10m**
SAMHSA-AI/AN Zero Suicide Program Tribal Set Aside	**$2.2m**	**$2.2m**
SAMHSA-AI/AN Suicide Prevention	**$2.9m**	**$2.9m**
SAMSHA Tribal Behavioral Health Program	**$20m**	**$20m**
ACL-NA Nutrition & Supportive Services	**$37.2m (+$3m)**	**$34.2**
ACL-NA Caregiver Support Services	**$12m (+$2m)**	**$10m**
NHSC Loan Repayment Program-I/T/Us	**$15m**	**$15m**

Status of LHE FY 2020 Appropriations:
-On 6/19/19, House passed the Labor HHS Education Bill.
-On 9/18/19, Senate Appropriations Committee released its bill.
-On 9/27/19, Continuing resolution until 11/21/19 signed into law.

Advanced Appropriations Bills for BIA/BIE/IHS and IHS only

- **S. 229 & H.R. 1122 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**
  - Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
  - House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

- **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
  - House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
  - Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

Special Diabetes Program for Indians Reauthorization
SDPI under continuing resolution through 11/21/19 (H.R. 4378). Surprise billing legislation most likely vehicle for extending SDPI:

- **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)
  - **Status**: 7/17/19 – Ordered Reported by House E&C
- **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 7/8/19- Placed on Senate Leg Calendar

Other pending bills:

- **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
  - **Status**: 6/4/19- House E&C Health Subcommittee Hearing
- **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom O'Halleran (D-AZ)- 5 years at $200m
  - **Status**: 6/4/19-House E&C Health Subcommittee Hearing
- **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1 year extension at $150m)
  - **Status**: 6/26/19- In Committees
- **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 1/18/19- In HELP Committee

New Indian Legislation

- H.R. 4530 – Native American Health Savings Act
- H.R. 4532/S. 2558 – Nursing Home Care for Native Veterans Act
- H.R. 4533 – Native American Health Access Improvement Act
- H.R. 4534 – Native Health and Wellness Act

Future IHS Appropriations & Budget Formulation
FY 2021 IHS Budget Formulation

- National Tribal Budget Formulation Workgroup met on March 14-15, 2019 in Washington D.C. and recommended full funding for IHS at $37.61 billion to be phased in over 12 years.
- For FY 2021, a total of $9.1 billion for IHS is requested. Includes:
  - $257 m for full funding of current services
  - $413 m for binding fiscal obligations
  - $2.7 b for program increases (46% above FY 2019 enacted level)
  - And more!
- Available at: https://www.nihb.org/legislative/budget_formulation.php
- National Tribal Budget Formulation Workgroup (NTBFW) met on June 27-28 in Reno, Nevada.
- Workgroup decided to request full funding now (not 12 year phased in funding).
  - An analysis will be conducted to determine what that amount is.
- Recommendation for FY 2022 will be based on NTBFW request for FY 2021, plus 30%.
- Portland Area Budget Formulation Meeting for FY 2022 is November 14, 2019 in Portland, Oregon.

New & Pending Federal Policies

Executive Order

- **E.O. 13875: Evaluating and Improving the Utility of Federal Advisory Committees**- Issued 6/14/19
  - Directs agencies to terminate at least 1/3 of its current committees established under 9(a)(2) of FACA, including other committees.
- Imposes the following three deadlines on federal agencies:
  - **August 1, 2019**: agencies must provide a detailed plan to the Office of Management and Budget recommending the termination or continuance of its Section 9(a)(1) committees
  - **September 1, 2019**: OMB shall make recommendations to the President about terminating presidential committees.
  - **September 30, 2019**: 1/3 of agency committees must be terminated.
- On 7/30/19, many tribal organizations signed a letter opposing this requirement to White House, OMB and EPA.
  - Impact on Tribal Advisory Committees is still not clear.

HHS Proposed Rule on Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)

- Issued 8/26; **Comments Due 10/25, 5pm EST**
- Proposes changes to the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2.
- These changes were prompted by the need to continue aligning the regulations with advances in the U.S. health care delivery system, while retaining important privacy protections for individuals seeking treatment for substance use disorders (SUDs).

CMS Request for Information: Treating Pain and Substance Use Disorders

- **CMS Request for Information (RFI): Treating Pain and Substance Use Disorders**; comments submitted
  - SUPPORT Act directs the HHS Secretary to develop an action plan to prevent opioid addiction and increase access to MAT
  - Action Plan will include a review of Medicare and Medicaid payment policies

CMS-Pending Responses and/or Ongoing Issues

- Work Requirements
- Four Walls Limitation- FAQs
- Decision on Appeal of Washington DHAT SPA
- Tribal Consultation
- Managed Care
- Anti-Kickback Laws/Safe Harbors or Exemptions for IHCP

IHS-Special Diabetes Program for Indians Update

- FY 2020- SDPI under a continuing resolution until 11/21/19.
- NIHB coordinated an SDPI Summit on 9/19/19 to discuss the future of SDPI funding, and tribal shares option.
- Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; **Comments Due on 12/2**
  - Portland Area consultations on:
    - October 28 and November 15

IHS-Behavioral Health/Opioid Funding DTLLs

- Tribal Consultation conducted on Recommendations by the IHS National Tribal Advisory Committee on Behavioral Health for Behavioral Health Funding; DTLL 8/2/19; comments due 10/1/19; comments submitted.
- Tribal Consultation and Urban Confer conducted on Developing IHS Opioid Grant Program to Distribute the FY 2019 Opioid Funding; DTLL 7/5/19; comments submitted.

- Related to $10m for Special Behavioral Health Program for Indians, FY 2019 appropriation.

IHS-Community Health Aide Program (CHAP) Expansion

- Tribal Consultation conducted on Community Health Aide Program Interim Policy; DTLL on 5/8/19; comments submitted.
  - IHS Community Health Aide Program (CHAP) Workgroup reviewed comments on 9/9/19.
- House bill $20m; Senate Appropriations Committee bill $3m
- NPAIHB actively advocating for CHAP expansion funding and to be a demonstration project if funded

IHS-Section 105(l) Leases

- Tribal Consultation conducted on Long and Short Term Options for Meeting ISDEAA 105(l) Requirements, DTLL 3/12/19
  - Comments submitted requesting an indefinite discretionary appropriation like CSC
- RADM Weahkee recently reported that over 190 proposals have been submitted at a cost of $103m and it is continuing to rise.
  - House bill $53m; Senate Appropriations Committee bill $97m
- A Technical workgroup has been established under National Tribal Budget Formulation Workgroup

Contract Support Costs (CSC)

- Results of Tribal Consultation on CSC Alternative Method for Calculating Indirect Costs Associated with Recurring Service Unit Shares (also known as "97/3 Split"); DTLL 8/6/19
  - IHS substantially changed the 97/3 provision by making it something both the Area Office and the Tribe have to agree to use, rather than something that is the exclusive option of the Tribe.

IHS-Other Recent DTLLs

- **Tribal Consultation and Urban Confer to Seek Input on the Memorandum of Understanding and Related Performance Measures between the VA, VHA, HHS and IHS**; DTLL 9/4/19
  - First consultation at NIHB conference in September; future consultations to be scheduled.
- **Invitation to Provide Updated Facility Master Plans and/or Identified Health Care Facility Needs to Local IHS Area Facilities Program Director for Possible Inclusion in the 2021 IHS and Tribal Health Care Facilities Needs Assessment Report to Congress**; DTLL 7/5/19; **Data Due 12/31**

HRSA Update

- **HRSA Rural Access to Health Care Services Request for Information**; comments submitted
  - Seeks information about measuring access to health care in rural communities through a set of "Questions for Public Comment."
- **HRSA Tribal Advisory Committee**
  - At last HHS STAC meeting, HRSA leadership announced that it will be convening a HRSA Tribal Advisory Committee (request from HHS Region 10 Consultation).
- **HRSA Shortage Designation Modernization Project (SDMP)**
  - New Auto-HPSA designation scores will be applicable to the 2020 National Health Service Corp application cycle (application cycle begins February 2020).
  - **8/30/19:** HRSA Auto-HPSA online portal opened on for tribes to upload facility-specific data and supplemental data to increase scores (replacement of the ACS data)and tribes can request rescores. (Portal- https://bhw.hrsa.gov/sdmp)
  - **9/9/19:** HRSA rescored dental health and mental health Auto-HPSAs for I/T/Us with additional data provided by IHS.
    - For instructions on how to upload data, watch the June 25 Webinar: Auto-HPSA Portal Training for I/T/Us.
    - Email SDMP@HRSA.GOV for assistance or your state HRSA representatives.
    - Webinar recordings available at: https://bhw.hrsa.gov/sdmp

VA Updates

- VA/IHS Consultation Session at NIHB Conference on 9/16/19 to seek input on the MOU and related measures to improve access and health outcomes for AI/AN veterans.
- *Wolfe v. Wilkie*: Federal court ruled that VA wrongly denied reimbursements to veterans. Class action lawsuit was the result of VA failing to fully reimburse veterans for emergency room care at non-VA facilities.
- H.R. 4532/S. 2258- Nursing Home Care for Native Veterans Act, addresses the lack of nursing homes for veterans on tribal lands.

Other Litigation

Texas v. United States **-** Challenge to Affordable Care Act

- On December 14, 2018, Judge Reed O'Conner (USDC ND Texas) held:
  - That the individual mandate enacted as part of the ACA is unconstitutional because it cannot be justified under Congress' taxing power (Congress reduced tax penalty to $0).
  - The entire ACA must be invalidated because the individual mandate is not severable and essential to the ACA's operation.

- If ACA struck down, ICHIA would also be struck down.
- Appealed to USCA for the Fifth Circuit.
- 483 tribes and tribal organizations (including NPAIHB) joined an amicus brief.
- On March 25, 2019, a coalition of states intervened in the case in order to defend the ACA while Department of Justice filed a two-sentence letter with the court announcing that the U.S. had changed its position in the litigation.
- On July 9, 2019, a three-panel judge in the Fifth Circuit heard oral arguments.
- Fifth Circuit Decision pending- likely to be appealed to the Supreme Court.

***Brackeen v. Bernhardt* - Challenge to ICWA**

- On 10/5/18, Judge Reed O'Conner (USDC ND Texas) ruled that ICWA is unconstitutional in Brackeen v. Zinke.
- Found that *Morton v. Mancari* rule does not apply because ICWA extends to Indians who are not members of tribes.
- ICWA struck down in violation of equal protection.
- Appealed to USCA for the Fifth Circuit and now titled, *Brackeen v. Bernhardt*.
- Many tribes and tribal organizations (including NPAIHB) joined the amicus brief.
- **Status:**
  - On 8/9/19, the Fifth Circuit Reversed D.C. Grant of Summary Judgment - A win for Indian Country!
  - On 10/1/19, plaintiffs filed for a rehearing *en banc.*

Recent and Upcoming National/Regional Meetings

Recent Meetings (not Committees)

- NIHB Quarterly Board Meeting: September 15
- NIHB Tribal Health Conference: September 16-19
  - HRSA Consultation Session (9/16)
  - Joint IHS/VA Consultation Session (9/16)
  - CMS Listening Session (9/16)
  - IHS Listening Session (9/17)
  - Special Diabetes Program for Indians Summit (9/19)
- Affiliated Tribes of Northwest Indians: October 7-10

Upcoming Meetings - October-December 2019

- NCAI Annual Convention and Marketplace, October 20-25, Albuquerque, NM
- MMPC/CMS TTAG Meeting November 6-8, Washington, D.C.
- NIHB 4th Quarter Board Meeting, November 13-15, Washington, D.C.
- Portland Area Budget Formulation Meeting, November 14, Portland, OR
- Tribal Leaders Diabetes Committee Meeting, December 2-3, Washington, D.C.

DHAT State Legislative Update

- **Washington state** will continue to pursue statewide licensing bill that will enable UIPs to employ dental therapists. Bill *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill.
- **Oregon** is looking to introduce statewide licensing bill in 2020 session. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations.
- **Idaho** passed legislation this past year that will grant state licenses to dental therapists practicing on tribal lands.

INDIAN HEALTH SERVICE - MATERNAL & CHILD HEALTH PROGRAM: REACH OUT & READ COLLABORATION: DR. MARCY RONYAK - DIRECTOR, OFFICE OF CLINICAL & COMMUNITY SERVICES REACH OUT & READ INITIATIVE & DR. ALLISON EMPEY - ASSISTANT PROFESSOR, DEPARTMENT OF PEDIATRICS DEPUTY DIRECTOR, NORTHWEST NATIVE AMERICAN CENTER OF EXCELLENCE OREGON HEALTH & SCIENCE UNIVERSITY

- A nonprofit, national organization
- Provides young children a foundation for success
- Encourages families to read aloud together
- Current Contract:
  - Support clinic-based early child literacy programs
  - Site-based training and technical assistance

Reach Out and Read (ROR) is a nonprofit, national organization that provides young children a foundation for success by incorporating books into pediatric care and encouraging families to read aloud together.
The purpose of this contract is to utilize the ROR model to implement and continue to support clinic-based early child literacy programs and to provide site based training, technical assistance, and quality improvement for IHS, Tribal, and Urban (I/T/U) health care facilities serving children and their families.

IHS Contract:

- In August of 2019, there were 183 active sites serving 53,874 children
- Base year plus 2-year contract funded at $40,180/year
- Option year 2 began on August 28, 2019
- Focus on technical assistance and programmatic expenses

Option year 2 of the contract began on August 28, 2019 and ends on August 27, 2020.

Technical Assistance: The Contractor provides technical assistance to the participating sites, professional development, orienting new clinical and administrative staff to the program and assist with online trainings ($11,429).
Programmatic Expenses: The Contractor purchases and distributes books for children (10,455 books at $2.75 each) to participating clinics/hospitals ($28,751).

Opportunities for Collaboration

- Modified the contract to reach an additional 2,000 children
- Proposed expansion in the following IHS Areas/States:
  - Portland Area (1 in Oregon and 1 in Washington)
- Currently Oregon has one site that is considered inactive and looking at relaunching the program.
  - There are opportunities for collaboration on the expansion of the contact.
  - A modification to contract was completed in FY19 to reach an additional 2,000 children with proposed sites in the Portland Area.
  - IHS is seeking recommendations for sites in Oregon and Washington to prioritize for consideration of establishing a Reach Out & Read program.
  - Oregon site has not been fully active since January 2018 due to staffing changes and inconsistent book funding.

Implementation of Reach Out & Read

How Does ROR Work?

- During well child exams, medical providers give out new, developmentally appropriate books to children 6 months-5 years
- Advise parents about the importance of reading aloud
- ROR has partnership with Scholastic and other book distributors to receive discounted books

Who Benefits from ROR?

- **Medical providers** use books as valuable assessment tools and build bonds with families
- **Parents** are given essential information about reading aloud and suggestions for parent-child interactions
- **Children** get all the early literacy benefits of reading aloud and have 10 books of their own by age 5

Studies Supporting ROR

- Families 4X more likely to read to children with ROR (Needlman et. al., 1991)
- Increase receptive and expressive vocabulary scores in children who received ROR intervention (Mendelsohn et al, 2001)

- Children in ROR start kindergarten 6 months ahead on verbal scores (Theriot, et al. 2003)

Starting Reach Out & Read Independently

- Identify ROR Clinic Champion and Medical Consultant
- Collect Data (number of well child visits 6 months-5 years)
- ROR application
- ROR training for office (MD's, NP's, Nurses, MA's)
- Identify culturally appropriate books
- Make waiting room literacy friendly
    - Children's books and reading aloud hand outs
- Order books!

The Details

- Grand Ronde Health and Wellness
- Established 2014
- Identified nurse as clinic champion
- Identified ~ 250 well child visits (6 mos-5yrs)
- Trained all staff (Dr. Allison Empey is a ROR trainer but online

Training is available) with CME credit

- Ordered books: Each book costs ~ $3.00 from scholastic
- Received funding from Oregon Pediatric Society for first year
- Clinic reports to ROR every 6 months

BREAK

2020 – 2025 NPAIHB STRATEGIC PLANNING & REVIEW: STEPHANIE CRAIG-RUSHING, THRIVE & PRT PROJECT DIRECTOR & NORA FRANK BUCKNER, WEAVE NW PROJECT COORDINATOR

Timeline

- **September:** All staff input
- **October:** Share staff-recommended edits to key delegates
- **October:** Brief discussion at October QBM for input from delegates
- **November-December:** incorporate edits/updates and share back to staff and delegates
- **January:** Final plan presented at January QBM for approval

What we would like to accomplish

- Streamline document

- Align with electronic monthly activity reports (E-MARs)
- Include missing areas not reflected in current strategic plan
- Address major themes from staff and delegate input

Exercise with the Delegates for input

EXECUTIVE SESSION

MOTION to go into Executive Session by Cassie Sellards-Reck, Cowlitz; 2nd by Cheryl Raser, Swinomish. **MOTION PASSES**

WEDNESDAY OCTOBER 23, 2019

Call to Order: at 9:05 am

Invocation: Aaron Hines, Human Resource Director

WASHINGTON STATE UNIVERSITY NATIVE AMERICAN HEALTH SCIENCE: DR. NAOMI BENDER, DIRECTOR NATIVE AMERICAN HEALTH SCIENCES PROGRAM

Priorities of NAHS

- Building relationships and partnerships with tribes, educators, clinics, communities, and tribal boards
- Develop pathway, programmatic and support efforts, policy, curriculum, and agreements that impact the needs of tribal nations health in Indian Country
- Campus initiatives (i.e. hub, programs) to support the matriculation, support, and success of NA students at WSU from Pullman & feeder schools, to Spokane
- Work with researchers whose work impact our tribal people and nations (ad hoc IRB and Native Health Researchers Affiliation Group)
- Create cohorts and team efforts across WSU campuses among health science colleges and departments to work in collaborative manner with our tribes, students, and programs
- Work to meet the unique ed/health needs of tribal communities
- Commit to the expansion of NAHS staff, programs, and funding initiatives

Expansion in Partners & Collaboration

- Indigenous systemic approach
- Tendencies of silo work in HE
    - Institutional
    - Colleges
- The canvas in Washington and PNW
- Education, Health, & Holistic Need
- Funder focus
- Sustainability
- Impacting tribal health & communities

Funding Awards

- Trude E. Smith $39,200 annually
    - Funds Na'ha'shnee, recruitment, some travel for Outreach Coordinator and Director, efforts to ATNI and NPAIHB
- IHS, Indians into Medicine $195k annual 5-year grant

  - partnership between OSHU, WSU, UC-Davis, and support from Northwest Portland Area Indian Health Board
  - WSU will receive $95k from this total annually to run RISE, and MCAT preparation program for 15 NA pre-med students
- Foundation grant $250,000 one-year, January 2020
  - 1) NAHS Center 2) pathway/support programming 3) curriculum build, student mentorship, faculty support

***In the Works* - Funding Initiatives**

- AD Director of NAHS, donating F and A funds to build 6-week scientific research enrichment camp for Native 10th-12th graders
- Current ongoing meetings to create a new additional summer program for Native youth in the health sciences, possibly $100k annually
- Funding campaign to support the NAHS Center's work with NA students attending WSU Spokane i.e. blood pressure cuff and stethoscopes, emergency funds, etc.
- Meeting with Murdock Trust about Partners in Science, Vancouver, WA in November

Priority Projects

- Recruitment in tribal communities
- Development/expansion of pre-health bridge
- Clinical Affiliation Agreement expansion
- Interprofessional Curriculum Research/Cert.
- NAHS Student Barriers/Need Research
- Designation of seats, funding stream, leg. ask
- Practice Based Research Network, PBRN
- Develop new NA Research Affiliation group
- Develop partnership between CON & SKC
- IHS grant pathway program development
- Foundation pathway program development
- NAHS website, newsletter, communications

On-Campus Initiatives

- New NA Outreach Coordinator, Evanlene Melting Tallow
- New Assistant Director of Special Projects, Dr. Lonnie Nelson
- Program Assistant, Alexa Fay
- Work Study, Tashina Smith
- Na'ha'shnee ran June 16-28th (17students)
- Currently 35 NA students WSU, Spokane Health Sciences
- 3 recent spring 2019 graduates, 2 DNP, 1 BSN
- 3 incoming NA Medical Students

- New NAHS Club & Community Initiatives
- Healing Garden use and signage
- NAHS Center commitment of space
- Expansion of Director role into clinical faculty as well

System-wide Expansion of Native American Health

What's next?

- Develop a working plan for system-wide expansion "WSU Native American Health"
- Attend the Centennial Accord, Shelton, WA
- Meet with WA delegates in Washington DC
- Present & launch work on 4 other WSU campuses
- Working with Pullman Native Programs toward health BRIDGE

WSU, Spokane Tribal Advisory Board Expansion

- Carol Evans, Tribal Chairwoman, Spokane
- Patsy Whitefoot, Yakama
- Dr. Rex Quaempts, MD, Yakama
- Stephen Kutz, Cowlitz
- Dr. Chris Meyer, Coeur d'Alene
- Norma Peone, Coeur d'Alene
- Jessica Pakootas, Kalispel
- Ali Desautel, Kalispel
- Liza Guzman, Umatilla
- Dr. Leslie Randall, Nez Perce
- Myrna DuMontier, Salish & Kootenai Tribes
- Dr. Wil James, MD
- https://spokane.wsu.edu/about/native-american-health-sciences-advisory-board/

OREGON OFFICE OF RURAL HEALTH, STACEE REED, PROGRAM MANAGER – RECRUITMENT AND RETENTION: STACEE REED, RECRUITMENT AND RETENTION MANAGER

Oregon Office of Rural Health

- Resource for practice sites
- Resource for providers
- Live in a rural community, consumer of rural healthcare
- Recruit providers to my rural community

What makes rural different?

- Location
- Practice & Providers
- Finances
- Dedicated recruitment staff
- Leadership turnover

Community

- Engagement
- Feeling of belonging
- Fulfillment, not just a job
- Quality of life

Culture

- Important work/need
- Appreciated
- Collaboration

Setting the stage for provider retention
Retention begins with Recruitment
Recruitment is Relationship

Recruitment & Retention Action Plan

- Part I: Planning and preparation
- Part II: Searching for candidates
- Part III: Screening candidates
- Part IV: Follow up and follow through

Planning and Preparation
Planning and preparation
are the most important components for ensuring successful recruitment.
It is also where most rural organizations fail.

- Assess need
- Gain stakeholder support
- Form recruitment/retention team
- Define your opportunity
- Define your ideal candidate
- Develop recruitment budget

Assess Need
Determine the number of providers needed

- Consider PA/NP's
- Factor retirement
- Future needs

Gain stakeholder support

- Medical staff
- Leadership
- Organization staff
- Community

Form recruitment/retention team

- Health Care Representative
- Community
- Recruiter
- Interviewer's
- Spouse recruiter
- Reference and Credential Reviewer
- Site visit team

Define your opportunity

- Practice setting profile
- Type of provider sought
- Compensation package
- Compensation arrangement
- Community profile
- Packaging your opportunity

Define your ideal candidate

- Desirable Professional Traits
- Undesirable Professional Traits
- Desirable Personal Characteristics
- Desirable Candidate, Spouse/Family Characteristics
- Undesirable Candidate, Spouse/Family Characteristics

Develop recruitment budget

- Promotion/Publicity Expenses
- Advertising
- Professional Recruitment Assistance
- Direct Marketing
- Person-to-Person Recruitment

- Other Promotion/Publicity
- Candidate Screening Expense

Opportunity
What are the strengths of your opportunity?
Are they clearly promoted?
What are the barriers to your opportunity?
What are solutions to the barriers?

Here's how to reach me
Stacee Reed, CPPM
Program Manager – Recruitment & Retention
Oregon Office of Rural Health
503.504.4937
reest@ohsu.edu

IDEA-NW PROJECT: SUJATA JOSHI, IDEA-NW PROJECT DIRECTOR

Visibility through Data
"Closing [economic and health disparity] gaps and addressing program and policy issues is complicated by the invisibility of American Indians and Alaska Natives in their own land.

It is not clear if invisibility results from lack of data or if lack of data leads to invisibility."
-Michelle Connolly (Blackfeet/Cree) et al, 2019, Statistical Journal of the IAOS 35(1)

Project Goals
- Improving Data
  - Conduct record linkages to reduce AI/AN misclassification in state datasets
  - Work with tribal, state, and federal partners to improve collection of health data for AI/AN communities
- Enhancing Access
  - Provide NW Tribes with up-to-date health data through data reports, fact sheets, manuscripts, and online dashboards
  - Expand EpiCenter access to state and federal data systems
  - Provide training and technical assistance to improve utilization of data by Tribes and other partners

Project Support

- Current Funding Source: CDC's Tribal Epidemiology Centers – Public Health Infrastructure Cooperative Agreement (September 2017 – September 2022)
    - Dr. Chiao-wen Lan - Epidemiologist
    - Karuna Tirumala – Biostatistician
    - Joshua Smith - Health Communications/Evaluation Specialist
    - Heidi Lovejoy - Substance Use Epidemiologist
    - Sujata Joshi - Project Director
    - Victoria Warren-Mears - Principal Investigator

Project Highlight: Linkages to reduce AI/AN misclassification
AI/AN Misclassification
Misclassification is the incorrect recording of a person's race in a data or surveillance system.
In the Northwest, AI/AN are often misclassified as White.
Misclassification causes AI/AN to be under-represented in health data, which leads to:

- Inaccurate AI/AN health data
- Artificially lowered disease burden
- Too few AI/AN to calculate stable disease rates and trends
- Incomplete health data for public health decision-making

Record Linkages
Since 1999, NWTEC has been correcting misclassified AI/AN data through record linkages between the Northwest Tribal Registry and state health data systems.
We regularly link with:

- Birth and death records
- State Cancer Registries
- Hospital discharge data
- Communicable Disease registries

Linkages: September 2017 – present

- Completed 14 data linkages
- Linked with almost 5 million records
- Identified and corrected over 19,000 misclassified AI/AN records

PLEASE POWERPOINT FOR ADDITONAL GRAPHICS

How can we assist?

- **Data Requests for local, state, or regional data**
- **Technical assistance with:**
    - Data collection, analysis, interpretation, presentation
    - Developing data sharing agreements

- Other data-related issues
- **Health Data Literacy Trainings**
  - Overview of core epidemiology concepts
  - Information on local/regional sources of data
  - Using GIS apps to collect and visualize data
  - Using data for policy development

Opioid Data & Surveillance Project

Opioid Data & Surveillance Project Overview

- 3-Year grant through the CDC (Centers for Disease Control and Prevention)
- Add-on to the TEC-PHI grant
- Goal is to improve opioid & drug surveillance among Northwest tribes, and improve tribal access to drug/opioid data

Opioid Data & Surveillance Project Goals

- Produce opioid/substance data reports for AI/AN
- Assist NW tribes with opioid/substance data needs
- Gain access to additional opioid/substance data sources
- Work with partners to address racial misclassification in data systems

Project Accomplishments & Successes -Planning & Infrastructure-

- Hired Epidemiologist focused solely on substance & opioid-related data
- Created NPAIHB Opioid Workgroup
  - Coordinate across multiple opioid projects at the Board and EpiCenter
  - Joined Washington State Opioid Response Data Workgroup
  - Ensure AI/AN are considered in all stages of the state plan
  - Established many new & expanded partnerships to support opioid/substance data work
  - State/national partners, other TECs, data & program managers, SUD researchers
- Contributed to development the Tribal Opioid Strategic Agenda
  - Developed specific Data & Surveillance section
    - Defines goals in opioid/substance surveillance, data improvement, data dissemination
    - Identified tools to enhance capacity for tribes to obtain or access opioid data

Project Accomplishments & Successes -Data Access-

- Death certificates for WA, OR, and ID
  - Fatal drug overdose analyses almost completed for all three states
  - Data Brief Reports completed for WA & OR (visit npaihb.org/idea-nw/)

- Idaho and 3-state regional Data Briefs planned (soon)
- Expanded fatal drug overdose reports planned
- Emergency Department (ED) data for WA & OR
- Conducted Washington analyses for overdose-related ER visits
- OR analyses planned
- Reports planned
- Other data obtained with analyses to be conducted:
- Hospitalization data for OR and WA
- Washington State Healthy Youth Survey (HYS)
- Idaho Youth Risk Behavior Surveillance System (YRBSS)
- Baltimore HIDTA Overdose Detection Mapping Application Program (ODMAP)

Project Accomplishments & Successes

- Identified over 40 additional sources for substance/opioid data
  - Prioritizing which sources most useful for NW tribes
- Completed 13 requests for opioid/substance data assistance, 6 presentations
- Identified multiple datasets with AI/AN racial misclassification errors
  - Corrected several datasets so far & run corrected AI/AN overdose statistics
  - Plan to link with and correct additional datasets
  - Working with states to incorporate and address these issues

Upcoming Activities

- In progress data sources:
  - Oregon Prescription Drug Monitoring Program (PDMP)
  - Washington Emergency Medical Services (WEMSIS)
  - Planned activities for grant year 2
  - Explore access to additional data sources
    - Idaho ED data
  - Create in depth opioid/substance reports for NW AI/AN
  - Develop online dashboards to communicate data
  - Provide training to tribes on opioid/substance epidemiology
  - Continue providing assistance to tribes on opioid/substance data
  - Work with medical examiners/coroners to improve race collection on death certificates
  - Work with states to develop standards for incorporating corrected AI/AN status information into surveillance systems
  - More!

Data Highlight: Emergency Department (ED) Data

- Emergency departments report information about why people visited the ED into a data system
- Most states collect this information for many conditions, including drug overdose
    - The information available will vary by state
- PRO: Unlike most data sources, ED data is reported and available quickly, with almost no time-lag ("real-time")
- CON: It's a newer system, so can't look at trends very far back

Note: ED data is also often called:

- Syndromic surveillance
- ESSENCE
- BioSense
- NSSP
- Washington State calls it "RHINO"

…I don't know why it has so many names (!)

Need Opioid/Drug Data?

Contact me!

- Overdose deaths in your county/area
- Emergency department visits for overdose in your county/area
- Other opioid/drug-related data

Heidi Lovejoy, MSc
Substance Use Epidemiologist
HLovejoy@npaihb.org
(503) 416-3251

Suicide Monitoring and Prevention Planning Project

Chiao-Wen Lan
Epidemiologist
Improving Data & Enhancing Access (IDEA-NW) Project

BACKGROUND

Suicide rates are up nearly 30% since 1999

Pacific Northwest

- Suicide was the **7th leading cause of death** among AI/AN living in Idaho, Oregon, and Washington
- Suicide was the **2nd leading cause of death** for Northwest AI/AN between ages 15-44
- Disproportionately affects younger individuals
    - Over 75% of AI/AN suicide completion occur before age of 50

- Men had significantly higher suicide rates compared to women
- Firearms were involved in 42.7% of AI/AN suicide deaths

NPAIHB - Suicide Monitoring and Prevention Planning Project
Need for Local Data

- Understand scope and impact of suicide on families and community
- Identify risk and protective factors
- Select, adapt, and evaluate suicide prevention programs

THREE PILOT PROJECT GRANTEES 2019
Project Activities

- **Form new partnerships** and contacts (e.g., local county department of health; local health organizations)
- **Strategic planning meetings** with partners for suicide data collection and prevention for Northwest Tribes
- **Identify suicide-related data indicators**, data sources, data collection/sharing methods, and prevention strategies
- **Identify resilience factors** to prevent suicide
- **Develop inventories** of existing local sources of suicide-related data and suicide prevention resources
    - NWTEC provided TA and analyzed suicide-related data to establish baselines
        - Death Certificates
        - Hospitalizations
        - Emergency Department Visits
    - Two Data Training Webinars
        - NW Tribal suicide surveillance program success story
        - HIPAA considerations when sharing information about suicide attempts/behaviors

What's Next?

- Implementation Phase (Phase 2) FOA will be released so that Phase 1 participating Tribes can implement the data collection and response plans developed during Phase 1
- Tribal strategic plan for data collection and suicide prevention
- Tribal council approvals for strategic plan
- Data sharing agreements
- Local data collection

"Suicide surveillance requires communication and is a form of preservation of our cultural & people"

- Tribal respondent from Garrett Lee Smith grantee

Contact
Please contact us for:

- Data and resources related to suicide and suicide prevention
- Other tribal suicide surveillance program success stories

Sujata Joshi
sjoshi@npaihb.org
Project Director

Chiao-Wen Lan
chiaowenlan@npaihb.org
Epidemiologist

Project Update
IDEA – NW
Communication Changes

Current Issues

- We have amazing data but have had limited capacity to share those results with tribes

Let's Explore the Past
Community Health Profiles

- Could be well over 250 pages for each state
- Very resource intensive
- Short period of relevance
- Limited audience

Reports

- Similar problems as above, but to a lesser degree

What are we going to do about it?
We are currently still trying to figure that out
Pros:

- We could still use any feedback you want to share
- Our changes will address underlying issues
- New products will be just what you need

Cons:

- It will take time to see change

Issue:
We have amazing data but have had limited capacity to share those results with tribes
Actions:

- Explore user-friendly platforms
    - E.g., Piktochart

- Streamline our data products
    - E.g., change mediums, expand audiences

Thank you!
We are nothing without the people we serve
We look forward to innovating the way we meet your data needs
We would appreciate any feedback you would share
Especially those handy surveys we passed out earlier

Visit our website for data reports and linkage resources:
http://www.npaihb.org/ideanw

EHR RESULTS AND REPORT: KATIE JOHNSON, ER INTEGRATED CARE COORDINATOR & SARAH SULLIVAN, HEALTH POLICY ANALYST

Overview

1. HHS/IHS Health IT Modernization Project
2. NPAIHB EHR Survey
3. Portland Area IHS/Tribal Clinic Information
4. EHR Systems
5. Conclusions

HHS/IHS Health IT Modernization Project

- Health IT Modernization Project will be released soon.
- Data was collected from 1,877 data call respondents from 226 facilities and 25 site visits to engage with 450 site personnel (no IHS/Tribal facilities from Portland Area)
- **Findings:** 90% use RPMS EHR very often or always in their daily work (did not receive many responses from Tribes with COTS systems); 60% think RPMS needs significant improvement; 89% of users believe it can be successfully implemented; 93% of RPMS user agree that now is the time to deploy a HIT system.
- Modernized system must include data sharing, an EHR interface, adequate training, and increased resources.
- **Issues:** limited workforce, inconsistent training and support, incomplete system design and disjointed user experience, minimal interoperability, inadequate technology and connectivity.

HHS/IHS Health IT Modernization Options

1 Stabilize RPMS	2 Renew RPMS	3 Selective Replacement	4 Full Replacement
• Maintain current technical architecture and deployment approach. • Enhance application as needed and as resources allow. • Improve training and support resources to customize utilization.	• Apply state-of-the-art methods to "wrap & renew" legacy apps with APIs/service tier. • Allow creation of new functions and user interfaces using "modern" technologies and languages. • Migrate to consolidated databases and cloud hosting.	• Identify preferred "best of breed" COTS solutions for specific domains (e.g. Lab, Billing, etc.) • Selectively integrate these using standards-based service tier technologies. • Retain and enhance preferred RPMS apps/functions using "wrap and renew" approach.	• Identify and implement preferred pre-integrated "best of suite" offerings. • Determine approach to retention/transfer of legacy data to new system. • Some features of RPMS unique to IHS may need to be retained or redeveloped.

IHS Information Systems Advisory Committee (ISAC) Recommendations

- IHS provide ISAC members with a comprehensive roadmap for RPMS development that outlines the planned costs, dates and modules that will achieve compliance with specific Federal certifications and regulations as soon as possible.
- IHS provide ISAC members with a roadmap on the communication efforts to harmonize quality measures.
- IHS sponsor a national Health IT Modernization Summit meeting for all Tribes, to share information from the HHS research report, discuss alternatives, and create an open space to share ideas and innovation. This initiative should include broad input from stakeholders, including, but not limited to, representatives from the Department of Health and Human Services, IHS, Veterans Affairs, Tribal Self Governance Advisory Committee, Direct Service Tribes Advisory Committee, National Indian Health Board, National Council of Urban Indian Health, and ISAC.
- ISAC continue to support the Health IT Modernization Research Project, and recommends timely communication of the findings to the IHS/Tribal/Urban community. The ISAC asks to be informed on any Tribal feedback.
- IHS begin reviewing third party data analytics platforms as part of the Fiscal Year 2020 Health IT modernization efforts.

NPAIHB EHR Survey

- **Purpose:** Examine the EHR systems in the Portland Area for the national health IT modernization discussion and provide a tool for our member tribes to evaluate various EHR COTS systems.
- **Methods:** Circulated a survey via Survey Monkey multiple times in November 2018 through the NPAIHB Delegate and Tribal Health Director listservs. Analyzed by the NW Tribal Epidemiology Center and Board staff.
- **Portland Area Tribal Respondents:**
  - -3 Idaho Tribes
  - -9 Oregon Tribes
  - -21 Washington Tribes

Portland Area IHS/Tribal Clinic Information

See PowerPoint for additional graphics

Conclusions

- **Portland Area Tribes on COTS System:** 52% of Portland Area Tribes use the RPMS system, and 48% use a COTS system. 19 Tribes out of the 43 federally-recognized tribes use a COTS system.
- **Reasons for switching to a COTS System:** Functionality, the billing system, care management, and interfaces were identified as the leading reasons for Portland Area Tribes to purchase a COTS System
- **Purchase Timeframe:** More Portland Area Tribes (12) have purchased a COTS system in the last 5 years.
- **Successes:** Lead successes of a COTS system that were highlighted included coding and billing, reporting, clinical documentation, and care management. Technical support and clinical end-user support are more helpful with a COTS system compared to RPMS. Interoperability was also identified as improved compared to RPMS.
- **Remaining Issues/Barriers:** The main issues and barriers of a COTS system included costs, reporting, and integration. In addition, Tribes on a COTS system are tracking PRC in other various ways.

Questions and Discussion
NPAIHB EHR Survey Contacts

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Sarah Sullivan
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(703) 203-6460

LUNCH

SPECIAL DIABETES PROJECT FOR INDIANS (SDPI) CONSULTATION

Here is a summary of the consultation:

Portland Area SDPI Consultation Round #1
Wednesday, October 23, 2019
NPAIHB Quarterly Board Meeting

- Undisbursed funds- there are funds that were to prior year funds (column 3), there is 13.82M as well as another 8.9M, 2 areas have money from excessive years back. There are ways IHS can offset it to use past funds for the past year and then to new grant years.
- **ACTION: All recommendations made today should be written up for review to Cassie and Sharon and sent to headquarters.**
- The question about unspent funds/undistributed funds is a new topic to the whole area. We brought that conversation to IHS headquarters. I appreciate RADM Weahkee's transparency as well as our own Area. It is not always that way. **A lot of these questions we need to document because we need to pass them along to IHS as partnering conversations because we don't know.**
- If there is funding, we want to include the other tribes.
- **When we talk about rollover, we have inflation. Nothing has changed.** Tribes and tribal organizations have been the ones lobbying for this funding for a reason and purpose. **Going back to the executive order 13175, we are the decision makers, a serious take on this needs to be spent to not take from tribal services, the most important thing**. **We need to be more involved with the tribes who need to get up and running. IHS should be doing everything they can to get all the tribes involved, but don't take from tribal services.** Bring these comments forward. If the shoe was on the other foot, we would definitely be having a different conversation. Remember, we will continue lobbying and asking for more money to serve our people.
- I agree. It makes sense to not take away for tribes who have been lobbying and fighting for this money. We are probably the furthest away from Portland. Our program is unique and we use the funding uniquely and provide a lot of different services. IHS is the missing piece because we don't have doctors to care for our patients, especially those who are chronically ill and have co-morbidities. Our staff includes 3 people and our service population is above 5,000. We have dialysis patients who have to be transported by our CHRs to our dialysis centers. We have to have internal discussions and take it to our council. There is still a lot of footwork to do. **Our diabetes programs that have been in place for years, it has evolved and will continue to evolve and we need additional staff. We just bought brand new meters that show through technology that our A1C levels are coming down. It is important for the higher ups to see what is really working**

for the tribes and it is a cost and IHS doesn't provide those funding to the tribes. It is a hard situation because of how it is budgeted, but there are all kinds of dynamics involved in this.

- **Of the undispersed funds, how much is from our Area?**
- IHS Portland Area Office: I don't know if I have that information.
- We need to make sure those funds are dispersed.

U.S. CENSUS: SHANA RADFORD, TRIBAL PARTNERSHIP SPECIALIST LOS ANGELES REGIONAL CENSUS CENTER U.S. CENSUS BUREAU – STATE OF OREGON

Census Trivia

- When was the first Census conducted?
  - First Census conducted in 1790
- When did AIANs become part of the Census count?
  - American Indians living in the general population were identified for the first time in 1860
  - American Indians living on reservations were identified for the first time in 1900
- What percentage of census takers (enumerators) are over the age of 50?
- 50%
- What year were AIANs granted the right to vote?
  - American Indians were granted the right to vote in 1924
- When day is "Census Day"?
- April 1, 2020

Why Do We Take the Census?

U.S. Constitution, Article 1, Section 2 mandates an apportionment of representatives among the states for the House of Representatives every 10 years.
By law, the U.S. Census Bureau must deliver a report of population counts to the President of the United States within 9 months of Census Day – on or before December 31, 2020.

2020 Census: Counting Everyone Once, Only Once, and in the Right Place

With accurate census data, Tribe's and Tribal organizations can make stronger decisions to better serve your
Data is the most accurate when people participate.
How can we do this together?

What is at Stake?

- Distribution of more than $675 billion annually in federal funds.
- Redistricting of state legislative districts.
- Forecasting future transportation needs.

- Determining areas eligible for housing assistance and rehabilitation loans.
- Assisting tribal, federal and state and local governments in planning, and implementing programs and services in:
- Education (School lunch program, Head Start/Early Head Start)
- Health (Medicaid, Medicare, Indian Health Services)
- Social Services (Workforce Development, Youth and Elders Programs)
- Housing (Indian Housing Block Grants)

Community Partnership and Engagement Program
Increase participation in the 2020 Census for those who are less likely to respond or are often missed.

- **EDUCATE** people about the Decennial 2020 Census and foster cooperation with Tribes and stakeholders.
- **ENCOURAGE** tribal and community partners to motivate people to self-respond.
- **ENGAGE** tribal, urban and grass roots organizations to reach out to hard to count groups and those who aren't motivated to respond to the national campaign.

Area Census Offices (ACO) - 2nd Wave July-Sept 2019
Washington: 5 (Seattle, Tacoma, Olympia, Everett, Spokane)
Oregon: 3 (Salem, Springfield, Portland)
Idaho: 1 (Boise)

2020 Census vs 2010 Census
Easier.
More efficient.
Confidential.
Safe.
We mail to physical addresses not PO Boxes
Last day to self-respond July 31, 2020
Last day of NRFU July 24, 2020

The Census is Confidential and Required by Law

1. The Census Bureau is required to keep information confidential. All responses provided on the 2020 Census question are or to a Census Bureau employee are confidential and protected under Title 13 of the U.S. Code.
2. We will never share a respondent's personal information with other government agencies.
3. Results from the census are reported in statistical format only.
4. Records are confidential for 72 years by law (Title 44, U.S. Code).
5. All Census Bureau employees swear a lifetime oath to protect respondent information.

6. Penalty for wrongful disclosure is up to 5 years' imprisonment and/or a fine of $250,000

See PowerPoint for additional graphics

Hard to Count Populations (HTC)

- American Indian/Alaska Natives — at risk of being undercounted (4.9% undercount in 2010)
- Young children and Elders (0-5 years – 4.6% undercount in 2010)
- Renters
- Low income persons, low of internet access
- Persons experiencing homelessness/transient — Housing insecurity, seasonal fishing communities
- Persons who distrust the government
- Persons with mental or physical disabilities
- Persons who do not live in traditional housing

Update Leave (March 2020) Ex. Warm Springs, Shoshone Bannock, Quinault

- Optimize and allow household Self-Response through delivery of 2020 Census Questionnaire to every Housing Unit (HU)
- Package will include:
    - Paper Questionnaire (will have preprinted questionnaire ID and can be mailed)
    - A letter (Will provide instructions on three methods to respond to Census)
        - First method is to respond online using Uniform Resource Locator (URL) and Questionnaire ID printed on the enclosed Questionnaire.
        - Second method is complete and mail back the Questionnaire in the postage-paid envelope provided.
        - Third method is to respond via telephone by calling the Census Questionnaire Assistance (CQA) Center
    - Census Questionnaire Assistance Insert
    - Frequently Asked Questions Insert
    - Return Envelope

Group Quarters and Service Based Enumeration (March 2020)

A **Group Quarter (GQ)** is a place where people who are not related live or stay in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents.

Types of Group Quarters include:

College Residence Halls, Group Homes, Prisons, Nursing Homes, Residential Treatment Centers

Service-Based Enumeration (SBE) is a subset of GQ, where individuals who are experiencing home-lessness are receive services. We target places where people who maybe experiencing homeless are receiving services so we can provide them opportunities to be counted.
These locations include: Mobile Food Vans , Soup Kitchens, Transitional and Emergency Shelters (with Sleeping Facilities) — for people experiencing homelessness.
Targeted Non-Sheltered Outdoor Locations (TNSOLs) — places where people experiencing homelessness live without paying to stay. Ex. Parks, Wooded Areas, Parkway Benches, Alleys, Restaurants, 24-hour Laundromats, Walmart, Casinos, etc.

The Role of Community Partners – We need you.
Community partners who actively work within Hard to Count (HTC) Population can assist the Census workers to gain access to these targeted populations in order to accurately count them, by doing the following:

1. **Participate in the ongoing conversation and Census related activities about the 2020 Census.**
2. **Participate on your Tribal CCCC or local CCC. If not formed, encourage creating one!**
3. **Respond to Census workers when they reach out for assistance and partnership building.**
4. **Share resources about the 2020 Census with your network of providers.**
5. **Preset the population experiencing homelessness by letting them know that Census workers will be conducting enumerations beginning on April 1, 2020.**
6. **Encourage their participation in the 2020 Census. Frame your conversation in terms of the benefits of participating in the Census.**
7. **Help Census workers to identify Hidden Housing and new Group Quarters in your community.**
8. **Be an active champion for the work being done by the Census Bureau.**
9. **Invite us to your events, conferences and gatherings.**

What we will ask.

- Age and Date of Birth
- Address
- Hispanic or Latino origin
- Race/Ethnicity
- Relationship (includes same sex)
- Gender
- Tenure (Owner/Renter)
- Household (count everyone at address)

Data Tools
My Tribal Area

https://www.census.gov/tribal/

Response Outreach Area Mapper (ROAM)
https://www.census.gov/roam

Free Data Workshops and Webinar available to Tribes and Orgs
www.2020Census.gov

Tribal Complete Count Committees
A committee established by tribal, state and local governments, and community leaders or organizations to increase awareness and motivate residents to respond to the 2020 Census.

Focus is to encourage individuals in their community/tribe to self respond online, on the phone or by mail (if they receive a questionnaire by mail).
A formal partnership with the Census Bureau either by resolution, executive order or legislation. It provides the structure and support to engage the tribal, community and state' stakeholders and encourage participation.

Census Bureau staff (Tribal Partnership Specialist) serve as liaisons and information resources for forming CCC

Census Jobs
National Recruiting Week (October 20-27th)
Pay rate: $15-25 per hour
Paid weekly
Paid training
Flexible
SNAP,TANF,HUD, GA Waivers
Need for AI/AN Census Takers
www.2020census.gov/jobs

Next steps and To Dos?
- Create Tribal Outreach Plan (Toolkit examples)
- Identify barriers and challenges to participation.
- Identify Key Community Events using Timeline.
- Develop local messaging and materials.
- Create or participate on a TCC or Local CCC.
- Invite Census staff to your events/meetings/activities.
- Apply for Census jobs and help us recruit a diverse staff for the ACO job positions.

Contact Information
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Tribal Partnership Specialist – Oregon/Idaho
Los Angeles Regional Census Center
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C: (541) 908-7911

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Tribal Partnership Specialist-WA Lead
Los Angeles Regional Census Center
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HEALTHY NATIVE YOUTH AND WERNATIVE UPDATE: MICHELLE SINGER, HEALTH NATIVE YOUTH PROJECT MANAGER

Disseminating Effective Adolescent Health Interventions in Native Communities

See PowerPoint for additional Graphics

sharE the site with your community networks: www.HealthyNativeYouth.org

Sign up to receive A monthly newsletter!

Text HEALTHY to 97779

Like us on Facebook, Instagram & You Tube!

Curriculum Enhancement Activities: Health Topics Include

- Anatomy and Physiology
- Bullying
- Concerning Posts on Social Media
- Condom Demonstration
- Consent
- Cultural Identity
- Dating Violence
- Drugs and Alcohol
- Healthy Friendships
- Help Seeking
- Ice Breakers
- LGBT, Two-Spirit and Sexual Diversity
- Media Literacy
- Opioid Prevention
- Personal Rule Setting
- Sex Trafficking Safety and MMIR

Quotes from Educators

"I got feedback from a young man's parents, and the dad was indicating that [Native STAND] made it easier to talk to him about the different STDs, and about relationships, because of what

we've been implementing." – Nichole Gonzales

"[Native STAND youth] are even being role models and mentors for their younger siblings and cousins -- they look up to them." – Donna Quintana

"It's just amazing, the conversations that these youth are having...they're really not scared to talk about it. They just need a place to do it." – Robby Bill

Coming Soon: Parent/Child Text Messaging

- "The Talk": a text messaging program for parents of middle and high school students to get guidance on how to begin a conversation with youth
- Weekly Message sequence
- Topics include:
  - Dating
  - Sexual health
  - Relationships
  - Communication
  - Consent
  - LGBTQ2S+

To promote sexual health, we designed and evaluated a 12-week text message sequence (text SEX to 97779)

Text SEX…
Frequent condom use increased from 30% to 42% and was retained by participants at least 3 months' post-intervention.
The intervention improved participants' intention to get tested for STI/ HIV after changing sexual partners, increasing from 46% to 58% post-intervention.
Given the widespread use of cell phones by youth, text-based interventions may offer a feasible and effective tool to promote condom use and STI/HIV testing.

Possible Parent-Child Communication Tools and Resources

- ☐ Instagram & YouTube
- ☐ One-pagers for Parents (Promoting the text message service)
- ☐ Incorporate links to videos:
  - ☐ Parent-child conversation examples
  - ☐ Tips for starting conversations on a topic
  - ☐ Q&A addressing Sensitive Questions
  - ☐ Topical experts
- ☐ Resource page on HNY website

Adolescent health resources for Native youth by Native youth
We R Native, a multimedia health resource for Native youth, by Native youth, run by the Northwest Portland Area Indian Health Board.

The site includes life advice on a wide variety of topics, with over 400 health and wellness pages written and reviewed by Native youth and topical experts.

Given the widespread use of cell phones by youth, we are increasingly using text messaging to help disseminate our messages. Nearly 6,000 youth have signed up to receive our weekly health tips and life advice.

- Website launched October 1, 2012 – WRN is 7 Years Old!
- REACH: 1. 7 million viewers
- Across all media channels, the service reaches on average 31,000 users per week
- Over 400 health/wellness pages, reviewed by AI/AN youth and topical experts.
- Special features include:
- Contests
- Videos
- Free gear & Promo Kits
- Mini Community Service Grants
- Student Testimonials

"It makes me feel more connected to my culture - just know that I'm with a community of people who are like me. Just having the little reminders and posts… really helps me."
For a lot of kids, We R Native is a really good way to connect with their culture, and they're also there to listen to you… if you have any issues with mental illness or feeling different. Everyone's different in their own way. I think they do a really good job of addressing stigma through the articles and Ask Auntie – [the] videos really help too.

It takes courage to change. It takes courage to step up and help a friend.
Text BRAVE to 97779.
You'll receive videos, tips, and resources to fill your wellness toolbox.

Eligibility:
- American Indian or Alaska Native
- Age: 15-24 years' old
- Able to receive text messages on your phone

To enroll, text BRAVE to 97779.

Participants will receive $40.00 for completing 4 surveys over 9 months.

Northwest Portland Area Indian Health Board (NPAIHB)

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Michelle Singer

Recess for the day at 4:05 p.m.

THURSDAY OCTOBER 24, 2019

Call to Order: Greg Abrahamson, Secretary, called meeting to order at 8:40 am.

Invocation: Twila Teeman, Burns Delegate

Committee Reports

Elders Committee – Twila Teeman, Burns (A copy of the report is attached)

Veterans Committee – Don Head & Sarah Sullivan, NPAIHB Staff (A copy of the report is attached)

Public Health Committee – Andrew Shogren, Suquamish Tribe: (A copy of the report is attached)

Behavioral Health Committee – Ali Desautel, Kalispel (A copy of the report is attached)

Personnel Committee– Shawn Gavin, Conf. Tribes of Umatilla (A copy of the report is attached)

Youth Committee – Written report (A copy of the report is attached)

Oral Health Committee – Joe Finkbonner, NPAIHB Staff (A copy of the report is attached)

Legislative/Resolution Committee – Laura Platero, NPAIHB Staff

RESOLUTIONS:

Northwest Health Foundation Funding for Dental Therapy Legislation in Oregon

MOTION to Approve: Shawna Gavin, Confederated Tribes of Umatilla; 2nd by Cheryl Raser, Swinomish: **MOTION PASSES**

Tribal Community Health Provider Program Funding for Development of Behavioral Health Aide Program (BHAP) and Native Dental Therapist Initiative (NDTI) Education Programs

MOTION to Approve: Cheryl Raser, Swinomish; 2nd by Shawna Gavin, Confederated Tribes of Umatilla: **MOTION PASSES**

Support of Ban on Sale of Flavored Vaping Products

MOTION to Approve: Debra Jones, Samish; 2nd by Kim Thompson, Shoalwater Bay**: 3 Abstentions: MOTION PASSES**

Two letter to RADM. Weahkee:
First, letter on Contract Support Workgroup (CSC) not meeting and send a follow up letter asking the CSC to meet in person very soon.

Second, letter related to Direct Service Tribes, request IHS focus on and include Direct Service Tribes in the DHAT opportunity.
Motion to send CSC letters and DHAT letters: by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Andrew Shogren, Suquamish: **MOTION PASSES**

Finance Report: Eugen Mostofi, Account Manager -- **MOTION to Approve: by Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Andrew Shogren, Suquamish: MOTION PASSES**

Minutes – MOTION to Approve: Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Twila Teeman, Burns-Paiute: **MOTION PASSES**

MOTION to ADJOURN – MOTION by Shawna Gavin, Conf. Tribes of Umatilla; 2nd by Debra Jones, Samish: **ADJOURN at 10:00 a.m.**

_____ _____

Prepared by Lisa Griggs, **Date**
Executive Administrative Assistant

_____ _____

Reviewed by Joe Finkbonner, RPh, MHA, **Date**
NPAIHB Executive Director

_____ _____

Approved by Greg Abrahamson,
NPAIHB Secretary **Date**

QUARTERLY BOARD MEETING

Wildhorse Casino Resort
46510 Wildhorse Blvd
Pendleton, OR 97801

October 22-24, 2019

AGENDA

MONDAY OCTOBER 21, 2019 – (TUCANNON/PALOUSE)

9 AM – 11 AM ~ CHAP Meeting
11:30 AM – 1 PM ~ Oregon Dental Project
2 PM – 5 PM ~ Tribal Health Director's (THD) Meeting
6 PM – 8 PM ~ Behavioral Health Advisory (BHA) Workgroup Dinner (please contact Tanya Firemoon at tfiremoon@npaihb.org or by phone at 503.416.3186 to confirm your place)

TUESDAY, OCTOBER 22, 2019 – (COLUMBIA/SNAKE)

7:30 AM	**Executive Committee Meeting**	Umatilla Room
9:00 AM	Call to Order	Cheryle Kennedy, Chairwoman
	Invocation	BOT Men
	Welcome	Chairman Burke and Chairman Sigo
	Posting of Flags	
	Roll Call	Shawna Gavin, Treasurer
9:15 AM	Area Director Report **(1)**	CAPT Ann Arnett – Deputy Director, Portland Area IHS
10:30 AM	Executive Director Report **(2)**	Joe Finkbonner, NPAIHB Executive Director
10:45 AM	NPAIHB Committee Updates (National & IHS)	Committee Members
12:00 PM	**LUNCH**	
	Committee Meetings *(working lunch)*	
	1. New Delegates	Staff: Jacqueline Left Hand Bull
	2. Elders	Staff: Clarice Charging
	3. Veterans	Staff: Don Head
	4. Public Health	Staff: Victoria Warren-Mears
	5. Behavioral Health	Staff: Sue Steward
	6. Personnel	Staff: Andra Wagner
	7. Legislative/Resolution	Staff: Laura Platero

QUARTERLY BOARD MEETING

Wildhorse Casino Resort
46510 Wildhorse Blvd
Pendleton, OR 97801

October 22-24, 2019

AGENDA

	8. Youth 9. Oral Health	Staff: Stephanie Craig-Rushing Staff: Ticey Mason
1:30 AM	Legislative and Policy Update **(4)**	Laura Platero, Government Affairs/Policy Director & Sarah Sullivan, Health Policy Analyst
2:45 PM	Maternal & Child Health (MCH) Program: Reach out & Read Contract (ROR) **(5)**	Marcella Ronyak, Director, Division of Clinical & Community Services - Indian Health Service Headquarters & Dr. Allison Empey, Oregon Health & Science University
3:15 PM	**BREAK**	
3:30 PM	2020 – 2025 NPAIHB Strategic Planning & Review	Stephanie Craig-Rushing, THRIVE & PRT Project Director & Nora Frank-Buckner WEAVE NW Project Coordinator
4:45 PM	Executive Session	
6:00 PM	***Culture Night*** - Tour of Yellowhawk and Gardens with Sage Wrapping and light hors d'oeuvres will be served	

QUARTERLY BOARD MEETING

Wildhorse Casino Resort
46510 Wildhorse Blvd
Pendleton, OR 97801

October 22-24, 2019

AGENDA

WEDNESDAY OCTOBER 23, 2019 – (COLUMBIA/SNAKE)

8:00 – 9:00 AM	Tribal Caucus for SDPI Consultation	
9:00 AM	Call to Order Invocation	Cheryle Kennedy, Vice-Chairman Aaron Hines, HR Director
9:15 AM	Washington State University Native American Health Science **(6)**	Dr. Naomi Bender, Director Native American Health Sciences Program - Chancellor's Office
10:00 AM	Oregon Office of Rural Health **(7)**	Stacee Reed, Program Manager – Recruitment and Retention
10:45 AM	IDEA-NW Project **(8)**	Sujata Joshi, IDEA NW, Project Director
11:30 AM	EHR Results and Report **(9)**	Katie Johnson, EHR Integrated Care Coordinator and Sarah Sullivan, Health Policy Analyst
12:00 PM	**LUNCH**	On Your Own
12:00 PM	Special Diabetes Project for Indians (SDPI) Consultation	Lunch will be provided
2:15 PM	U. S. Census **(11)**	Shana Radford, Tribal Partnership Specialist Los Angeles Regional Census Center U.S. Census Bureau - State of Oregon
3:00 PM	**BREAK**	
3:30 PM	Healthy Native Youth and We R Native Update (**12)**	Michelle Singer, Health Native Youth Project Manager
4 PM – 8 PM	Northwest Tribal Cancer Coalition ~ Celebrating 20 years	Yellowhawk Tribal Health Center **Please register at:** https://www.surveymonkey.com/r/NTCC20year

QUARTERLY BOARD MEETING

Wildhorse Casino Resort
46510 Wildhorse Blvd
Pendleton, OR 97801

October 22-24, 2019

AGENDA

THURSDAY OCTOBER 24, 2019 – (COLUMBIA/SNAKE)

8:30 AM	Call to Order Invocation	Cheryle Kennedy, Chairwoman Kelsey Burns
8:45 AM	Chair's Report	Cheryle Kennedy, Chairwoman
9:00 AM	Committee Reports: 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Legislative/Resolution 7. Youth 8. Oral Health	
9:30 AM	Unfinished/New Business 1. Finance Report 2. Approval of Minutes • July 2019 3. Resolutions 4. Future Board Meeting Sites: • ***January 14-16, 2020 ~ Marysville, WA hosted by Tulalip *** new dates**** • *April ----- ~ Grand Mound, WA hosted by Chehalis* • *July, 21-23, 2020 ~ Ft. Hall, ID hosted by Shoshone-Bannock* • *October 20-22, 2020 ~ Grand Ronde, OR hosted by Grand Ronde*	Eugene Mostofi, Account Manager
12:00 PM	Adjourn	

Indian Health Service
Portland Area Director's Update

CAPT Ann Arnett – Deputy Director, Portland Area IHS
October 22, 2019
Wildhorse Resort & Casino
NPAIHB Quarterly Board Meeting

Indian Health Service
Portland Area

HRSA – HPSA SCORES

- 145 I/T/U sites Agency wide went from competitive to non-competitive
- 11 Portland Area Tribes impacted for Primary Care score
- 15 Portland Area Tribes converting to competitive for Dental Health
- 3 Portland Area I/T/U converting to competitive for Mental Health
- All sites need to update data on HRSA Data Warehouse web page
- If any sites have current scholars, they will receive FY20 funds

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Indian Health Service
Portland Area

- **Area Staff Changes**
  - Andrew Terranella, MD – Chief Medical Officer
  - Jeremy Howell, DHA, FACHE - Chief Executive Officer, Wellpinit Service Unit
  - Hyllis Dauphinais Sr., Chief Executive Officer, Warm Springs Service Unit

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Indian Health Service
Portland Area

- **Office of Clinical Support – Diabetes**
  - **Roney Won- Acting Diabetes Coordinator**
    - roney.won@ihs.gov **503-414-5555**
  - FY 2020 Continuation Application
    - Submitted applications currently under review
  - Recent Meetings/Trainings
    - TLDC Meeting: October 9 – 10
  - Urban Diabetes Audit Webinar: October 9
  - CME/CE – Beyond PubMed: Finding Clinical Literature on Diabetes: November 12

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Indian Health Service
Portland Area

- **Office of Clinical Support**
  - **Upcoming Meetings – RPMS Training**

  - Meetings & Trainings
    - EHR Clinical Reminders Advanced Logic & Troubleshooting – Oct 21-25
    - 20th Annual TribalNet Conference – Nov 11-14
    - EHR for HIM – Nov 18-22

  - RPMS-EHR
    - IHS Health IT Modernization Project – expected report of findings soon
    - Electronic Prescribing of Controlled Substances

  - IHS Adverse Event Reporting System (WebCident) Replacement

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Indian Health Service
Portland Area

Sanitation Facilities Construction

Acting Division Director for Sanitation Facilities Construction
CDR Craig Haugland, P.E., Acting Director, craig.haugland@ihs.gov

Spokane District and Fort Hall Field Office (Eastern Washington, Idaho)
CDR Steve Sauer, P.E., BCEE, District Engineer, steve.sauer@ihs.gov

Olympic District (Washington, West of the Cascade Mountains)
CDR Roger Hargrove, P.E., District Engineer, roger.hargrove@ihs.gov

Oregon District (Oregon Tribes + Yakama Field Office)
LT Derek Hancey, P.E., Supervisory Environmental Engineer
derek.hancey@ihs.gov

District Utility Consultant (Area-wide coverage)
CDR Ben Chadwick, P.E., District Engineer (Utility Consulting)
benjamin.chadwick@ihs.gov

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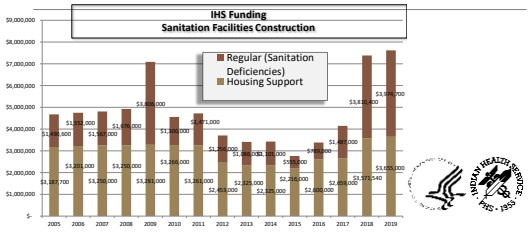
Indian Health Service Portland Area



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Indian Health Service Portland Area

- **2019 IHS Funding for Sanitation Facilities Construction**
  - 2019 appropriation resulted in 3.2% increase in construction funding over last year.
  - 35 Projects approved.
  - The Tribal need continues to exceed available funding.
- **Preparation for 2020 SFC Funding:**
  - Identification of potential 2020 projects.
    - Sanitation Deficiencies (existing water/sewer infrastructure)
      - Submitted September30th for HQ review
    - Housing Developments (Housing Priority System)
      - Requested from Tribes in Early September
      - Due October 10th to District Engineers)

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Indian Health Service Portland Area

- **Sanitation Facilities Construction Staffing new additions**
- CDR Ben Chadwick joined our team as the District Utility Consultant in the Bremerton District Office.
- LT Kim Eisberg joined our team as an Environmental Engineer in the Spokane District Office.
- Mr. Tyler Timmons, E.I.T., was selected for an environmental engineering position in the Portland Area Office.
- The Portland Area IHS SFC Director has been advertised.
  - Please see USAJOBS for the announcement.
  - IHS-19-WR-10612145-ESEP/MP

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Indian Health Service
Portland Area

- Draft AFA's are out for T1 tribes that contract on a Fiscal year basis, please contact PAO if changes/updates are needed.
- Funding tables for TV that compact on a fiscal year basis have been sent as well
- If you have not signed your AFA or finalized your Funding tables it will result in a delay for your initial FY2020 payment.
- Ongoing CSC reconciliations FY14 – FY18
- CY2020 documents will be out to tribes for review prior to end of October

Indian Health Service
Portland Area

- **Purchase and Referred Care**
  - FY2018 CHEF – funds exhausted
    - Total reimbursement, $3,277,045.00
  - FY2019 CHEF – Balance $44,721,627
    - 56 new cases
    - 11 amendments
    - Reimbursed to date, $1,165,918.00
  - FY2020 CHEF – We have not been notified that HQ is accepting
  - FY20 CHEF cases, however if you have them send them in and we will prepare them for submission when HQ is open.

Indian Health Service
Portland Area

- **Purchase and Referred Care, cont.**
  - CHEF Online Tool
    - On September 26, 2019 we were notified to temporarily suspend the use of the CHEF online tool while the Office of Resource Access and Partnership and the Office of Information Technology collaborate to enhance the level of application integration and IT security.
    - If you are interested in the CHEF Online Tool, you can reach out Salena Massey at Salena.Massey@ihs.gov or 503.414.5545. Salena can provide information regarding access and set up for when the suspension is lifted.

Indian Health Service
Portland Area

Continuing Appropriations Act, 2020, Public Law No: 116-59

- Provides FY2020 continuing appropriations to federal agencies through November 21, 2019, 14.21%
- Increase of $237 million above FY2019 enacted for I.H.S.
  - CSC, staffing of new health care facilities, HCFC, SFC and medical equipment

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Indian Health Service
Portland Area

Exception Apportionment

- IHS received approval to request an exception apportionment
- IHS is requesting an exception to the standard CR funding level that will enable us to pay tribal contractors and compactors the majority of their fiscal year contract/compact amounts
- Once approved by OMB, IHS could have access to funds beyond the CR amount to pay fiscal year Title I and Title V contractors and compactors more than the standard CR percent calculation
- While we work through the exception apportionment process, IHS is issuing tribal payments with the CR funding levels currently available--just like we would under any normal CR
- The exception apportionment would only apply to tribally operated programs:
  - IHS federally operated programs and Urban Indian Organizations were not included in the approval and will continue to be funded at the current CR funding level of 14.21% through November 21, or the percent identified in any subsequent CR.

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Indian Health Service
Portland Area

Portland Area Indian Health Service - FY 2022 Budget Formulation Meeting

Location and Date

- Embassy Suites Portland (Airport), Portland, OR
- November 14, 2019

Purpose

- Determine FY 2022 Budget Priorities for Portland Area I.H.S.
- Identify Hot Topics
- Elect two (2) Tribal Representatives to negotiate and vote on behalf of Portland Area IHS at National Budget Workgroup Meetings

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Indian Health Service
Portland Area

Special Diabetes Program for Indians FY21 Tribal Consult/Urban Confer

- October 02, 2019 DTLL and DUIOLL
- Comment submission deadline – December 02, 2019
- Portland Area Tribal Consultation – During this QBM
- Follow up Tribal Consultation - November 15, 2019 @ 10:00AM Pacific
  - Embassy Suites, PDX Airport
- Portland Area Urban Confer Call – November 5, 2019 @ 2:00PM Pacific

- www.ihs.gov/newsroom/triballeaderletter/
- https://www.ihs.gov/newsroom/urbanleaderletters/

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Indian Health Service
Portland Area

Ending the HIV Epidemic initiative

- Press Release - October 07, 2019
- $2.4 million to Tribal Epidemiology Centers
- NPAIHB – Northwest Tribal Epidemiology Center
- Seattle Indian Health Board – Urban Indian Health Institute
- https://www.ihs.gov/newsroom/pressreleases/2019pressreleases/ihs-awards-2-4-million-to-tribal-epidemiology-centers-for-diagnosis-treatment-and-response-to-hiv-hepatitis-c-and-stis/

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Indian Health Service
Portland Area

Verdict in the Trial of Former IHS Pediatrician Stanley Patrick Weber

- Press Release – September 27, 2019
- RADM Weahkee Statement
- IHS hotline – 1-301-443-0658

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Indian Health Service Portland Area

CMO Updates

- Recent Special General Memos
  - SGM 19-03 IHS Health Care Providers Compliance with IHS Informed Consent Requirements
- Other
  - Circular 19-05 Contractor Training Plan for Implementation of Indian Health Manual Part 3 Chapter 20, Protecting Children from Sexual Abuse by Health Care Providers

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Indian Health Service Portland Area

Medical Epidemiologist Updates

- Immunizations
  - Childhood immunizations as reported in the Indian Health Service National Immunization Reporting System have dropped to an all-time low below 50%
    - Please ensure that for facilities using RPMS or have the ability to provide this information to NIRS that these data are submitted each quarter
      - Remove barriers to childhood immunization:
        - Provide immunizations at all visits, including walk-ins
        - Do not require informed consent
        - Check the State Immunization Information System for immunizations given elsewhere
        - Address patients' concerns directly

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Indian Health Service Portland Area

- 2019-2020 Flu Season Updates
- Vaccines have arrived and vaccination activities have begun
- The vaccine makeup similar to last year except that the H3N2 component is new and is designed to protect against the strain that was in circulation in 2018-2019
- Flumist (the nasal spray) is available again this year but the production was delayed
- There are many different types of flu vaccine- high-dose for elders, egg-free recombinant, injection, nasal spray… The best flu vaccine is the one that you actually receive! Look for this brochure on the table.

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Our Mission… to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

Our Goal… to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

Our Foundation… to uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

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Northwest Portland Area Indian Health Board

Executive Director Report

Wildhorse Casino Resort
Pendleton, OR
October 22, 2019

Joe Finkbonner, RPh, MHA

Northwest Portland Area Indian Health Board

Personnel

NEW HIRES

- **MORGAN THOMAS,** LGBTQ 2 Spirit Outreach & Engagement Coordinator

KIMBERLY CALLOWAY, CDC Assignee

Northwest Portland Area Indian Health Board

Personnel

PROMOTIONS/TRANSFERS

- **NORA FRANK-BUCKNER,** WEAVE-NW Food Sovereignty Project Manager
- **RYAN SEALY,** WEAVE-NW Tobacco & Breastfeeding Project Manager
- **PAM JOHNSON**, NDTI Project Manager
- **TANYA FIREMOON**, TCHP Project Specialist

Northwest Portland Area Indian Health Board

Personnel

TEMPS AND INTERNS

- **JENNIFER SEAMANS,** Intern

Northwest Portland Area Indian Health Board

Personnel

RECOGNITION:

- **Ticey Mason** ~ 15 Years of Service
- **Lisa Griggs** ~ 15 Years of Service

Northwest Portland Area Indian Health Board

Meetings

AUGUST

- **Region 10 Opioid Summit**, Vancouver, WA (8/6 – 8/9)
- **Nike Native Fitness**, Nike HQ (8/15 – 8/16)

SEPTEMBER

- **Arcora Foundation Board Retreat,** Skamania, WA (9/19 – 9/21)

Northwest Portland Area Indian Health Board

Dancing in the Square

SEPTEMBER

- Downtown Portland, OR (9/27)

Northwest Portland Area Indian Health Board

Meetings

OCTOBER

- NPAIHB Staff Retreat, Sun River, OR (10/1 – 10/3)

- ATNI, Suquamish, WA (10/7 – 10/10)

Northwest Portland Area Indian Health Board

Upcoming Meetings

NOVEMBER

- **Washington Governors Indian Health Advisory Council** Meting, Shelton, WA (11/6)
- **Washington Centennial Accord Meeting**, Shelton, WA (11/7 – 11/8)
- **3rd Annual NDTI Yearly DHAT Meeting**, Portland, OR (11/20 – 11/21)

Northwest Portland Area Indian Health Board

Upcoming Meetings

DECEMBER

- **PHAB Board Meeting,** Washington, DC (12/4 – 12/5)
- **Accora Foundation Board Meeting and Alumni Lunch** (12/6)
- NPAIHB Holiday Party **12/12**
  - at Top Golf in Beaverton, OR

Northwest Portland Area Indian Health Board

Other Business

Northwest Portland Area Indian Health Board

2019 NIHB Local Impact Award

- Alison Goerl – NARA *(not present)*

- Alison has amazing dedication to the patients of the NARA Indian Health Clinic. She has been instrumental in improving preventive care & management in the Greater Portland area. This includes expanding the Diabetes program to fully implement a Diabetes Prevention component. She has revitalized NARA's Breast and Cervical Cancer Program. She has worked to expand prevention & chronic disease management services to include the WISEWOMAN program to prevent cardiovascular disease & has initiated a program to increase colorectal cancer screening as well. Under Alison's leadership, NARA patients now have "whole person" preventive & chronic disease care addressing many persistent conditions.
- Alison demonstrates the highest standard of commitment to comprehensive quality health care & represents the finest example of what can be accomplished with commitment & compassion for our patients, their families & community. With leadership like Alison's, we can address & eliminate health disparities!
- Alison is a Registered Dietitian & the Diabetes/BCCP/Wisewoman Program Director at the NARA Indian Health Clinic in Portland, OR. She received a BS in Microbiology & Nutrition from Oregon State and completed her Dietetic Internship at Oregon Health Sciences University. Alison has worked at NARA for more than 17 years and has managed the SDPI Diabetes grants since 2004. She leads a multidisciplinary team of health care professionals who provide care to 500 AI/AN people with diabetes and 1000 AI/AN people with prediabetes. Recently she served as a consultant to the professional writer of the SDPI Diabetes Prevention Dissemination Toolkit

Northwest Portland Area Indian Health Board

2019 NIHB Local Impact Award

- Kathy Wynecoop ~ Spokane Tribe of Indians *(1of 2)*

- Kathy done specialty work with other reservations and urban Native Centers recruiting Native people for the Native American Bone Marrow Registry. Her vision was to help Native peoples find that match and save lives. Brings the Blood Drive to the community to keep available in those emergent situations. Kathy was dedicated to the youth in the community by providing health education and disease prevention classes throughout the years. Providing these kids with the resources available to fulfill those needs. Kathy's persistent personality helps drive her. She's the perfect person to have serving your community. Kathy maintains many contacts, and partnerships near and far. She gets contacted from various agencies on special projects, special requests from clinic staff on management of patient needs, medical equipment needs, anything that impacts our communities healthcare needs. Kathy works long days and drives many miles to serve the community. Visits homes, delivers medication, medical equipment, performs vitals assessing their healthcare needs. Does a lot of case management, transports, communicating with providers, and setting up appointments, sets up medication boxes to prevent missed and or over dosing, orders refills. Some weekends spent doing special medication regiments through pic lines, dressing changes to ensure her patients don't develop infections. Her 32 years of service and dedication is long overdue for this type of special award. Great job

Northwest Portland Area Indian Health Board

2019 NIHB Local Impact Award

- Kathy Wynecoop ~ Spokane Tribe of Indians *(2 of 2)*

- Kathy D Wynecoop Spokane Tribal Member. She has several family members that have served or are serving the community and tribe. Her late grandfather was the Chairman of the Spokane Tribe, one sister was in education, the other in IHS and many Veterans. Kathy graduated from SCC in 1984 with an Associate Degree in Liberal Arts. In 1988 she graduated from YVCC with a degree in Community Health. She started serving the Native American population on the Spokane Indian Reservation on November 6th, 1986. Her interests were in specialty services when introduced to the Native American Bone Marrow Registry program.

Northwest Portland Area Indian Health Board

20th Anniversary of our Northwest Tribal Cancer Coalition

Northwest Portland Area Indian Health Board

Other Business

- ***January 14th – 16th, 2020 ~ Marysville, WA hosted by Tulalip *** new dates*****
- ***April 21st – 23rd ~ Grand Mound, WA hosted by Chehalis*** *(don't have the week of April 20th but April 13th is available **the 12th is Easter Sunday) 1st 2 weeks in April are Spring Break and week of April 27th is Self Governance Conference*

Northwest Portland Area Indian Health Board

WE R NATIVE

NEWSLETTER FUN

"Newsletter fun, can you find Harry the sasquatch? To have a little fun for this quarter, there are five hidden Harrys' throughout Health News & Notes. Remember, like you brand new chap stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… sasquatches are VERY elusive. Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL FIVE Harrys', will win a We R Native fanny pack with some extra goodies inside. Show them to Lisa Griggs to claim your prize!"

Northwest Portland Area Indian Health Board

It's not goodbye…

Questions…?

Northwest Tribal Epidemiology Center (The EpiCenter) Projects Reports Include:

- **Adolescent Behavioral Health**
- **Clinical Programs-STI/HIV/HCV**
- **Dental Support Center**
- **Epicenter Biostatistician**
- **Epicenter National Evaluation Project**
- **IDEA- Northwest (Tribal Registry Project)**
- **Immunization and Portland Area IHS IRB**
- **Medical Epidemiologist**
- **Native CARS & PTOTS**
- **Northwest Tribal Comprehensive Cancer Project**
- **Public Health Improvement and Training/Injury Prevention**
- **THRIVE**
- **WEAVE**
- **Western Tribal Diabetes Project**
- **Cancer Prevention and Control Research in AI/ANs**
- **Tribal Opioid Response (TOR)**
- **Enhancing Asthma Control for Children in AI/AN communities**
- **Northwest Native American Research Center for Health (NARCH)**
- **Response Circles**
- **Northwest Tribal Juvenile Justice Alliance**
- **ECHO**

Adolescent Behavioral Health

Stephanie Craig Rushing, PhD, MPH, Principal Investigator | Jessica Leston, MPH, PhD(c) Project Director
Colbie Caughlan, MPH, THRIVE Project Director | David Stephens, RN, ECHO Director
Danica Brown, MSW, PhD, Behavioral Health Manager | Michelle Singer, HNY Manager
Celena McCray, THRIVE Project Coordinator | Tommy Ghost Dog, WRN Project Coordinator
Tana Atchley-Culbertson, Youth Engagement Coordinator | Paige Smith, THRIVE/DVPI Coordinator
Corey Begay, Multimedia Specialist | Eric Vinson, ECHO Specialist
Contractor: Amanda Gaston, MAT, Native IYG

Quarterly Report: July-September 2019

Technical Assistance and Training

Tribal Site Visits

- Shoshone Bannock: Vaping Bootcamp Training in Fort Hall, ID. July 22-23, 2019. Approximately 10 youth partners in attendance.

July Technical Assistance Requests

- 0 NW Tribal TA Requests
- 7 = NAFOA; Headstream; Health Services Center; Oregon Research Institute; Tribal Youth Resource Center; OASH; EDC

August Technical Assistance Requests

- 0 NW Tribal TA Requests
- 11 = Northwestern, Cardea, Colorado, IHS, ACF, Johns Hopkins, Tribal Technical Assistance Center, Lummi, ITCA, OHSU, USCA

September Technical Assistance Requests

- 4 NW Tribal TA Requests
- 15 = Cardea, Gem Law, AAS20, Pueblo of Tesuque, Johns Hopkins, Northwestern, Seattle Children's, IHS, Salt-River Pima Maricopa, Turtle Mountain Chippewa, Native Youth Community Academy, Hualapai, NIEA, NICWA, OHSU PRC

We R Native

During the quarter, our staff participated in six planning calls, three partner meetings, and facilitated or presented during four conferences/webinars, including:

- Call: David Ball, SecondMuse - Mental Health, July 2, 2019. July 30, 2019.
- Call: TAM Mental Health Team Meeting, July 17, 2019. July 19, 2019. Aug 2, 2019. Aug 7, 2019. Sept 18, 2019.
- Presentation: We R Native, Diabetes in Indian Country, IHS Conference, Oklahoma City. Aug 6-9, 2019. Approximately 50 attendees.
- Meeting: Springboard Lab, hosted by Second Muse. Boston, MA. Aug 8-9, 2019. Approximately 40 attendees.
- Zoom Call: AIY-C Advisory Board Meeting, August 21, 2019.
- Presentation: We R Native, IHS Division of Clinical and Preventative Services Conference, Tigard, OR, August 29, 2019. Approximately 200 in attendance.
- Meeting: TAM Fall Colloquium, Madison, WI, Sept 5-6, 2019.

- Presentation: We R Native and the BRAVE Mental Health Study, TAM Fall Colloquium, Madison, WI, Sept 6, 2019. Approximately 45 participants in attendance.
- Meeting: We R Native Team Strategy Day, Sept 30, 2019. Radisson Red Hotel, Portland, OR.

Gen I / Bootcamps

- Vaping Bootcamp Training: Fort Hall, ID. July 22-23, 2019. Approximately 10 youth partners in attendance.

Healthy Native Youth

During the quarter, Healthy Native Youth staff participated in seven planning calls with study partners, and the following trainings/events:

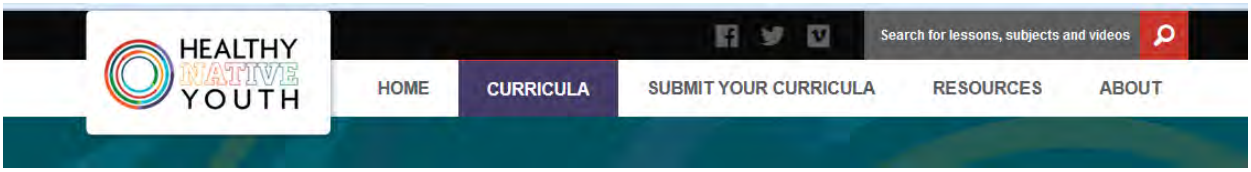
- Call: Promoting RCL of HNY, Sept 23, 2019.
- Monthly: HNY e-Newsletter: 2,000+ subscribers.
- HNY website 2.0: Updates Launched.
- Meeting: Native STAND CDC Site Visit. Portland, OR. Aug 6-7, 2019.
- Presentation: Native VOICES, We R Native, HNY and BRAVE Mental Health Study, U.S. Conference on AIDS, AI/AN Pathways Pre-Conference. Sept 4, 2019. Approximately 75 participants in attendance.
- Presentation: We R Native and HNY, U.S. Conference on AIDS. Sept 5, 2019. Approximately 60 participants in attendance.
- Training: We R Native Facilitator's Guide, Bellingham, WA. August 28. Approximately 2 participants.
- Training: We R Native Teacher's Guide, Phoenix, AZ – Host - ITCA. July 15-16, 2019. Approximately 25 Health Educators in attendance.
- Zoom Meeting: HNY Sexual Health Workgroup – Quarterly Meeting, August 28, 2019. Approximately 19 participants in attendance.
- Zoom: Community of Practice: Session #11 – Stay Connected – Community Engagement. July 10, 2019. Approximately 24 adult educators were in attendance. Recorded trainings are available at: https://www.healthynativeyouth.org/community-of-practice-sessions
- Zoom: HNY Community of Practice, Sept 11, 2019.
- Zoom: Native STAND Close-out Mtg, August 22, 2019.
- Zoom: Native STAND Close-out Mtg, Sept 18, 2019.

ANA – I-LEAD

During the quarter, staff participated in four grantee call, twelve SMS text mentoring chats with 1000 STEM and "healer" participants," and the following I-LEAD meetings and activities:

- Meeting: NPAIHB Youth Delegates August Zoom Check-in. August 18, 2019. 8 Youth Delegates in attendance.
- Meeting: NPAIHB Youth Delegates September Zoom Check-in. Sept 29, 2019, with 6 Youth Delegates in attendance. The new cohort of Youth Delegates includes: http://www.npaihb.org/youth-delegate/?fbclid=IwAR1MFNzWdo5bxocP9kiU63fhUeE_XiQ34TzU6STHX6alVkXffjfFdQn8PTg#FAQ
- Meeting: NPAIHB-CRIHB Joint QBM Youth Summit, July 17-19, 2019. Sacramento, CA. Approximately 75 youth in attendance, including 12 Youth Delegates.
- New cohort of Youth Delegates has been selected. http://www.npaihb.org/youth-delegate/?fbclid=IwAR1MFNzWdo5bxocP9kiU63fhUeE_XiQ34TzU6STHX6alVkXffjfFdQn8PTg#FAQ
- Summit: ANA I-LEAD Youth Summit, July 22-26, 2019. Albuquerque, NM. Approximately 80 youth in attendance, including 5 Youth Delegates.

Health Promotion and Disease Prevention



Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org

WERNATIVE

Website: The We R Native website launched on September 28, 2012: www.weRnative.org

In July, the Monthly reach across the We R Native Channel: **217,579** (7,018/day)
In August, the Monthly reach across the We R Native Channel: **161,773** (5,218/day)

In July, the **We R Native** website received:
- Page views = **25,266**
- Average visit duration = 2:19

In August, the **We R Native** website received:
- Page views = **29,644**
- Average visit duration = 5:42

July Social Reach
- Twitter Followers = 6,509 **(6,964 Impressions)**
- YouTube: The project currently has 720 uploaded videos, has had 430,000 video views, with 558,900 estimated minutes watched. **(18,007 views last month)**
- Facebook: By the end of the month, the page had 49,700 followers.
- Instagram: By the end of the month, the page had 8,364 followers. **(21,324 Impressions)**

August Social Reach
- Twitter Followers = 6,664 **(16,200 Impressions)**
- YouTube: The project currently has 724 uploaded videos, has had 454,000 video views, with 581,200 estimated minutes watched. **(19,997 views last month)**
- Facebook: By the end of the month, the page had 49,745 followers.
- Instagram: By the end of the month, the page had 8,432 followers. **(19,284 Impressions)**

July Text Message Service:
- Northwest Portland Area Indian Health Board has 7,883 active subscribers.

- **We R Native has 5,646 active subscribers.**
- **The Text 4 Sex Ed service currently has 467 active subscribers, 758 total profiles.**
- We R Healers has 405 subscribers.
- STEM has 593 subscribers.
- Youth Spirit has 36 subscribers.
- We R Dine has 210 subscribers.
- I Know Mine has 775 subscribers.
- Native Fitness has 827 subscribers.
- Hepatitis C Patient and ECHO project has 407 subscribers.
- Healthy Native Youth has 599 subscribers.
- THRIVE-DBT has 34 active subscribers.

August Text Message Service:

- Northwest Portland Area Indian Health Board has 8,183 active subscribers.
- **We R Native has 5,832 active subscribers.**
- **The Text 4 Sex Ed service currently has 473 active subscribers, 769 total profiles.**
- We R Healers has 416 subscribers.
- STEM has 596 subscribers.
- Youth Spirit has 36 subscribers.
- We R Dine has 217 subscribers.
- I Know Mine has 775 subscribers.
- Native Fitness has 854 subscribers.
- Hepatitis C Patient and ECHO project has 416 subscribers.
- Healthy Native Youth has 619 subscribers.
- THRIVE-DBT has 34 active subscribers.

July Social Media Messages: Number/Reach of We R Native messages addressing…

- Bootcamp PSAs = 0 posts, 0 text message, **0** people reached
- Concerning Social Media Post Tips = 0 posts, 0 text message, **0** people reached
- Sexual health/Healthy Relationships = 3 posts, 0 text message, **2,113** people reached
- DVPI = 0 posts, 0 text message, 0 people reached
- Sexual Assault Campaign (to be created this year) = 0 posts, 0 text message, 0 people reached
- Substance prevention = 4 post, 0 text message, **7,600** people reached
- Suicide (general) = 0 posts, 0 text message, **0** people reached
    - #WeNeedYouHere Campaign (specifically THRIVE) = 0 posts, 0 text message, 0 people reached
    - #WeNeedYouHere - LGBT2S = 0 post, 0 text message, 0 people reached
    - #WeNeedYouHere – Veterans = 0 post, 0 text message, 0 people reached
    - Mental health = 5 posts, 0 text messages, **68,425,** people reached
- Youth leadership/empowerment = 18 posts, 4 text messages, **67,880**, people reached

August Social Media Messages: Number/Reach of We R Native messages addressing…

- Bootcamp PSAs = 1 posts, 0 text message, **575** people reached
- Concerning Social Media Post Tips = 0 posts, 0 text message, **0** people reached

- Sexual health/Healthy Relationships = 6 posts, 0 text message, **8029** people reached
- DVPI = 0 posts, 0 text message, 0 people reached
- Sexual Assault Campaign = 1 posts, 0 text message, **2100** people reached
- Substance prevention = 1 post, 0 text message, **838** people reached
- Suicide (general) = 2 posts, 0 text message, **17038** people reached
    - #WeNeedYouHere Campaign (specifically THRIVE) = 2 posts, 0 text message, 9238 people reached
    - #WeNeedYouHere - LGBT2S = 0 post, 0 text message, 0 people reached
    - #WeNeedYouHere – Veterans = 0 post, 0 text message, 0 people reached
    - Mental health = 1 posts, 0 text messages, **3600** people reached
- Youth leadership/empowerment = 18 posts, 3 text messages, **44,468** people reached

Research and Surveillance

Technology and Adolescent Mental Health (TAM): The NPAIHB is partnering with the Social Media Adolescent Health Research Team and the mHealth Impact Lab to evaluate We R Native's mental health messaging impact and efficacy. The project is recruiting youth for an efficacy study.

STI/HIV/HCV Clinical Programs

Jessica Leston, MPH, Clinical Programs Director - Tsimshian
Megan Woodbury – Opioid Program Coordinator
Danica Love Brown – Behavioral Health Manager – *Choctaw*
Morgan Thomas – LGBTQ 2 Spirit Outreach and Education Coordinator

Contractors: Brigg Reilley, MPH

Quarterly Report: July – September 2019

Technical Assistance and Training

NW Tribal Site Visits

- NONE

Out of Area Tribal Site Visits

- Oklahoma Choctaw SUD/HCV/HIV – July 10, 2019
- Oklahoma Tulsa Urban SUD/HCV/HIV – July 10, 2019

- National Comined Councils – July 22-25, 2019
- US Conference on AIDS, Washington DC – September 4-8th
- Bois Forte Mental Health Conference LBGTQ 2S Presentation – September 25-26th

July Technical Assistance Requests

- Tribal TA Requests = 8 (Jessica), (4) Brigg, Megan (4), Danica (0), Morgan (3)
- Other Agency Requests = 7 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

August Technical Assistance Requests

- Tribal TA Requests = 8 (Jessica), (4) Brigg, Megan (2), Danica (0), Morgan (3)
- Other Agency Requests = 3 (CDC, IHS, GPTCHB)

September Technical Assistance Requests

- Tribal TA Requests = 9 (Jessica), (4) Brigg, Megan (2), Danica (0), Morgan (5)
- Other Agency Requests = 3 (CDC, IHS, GPTCHB)

During the quarter, project staff participated in 70 technical assistance calls and requests.

Health Promotion and Disease Prevention

HCV Overview: Hepatitis C Virus (HCV) is a common infection, with an estimated 3.5 million persons chronically infected in the United States. According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from hepatitis C of any race or ethnicity. But Hepatitis C can be cured and our Portland Area IHS, Tribal and Urban Indian primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and earning greatly deserved gratitude from the communities they serve.

Goals: HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken by mouth, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

It is estimated that as many as 120,000 AI/ANs are currently infected with HCV. Sadly, the vast majority of these people have not been treated. By treating at the primary care level, we can begin to eradicate this disease. Our aim is to provide resources and expertise to make

successful treatment and cure of HCV infection a reality in Northwest IHS, Tribal and Urban Indian primary care clinics. More at www.npaihb.org/hcv

Currently, the program has strategic partnerships with: Alaska Native Tribal Health Consortium, University of New Mexico, Cherokee Nation, Norther Tier Initiative for Hepatitis C Elimination, Oklahoma IHS Area, United Southern and Eastern Tribes TEC, Rocky Mountain TEC, Great Plains Tribal CHairmans Health Board and TEC, Great Lakes Inter Tribal Council TEC, and IHS.

Text Message service/email marketing: To date, the project has sent 18,444 and received 1,976 messages from 432 text message subscribers. The project sent 4 marketing emails and had a reach of 1,754 through constant contact in the month of September.

HCV Print & Video Campaign: In 2017, the project disseminated the Hepatitis C is Everybody's Responsibility Campaign http://www.npaihb.org/hcv/#Community-Resources To date, 10,000 items (posters, rack cards, pamphlets) have been printed, and the campaign (print + video) has received 944 video views on YouTube, and reached 5,515 on Facebook.

Example of text message received in November 2018: "*Thank you. I don't know if I am able to respond to you but I'm responding anyway. I just want to express my sincere appreciation for all you do. My CIHA (Cherokee Indian Hospital Authority) colleagues and I are energized with the possibility that we can eradicate Hep C in our community. We are meeting weekly to discuss Hep C treatment, patients, issues, ideas and complaints. We are, or I am preparing a presentation for one of our private recovery centers. Our goal in this is to reach out to as many people as we can to educate and spread awareness on all things Hep C. I am preparing the presentation because I am the performance improvement person for our primary care. The nurses are busy caring for our patients. I am also creating a hep B lab guide for our nursing staff to try and eliminate confusion over the hep B labs. I am by education an CLS(clinical laboratory scientist) formerly known as an MT (medical technologist). I went to school to be a lab tech. Not just drawing blood but running the tests. So for once I am excited because the lab part of all this is right up my alley. My comfort zone, you could say."*

Opioid Overview: NPAIHB's Northwest Tribal Epidemiology Center (TEC) has examined death certificate and hospital discharge data (corrected for AI/AN racial misclassification) to identify the burden and disparities in drug and opioid overdoses experienced by Northwest AI/AN. Since 1997, Northwest AI/AN people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the region. From 2006-2012, AI/AN age-adjusted death rates for drug and prescription opioid overdoses were nearly twice the rate for NHW in the region. A higher proportion of AI/AN drug and opioid overdose deaths occurred in younger age groups (less than 50 years of age) compared to NHW overdose deaths. A more recent analysis of Washington death certificates found that although AI/AN and NHW had similar overdose mortality rates from 1999–2001, AI/AN overdose rates subsequently increased at a faster rate. From 2013–2015 mortality rates

that were 2.7 times higher than those of NHW for total drug and opioid overdoses and 4.1 times higher for heroin overdoses.

Goals: Opioids and OUD (Opioid Use Disorder) historically has been more prevalent in AI/AN populations. In recent years, research has shown that OUD is not just a medical issue, but is more effectively treated when approached holistically. This has led to an increased move towards integrated care and harm reduction approaches to treat the whole individual, not just the disease. Harm reduction is defined as a way of reducing/ mitigating the negative consequences associated with OUD/ opioid misuse through a variety of intervention strategies.

While there are many resources available to the public on harm reduction, they are scattered at best. To ensure that the Tribes are not only aware of current and promising harm reduction practices and strategies for opioid response, both regionally and nationally, the Indian Country Opioid Response Monthly Newsletter and Community of Learning webinar series were developed. The goal of these two tools is to not only use them as a way to cultivate a community of practice, but also to disseminate the strategies and promising practices currently being implemented to address OUD/ opioid misuse across Indian Country. More at http://www.npaihb.org/opioid/#communityresources.

Text Message service/email marketing: The project sent 6 constant contact surges and had a reach of 292 through constant contact through the month of June.

Opioid Print & Video Campaign: In 2019, the project is developing a number of campaigns for community.

e-Newsletter/ Community of Learning Reminders and Sessions: The monthly newsletter is released at the beginning of each month to those subscribed through the Constant Contact listserv (n=396).

LGBTQ & Two Spirit Overview: Increasingly, healthcare providers across the United States are realizing that European concepts of gender identity (as a male-female binary) and sexual orientation (as attraction to the opposite sex) are too limited. They cannot account for the range of gender identities and sexual orientations people experience.

People who are LGBTQ or Two Spirit have gender identities and/or sexual orientations that exist outside of this limited, European conception. LGBTQ is a general acronym, which stands for lesbian, gay, bisexual, transgender, and queer**.** Two spirit is a term for a Native person who expresses their gender identity or sexual orientation in indigenous, non-Western ways.

Native people who identify as LGBTQ and Two Spirit face barriers to healthcare, including discrimination in healthcare settings and lack of cultural competency among healthcare providers. Overall, they also face health disparities, including increased risk of anxiety, depression, sexual violence, and suicide. However, research suggests that when people who identify as LGBTQ or Two Spirit are accepted by their communities and healthcare providers, these health disparities disappear. When affirmed by relatives, friends, and clinics, Native

people who identify as LGBTQ or Two Spirit thrive. Several Native clinics have already begun developing supportive, affirming relationships with their LGBTQ and Two Spirit clients, earning their trust and gratitude.

NPAIHB now has a live Two Spirit/LGBTQ health webpage: http://www.npaihb.org/2slgbtq

Goals: Native American and Alaska Native people who identify as LGBTQ or Two Spirit face widespread discrimination. Discrimination in healthcare settings causes many people who identify as LGBTQ or Two Spirit to avoid or postpone treatment. Others do not feel safe fully disclosing their identities to their healthcare providers, which can result in incomplete or ineffective care.

We know this experience of discrimination has not always been true for Native people who are LGBTQ or Two Spirit. Prior to colonization, people who identified as LGBTQ and Two Spirit were often vital, celebrated parts of their Native communities.

To create tribal communities and healthcare settings in which Native LGBTQ and Two Spirit people again feel acknowledged and affirmed, we are creating two documentary-style films celebrating Native LGBTQ and Two Spirit identities and providing recommendations for healthcare providers working with clients who are LGBTQ or Two Spirit.

LGBTQ 2-Spirit Print & Video Campaign: We have created and published two documentary-style films focused on destigmatizing LGBTQ and Two Spirit identities. Both films include participants from various tribes and regions in the USA, including Alaska, Washington, Oregon, Oklahoma, and North Dakota.

In addition to these films, a print campaign, including 3 posters, 3 rack cards, and 3 instructional pamphlets promotes and supports the campaign. These print materials direct people to the two documentaries and provide introductory guidance for people who identify as LGBTQ or Two Spirit; their relatives, friends, and allies; and their healthcare providers.

Video views:
“There’s Heart Here” Documentary: 375 views
“Becoming Jane Doe” Video: 55 views
“See me. Stand with me.” Educational Video: 269 views

Print Materials disseminated:
Provider Educational Materials: 190 print + 29 downloads
Ally Educational Materials: 196 print + 31 downloads
2SLGBTQ Affirmational Materials: 196 print + 23 downloads
Posters: 101 print + 7 downloads
Provider 101 Factsheets: 227 print + 35 downloads

LGBTQ 2-Spirit Text Message Campaign: Three text message campaigns are available to improve health care for LGBTQ and Two Spirit individuals. These campaigns offer information

for providers, LGBTQ and Two Spirit individuals, and their families, friends, and allies. They educate recipients about best practices when caring for Two Spirit or LGBTQ patients, self-advocacy in clinical settings, and advocating for or supporting LGBTQ and Two Spirit persons, respectively.

Umbrella Campaign: 133 subscriptions
Provider Text Campaign: 7 subscriptions
Ally Text Campaign: 26 subscriptions
2SLBGTQ Text Campaign: 7 subscriptions

Celebrating Our Magic: A Toolkit for Transgender and Two Spirit Youth who are Transitioning: Alessandra Angelino wrote a comprehensive toolkit with health and wellness information for Native youth, who are transitioning, their families, and their healthcare providers. Now available on the NPAIHB LGBTQ 2-Spirit webpage: www.npaihb.org/2slgbtq/#print.

Celebrating Our Magic Toolkit: 95 print + 495 downloads

Surveillance and Research

STD/HIV/HCV Data Project: STD/HIV/HCV Data Project: The project is monitoring STD/HIV GPRA measures for IHS sites throughout Indian Country. National standardized indicators on HIV, HCV, and STD screening are included in the national health informatics platform. These data are then used to identify leading facilities to identify best practices that may have potential to replicate in policy and practice in other I/T/U facilities. In response to national data, a new measure, HIV diagnoses among men 25-45 was added, as this group had significantly higher rates of HIV diagnoses. As per the national screening technical assistance project, data monitoring found that HIV screening coverage of 13-64 year olds increased from from 52% to 55%, HIV screening of STI+ patients increased from 54% to 58%, and HCV screening of persons born 1945-1965 increased from 54% to 63%. The new measure, HIV screening coverage among men ages 25-45 is up from 44% to 48%.

PWID Study: To capture the heterogeneous experience of AI/AN PWID and PWHID, this project is being conducted in four geographically dispersed AI/AN communities in the United States using semi-structure interviews. The project is based on indigenous ways of knowing, community-based participatory research principles and implementation science.

Other Administrative Responsibilities

Publications

- AI/AN Methods Paper on PWID Project accepted to Public Health https://doi.org/10.1016/j.puhe.2018.12.002
- AI/AN PWID Results Paper in Review
- Working on OUD Indicators Paper with CDC

Reports/Grants Submitted

- Awarded for FYI 2019: SAMHSA ECHO – 524,000
- Awarded for FYI 2019: OMH ECHO – 350,000
- Awarded for FYI 2019: CDC Opioid Response Strategy – 265,000
- Awarded for FYI 2019: SAMHSA TOR – 3.5 Million
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

Northwest Tribal Dental Support Center Quarterly Report (July-September 2019)

The Northwest Tribal Dental Support Center (NTDSC) has completed their 19th year of funding and will be applying for another five-year grant in 2020. The overall goals of NTDSC are to provide training, quality improvement, and technical assistance to the IHS/Tribal Dental programs, and to ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people served in the Portland Area. NTDSC activities are listed in categories corresponding to the current grant objectives.

Ensure quality and efficient care is provided in Portland Area dental programs through standardization of care and implementation of public health principles to improve dental access and oral health outcomes.

- NTDSC staff and consultants, in coordination with the Area Dental Consultant (ADC) have provided four site visits this past quarter. NTDSC consultants visited the Nisqually dental clinic in July 2019 and the Area Dental Consultant provided three program reviews at the Nespelem and Lake Roosevelt dental programs (Colville tribe) and Wellpinit dental program (Spokane tribe) in August 2019. This makes a total of 14 site visits for this fiscal year. NTDSC has met this objective for this fiscal year.

Expand and support clinical and community-based oral health promotion/ disease prevention initiatives in high-risk groups to improve oral health.

- The work with ARCORA (The Foundation of Delta Dental of Washington) on our Baby Teeth Matter Initiative (BTM) is continuing with eight dental programs. A webinar was conducted on July 31, 2019 to go over the objectives and data submission for the second quarter. The participating programs

shared a goal to work on in-between the in-person sessions. There have been a total of three in-person meetings and two webinars this fiscal year. We have another in-person session scheduled for October 23, 2019. NTDSC has completed a program manual for new programs.

- The Elder Initiative is continuing with 10 dental programs, which includes both dental staff and Elder Coordinators from various tribes. There have been a total of two in-person meetings and two webinars this fiscal year. A webinar was conducted on July 24, 2019 to go over objectives and data submission for the second quarter. The participating programs shared a goal to work on in-between the in-person sessions. Our next in-person meeting is scheduled for October 30, 2019.

Implement an Area-wide surveillance system to track oral health status.
Data from the surveillance system will be used to identify vulnerable populations and plan/evaluate clinical and community-based prevention programs.

- The screening of 0-5 year olds in medical and community settings is complete and survey results have been released. There is a documented decrease in dental caries and also in the number of children needing dental treatment.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

CDE: NTDSC tracks the number of participants and CDE credits provided through the Update on Prevention Course provided during site visits, BTM and Elders Initiatives, NTDSC yearly orientation and full meeting, and the addition of the clinical MID course. During this past fiscal year, NTDSC provided 233 dental staff with 1,818 continuing dental education credits.

NTDSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

NTDSC had our annual planning meeting in August at the Northwest Portland Area Indian Health Board. We reviewed the results of the annual need's assessment, evaluations from the 2019 Portland Area Dental meeting and discussed future site visits and plans for the FY 2020.

Epicenter Biostatistician

Nancy Bennett

Conference Calls:

- eMars conference call w/ Cayuse to review product and discuss changes

NPAIHB Meetings:

- All staff meeting – monthly
- Biostat meeting – bi-weekly
- QI work group meeting
    - Worked on charter
    - Completed onboarding report to-date

- Onboarding committee meeting
- Safety meeting Fire drill
- Indian Day PowWow
    - Assisted at Pioneer Square
- Staff retreat planning
- NARCH meeting planning
- Asthma project meeting,
    - Built database

Conferences/QBMs/Out of area Meetings

- QBM – Joint meeting with CHRIB, Sacramento, CA
- WUSS Conference, Seattle, WA

Miscellaneous

- Out of town on personal family leave for 4 weeks

Reports:

- EHR/COTS report to Sarah

Site Visits:

EpiCenter National Evaluation Project
3rd Quarter Activity Report
July – September 2019

Staff:
Birdie Wermy – Epicenter National Evaluation Project Specialist

Technical Assistance via telephone/email

July – September

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with the two to four regarding T.A., reporting and program implementation and their LDCP.

Reporting

July

- MSPI/DVPI call on 7.03 @ 01am
- Good Health and Wellness in Indian Country (GHWIC) All Hands call on 7.17 @ 10am

- DVPI call on 7.18 @ 9am
- MSPI call on 7.24 @ 9am
- Good Health and Wellness in Indian Country (GHWIC) C2 call on 7.24 @ 9am

August

- Good Health and Wellness in Indian Country (GHWIC) TEC call on 8.14 @ 10am
- DVPI call on 8.15 @ 9am
- MSPI call on 8.21 @ 9am

September

- Good Health and Wellness in Indian Country (GHWIC) TEC call on 9.05 @ 11am
- DVPI call on 9.18 @ 9am
- MSPI call on 9.19 @ 9am

Updates

Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas and GHWIC NW WEAVE Project.

- Completed the1st Annual MSPI/DVPI Convening for August 8 in Portland at the NPAIHB. A total of 8 programs were in attendance along with the EpiCenter Director, NPAIHB Grant Specialist and Area Project Officer. A total of 6 programs attended by ZOOM.
- Completed twenty of twenty-four phone interviews with GHWIC sub-awardees. Completed the qualitative report for UIHI on 9.30 and submitted to Thomas via email.

Challenges/Opportunities/Milestones

Milestone: We were successful in our first MSPI/DVPI convening meeting on 8.08.19. We were able to educate all of those who were in attendance on telebehavioral health resources and tracking tools. A reminder and example of the LDCP was also presented. Our NPAIHB DVPI program coordinator also gave a program update and presentation. We also provided Narcan training to those who were present and sent them home with a Narcan kit.

Milestone: I began making phone calls to all sub-awardees (24) on 8.19 and was able to complete twenty phone interviews by 9.13. I kept a tracking sheet and made three attempts with all sub-awardees and updated point of contact for the GHWIC project. I entered all responses into survey monkey and analyzed the data for the qualitative report due on 9.30. Overall, the responses were positive and many of the sub-awardees were happy with their funding and they all had positive things to say about the program and their experience working with WEAVE and NPAIHB NWTEC.

Opportunity: Within a month I was able to contact more than 75% of the GHWIC sub-awardees, my goal was to complete 50% of the phone interviews.

Challenges: In a perfect world I would have liked to completed all 24/24 phone interviews with GHWIC sub-awardees but I was able to complete 20/24 which is 83%.

Meetings/Trainings

- Joint QBM w/ CRIHB in Lincoln, Ca. on 7.15-7.18.
- Wellness Committee Meeting on 7.10 @ 10am

- July HTIP Webinar on 7.23 @ 12pm
- DVPI Webinar on 8.01 @ 12pm
- Portland Area MSPI/DVPI Convening on 8.08 8:30am – 1pm
- 4th Intertribal Youth Suicide Summit on 8.12-8.14 in Grand Mound, Wa.
- Native Fitness on 8.15-8.16, Nike Headquarters in Beaverton, Or.
- Webinar on 8.19 @ 12pm
- Wellness Committee Meeting on 8.29 @ 10am
- Indian day meeting on 9.05 @ 9:30am
- NPAIHB all staff meeting on 9.09 @ 10am
- Webinar on 9.11 @ 12pm
- Indian Day meeting on 9.13 @ 9:30am
- Meeting w/ Pioneer Square rep (Indian Day) on 9.17 @ 12pm
- APO call on 9.18 @ 9am
- DVPI call on 9.19 @ 9am
- Webinar on 9.25 @ 9am
- Webinar on 9.25 @ 12pm
- Webinar on 9.26 @ 11am

Site Visits

- None

Upcoming Calls/Meetings/Travel

- All staff retreat @ Sunriver 10.01-10.04
- All staff meeting on 10.07 @ 10am
- Wellness Meeting on 10.14 @ 1pm
- MSPI call on 10.16 @ 9am
- Webinar on 10.16 @ 12pm
- DVPI call on 10.17 @ 9am
- Webinar on 10.29 @ 12pm

Publications

- NONE

Improving Data & Enhancing Access (IDEA-NW)/ Northwest Tribal EpiCenter (NWTEC) Public Health Infrastructure

Quarterly Board Meeting Report – October 2019
Reporting period: July - September 2019

Victoria Warren-Mears, Principal Investigator
Sujata Joshi, Project Director
Chiao-Wen Lan, Epidemiologist
Heidi Lovejoy, Substance Use Epidemiologist
Joshua Smith, Health Communications/Evaluation Specialist
Karuna Tirumala, Project Biostatistician
Natalie Roese, MCH Consultant
Email: IdeaNW@npaihb.org

Data reports, fact sheets, and presentations are posted to our project website as they are completed:
http://www.npaihb.org/idea-nw/
Please feel free to contact us any time with specific data requests.
Email: sjoshi@npaihb.org or IdeaNW@npaihb.org
Phone: (503) 416-3261

Staff Updates

- No updates

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages & data acquisition

- Completed four linkages
  - Cancer Data Registry of Idaho (1992-2017)
  - Idaho Birth Records (2013-2017)
  - Idaho Death Records (2013-2017)
  - Orpheus (2007-2017) – Oregon communicable disease registry
- Obtained approval to access Oregon ESSENCE for specific projects (surveillance for suicide, opioid and drug overdoses, motor vehicle crashes)

Dataset Cleaning and Preparation

- Completed preparation of three datasets
  - Idaho death records 2006-2017
  - Three-state death records dataset (1980-2017, years vary by state)
  - Washington CHARS (hospital discharge data) 2016
- Worked on preparing five datasets for analysis
  - Oregon Medicaid 2011-2014
  - Washington CHARS (hospital discharge) 2015
  - Idaho births 2006-2017

- Cancer Data Registry of Idaho (1992-2017)
- Oregon State Cancer Registry (1996-2016)

Data Analysis, Visualization, and Report Preparation Projects

- Completed 2 data reports
  - Suicides among AI/AN in Idaho 2013-2017
  - Mortality Data for Northwest AI/AN 2014-2016
- Data Projects in Progress
  - Maternal & Child Health Data Profiles and Analyses
    - Worked on manuscript entitled "Disparities in Mental Health Disorders and Linkage to Services among American Indian and Alaska Women"
    - Worked on 2019 APHA poster presentation, "Maternal substance use disorders and infant withdrawal syndromes in hospital deliveries among American Indians/Alaska natives in Washington"
    - Completed analysis for 2019 CityMatch presentation entitled "Mental health and access to services among American Indians/Alaska Natives women of reproductive age "
    - Completed initial draft of manuscript describing rates and factors associated with smoking cessation during pregnancy
    - Began analysis of Oregon and Washington PRAMS data to examine breastfeeding rates and other indicators
  - Tableau Dashboards
    - Continued working on datasets for Tableau dashboard
      - Finished the underlying database
        - Added data for analysis breakdown by age group
      - Worked on a dashboard for substance use disorders
  - Substance Use Analyses
    - Worked on developing manuscript describing co-morbidities for substance use hospitalizations in Washington

Suicide Surveillance Project

- Suicide Monitoring Planning Projects
  - Provided TA and support to Chehalis, Coeur d'Alene, and Shoshone Bannock Tribes
  - Held two webinars related to suicide surveillance: 1) developing data reporting flow diagrams and 2) HIPAA considerations when sharing data related to suicide

Maternal & Child Health (MCH) Workgroup

- Continued to participate in the Oregon National Survey on Child Health (NSCH) oversample advisory committee meeting to discuss and share feedback for oversampling strategy.

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities

- BioStat Core Meetings
  - Continued bi-weekly meetings
- Health Communications/Evaluation Specialist
  - Submitted the Phase II IDEA-NW TECPHI evaluation plan
  - Continued work on developing EpiCenter Project Directory
- Health Data Literacy Trainings
  - Created curriculum, data sets, and training manual for Probabilistic Linkage Training

  - Began developing a timeline for a potential Summer 2020 expansion
- TEC-PHI Workgroups and Meetings
  - Continued attending TEC-PHI community of practice meetings and webinars

Data requests/Technical assistance

- Warm Springs Annual Health System Report
  - Reviewed previous versions of health report and brainstormed suggestions for data collection, report structure, and visualization restructuring
  - Call with Ms. Hurtado to review suggestions for change (7/15)
  - Check-in call to discuss presentation to Joint Health Commission, 8/9
  - Created presentation for Ms. Hurtado describing current report compilation process and outlining need to update process/report
  - Drafted and sent letter to Ms. Hurtado describing the TA we can provide
- Provided data on breast cancer screening rates and stage at diagnosis for AI/AN to Josh Caswell at Puyallup Tribe
- Provided list and ArcGIS mxd file of Tribal PRCDA counties by state to Meena Patil
- Provided information on data sharing for linkages to Brooke Doman (NM tribal epidemiologist)
- Reviewed and provided statistics consultation on interpreting 2x2 tables to Brigg Reilley
- Provided information on dealing with missing values in LinkPlus to Dr. Brehm @ Ohio State University
- Edited an infographic for breast cancer awareness month for the NW Tribal Cancer Project
- Provided a project description for Celena for Washington teen pregnancy project
- Aggregated national breastfeeding data from the National Immunization Survey (2015) for inclusion in report for First Nations Development Institute (for Ryan Sealy)
- Updated data for Portland Area IHS 2022 Budget Formulation Narrative (for Laura Platero)
- Provided Russell Spearman (Idaho Dept of Health and Welfare) with Idaho AI/AN suicide fact sheet
- Provided IHS with most recent data on cancer, life expectancy, and general mortality data for release to newspaper in Bend
- Provided Jaime Walters (Multnomah County Health Department) information on our small numbers policy
- Reviewed and provided comments to Alex Wu for Leading Causes of Death manuscript
- Sent Morgan Thomas links to MCH framework, interview questions, and code book
- Sent Kevin English (AASTEC) copy of IDEA-NW project protocol for linkage work

Presentations & Results Dissemination

- Presented on NPAIHB/Linkage project at Washington Department of Health's Epi Lunch & Learn (7/17)
- Presented on NPAIHB's experience/perspectives on data sharing at NIOSH AI/AN Occupational Health Workshop (7/31)
- Manuscript "Identification of AI/AN in Public Health Data sets) published in Journal of Public Health Management & Practice supplement
- Presented at the 2019 CityMatCH MCH conference, "Mental health and access to care among American Indians/Alaska Natives women of reproductive age" 9/25

Trainings Provided to Tribes/Tribal Programs

- Provided a data linkage training to 11 attendees at the Great Plains Tribal Epidemiology Center

Institutional Review Board (IRB) applications and approvals/Protocol development

- Submitted IDEA-NW progress report, continuation request to Portland Area IRB
- Received IRB Approval for CityMatCH 2019 presentation
- Submitted project amendment request to Oregon Public Health Division IRB for revisions to Gynecologic Cancers analysis
- Submitted project proposals to Oregon ESSENCE for suicide/self-harm, drug overdose, and motor vehicle crash injuries surveillance

Grant Administration and Reporting

- Began drafting a proposal to fund a breast feeding data analysis

Travel

Site Visits

- NPAIHB/CRIHB Joint Quarterly Board Meeting, Sacramento, CA 7/15-7/18

Linkages

- Linkage with Cancer Registry and Vital Stats in Idaho, Boise, ID 8/7-8/8

Other

- TECPHI Data visualization and infographic training Oklahoma City, OK 9/11
- 2019 Educational Theatre Association National Conference, New York, New York 9/18-9/22
- 2019 CityMatCH MCH conference, Providence, RI 9/22-9/26
- Linkage Training at Great Plains TEC, Rapid City, SD 9/23-9/27

TEC-PHI Opioid Supplement

Coordination and Partnership Activities

- Initiated conversation with Oregon Prescription Drub Monitoring Program to initial discussions on data sharing, potential linkages, and collaboration opportunities
- Met with co-chair of Tri-Counties Substance Use Researchers Group regarding respective current projects, opportunities for collaboration, SUDs Group goals, and possible presentation topics for upcoming meetings
- Met with behavioral and harm reduction staff at NPAIHB regarding data needs to support key harm reduction talking points and address common myths with providing MAT
- Discussed available NW AI/AN data and presentation opportunities with the chair of the National Opioids and Synthetics Coordination Group, plan to present at next meeting
- Continue to develop partnership with WA Essence staff regarding ESSENCE utility, available data and upcoming data changes
- Discussed community concerns regarding opening a MAT clinic with Jamestown Clinic Behavioral Health Manager and possible data to address concerns
- Connected with Alaska TEC Opioid Epidemiologist

Data Analysis, Visualization, and Report Preparation

- Drafted introduction for the Data & Surveillance section of the Tribal Opioid Strategic Agenda
- Ran preliminary ESSENCE data for opioid, heroin, stimulant, all drug, and marijuana ED visits in Washington by age, sex, and location. Also preliminary data for people experiencing homelessness and exploring drug-related visits in combination with homelessness
- Researching ESSENCE fentanyl case definition and other relevant definitions
- Utilized the National Survey on Drug Use and Health (NSDUH) to obtain national AI/AN data on opioid misuse, substance use disorder, substance use treatment, and other prevalence data
- Exploring access to the restricted use NSDUH data files to conduct analyses with geographic identifiers (ie- be able to analyze the data for WA, OR, and ID specifically)
- Completed Grays Harbor County ESSENCE analysis and compiled results into presentation for distribution at Aberdeen SUD training
- Completed Grays Harbor County death certificates analysis and compiled results into presentation for distribution at Aberdeen SUD training
- Completed Clallam County ESSENCE analysis and compiled results into a brief report for Jamestown Tribal Clinic
- Compiled housing price/property value data in Anacortes, WA before and after the Swinomish Tribe opened a MAT in the area
- Consulted with NSDUH researchers on survey methods and appropriate results interpretation
- Compiled additional data regarding substance and opioid usage among AI/AN from the 2017 National Survey on Drug Use and Health (NSDUH)s
- Researched and defined coding for 'z-drugs', benzodiazepine, barbiturate, and alcohol coding for death certificates
- Continued working on regional, 3-state combined drug overdose and alcohol mortality analyses
- Researched and compiled list of additional, relevant drugs to examine in death certificate coding
- Analyzed ESSENCE/RHINO data for AI/AN and non-AI/AN emergency departments visits for multiple causes, including sexual and domestic violence, homelessness, acute/chronic hepatitis C, chicken pox, asthma, dialysis, firearm injury, food poisoning, hep A, cold/heat related illness, diabetic ketoacidosis.
- Prepared presentation on racial misclassification for Data Linkage Training at Great Plains TEC
- Attended NSSP Lung Injury Surveillance call to review case definition and surveillance for current vaping related outbreak in the USA

Data Requests/Technical Assistance

- Worked with national opioid education campaign to identify relevant data for their campaign; Researched and provided relevant AI/AN opioid and substance usage data
- Provided local ED data and housing trend data to Jamestown clinic to address concerns regarding opening an MAT
- Provided regional opioid and alcohol data for Portland IHS office budget
- Sent Julie Johnson (Oregon Health Authority) link to Oregon opioid data brief

Trainings Provided to Tribes/Tribal Programs

- Presented SUD epidemiology and local data for Quinault Indian Nation Roger Saux Medical Center staff

Presentations & Results Dissemination

- Disseminated copies of the WA and OR Opioid Data Briefs at SUD ECHO, SUD presentation in Aberdeen, Region X Summit, ID Marim Health clinic, WA Jamestown Clinic, and to several NPAIHB staff for dissemination at misc meetings.

Travel

Site Visits

- Quinault Indian Nation, Roger Saux Health Center, SUD Training, Aberdeen, WA

Other

- Region X Opioid Summit Conference, Vancouver, WA
- Linkage Training, Presented at Great Plains TEC, Rapid City, SD

Clarice Charging
Immunization and IRB Coordinator
Northwest Portland Area Indian Health Board
Quarterly Report
July-September 2019

Meetings:

NPAIHB all-staff meeting, July 1, 2019
Immunization Roundtable planning meeting, Oregon Department of Health,
NPAIHB all-staff meeting, September 9, 2019
New Employee Orientation, September 23, 2019

Quarterly board meetings/conferences/site visits:

NPAIHB Tribal Health Directors and joint meeting with California Rural Indian Health Board (CHRIB), Thunder Valley Resort and Casino, Lincoln, CA, July 15-18, 2019
Pink Book Conference (Immunization), Portland, OR, August 13-14, 2019
Nike Native Fitness, Nike Campus, Beaverton, OR, August 15-16, 2019
National Indian Health Board, Pechanga, Casino, Temecula, CA September 16-20, 2019

Conference Calls:

Immunization Partners Action Team (IPAT), September 5, 2019
AFIX, September 26, 2019

Events:

Indian Day, Pioneer Square, Portland, OR, September 27, 2019

Portland Area (PA) Indian Health Service (IHS) Institutional Review Board (IRB):

PA IRB Meetings:

PA IHS IRB meeting, August 21, 2019
PA IHS IRB meeting, September 24, 2019

During the period of April 1 – June 30, 2019 Portland Area IRBNet program has 170 registered participants, received 4 new electronic submission, processed 4 protocol revision approvals, approved 2 publications/presentations, approved 2 annual renewals and acknowledged one closed-out project

Provided IT and IRB regulation assistance to Primary Investigators from:

1) Western Oregon Service Unit (Chemawa)
2) Swinomish Tribe
3) NPAIHB
4) Confederated Tribes of Warm Springs Indian Reservation
5) Shoalwater Bay Tribe
6) Native Project
7) OHSU

Quarterly Report: July – September 2019

Motor Vehicle Data Study (Native CARS)
TOTS to Tweens Study
Maternal Child Health Core Workgroup

Tam Lutz (Lummi), Co-Principal Investigator (Native CARS), Co-PI (TOTS to Tweens)
Jodi Lapidus, Co-Principal Investigator (Native CARS), Co-Investigator (TOTS to Tweens)
Nicole Smith, Senior Biostatistician (Native CARS and TOTS to Tweens)
Candice Jimenez (Warm Springs), Research Manager (Native CARS and TOTS to Tweens)
Meena Patil, Biostatistician (Native CARS)
Thomas Becker, Co-Principal Investigator (TOTS to Tweens)

Native CARS Project:

Native CARS Project's current grant "A NW Tribal EpiCenter Collaboration to Improve the Use of the Motor Vehicle Injury Data," is a collaboration with the Oregon Health & Science University and the Northwest Washington Indian Health Board guided by a strong advisory committee from tribal and regional experts in environmental health, research design, traffic safety, law enforcement, planning, Indian law, and technical assistance to Tribes.

In response to the data needs of 43 Northwest tribes, we aim to improve the available injury and crash data that will inform decision-making activities within tribal communities. This

project provides the opportunity to assess the availability, quality and completeness of motor vehicle injury and mortality data for Oregon, Washington and Idaho. This will support and improve the evidence available for tribes in designing and evaluating tribally-led interventions in partnership with the NPAIHB, NWWIHB, OHSU and the Advisory Committee.

We are in full swing of the project – our NPAIHB team and subaward partners at OHSU and NWWIHB have begun collaboration on the following aims:

1. ***Evaluate the magnitude of motor vehicle crash related mortality, hospitalization and serious injury among American Indians in the Northwest utilizing race-corrected public health data sources.***
   We will leverage the ongoing and planned work of the Northwest Tribal Registry Project in *the EpiCenter*, which has a large repository of vital statistics, hospital discharge and trauma datasets linked to the Northwest tribal rosters. We will estimate rates and trends in motor vehicle crash related deaths, hospitalizations and injury, and determine the impact of racial misclassification on these estimates.
2. ***Assess characteristics and outcomes of motor vehicle crashes on or near NW tribal communities via transportation and injury data sources, as well as real-time surveillance systems.***
   We will augment ongoing efforts in *the EpiCenter* to extract AI/AN-specific information from transportation data sources, to understand circumstances of crashes (driver, vehicle and environmental). We will accelerate emerging initiatives at the Board, which are accessing and exploring near real-time syndromic surveillance data from Washington and Oregon, to evaluate motor vehicle crash related health care utilization (including ED visits) among NW AI/AN. We will work with our NW tribal consortium to identify strengths and limitations of these data sources and highlight areas for quality improvement.

3. ***Create and disseminate comprehensive reports to inform the content, direction and evaluable outcomes of future evidence-based tribal interventions.***
   Working with our tribal partners, advisory committee and *the EpiCenter*, we will collate previously reported and newly produced evidence and publish reports for the region, as well as individual tribes or tribal groups. We will conduct qualitative interviews to supplement and shed insight on quantitative results. We will disseminate our findings by collaboratively authoring and publishing in the health sciences literature.

Recent Highlights

- Preliminary Motor Vehicle Injury (MVI) data analysis for WA/OR/ID has been completed
- MVI-related rates have been provided to HollyAnna DeCoteau Littlebull at the Yakama Nation in support of Safe Roads funding
    - This resulted in an award to fund the Yakama Heritage Trail by National Parks
- Presented at IHS-CDC Injury Prevention Conference (Spring 2019)
- Presented at the '*National Transportation in Indian Country Conference*' in Big Sky, MT (Week of 9/16)

- Recently submitted 3 abstracts for presentation at the '*2020 Lifesavers Conference*' in Tampa Bay, FL
- Completed a formal request and received access to ESSENCE for OR state syndromic surveillance data
- Coordinated a syndromic surveillance training for use of RHINO for WA state
- Completed CDC, FARS and WISQARS tutorials and added them to the Native CARS Atlas data module.

TOTS to Tweens Study:

The TOTS to Tweens Study was a follow up study to *The TOTS Study (Toddler Obesity and Tooth Decay) Study)* an early childhood obesity and tooth decay prevention program. The goal of this study was to survey and conduct dental screenings with the original group of toddlers to test whether interventions delivered in the TOTS would influence the prevalence tooth decay in older children. Through qualitative approaches, the study assesd current community, environmental and familial factors that influenced oral health in children to understand any maintenance of preventive behaviors over the last ten years within the entire family.
The TOTS2Tween Study is administered through the NW NARCH program at the NPAIHB.

Recent Highlights

This quarter TOTS to Tweens Study team continued with conducting analysis of the quantitative data collected and collaborating on several drafts of a manuscript to be submitted for publication. Staff also worked on the preparation of individual Tribal specific reports to be reviewed and utilized by our Tribal partners. As the fiscal year ends, so does the funding available from the NARCH program for the project, although the TOTS2Tween staff will carryon finalizing the manuscript publication and completing another qualitative paper currently in the works.

Maternal Child Health (MCH) Core Workgroup

Along with several other NPAIHB employees, Tam Lutz, Nicole Smith, Candice Jimenez and Meena Patil also contribute efforts to the MCH Core workgroup providing input to other NPAIHB MCH related projects, collaborating on grant proposal and responding to external MCH requests or potential partnership opportunities. NPAIHB staff meet bi-weekly on MCH issue where they update staff on their representation in a variety of state and regional workgroups, collaborate on grant writing opportunities and discuss new analyses, reports or presentation.

Recent Highlights

Addressing Barriers to Childhood Immunization through Communication and Education. This Quarter the MCH Core Workgroup received notification of an award under the EpiCenter's CDC Cooperative agreement from a proposal the workgroup submitted to work with stakeholders including parents, community, health care providers and local immunization organizations to

develop materials and approached to improve the understanding of the benefits and risks of immunizations. In addition, efforts will be focused on improving health care provider confidence in talking with parents and addressing their concerns about vaccines.

Project(s) Contact Information

Tam Lutz, Co-Principal Investigator, 503-416-3271, tlutz@npaihb.org

NTCCP Quarterly Board Report October 2019
July-September MARS 2019

Training

- Klamath Women's Health Fair
  - HPV presentation and picked up Kiki the Colon
    - 35 women in attendance at HPV presentation
- 9 Tribes Quarterly Prevention meeting
    - **E**-cigarette presentation – AI/AN quit line update
- AI/AN Oregon Quit line Media Messaging (5 tribes)
  - Webinar Follow Up – final messaging
- AI/AN Oregon Quit line Media Messaging Workgroup (NTCCP coalition meeting focus group
- Webinar Follow Up – final messaging
- Northwest Tribal Tobacco Cessation Training - Coquille (2 four hour trainings)
  - 14 participants; Medical, Pharmacy and Clinic Staff
  - Focus – AI/AN stats, smoking rates, NRT, E-cigarettes, MCH, Traditional Tobacco

Technical Assistance

- Contact with all Oregon tribes for AI/AN quit line meeting – webinar for name of the quit line
- Share resources and training opportunities with Oregon Tribal TPEP coordinators; *all month*
- Contact with all Oregon tribes for AI/AN quit line meeting – webinar for final messaging
- Coquille (4): Assistance with Tobacco Cessation in Tribal Communities Survey honorarium**;** Shared native owned businesses for future giveaways, incentives, and gifts**;** Discussion and planning of upcoming tribal tobacco cessation training**;** Traditional tobacco filming project; review policy assessment
- Cow Creek: Reach out and provided support to the tribe on any level to develop tribal specific media materials for the AI/AN Oregon Quit line
- CTCLUSI: Discussion and development of AI/AN Oregon Quit line media development contract for the tribe and all other parties involved
- Grand Ronde: Assistance and clarification with AI/AN Oregon Quit line honorarium
- Grand Ronde: Shared e-cigarette PowerPoint presentation, multiple e-cigarette factsheets from NPAIHB, CDC and FDA to present to their school youth during Spirit Week.

- Klamath: Communication on picking up "Kiki" the colon at the Native Fitness Conference; Request someone from NTCCP to come down and present on HPV at their Women's Health Fair; Rosa will be presenting
- Klamath (2): Communication on picking up "Kiki" the colon**;** Request for NTCCP to come down and present on HPV at their Women's Health Fair
- Metropolitan shots and video – focus group feedback compilation from coalition meeting
- Port Gamble S'Klallam Tribe: Shared commercial tobacco factsheets (secondhand and third hand smoke, tobacco and pregnancy, e-cigarettes, asthma, diabetes, and cost analysis), smoking in housing infographic, tobacco and cancer, Redstar commercial tobacco cessation curriculum and e-cigarette PowerPoint presentation.
- Puyallup Tribe: Data on breast cancer screening rates for AI/AN vs. national rates, AI/AN vs. non-Hispanic White, time of breast cancer diagnosis and other related AI/AN specific data
- Quinault: (2) Shared additional e-cigarette information for parents, providers and teens, impact of e-cigarettes, e-cigarette FAQs, how to talk to your kids about e-cigarettes from the American Lung Association and the Surgeon General's Report for their back to school event, factsheets and PowerPoint presentation for their back to school event
- Umatilla (2): Assistance and clarification with AI/AN Oregon Quit line honorarium; resources to Cancer Project Navigator
- Warm Springs: Assistance and clarification with AI/AN Oregon Quit line honorarium

Special Projects

- NW Tribal Cancer Coalition Meeting
    - Recruitment for 20th Anniversary Celebration Dinner
    - Setting up location space and lodging
    - Registration Confirmation Emails
    - Setting up travel for speakers
- Presentation on Appointment Companion and NTCCP for DMS class
- NTCCP Mini Grant Application email blast to Coalition members and tribal communities
- CDC Comprehensive Cancer Grant Year 3 Evaluation Plan
    - Worked with contracted evaluators and submitted to CDMIS system
    - 2 Evaluation Report
    - Worked with evaluators and submitted to CDMIS system
- Dancing in the Square Powwow
- Warm Springs BRFSS PowerPoint
- AI/AN Oregon Quitline Media Messaging
    - Follow-up on media development and communication questions
    - Communication between OHA and OPTUM
    - Schedule Quit Coach training dates
    - Organize zoom webinar media messaging and next steps meeting
- Quarterly Prevention June Meeting
    - Update e-cigarette presentation
    - Follow-up on questions from meeting and e-cigarette presentation
- HAO Coalition Launch – facilitated data session
- NW NARCH Cancer Fellowship Fall Classes

  - World Indigenous Cancer Conference
- Attended 3 day National HPV Roundtable - Atlanta
- Coordinated Kiki drop-off from Yakama tribe
- Setting up logistics October Cancer Coalition event
  - Hotel contract; Event location and food; Contacting guest speakers and panelists; Creating online registration; Disbursing flyer and event information
- Worked on Warm Springs Tribal BRFSS accessible community presentation
- Quarterly Prevention June Meeting
  - Collect and update agendas
  - Research Certification Prevention Specialist (CPS) training
  - Assist with logistics, meal order
- OHSU Medical Student meeting***;*** discuss possibility of doing their research capstone at NPAIHB
- HPV Summit Planning Committee Debrief meeting with ACS and other state cancer partners
- HPV grant meeting with Amanda Bruegl; discuss collaboration with her new HPV grant and the NTCCP; Draft pilot project
- NPAIHB/CRIHB Joint Meeting
  - Meeting with CRIHB Tribal Comprehensive Cancer Project
- Quarterly Prevention June Meeting
  - Collect and update agendas
  - Research Certification Prevention Specialist (CPS) training
- Native Fitness XVI – 2019
  - Communication with trainers, Travel for trainers; Review and edit booklet
  - Set up staff and volunteer meeting
- Klamath Contract Work
  - Communication
  - Share tribal tobacco cessation in tribal communities' spring 2019 survey
- Worked on structure for health professional students to intern at NPAIHB as part of NNACOE funding
- Worked on Comprehensive Cancer work plan and designing new/updated calendar and task tracking list
- Developed guide for Wy'east Welcome Day for the NNACOE new cohort of students

Meetings

- All Staff Meting
- Project directors meeting
- NTCCP / WTDP staffing
- Annual Staff Picnic
- ASU AI/AN cancer survivors and PA - Brenda Charley
- Cancer Leadership Team Meeting – Oregon
- eMAR Staff Training
- IHS/NPAIHB behavioral/tobacco survey workgroup

- Fred Hutch tribal community health educator
- NNACOE collaboration meeting for wellness conference
- HPCDP Meeting (2) – contract update / Tribal Cessation Meeting
- OHSU Amanda Bruegl HPV Joint Project meeting
- OHSU NNACOE meeting – Wy'east
- Onboarding Meeting
- Optum Meeting (3) (NTCCP, OHA, and Optum)
- SPIPA Comprehensive Cancer Advisory Committee Meeting
- Succession planning meeting
- Tobacco Planning Meeting – NPAIHB, WEAVE, IHS
- Traditional Tobacco Film Planning Meeting
- Tribal Comprehensive Cancer Program Peer Call

Conference / Webinar calls

- ALA – Addressing the Youth Epidemic
- Commercial tobacco use and trauma informed care
- Developing Cancer Survivor Wellness Programs – Rural Cancer Survivorship
- Tribal CDC project call
- Oregon American Indian Commercial Tobacco Cessation evaluation logistics
- CRC Taskforce Meeting: Underserved Populations
- NNN & IHS – Using Campaigns and Social Media to Address Commercial Tobacco Use
- CCCTAT Steering Committee Quarterly Call
- Cancer Survivorship Webinar Series Part
- Cancer Survivorship Care Planning and Electronic Health Records

THRIVE (Tribal Health: Reaching out InVolves Everyone)

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Celena McCray, MPH(c), B.S.Ed., THRIVE Project Coordinator
Paige Smith, THRIVE & RC Project Coordinator

Quarterly Report: July-September 2019

Site Visits

Tribal Site Visits

- Applied Suicide Intervention Skills Training (ASIST) for the Skokomish Tribe, Skokomish, WA – July 25-26

Out of Area and Other Travel

- NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18
- Navajo Preparatory School, Farmington, NM – August 14-16
- Clark College, Vancouver, WA – August 20
- National IHS Clinical and Community Conference, Tigard, OR – August 26 & 28
- World Suicide Prevention day conference hosted by Forefront, Seattle, WA – September 10

Technical Assistance & Training

During the quarter, project staff:

- Participated in 48 meetings and conference calls with program partners.
- Disseminated 73 packages of the suicide prevention campaign(s) for #WeNeedYouHere.

During the quarter, THRIVE provided or participated in the following presentations and trainings:

- Presentations (1) – We Are Connected presentation, 109 participants, Farmington Civic Center.
- Facilitation/Training (2) – facilitated an ASIST workshop for the Skokomish Tribe, 26 participants and facilitated 3 Question Persuade Refer (QPR) trainings for the Navajo Preparatory High School staff, 48 attendees.

During the quarter, the THRIVE project responded to over 120 phone or email requests for suicide, bullying, Zero Suicide Model, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

THRIVE Media Campaign: All THRIVE promotional materials are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

GLS Messages July-September, Social Media Reach for THRIVE: 80,035

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Submitted a year 4 quarter 3 financial report for the IHS MSPI Purpose Area 2.
- Submitted quarterly reports for year 5 quarter 3 for the SAMHSA GLS grant.
- Staff submitted the Disparity Statement for the new GLS funding 2019-2024 during this reporting period.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

WEAVE-NW Quarterly Report

7/1/2019 to 9/30/2019

Victoria Warren Mears, PI
Tam Lutz, Project Director
Nora Frank, Food Sovereignty Project Manager
Ryan Sealy, Tobacco/Breastfeeding Project Manager
Jenine Dankovchik, Evaluation Project Specialist
Chelsea Jensen, Project Assistant

BACKGROUND

WEAVE-NW is a program of the Northwest Tribal Epidemiology Center, funded through the CDC's Good Health and Wellness in Indian Country (GHWIC) initiative. The overall objective is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities.

The project has built capacity and created lasting change through training, technical assistance and collaborative support to aid Northwest tribes in creating policy, systems and environment changes that encourage healthy lifestyles.

Meetings (excluding internal)

Conference/committee: 3
Tribal Community: 4
Funding Agency: 7
Sub-Awardee: 2

Community (non-tribal): 0
Government Partner: 7
Other: 12

Total Meetings: *35*

Site Visits

Date(s)	Tribe	Short Summary
07/16/19 - 07/17/19	Quinault Tribe	Traditional Foods Workshop
07/26/19	Coquille Tribe	Site visit to Coquille to create digital storytelling video about traditional tobacco policy
07/26/19 - 07/27/19	Coos, Suislaw & Lower Umpqua Tribe	Site Visit, Canoe with Tribal Youth, Filming Policy toolkit.

Total number of site visits this quarter: 3

Presentations

WEAVE-NW gave a total of 1 presentation this quarter

Publications

WEAVE-NW completed 1 publication this quarter

Professional Development

WEAVE-NW staff completed a total of 5 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 18 requests for technical assistance this quarter

Trainings

In-Person

- 7/25/2019 Tobacco Cessation
- 8/16/2019 Traditional Foods Workshop-Native Fitness

Webinar

- 7/11/2019 Diabetes ECHO Clinic
- 8/8/2019 Diabetes ECHO
- 9/12/2019 Diabetes ECHO

Total number of trainings given this quarter: 5

Western Tribal Diabetes October Quarterly Board Report
Activities for July-September 2019

Trainings

- Native Fitness 16 –
  - 170 participants
  - 18 sessions
  - Historical trauma and motivational interviewing and Traditional foods session
- DMS Training, September 24-26
  - Seven in-person participants; 7 in person; 16 online participants
  - Diabetes ECHO session (3)
    - – 15 in the room; 10 on zoom call in
  - Endo ECHO – 2 cases
    - 16 participants
  - Diabetes ECHO session –
    - 10 on zoom call in
- Presented at two sessions of the Diabetes in Indian Country national conference
    - RPMS Shortcuts; RPMS overview and patch update
- Tobacco Webinar input for AI/AN quit line Oregon (Metro group) (2)
  - 5 tribes, OHA, NPAIHB; Final feedback for messaging and name of quit line
  - Photo shoot and videoing complete for 8 tribes, NARA and NAYA
- Lummi Nation
  - Helped create a new register; Cleaned register; DMS for new coordinator
- 9 Tribes Oregon Quarterly Prevention meeting
  - E-cigarette presentation; AI/AN Quit line overview

Technical Assistance:

- Ongoing for updating new program staff
- Gallup Indian Medical Center, TA for virtual attendance at DMS training in September
- Grand Traverse Band Health Center, TA on maintaining the diabetes taxonomies
- Makah – tobacco cessation information for new CHR's
- Navajo Nation; TA on HSR – sent template and example
- Nez Perce, TA GPRA report
- Northern Navajo Medical Center, TA a list of diabetes POVs and instructions through QMAN
- Oklahoma – follow up cleaning registry after national conference
- Squaxin Island, TA to confirm that training materials
- Tigua Indian Tribes (Oklahoma Area), TA to find patients aged 45-70 who have not had a colonoscopy. Use with iCare, QMAN, and PGEN
- Umatilla – follow up for DPP training sponsorship of Oregon DPP travel

- Fort Defiance, (2) TA iCare, scheduled an Adobe Connect training; TA finding new patients with diabetes
- Shoalwater Bay, TA about information about changes to the Audit for 2020
- Quinault TA their Microalbumin Taxonomy

Special Projects:

- Native Fitness 16 – follow up
    - Invoices – payments
    - Compilation of evaluation
    - Final meeting with Nike for layout for next year
- Helped set-up and break-down for the 14th Annual Dancing in the Square Powwow, along with traffic duty
- Sent out our materials to Oklahoma City Area, for Robin Thompson to distribute to her class
- EndoECHO proposal to present at national conference
    - Developed PowerPoint presentation for Diabetes in Indian Country breakout sessions
    - Created one-pager for diabetes register maintenance, for Alyssa Fine's presentation
    - Wrote article on Diabetes ECHO for July 2019 News & Notes newsletter
    - Oklahoma rep proctoring
- Transcribed the recommendations for the Diabetes ECHO session
- DPP – reminders to Oregon participants for reimbursement:
    - Sponsor lunch; 8 Umatilla and one Chemawa
    - Strategy for learning sessions – next training
- HAO Membership Agreement Editing

Partnerships and collaborations

- Dancing in the Square Powwow
    - Run of show day-of
    - Contact to Columbia printing for donation
    - Creation of program
    - Contact for sponsorships
    - Truck driver
- AI/AN Oregon Quitline Media Messaging
    - Follow-up on media development and communication questions
    - Communication on development of media development contract between tribes and all other parties involved
    - Communication between OHA and OPTUM
    - Schedule Quit Coach training dates
- HAO Summit – 50 participants
    - Facilitated data exercise
- Graphic support –
    - NPAIHB quarterly newsletter
- OHSU NNACOE meeting – Wy'east
- Strategic planning with IHS Behavioral health and Health promotion

    - Set up a plan for collaboration
    - Shared upcoming trainings
- American Indian Commercial Tobacco Cessation Program:- Final evaluation questions, intake and setting up training for Optum Coaches
- NARA back to school Picnic
    - Donated raffle items
    - Provided HPV vaccination materials
    - NARA was doing immunizations, dental exams, and tobacco cessation
- Oregon Prevention Coordinators Meeting
    - Presentation e-cigarettes prep
    - CPS discussion
- OHA meeting
    - Discussion of future TA needs
    - DPP funding
    - Place matters tribal presentation
- Governor's work group for Oregon tobacco tax
        - Submitted testimony for senate hearings
- Oregon Prevention Coordinators Meeting
        - Presentation NPAIHB
        - CPS discussion
- Diabetes ECHO – Cow Creek presentation
        - 15 attendees
        - Took the clinical notes and submitted for review
    - Wrote article for Health News & Notes
    - Preparing for DMS breakout session for the national diabetes conference in August
    - WyEast Scholars – food insecurity, nutrition, and obesity
        - Submission of final poster board
    - Native American Center for Excellence (2 check in calls)
        - Attendance at WyEast graduation
        - Graphic support – NPAIHB quarterly newsletter

Meetings and Conferences

- NPAIHB All-Staff Meeting (3)
- WTDP and Cancer Staff Meeting
- Project directors meeting (3)
- Cardea ECHO – evaluation follow up
- eMAR Training / Practice
- EndoECHO session meeting
- Healthy Active Oregon (2) and HAO Leadership Meeting
- Indian Planning day committee (2)
- Native Fitness XVI Volunteer Meeting
- Wellness committee (2)

Conference Calls:

- American Indian Commercial Tobacco Cessation Program:- Webinar
- Healthy Active Oregon (3)

- Metropolitan Group – final input on messaging and naming the quit line; wrap up for feedback from messaging (2)
- Metropolitan Group – final input on messaging and naming the quit line
- OHA – Optum AI/AN Quit line (3)
- Oregon American Indian Commercial Tobacco Cessation evaluation logistics
- SDPI funding and grant overview SDPI with Sarah; SDPI grant review (2)
- TLDC Preparation for Portland Area Consultation

Northwest Native American Research Center for Health (NARCH)

Cancer Prevention and Control Research Training in AI/ANs
Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Jacqueline Left Hand Bull
Kerri Lopez

The cancer project is moving along well as we enter our third year of the grant. Following the Tribal Researchers' Cancer Control Fellowship summer training in June, our external evaluators provided a summary of the course evaluations, the responses were very positive. We held our one-week fall training in Calgary, Alberta, Canada September 15-19, 2019. During the first two days we offered a Small Business Innovative Research (SBIR) grant workshop for nine of our second cohort fellows, followed by a writing workshop for both cohort one and two. Sixteen of our nineteen fellows were able to attend. The remainder of the week was spent attending the World Indigenous Cancer Conference. Many of our fellows and faculty presented their research/projects at the conference. We also used this opportunity to begin recruitment for next year's fellowship. We met with our key faculty members this fall to assign mentors for most of the fellows and begin planning for the next summer training. We conducted a post course evaluation and have nearly collected all 16 responses.

We recently submitted a carryover request for unspent funds from our previous grant year to increase professional development and dissemination activities for our fellows. We are in the planning stages of the next distance learning activity that will be available to all our fellows by the end of the year. The application to apply for the fellowship program will be available in January 2020, though we have already begun recruitment efforts through our website, online bulletin board, print materials, networking events, and social media. We are happy with the progression of this project thus far and continue to work hard to fulfill all our grant objectives. Our team has presented both poster and oral presentations at international meetings this quarter. Please see presentations listed below:

1. **Thomas AM**, Burhansstipanov L, Wiggins C, Becker TM (2019, September). Tribal Researchers' Cancer Control Fellowship Program. World Indigenous Cancer Conference, Calgary, Alberta, Canada.

2. **Becker TM**, Thomas AM, Burhansstipanov L, Wiggins C (2019, September). Tribal Researchers' Cancer Control Fellowship Program. International Cancer Conference, London, England.

Tribal Opioid Response (TOR) Consortium

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Megan Woodbury, Opioid Project Coordinator

Quarterly Report: July – September 2019

Site Visits

Tribal Site Visits

- Suquamish Tribe, Suquamish, WA – August 23

Out of Area and Other Travel

- NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18
- Opioid funding meeting for NPAIHB, the states of ID, OR, and WA, Vancouver, WA – August 6
- SAMHSA Region 10 Opioid Summit, Vancouver, WA – August 7-8
- National IHS Clinical and Community Conference, Tigard, OR – August 26 & 28

Technical Assistance & Training

During the quarter, project staff:

- Participated in 23 meetings and conference calls with program partners.
- Hosted 1 video conference call around the TOR Consortium grant for the 22 consortium tribes, 13 attendees, 10 were TOR Consortium attendees.
- Attended 4 webinars during the reporting period around opioid and/or substance use disorder(s) or grant reporting guidelines.
- Attended a Culture and Drugs Don't Mix Training at the HIS clinical & community conference.
- Presentation (1): TOR Updates & activities for the consortium, for 85 attendees at the Joint QBM in Lincoln, CA

During the quarter, the TOR consortium project responded to over 133 phone or email requests for opioid and substance use disorder prevention, education, medication, grant requirements, etc.

Health Promotion and Disease Prevention

The TOR Consortium staff work closely with many other Opioid Prevention projects at the NPAIHB and together these projects continue to disseminate a monthly Substance Use Disorder e-newsletter which monthly. Staff recorded video footage to put a 5-7min NARCAN training video together for the NW Tribes that will be available via download by late October or early November.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- TOR2 application submitted to SAMHSA for a consortium phase 2 of six NW Tribes.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

Enhancing Asthma Management for Childhood in AI/AN Communities
"Asthma Project"
1st Quarter Activity Report
July – September 2019

Staff:
Thomas Becker, MD, PhD
Celeste Davis- Asthma Project Director
Mattie Tomeo-Palmanteer – Asthma Project Coordinator

Technical Assistance via telephone/email

- Ongoing communication with NPAIHB Epi Center Director.
- Celeste & Mattie – continue to provide support to site 1: Indian Health Service, Yakama Service Unit and site 2: Nimiipuu Health Clinic and site 3: Yellowhawk Tribal Health Center.
- Ongoing communication (telephone, email and in person presentations) to recruit additional sites to evaluate the *Enhancing Control of Childhood Asthma in AI/AN Communities* project and to recruit study participants at the Yakama Pilot Site.

Reporting

- N/A at the present time

Updates
Asthma Project.

- Mattie and Dr. Becker are conversating with Dr. Gonzalez of the Marimn Health Clinic about the possibility of joining the Asthma Management Project the CEO is reviewing the drafted MOA and Data Sharing Agreement.

Challenges/Opportunities/Milestones

- Celeste and Mattie worked together with the Yakama pilot site team from Indian Health Service to create site trainings (and training online evaluations) for the three Asthma Management Project Sites

- Follow up calls to have been ongoing to recruit the last clinical site (for those that meet the qualifications to participate)
- An IRB change in protocol to raise the age of eligible study participants from 17 to 21 was submitted in September. (The original protocol included children aged 3 – 17 as participants). This new recruitment strategy falls within the guidelines of the American Academy of Pediatrics regarding developmental age. This new strategy is needed to ensure we meet the target number study participants at the Yakama Indian Health Service Clinic and for all Tribal Site Clinics that join the study.

Meetings/Trainings

- Mattie attended the Methamphetamine Use Trends and Consequences in the Northwestern United States webinar 31July-19
- Mattie attended the all staff meeting 03July-19
- Yakama monthly check in conference call 01-July-19
- Celeste and Mattie had an Asthma Management recruitment conference call with Yellowhawk pharmacist, CEO, and staff 19-July-19
- All Staff Meetings attended by Mattie and Tom for July, August, and September-19
- Mattie is reviewing and providing suggestions for the Collaborating for Public Health: An Introductory Toolkit to use a reference for an Asthma Management Online toolkit for the Asthma Project 18-July-19.
- Mattie attended the American Indian Day Pow-Wow planning meeting 02-Aug-19
- Mattie attended the all staff meeting and initial eMAR training session 05-Aug-19
- Yakama Site check in completed in person while at the Nimiipuu Health Clinic 21-Aug-19
- Asthma team met with Jeff Fitzpatrick of Digital Native Consultants to begin projects handouts, website and toolkit graphic design 14-August-19
- Clinical Providers Site Training provided by NPAIHB and Yakama Service Unit project partners at Nimiipuu Health for pharmacist, providers and the site coordinator 21-Aug-19
- Clinical Providers Site Training provided by NPAIHB and Yakama Service Unit project partners at Yellowhawk Tribal Health Center for pharmacists, providers and the site coordinator 01October19
- Mattie attended the American Indian Day Pow-Wow planning meeting 13-Sep-19
- Mattie and Celeste conference call with Yellowhawk for planning logistics 19-Sep-19
- Mattie attended the American Indian Day Pow-Wow planning meeting 19-Sep-19
- Mattie completed a monthly check in meeting with Nimiipuu Health 26-Sep-19

Site Visits

- Mattie provided a site visit at the Yakama Indian Health Service Unit and met with the principle Adam Strom at the YN Tribal School to request flier be posted and sent home with all students 05-September-19

- Mattie presented to parents, students and several Toppenish School District administrators from the elementary, middle and high schools. This was during the Johnson O'Malley parent meeting to request fliers be posted and sent home with all AI/AN students. Francisco Silva a pharmacist of Yakama Indian Service Unit clinic also attended to answer clinical questions and give a demonstration of short-term rescue inhalers and long-term corticosteroid inhalers that are used over time to widen airways 09-October-19
- Mattie did a local KYNR Tribal Radio Station Public Service Announcement 10-October-19

Upcoming Calls/Presentations/Meetings/Travel

- Celeste and Mattie presented at the Oregon PRC/CDC visit to the NPAIHB 7-Aug-2019
- Tom Becker is planning a presentation at the SACNAS Meeting in the near future to provide an Asthma Project Report.
- When the last Site Clinic joins the study training will occur asap to stay on track with data collection goals

Other communications

- None

Publications

- None

Northwest Native American Research Center for Health (NARCH)

Dissertation Support Program for Tribal Graduate Students

Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Jacqueline Left Hand Bull

We have been supporting eight (8) Research Support Fellows who are AI/AN graduate students as they conduct scientific research necessary to complete their degrees. One of our fellows completed their

dissertation and another received alternate funding so they will no longer be receiving financial support, though we will track their career progress and be helpful when possible. Currently we have six (6) fellows and they are each progressing nicely through their programs. We submitted a carryover request to fund an additional two fellows this year and increase professional development opportunities. Two of our interns completed their projects and we will begin recruiting more interns this year. Finally, we have put together our planning committee for the Contemporary Northwest Tribal Health Conference we will be hosting February 21-22, 2020. We are happy with our progress as we enter the second year of the grant.

Response Circles – Domestic & Sexual Violence Prevention

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, and Response Circles
Paige Smith, Project Coordinator – THRIVE and Response Circles

Quarterly Report: July – September 2019

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18

Technical Assistance & Training

During the quarter, project staff:

- Participated in 24 meetings and conference calls with program partners.

During the quarter, Response Circles (RC) staff participated in the following:

- Webinar (6) – Attended six webinars for DV or SA to become more knowledgeable about the topics

During the quarter, the RC project responded to over 44 phone or email requests for domestic or sexual violence prevention, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

Response Circles Media Campaign: All RC promotional materials (including the almost completed updated materials) are available on the web. During this reporting month staff disseminated 3 boxes of materials to tribes and tribal organizations that requested. Materials include: posters, brochures/rack cards, and tip cards.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings

- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- *Bystander Intervention* for the We R Native website

Reports/Grants

- Staff submitted the DVPI Yr2 quarter 3 Financial report

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

Northwest Tribal Juvenile Justice Alliance

Stephanie Craig Rushing, PhD, MPH, Principal Investigator

Danica Brown, MSW, PhD, Behavioral Health Manager, Program Director

Contractor: Juliet Markim, NPC

Overview: To inform the planning process, the NPAIHB and NPC Research will create and administer data collection tools to identify available data sources and Juvenile Justice best and promising practices in use regionally and nationally. Mixed-methods data collection will include:

- meeting minutes,
- stakeholder surveys,
- key informant interviews, and
- reviews of the published literature.

The decision-making process will take into consideration cultural-relevance for the NW Tribes, evidence of effectiveness, cost effectiveness, and scalability.

Our DOJ study will address critical health and safety topics in AI/AN communities, will extend the limited knowledge base surrounding best practices to improve outcomes for AI/AN teens and young adults, and will generate guidelines and tools tailored to the unique needs and cultural assets present in the lives of AI/AN youth. Effective practices, programs, and policies

will be packaged by the NPAIHB for dissemination to the NW Tribes and Juvenile Justice programs nationwide. Intervention materials will be made available free-of-charge, on the www.HealthyNativiveYouth.org website.

Quarterly Report: July-September 2019

Technical Assistance and Training

Tribal Site Visits

- Quinault Tribe August 30, 2019
- Klamath Tribe September 12, 2019

Technical Assistance Requests

- **NA**

Alliance meetings

- August 21, 2019 Tribal Best Practices
- October postponed

9 Tribes meeting

- September 11th, 2019

Research and Surveillance

Study: The need for this inclusive, strategic planning process is significant. While AI/AN youth in the region experience disproportionate rates of juvenile justice involvement, no planning body is presently convening decision-makers to elevate these important health and safety research questions in AI/AN communities. The goal is to establish Tribal-researcher partnerships to:

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

Research Study Tasks

- Recruitment of NWTJJA advisory group members
- NPC Final draft of study questions
- Literature review

- Resource Mapping of services in Pacific Northwest Tribal communities

ECHO Project

Jessica Leston, MPH, Clinical Programs Director - Tsimshian
David Stephens, RN ECHO Clinic Director
Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
Megan Woodbury – Opioid Program Coordinator
Danica Love Brown – Behavioral Health Manager – *Choctaw*

Contractors: Brigg Reilley, MPH

Quarterly Report: July – Sept 2019

Technical Assistance and Training

NW Tribal Site Visits

- Quinault: SUD Clinical Training – Aug 29, 2019

Out of Area Tribal Site Visits

- NPAIHB/CRIHB Joint Quarterly Board Meeting, Redding, California July 17, 2019
- National Combined Councils SUD ECHO Training, Phoenix, Arizona – July 25, 2019
- Rocky Boy SUD ECHO Training, Box Elder, Montana – July 30-31, 2019
- National Diabetes Conference Diabetes ECHO – Aug 8, 2019
- Cherokee Nation: SUD Clinical Training – Sept 11-13, 2019
- OKCIC: SUD Clinical Training – Sept 18, 2019

July Technical Assistance Requests

- Tribal TA Requests = 21 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

August Technical Assistance Requests

- Tribal TA Requests = 15 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

September Technical Assistance Requests

- Tribal TA Requests = 15 (David), 6 (Eric)

- Other Agency Requests = 3 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB, USET)

During the quarter, project staff participated in 69 technical assistance calls and requests.

Extension of Community Healthcare Outcomes (ECHO)

Website: The Indian Country ECHO website launched July 11, 2019: https://www.indiancountryecho.org

Through September, the Indian Country ECHO website received:

- Users = 721
- Sessions = 1,374
- Page views = 4,510
- Pages/Session = 3.28
- Average session duration = 4:24
- Bounce Rate = 24.5%

Indian Country ECHO sessions: Each month, the Northwest Portland Area Indian Health Board offers multiple teleECHO clinics with specialists focusing on the management and treatment of patients with HCV, SUD and Diabetes. The 1-hour long clinic includes an opportunity to present cases, receive recommendations from a specialist, engage in a didactic session and become part of a learning community. Together, we will manage patient cases so that every patient gets the care they need. ***A total of 636 patients have received recommendations via the NPAIHB ECHO HUB since January 2017.***

Other Administrative Responsibilities

Publications

- Working on OUD Indicators Paper with CDC
- An Evaluation of Hepatitis C Virus Telehealth Services Serving Tribal Communities https://journals.lww.com/jphmp/Fulltext/2019/09001/An_Evaluation_of_Hepatitis_C_Virus_Telehealth.17.aspx

Reports/Grants Submitted

- Awarded for FYI 2019: SAMHSA ECHO – 524,000
- Awarded for FYI 2019: OMH ECHO – 350,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

IT DEPARTMENT QUARTERLY REPORT

IT Department Quarterly Report for July, August, Sept 2019

Overview

The Northwest Portland Area Indian Health Board has a high level of office automation and extensive information services. The staff uses desktop computers, laptops, PDAs and office equipment that require periodic maintenance and upgrades. This is in addition to 11 servers and other electronic equipment housed in a secure and temperature-controlled server room. The Board also has a 24 station training room using Dell PCs and Microsoft Terminal Server technology. The purchase of technical equipment, configuration, and maintenance is handled by the department director and the network administrator. The Electronic Health Record –RPMS training and support is now a part of the IT Department and its activities will be part of this report.

Strategic Priorities by Functional Area

Meetings Attended:

- Management Group Meeting
- Project Directors Meeting
- All Staff Meeting
- eMARs Project conference call meeting(s)
- Weekly Area Informaticist call
- EHR Office Hours (weekly)
- EPCS for RPMS Alpha Testing calls bi-weekly
- Portland Area CAC call (monthly)
- Washington HCA-BHA Monthly Tribal Meeting
- Indian Day Planning mtg.
- Safety Committee Meeting
- IHS MACRA Work Group – weekly
- IHS National Pharmacy Council meeting (monthly)
- IHS National Council of Informatics (monthly)
- IHS HOPE Committee meeting (monthly)
- IHS Partnership Meeting – Spokane, WA
- TribalNet Health IT Board planning meeting (monthly)
- Indian Day Planning mtg.
- IHS ISAC meeting
- IHS Southwest Regional Pharmacy Conference
- TribalNet Health IT Board planning meeting (monthly)
- IHS National Combined Councils Meeting in Phoenix, AZ
- Joint NPAIHB/CRIHB Board meeting in Sacramento, CA
- IHS All Tribes conference call on 42 CFR Part 2
- Electronic Prescribing of Controlled Substances Kick-off training

IT DEPARTMENT QUARTERLY REPORT

Conferences and Trainings Supported/Provided:

- ECHO Hepatitis C sessions – (minimum 3 per month)
- Joint NPAIHB/CRIHB Board meeting in Sacramento
- Advanced TIU wit IHS
- RPMS /IHS 3rd Party Billing and Accounts Receivable Training
- IHS EHR Integrated Behavioral Health – e-learning
- RPMS / IHS Training for Diabetes
- 2019 IHS Dental Updates Continuing Dental Education Conference
- 9th Annual Thrive Conference
- ECHO - Substance Use Disorder – (monthly)
- EHR Office Hours weekly
- Data Management for Clinical Informatics – e-learning national RPMS EHR training
- Pharmacy Informatics Residency monthly sessions

Presentations:

- National Pharmacy Council Communications Subcommittee Strategic Plan a NCC meeting
- Narcan Recovery – making of a video with Tribal Opioid Response grant team

NPAIHB Activity:

- Implemented new screen time out policy via GPO, to lock computer screens after 20 min
- Troubleshooting EHR – helpdesk activities daily
- Planning deployment of Hepatitis C new reminders suite for universal screening and tracking
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov, development of content for IHS Pharmacy public webpage
- Precept ASHP accredited Informatics rotation for IHS Pharmacy Residents
- Work with Sarah Sullivan on survey of EHR use for NW Tribes
- Development work for hepatocellular cancer RPMS EHR Reminder
- HOPE Committee – documentation development for auricular acupuncture partnership with Veteran's Administration as pain treatment adjuvant
- Planning deployment of Hepatitis C new reminders suite for universal screening and tracking
- HOPE Committee – Technical Assistance workgroup
    - developing guidance on documentation of PDMP checking and how to monitor that in RPMS
    - Substance abuse screening tools – development and research on how to disseminate to RPMS users
    - Measures discussion/development on substance abuse screenings

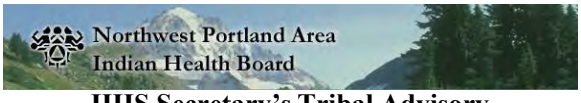
    - Collaborate with HIM consultants on standardizing codes for pain related documentation
    - Authored new EHR Template for initial chronic pain visit to meet IHS Chapter 30 requirements
- National Pharmacy Council Communications Committee - organizing and initiating, developing pages on max.gov, development of content for IHS Pharmacy public webpage
- Precept ASHP accredited Informatics rotation for IHS Pharmacy Residents
- Work with Sarah Sullivan on survey of EHR use for NW Tribes
- Development work for hepatocellular cancer RPMS EHR Reminder
- Developed Leadership Briefing for clarification on MAT and 42 CFR Part 2
- Developed guidance on documentation of DEA# for RPMS EHR users to comply with laws and regulations
- Assist Principle Pharmacy Consultant in writing Special General memo regarding outside prescriptions and in sections of IHS Manual Chapter 7.
- Re-establish NPAIHB Quality Improvement Committee – co-chair

National and Regional Committee Updates

Hosted by the Confederated Tribes of the Umatilla Indian Reservation
Pendleton, OR
October 22, 2019

National and Regional Committees

- U.S. Department of Health and Human Services (HHS)
- Indian Health Service (IHS)
- Substance Abuse Mental Health Services Administration (SAMHSA)
- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare and Medicaid Services (CMS)
- National Institutes of Health (NIH)



HHS Secretary's Tribal Advisory Committee (STAC)

- Primary purpose of HHS Secretary's Tribal Advisory Committee (STAC) is to seek consensus, exchange views, share information, provide advice and/or recommendations; or facilitate any other interaction related to intergovernmental responsibilities or administration of HHS programs, including those that arise explicitly or implicitly under statute, regulation or Executive Order.
- Portland Area Representatives:
  - Ron Allen, Jamestown S'Klallam (Primary)
  - Gail Hatcher, Klamath (Alternate)
- National At-Large Representative: Tino Batt, Shoshone Bannock Tribes
- Meetings:
  - Last meeting: September 12-13 in Washington, D.C.
  - **Next meeting: January 29-30 or February 5-7 in Washington, D.C.**

IHS Tribal Leader Diabetes Committee (TLDC)

- The IHS Director established the Tribal Leaders Diabetes Committee (TLDC) in 1998 to assist in developing a successful partnership between IHS and Tribal diabetes programs and in deciding the process for distribution of resources from the Balanced Budget Act of 1997 Special Diabetes Program for Indians (SDPI).
- Portland Area Representatives:
  - Cassandra Sellards-Reck, Cowlitz (Primary)
  - Sharon Stanphill, Cow Creek (Alternate)
- Conference calls-Third Wednesday of every month 1-2pm PST.
- Last meeting: October 9-10, 2019, Santa Barbara, CA
- **Next meeting: December 3-4, Orlando, FL**

IHS Budget Formulation Workgroup

- IHS organized the Budget Formulation Workgroup to assist the agency in formulating upcoming fiscal year budgets. Develops program priorities, policies, budget recommendations by ensuring active participation of tribal governments and tribal organizations in the formulation of the IHS budget request and annual performance plan.
- Portland Area Representatives:
  - Greg Abrahamson, Spokane
  - Steve Kutz, Cowlitz
- FY 2021 National Budget Formulation Meeting:
  - Last national meeting: June 27-28 in Reno, Nevada
  - **Portland Area Meeting: November 14 in Portland, Oregon.**
  - **Next national meeting: February 13-14, 2020 in Washington, D.C.**

IHS DSTAC

- IHS Director established the Direct Service Tribes Advisory Committee (DSTAC) to address health service delivery issues and concerns important to direct service tribes. The work of the Committee is specifically aimed at the areas of trust, data and budget.
- Portland Area Representatives:
  - Janice Clements, Warm Springs (Primary)
  - Greg Abrahamson, Spokane (Alternate), DSTAC Vice Chair
- Meetings:
  - Last meetings: October 1-2 (Day 2-Joint with TSGAC), in Washington, D.C.
  - **Next meeting: February 2020 in Washington, D.C. (around National Tribal Budget Formulation Workgroup meeting)**

IHS TSGAC

- At the recommendation of self-governance tribes, representatives from the self-governance tribes and Indian Health Service staff developing guidelines for establishment of the Tribal Self-Governance Advisory Committee (TSGAC). Provides information, education, advocacy, and policy guidance for implementation of self-governance for implementation of self-governance within the Indian Health Service.
- Portland Area Representatives:
  - Ron Allen, Jamestown S'Klallam (Primary)
  - Tyson Johnston, Quinault (Alternate)
- Meetings:
  - Last meeting: September 30, 2019-October 1, 2019 (Day 2-Joint with DSTAC)
  - **Next meeting: January 23-24, Washington, D.C.**

IHS CHAP TAG

- The Community Health Aide Program (CHAP) Tribal Advisory Group (TAG) will provide subject matter expertise, program information, innovative solutions, and advice to the Indian Health Service (IHS) to establish a national CHAP.
- Portland Area Representatives:
  - John Stephens, Swinomish (Primary)
  - Recommendation Pending (Alternate)
- Meetings:
  - Last meeting: September 9, 2019
  - **Next meeting: No date set-TBD**

IHS NTAC

- The National Tribal Advisory Committee (NTAC) on Behavioral Health acts as an advisory body to the Division of Behavioral Health and to the Director of the Indian Health Service, with the aim of providing guidance and recommendations on programmatic issues that affect the delivery of behavioral health care for American Indian and Alaska Natives.
- Portland Area Representatives:
  - Cassandra Sellards Reck, Cowlitz (Primary)
  - Cheryl Sanders, Lummi (Alternate)
- Last meeting: June 17, 2019, Washington, D.C.
- **Next meeting: No date set-TBD**

CDC TAC

- CDC Tribal Advisory Committee (TAC) advises CDC/ATSDR on policy issues and broad strategies that may significantly affect AI/AN communities. Assists CDC/ATSDR in fulfilling its mission to promote health and quality of life by preventing and controlling disease, injury, and disability through established and ongoing relationships and consultation sessions.
- Portland Area Representatives:
  - Steve Kutz, Cowlitz (Primary)
  - Sharon Stanphill, Cow Creek Chief Operations Officer (Alternate)
- Meetings:
  - Last meeting and Tribal Consultation: August 13-14, 2019, Cherokee, NC
  - **Next meeting: February, 2019, in Atlanta, GA**

SAMHSA TTAC

- SAMHSA formed the Tribal Technical Advisory Group (TTAC) in recognition of 2008 Presidential Executive Orders and Memorandum of Tribal Consultation to enhance the government-to-government relationship to honor the federal trust responsibility and obligations to tribes and AI/AN.
- Portland Area Representative:
  - Nickolaus Lewis, Lummi (Primary)
  - Vacant (Alternate)
- Meetings:
  - Last meeting: July 30 – July 31, 2019, Virtual Meeting
  - **Next meeting: TBD (Proposed- February 25 in Washington, D.C.)**

CMS TTAG

- The CMS Tribal Technical Advisory Group (TTAG) serves as an advisory body to CMS. Provides expertise on policies, guidelines, and programmatic issues affecting the delivery of health care for AI/AN served by Titles XVIII, XIX, and XXI of the Social Security Act or any other health care program funded (in whole or in part) by CMS.
- Portland Area Representatives:
  - John Stephens, Swinomish (Primary)
  - Nickolaus Lewis, Lummi (Alternate)
- Meetings:
  - Last meeting: July 24-25, 2019 in Washington, D.C.
  - Last conference call: September 9, 2019
  - **Next meeting: November 7-8, 2019 in Washington, D.C.**

MMPC

- The Medicare, Medicaid and Health Reform Policy Committee (MMPC) is a standing committee of the National Indian Health Board. The committee is chaired by a member of the NIHB Board of Directors. The primary purpose of the MMPC is to provide technical support to the CMS TTAG.
- Membership in MMPC is open to individuals authorized to represent a tribe, tribal organization, urban Indian program, or IHS.
- Meetings:
  - Last meetings: July 23, 2019 in Washington D.C.
  - Last conference call: September 4, 2019
  - **Next meeting: July 23, 2019 in Washington D.C.**

NIH TAC

- The National Institutes of Health (NIH) Tribal Advisory Committee (TAC) is advisory to the NIH, and provides a forum for meetings between elected Tribal officials (or their designated representatives) and NIH officials to exchange views, share information, and seek advice concerning intergovernmental responsibilities related to the implementation and administration of NIH programs.
- Portland Area Representatives: **Nominations Due 11/15/19**
  - Vacant (Primary)
  - Vacant (Alternate)
- Meetings
  - Last meeting: August 19-23, 2019 in Fairbanks, AK
  - **Next meeting: ?**

Other Committees – Any updates?

- IHS Facilities Appropriations Advisory Board (FAAB)
- IHS Indian Health Care Improvement Fund (IHCIF)
- IHS Information Systems Advisory Committee (ISAC)
- IHS Purchased and Referred Care (PRC) Workgroup
- Portland Area Fund Distribution Workgroup (FDWG)
- Portland Area Facilities Advisory Committee (PAFAC)

Questions and Discussion

NPAIHB Legislative & Policy Update

Quarterly Board Meeting
October 22, 2019
Hosted by: The Confederated Tribes of the Umatilla Indian Reservation

Report Overview

1. Hot Topics
2. Legislation
3. Future IHS Appropriations & Budget Formulation
4. New & Pending Federal Policies
5. Other Litigation
6. Recent and Upcoming National/Regional Meetings
7. DHAT State Legislative Update

Hot Topics

- *Brackeen v. Bernhardt* - Update
- Advance Appropriations – House subcommittee hearing and Senate bill
- FY 2020 Appropriations
- Other Indian-specific legislation to be introduced
- NPAIHB Resolution Tracker

New! NPAIHB Resolution Tracker

Passed at July Joint QBM*	ATNI Oct	NCAI Oct
Ensure Medicaid Trust Responsibility to AI/AN	Passed	Not sent**
HHS OMH AI/AN Health Resources Adv Comm	Passed	Pending
Increase Funding for SBHPP with Tribal Shares Option	Passed	Pending
Support for Permanent Auth of SDPI with Tribal Shares Option	Passed	Pending
Move PRC Dependent Factor	Passed	Pending

*Other joint resolutions not listed above and passed at July QBM were not forwarded to ATNI since they were previously forwarded by NPAIHB to ATNI and passed; or similar resolution was already passed.
**This resolution was already enacted at NCAI (#DEN-19-054) but having one by ATNI will give more leverage to regional advocacy.

Legislation

NCAI Tribal Unity Impact Days & Hill Visits; September 10-11, 2019

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FY 2020 Interior IHS Appropriations Summary

- National Tribal Budget Formulation Workgroup recommended over **$7 billion** for IHS for FY 2020 (36% increase over FY 2017 enacted level).
- President Released Budget on 3/11/19
  - Proposed **$5.9 billion**, an $82.6m increase above FY 2019 for services and facilities (1.7%) or $115 m (2%) increase overall above 2019 enacted level.
- Continuing resolution through 11/21/19 (IHS and SDPI) under H.R. 4378.
- House Bill Status: On 6/25/19, House passed Interior appropriations bill (with 4 others) ($537m above FY 2019)
- Senate Bill Status: On 9/26/19, Senate Appropriations Committee passed Interior appropriations bill ($237m above FY 2019)

FY 2020 Interior IHS Appropriations Summary

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Comm.
Clinical Svcs	$3,739,961	$3,996,963	$4,120,282	$3,949,062
Prev Health	174,742	118,257	181,062	178,636
Other Svcs	188,487	171,321	255,526	191,186
Total Services	**4,103,190**	**4,286,541**	**4,556,870**	**4,318,884**
Facilities	878,806	803,026	964,121	902,878
Total w/o CSC	**$4,981,996**	**$5,089,567**	**$5,520,991**	**$5,221,762**
CSC	822,227	820,000	820,000	820,000
Total w/CSC	**$5,804,223**	**$5,909,567**	**$6,340,991**	**$6,041,762**
Diff w/2019 Enacted	----------	**+105m**	**+537m**	**+237m**

FY 2020 IHS Clinical Services

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Committee
H&HC	$2,147,343	$2,363,278	$2,420,568	$2,339,707
EHR	0	25,000	25,000	3,000
Dental	204,672	212,369	227,562	210,315
MH	105,281	109,825	125,332	108,569
Alcohol/SA	245,566	246,034	280,151	247,828
PRC	964,819	968,177	969,479	967,363
IHCIF	72,280	72,280	72,280	72,280
Totals:	**$3,739,961**	**$3,996,963**	**$4,120,282**	**$3,949,062**

H&HC:
-House bill includes $20m for CHAP expansion; $4m increase for DV prevention; $2m increase for TECs; $53m for 105(l) leases; $25m for HIV/HCV.
-Senate Appropriations Committee bill includes $97 million for 105(l) leases and only $5m for CHAP expansion; $0 for HIV/HCV; $8m for R&R.
Alcohol/SA: Senate Appropriations bill includes $10m for opioid grants.

FY 2020 IHS Preventative Health

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Bill
PH Nursing	$89,159	$92,084	$95,307	$92,677
Health Educ	20,568	0	20,669	20,923
CHRs	62,888	24,000	62,913	62,888
Immun AK	2,127	2,173	2,173	2,148
Totals:	**$174,742**	**$118,257**	**$181,062**	**$178,636**

Health Education & CHRs: House bill and Senate Appropriations Committee bill fund both health education and CHRs.

FY 2020 IHS Other Services

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Comm.
Urban Health	$51,315	$48,771	$81,000	$53,159
IHP	57,363	43,612	90,656	57,796
Tribal Mngt	2,465	0	2,521	2,465
Direct Ops	71,538	74,131	75,385	71,945
Self Gov	5,806	4,807	5,964	5,821
Totals:	**$188,487**	**$171,321**	**$255,526**	**$191,186**

Urban Health: House bill includes $30m increase while Senate Appropriations Committee bill includes $1.8 m increase.
IHP: House bill language provides $50m for the loan repayment program.

FY 2020 IHS Facilities

	FY 2019 Enacted	Pres Req.	House Bill	Senate Appr. Comm.
M&I	$167,527	$168,568	$174,336	$168,952
Sanitation	192,033	193,252	193,577	193,577
HC Fac Const	243,480	165,810	304,290	249,279
Fac & Envir.	252,060	251,413	266,831	261,983
Equipment	23,706	23,983	25,087	29,087
Totals:	**$878,806**	**$803,026**	**$964,121**	**$902,878**

Health Care Facilities Construction:
-House bill includes $10m for Green Infrastructure.
-Senate Appropriations Committee bill includes $15m for small ambulatory program; $5m for demonstration authority projects (construction and renovation of hospitals and health centers).
Joint Venture Construction Program: Both bills urge a more consistent competitive cycle between three and five years.

FY 2020 Labor HHS Education (LHE) Appropriations- Indian programs

Program	House Bill	Senate Appr. Bill
CDC- Good Health and Wellness in IC	$21m	
SAMHSA-Tribal Opioid Response Grants	$50m	$50m
SAMSHA-Medication Assisted Treatment	$10m	$10m
SAMHSA-AI/AN Zero Suicide Program Tribal Set Aside	$2.2m	$2.2m
SAMHSA-AI/AN Suicide Prevention	$2.9m	$2.9m
SAMSHA Tribal Behavioral Health Program	$20m	$20m
ACL-NA Nutrition & Supportive Services	$37.2m (+$3m)	$34.2
ACL-NA Caregiver Support Services	$12m (+$2m)	$10m
NHSC Loan Repayment Program-I/T/Us	$15m	$15m

Status of LHE FY 2020 Appropriations:
-On 6/19/19, House passed the Labor HHS Education Bill.
-On 9/18/19, Senate Appropriations Committee released its bill.
-On 9/27/19, Continuing resolution until 11/21/19 signed into law.

Advanced Appropriations Bills for BIA/BIE/IHS and IHS only

- **S. 229 & H.R. 1122 – Advanced Appropriations for BIA and BIE at DOI and IHS at HHS**
  - Senate Bill introduced by Sen. Tom Udall (D-NM) on 1/25/19.
  - House Bill introduced by Rep. Betty McCollum (D-MN-4) on 2/8/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.
- **H.R. 1135 & S. 2541 –Advanced Appropriations for IHS**
  - House Bill introduced by Rep. Don Young (R-AK- At Large) on 2/8/19; referred to Committees.
  - Senate Bill introduced by Sen. Lisa Murkowski (R-AK) and RM Sen. Tom Udall (R-NM) on 9/24/19.
  - **Status**: Both referred to respective House and Senate Committees; House Natural Resources Subcommittee on Indigenous Peoples' hearing on 9/25/19.

Special Diabetes Program for Indians Reauthorization

SDPI under continuing resolution through 11/21/19 (H.R. 4378). Surprise billing legislation most likely vehicle for extending SDPI:

- **H.R. 2328- Community Health Investment, Modernization, and Excellence Act of 2019** (Rep. Tom O'Halleran (D-AZ)-4 years at $150m)
  - **Status**: 7/17/19 – Ordered Reported by House E&C
- **S. 1895- Lowering Health Care Costs Act** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 7/8/19- Placed on Senate Leg Calendar

Other pending bills:

- **H.R. 2668 – Special Diabetes Program Reauthorization Act of 2019** (Rep. Diana DeGette (D-CO)-5 years at $200m
  - **Status**: 6/4/19- House E&C Health Subcommittee Hearing
- **H.R. 2680 – Special Diabetes Programs for Indians Reauthorization Act of 2019** (Rep. Tom O'Halleran (D-AZ)- 5 years at $200m
  - **Status**: 6/4/19-House E&C Health Subcommittee Hearing
- **H.R. 2700 – Lowering Prescription Drug Costs and Extending Community Health Centers and Other Health Priorities Act** (Rep. Michael Burgess (R-TX)- 1 year extension at $150m)
  - **Status**: 6/26/19- In Committees
- **S. 192 - Community and Public Health Programs Extensions Act)** (Sen. Lamar Alexander (R-TN) – 5 years at $150m)
  - **Status**: 1/18/19- In HELP Committee

New Indian Legislation

- H.R. 4530 – Native American Health Savings Act
- H.R. 4532/S. 2558 – Nursing Home Care for Native Veterans Act
- H.R. 4533 – Native American Health Access Improvement Act
- H.R. 4534 – Native Health and Wellness Act

Future IHS Appropriations & Budget Formulation

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FY 2021 IHS Budget Formulation

- National Tribal Budget Formulation Workgroup met on March 14-15, 2019 in Washington D.C. and recommended full funding for IHS at $37.61 billion to be phased in over 12 years.
- For FY 2021, a total of $9.1 billion for IHS is requested. Includes:
  - $257 m for full funding of current services
  - $413 m for binding fiscal obligations
  - $2.7 b for program increases (46% above FY 2019 enacted level)
  - And more!
- Available at: https://www.nihb.org/legislative/budget_formulation.php

FY 2022 IHS Budget Formulation

- National Tribal Budget Formulation Workgroup (NTBFW) met on June 27-28 in Reno, Nevada.
- Workgroup decided to request full funding now (not 12 year phased in funding).
  - An analysis will be conducted to determine what that amount is.
- Recommendation for FY 2022 will be based on NTBFW request for FY 2021, plus 30%.
- Portland Area Budget Formulation Meeting for FY 2022 is November 14, 2019 in Portland, Oregon.

New & Pending Federal Policies

HHS STAC Meeting, Washington, D.C, September, 2019

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Executive Order

- **E.O. 13875: Evaluating and Improving the Utility of Federal Advisory Committees**-Issued 6/14/19
  - Directs agencies to terminate at least 1/3 of its current committees established under 9(a)(2) of FACA, including other committees.
- Imposes the following three deadlines on federal agencies:
  - **August 1, 2019**: agencies must provide a detailed plan to the Office of Management and Budget recommending the termination or continuance of its Section 9(a)(1) committees
  - **September 1, 2019**: OMB shall make recommendations to the President about terminating presidential committees.
  - **September 30, 2019**: 1/3 of agency committees must be terminated.
- On 7/30/19, many tribal organizations signed a letter opposing this requirement to White House, OMB and EPA.
  - Impact on Tribal Advisory Committees is still not clear.

HHS Proposed Rule on Confidentiality of Substance Use Disorder Patient Records (42 CFR Part 2)

- Issued 8/26; **Comments Due 10/25, 5pm EST**
- Proposes changes to the Confidentiality of Substance Use Disorder Patient Records regulations at 42 CFR Part 2.
- These changes were prompted by the need to continue aligning the regulations with advances in the U.S. health care delivery system, while retaining important privacy protections for individuals seeking treatment for substance use disorders (SUDs).

CMS Request for Information: Treating Pain and Substance Use Disorders

- **CMS Request for Information (RFI): Treating Pain and Substance Use Disorders**; comments submitted
  - SUPPORT Act directs the HHS Secretary to develop an action plan to prevent opioid addiction and increase access to MAT
  - Action Plan will include a review of Medicare and Medicaid payment policies

CMS-Pending Responses and/or Ongoing Issues

- **Work Requirements**
- **Four Walls Limitation- FAQs**
- **Decision on Appeal of Washington DHAT SPA**
- **Tribal Consultation**
- **Managed Care**
- **Anti-Kickback Laws/Safe Harbors or Exemptions for IHCP**

IHS-Special Diabetes Program for Indians Update

- FY 2020- SDPI under a continuing resolution until 11/21/19.
- NIHB coordinated an SDPI Summit on 9/19/19 to discuss the future of SDPI funding, and tribal shares option.
- Tribal Consultation on the Distribution of Funding for SDPI in FY 2021; DTLL 10/2/19; **Comments Due on 12/2**
  - Portland Area consultations on:
    - October 28 and November 15

IHS-Behavioral Health/Opioid Funding DTLLs

- Tribal Consultation conducted on Recommendations by the IHS National Tribal Advisory Committee on Behavioral Health for Behavioral Health Funding; DTLL 8/2/19; comments due 10/1/19; comments submitted.
- Tribal Consultation and Urban Confer conducted on Developing IHS Opioid Grant Program to Distribute the FY 2019 Opioid Funding; DTLL 7/5/19; comments submitted.
  - Related to $10m for Special Behavioral Health Program for Indians, FY 2019 appropriation.

IHS-Community Health Aide Program (CHAP) Expansion

- Tribal Consultation conducted on Community Health Aide Program Interim Policy; DTLL on 5/8/19; comments submitted.
  - IHS Community Health Aide Program (CHAP) Workgroup reviewed comments on 9/9/19.
- House bill $20m; Senate Appropriations Committee bill $3m
- NPAIHB actively advocating for CHAP expansion funding and to be a demonstration project if funded

IHS-Section 105(l) Leases

- Tribal Consultation conducted on Long and Short Term Options for Meeting ISDEAA 105(l) Requirements, DTLL 3/12/19
  - Comments submitted requesting an indefinite discretionary appropriation like CSC
- RADM Weahkee recently reported that over 190 proposals have been submitted at a cost of $103m and it is continuing to rise.
  - House bill $53m; Senate Appropriations Committee bill $97m
- A Technical workgroup has being established under National Tribal Budget Formulation Workgroup
- *Jamestown S'Klallam Tribe v. Azar* (D.D.C.)
  - Tribe is challenging IHS's decision to reduce lease compensation because they won't pay for space allocated to non-beneficiaries

Contract Support Costs (CSC)

- Results of Tribal Consultation on CSC Alternative Method for Calculating Indirect Costs Associated with Recurring Service Unit Shares (also known as "97/3 Split"); DTLL 8/6/19
  - IHS substantially changed the 97/3 provision by making it something both the Area Office and the Tribe have to agree to use, rather than something that is the exclusive option of the Tribe.
- *Swinomish Indian Tribal Community v. Azar, et al. (D.D.C.)*
  - Last month, the federal court determined that the third-party revenues are not part of the "Secretarial amount" that generates CSC under ISDEAA.
  - Appeal anticipated to D.C. Circuit court.

IHS-Other Recent DTLLs

- **Tribal Consultation and Urban Confer to Seek Input on the Memorandum of Understanding and Related Performance Measures between the VA, VHA, HHS and IHS**; DTLL 9/4/19
  - First consultation at NIHB conference in September; future consultations to be scheduled.
- **Invitation to Provide Updated Facility Master Plans and/or Identified Health Care Facility Needs to Local IHS Area Facilities Program Director for Possible Inclusion in the 2021 IHS and Tribal Health Care Facilities Needs Assessment Report to Congress**; DTLL 7/5/19; **Data Due 12/31**

HRSA Update

- **HRSA Rural Access to Health Care Services Request for Information**; comments submitted
  - Seeks information about measuring access to health care in rural communities through a set of "Questions for Public Comment."
- **HRSA Tribal Advisory Committee**
  - At last HHS STAC meeting, HRSA leadership announced that it will be convening a HRSA Tribal Advisory Committee (request from HHS Region 10 Consultation).

HRSA Update Cont'd

- **HRSA Shortage Designation Modernization Project (SDMP)**
  - New Auto-HPSA designation scores will be applicable to the 2020 National Health Service Corp application cycle (application cycle begins February 2020).
  - **8/30/19:** HRSA Auto-HPSA online portal opened on for tribes to upload facility-specific data and supplemental data to increase scores (replacement of the ACS data)and tribes can request rescores. (Portal- https://bhw.hrsa.gov/sdmp)
  - **9/9/19:** HRSA rescored dental health and mental health Auto-HPSAs for I/T/Us with additional data provided by IHS.
    - For instructions on how to upload data, watch the June 25 Webinar: Auto-HPSA Portal Training for I/T/Us.
    - Email SDMP@HRSA.GOV for assistance or your state HRSA representatives.
    - Webinar recordings available at: https://bhw.hrsa.gov/sdmp

VA Updates

- VA/IHS Consultation Session at NIHB Conference on 9/16/19 to seek input on the MOU and related measures to improve access and health outcomes for AI/AN veterans.
- *Wolfe v. Wilkie*: Federal court ruled that VA wrongly denied reimbursements to veterans. Class action lawsuit was the result of VA failing to fully reimburse veterans for emergency room care at non-VA facilities.
- H.R. 4532/S. 2258- Nursing Home Care for Native Veterans Act, addresses the lack of nursing homes for veterans on tribal lands.

Other Litigation

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Texas v. United States
Challenge to Affordable Care Act

- On December 14, 2018, Judge Reed O'Conner (USDC ND Texas) held:
  - That the individual mandate enacted as part of the ACA is unconstitutional because it cannot be justified under Congress' taxing power (Congress reduced tax penalty to $0).
  - The entire ACA must be invalidated because the individual mandate is not severable and essential to the ACA's operation.
- If ACA struck down, ICHIA would also be struck down.
- Appealed to USCA for the the Fifth Circuit.
- 483 tribes and tribal organizations(including NPAIHB) joined an amicus brief.
- On March 25, 2019, a coalition of states intervened in the case in order to defend the ACA while Department of Justice filed a two-sentence letter with the court announcing that the U.S. had changed its position in the litigation.
- On July 9, 2019, a three-panel judge in the Fifth Circuit heard oral arguments.
- Fifth Circuit Decision pending- likely to be appealed to the Supreme Court.

Brackeen v. Bernhardt
Challenge to ICWA

- On 10/5/18, Judge Reed O'Conner (USDC ND Texas) ruled that ICWA is unconstitutional in Brackeen v. Zinke.
- Found that *Morton v. Mancari* rule does not apply because ICWA extends to Indians who are not members of tribes.
- ICWA struck down in violation of equal protection.
- Appealed to USCA for the Fifth Circuit and now titled, *Brackeen v. Bernhardt*.
- Many tribes and tribal organizations (including NPAIHB) joined the amicus brief.
- **Status**:
  - On 8/9/19, the Fifth Circuit Reversed D.C. Grant of Summary Judgment - A win for Indian Country!
  - On 10/1/19, plaintiffs filed for a rehearing *en banc.*

Recent and Upcoming National/Regional Meetings

HHS Annual Tribal Budget Consultation, Washington, DC, April 2019

Recent Meetings (not Committees)

- NIHB Quarterly Board Meeting: September 15
- NIHB Tribal Health Conference: September 16-19
  - HRSA Consultation Session (9/16)
  - Joint IHS/VA Consultation Session (9/16)
  - CMS Listening Session (9/16)
  - IHS Listening Session (9/17)
  - Special Diabetes Program for Indians Summit (9/19)
- Affiliated Tribes of Northwest Indians: October 7-10

ATNI, October 2019

Upcoming Meetings October-December 2019

- NCAI Annual Convention and Marketplace, October 20-25, Albuquerque, NM
- MMPC/CMS TTAG Meeting November 6-8, Washington, D.C.
- NIHB 4th Quarter Board Meeting, November 13-15, Washington, D.C.
- Portland Area Budget Formulation Meeting, November 14, Portland, OR
- Tribal Leaders Diabetes Committee Meeting, December 2-3, Washington, D.C.

DHAT State Legislative Update

- **Washington state** will continue to pursue statewide licensing bill that will enable UIPs to employ dental therapists. Bill *should* also remove current CMS argument about reimbursement as services are far less restricted than tribal bill.

DHAT State Legislative Update

- **Oregon** is looking to introduce statewide licensing bill in 2020 session. Our pilot project expires in May 2021, and legislation is best pathway to allow current DHATs to continue practice and establish the profession in OR for all underserved populations.
- **Idaho** passed legislation this past year that will grant state licenses to dental therapists practicing on tribal lands.

Discussion and Questions

NIHB Tribal Health Conference, Temecula, CA
October 2019

DEPARTMENT OF HEALTH & HUMAN SERVICES

4A
Public Health Service

Indian Health Service
Rockville MD 20857

JUL 05 2019

Dear Tribal Leader:

The Secretary of the Department of Health and Human Services (HHS) is required to submit to Congress every 5 years an updated report of Indian Health Service (IHS) and Tribal health care facilities' needs (25 U.S.C. § 1631 et seq.). The next report is due in 2021. The report includes renovation and expansion needs identified by Tribes, Tribal Organizations, and the IHS. The IHS is requesting your assistance in identifying potential facility needs.

The report is updated in close collaboration with the Facilities Appropriation Advisory Board, and assistance from the Facilities Needs Assessment Workgroup. The report estimates cost and space requirements across Indian Country using the same consistent methodology and data sources as in the previous reports. To view the report, "2016 Indian Health Service and Tribal Health Care Facilities' Needs Assessment Report to Congress," please visit the IHS Web site at https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/RepCong_2016/IHSRTC_on_FacilitiesNeedsAssessmentReport.pdf.

The report is neither a funding request nor a priority system. It is an estimate of need for planning level use.

I invite you to provide updated Facility Master Plans and/or other identified health care facility needs to your local IHS Area Facilities Program Director for possible inclusion in the 2021 IHS and Tribal Health Care Facilities' Needs Assessment Report to Congress.

Because of the extensive lead time needed to complete the draft and clearance process for the report, I am asking that you please provide your data by no later than December 31, 2019. If you have questions please contact your IHS Area Facilities Program Director (see enclosure).

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

Enclosure: IHS Facility Program Directors

IHS Facility Program Directors

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

Indian Health Service
Rockville MD 20857

OCT 02 2019

Dear Tribal Leader:

I am writing to initiate Tribal Consultation on the distribution of funding for the Indian Health Service (IHS or Agency) Special Diabetes Program for Indians (SDPI) in fiscal year (FY) 2021.

The SDPI has been funding diabetes treatment and prevention activities in IHS, Tribal, and Urban Indian Organization (UIO) health programs since FY 1998. With the extension included in the Continuing Appropriations Act, 2020, and Health Extenders Act of 2019 (HR 4378), the current SDPI authorization will expire on November 21, 2019. At the time of publication, we do not know if, or when, Congress will address authorization for the remainder of the final year of the current SDPI grant cycle (FY 2016-FY 2020) or the next grant cycle (FY 2021-FY 2025), nor do we know the total funding amount that might be authorized.

Regardless, the IHS will proceed with Tribal Consultation to ensure sufficient time for all Tribal Leaders to have the opportunity to provide comments. The Tribal Leaders Diabetes Committee (TLDC) met on December 12-13, 2018, and recommended that the Agency conduct Tribal Consultation on the distribution of SDPI funding for FY 2021 in the fall of 2019. When Tribal Consultation is complete, the TLDC will convene to review the comments and provide recommendations to the IHS to consider prior to making a decision.

I invite Tribal Leaders to provide input on the following Consultation questions, as well as on any other issue related to the SDPI. Due to grants regulations, if SDPI funding is authorized, a new funding opportunity announcement will have to be issued for FY 2021. As such, Tribal input is particularly important, as FY 2021 provides an opportunity for changes to the SDPI funding distribution and formula. As it is unlikely there will be an increase in overall SDPI funding, please take into consideration that a recommended increase in one component of the funding distribution would have to be offset by a decrease in another component.

1. Currently, the SDPI funding distribution is as follows:

    - Tribal and IHS Community-Directed grant programs $130.2 million
    - UIO Community-Directed grant programs $8.5 million
    - SDPI Support $6.1 million
    - Data Infrastructure Improvement $5.2 million

    a. If SDPI is funded at $150M, should there be changes in the funding distribution? If so, what changes should be made?

    b. If the SDPI receives an increase in funding above the current $150M, how should those funds be utilized?

    (Possible considerations could include funding Tribes and UIOs not currently funded, providing an increase for existing programs, etc.)

2. The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Tribal and IHS Community-Directed grant program:

    - User Population = 30 percent
    - Tribal Size Adjustment (TSA) = 12.5 percent (adjustment given for small Tribes)
    - Disease Burden = 57.5 percent (diabetes prevalence).

    User population and diabetes prevalence data from 2012 have been used in the national funding formula.

    a. Should there be changes to the national funding formula?
    b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

I have enclosed a detailed SDPI FY 2019 budget for your review. Each of the IHS Area Directors will identify a meeting or coordinate a conference call to Consult with Tribes on the SDPI FY 2021 funding distribution. We encourage you to attend the Area Tribal Consultation and/or submit written comments to consultation@ihs.gov within the Consultation period. **The comment submission deadline is Monday, December 2, 2019**.

The TLDC will review Tribal Consultation and Urban Confer comments from all 12 IHS Areas as they provide final national recommendations to IHS. A subsequent Tribal Leader letter with the final decisions on the FY 2021 SDPI funding distribution will follow.

Thank you for your partnership on the SDPI throughout the past 22 years. IHS, Tribal, and UIO grantees have made the SDPI's remarkable success possible. Together, we have improved diabetes prevention and treatment outcomes in our communities. To learn more about these efforts and activities throughout the country, I encourage you to visit the IHS Division of Diabetes Treatment and Prevention (DDTP) Web site at www.ihs.gov/diabetes.

Thank you in advance for your input on this important Tribal Consultation. If you have any questions about the process, or the SDPI program in general, please contact the DDTP by e-mail at diabetesprogram@ihs.gov or contact your Area TLDC representative.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Principal Deputy Director

Enclosure

SPECIAL DIABETES PROGRAM FOR INDIANS
FY 2019 Final Funding Distribution & Budget

Presented to the IHS Tribal Leaders Diabetes Committee on March 19, 2019

SDPI Funding Distribution: Overall	
Tribal and IHS Grants	$130.2M
Urban Grants	$8.5M
Data Infrastructure Improvement	$5.2M
SDPI Support	$6.1M
Total	**$150.0M**

SDPI Funding Distribution: Budget	
Tribal and IHS Grants	
Tribal Grants (232)	$114,124,998
IHS Grants (15)	$13,549,765
SDPI Data Technical Assistance Services As decided by SDPI Tribal and IHS grantees in each Area	
--Contracts:	
*Portland (NPAIHB)	$346,628
*Alaska (ANTHC)	$465,701
--Funds Transfers:	
*Albuquerque	$82,925
*Bemidji	$107,000
*California	$350,000
*Great Plains	$200,000
*Navajo	$850,000
*Oklahoma City	$122,970
Total	**$130.2M**
Urban Grants	
Urban Grants (29)	$8.4M
SDPI Data Technical Assistance Services As decided by SDPI Urban grantees	
-- Cooperative Agreement (UIHI)	$100,000
Total	**$8.5M**

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Data Infrastructure Improvement		
National OIT		$2.6M
-- IHS National Data Warehouse (NDW):	$1,387,249	
*Enables RPMS and non-RPMS programs to better submit medical record data to the NDW and to develop and maintain new quality measures to assess diabetes care for AI/ANs		
*Assists with development of a diabetes-related dashboard to focus on needs of populations as well as individual patients		
--Pharmacy Contract:	$389,865	
*Pharmacy medication database used by RPMS		
--Diabetes Management System (DMS):	$384,000	
*Update the RPMS application that maintains the Diabetes Audit logic and reporting functionality		
*Program annual Diabetes Audit		
--Training and Technical Assistance:	$237,287	
*Training and user support for diabetes-related questions, problems, and issues related to RPMS or other OIT functions		
--Security:	$157,491	
*Resources to ensure diabetes applications and services secure patient data appropriately		
--Quality Measures and Clinical Care Tools:	$34,508	
*Development and maintenance of quality measures that enable IHS to submit data to Congress and RPMS sites to run data reports		
*RPMS Clinical Reminders to assist providers in providing care to patients with diabetes and gestational diabetes		
*Maintain codes used for clinical reminders/measure logic in RPMS, so non-RPMS EHR systems can use those same codes to run similar reports		
--Adobe Connect License:	$9,600	
*Enables training and communication between DDTP and SDPI grantees		
Area IT		$2.0M
*Allows Area IT programs to assist both RPMS and non-RPMS I/T/U sites in improving their diabetes-related data processes		
--Alaska	$155,416	

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--Albuquerque	$135,416	
--Bemidji	$165,416	
--Billings	$125,416	
--California	$165,417	
--Great Plains	$195,417	
--Nashville	$185,417	
--Navajo	$190,417	
--Oklahoma City	$245,417	
--Phoenix	$185,417	
--Portland	$175,417	
--Tucson	$75,417	
DDTP		$0.6M
--Informatics/Pharmacy Consultant	$110,000	
--Multiple Services Contract (DDTP data and website staff)	$445,000	
*Funds combined with SDPI Program Support funding (see complete description below)		
--National DMS Training	$35,000	
*Contract with NPAIHB		
--SDPI Communications, Software	$10,000	
*Adobe Creative Cloud Suite		
*MailChimp		
*Survey Monkey		
*SnagIT		
*Affinity Photo for Windows		
	Total	**$5.2M**

SDPI Support	
Multiple Services Contract	$2,593,724 (+$445K from DDTP Data Infrastructure funds)
--Coordinating and Leading DDTP National Projects, Meetings, and Workgroups	
*Diabetes in Indian Country Conferences	
*Face-to-face and/or virtual meetings for SDPI grantees, DDTP/SDPI team members, ADCs, etc.	
*Preparation of conferences/meetings, as well as transcripts/summaries and other post-meeting documentation	
--Coordination, Programmatic Review, Evaluation of AI/AN Clinical and Public Health Programs	
*Assist in the development of a new funding opportunity announcement (FOA) for each SDPI grant cycle	
*Assist in the development of an online application process and application documents for SDPI grant programs	
*Maintain grantee databases, distribution lists, and spreadsheets;	

SPECIAL DIABETES PROGRAM FOR INDIANS
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generate requested information and reports; and distribute communication to grantees *Provide technical assistance to grantees, ADCs, DGM staff, and Project Officers regarding the grant application process *Assist in the coordination of the objective review process *Provide technical assistance on clinical and public health issues to SDPI grantees via conference calls, emails, and face-to-face meetings *Coordinate, implement, and maintain the annual IHS Diabetes Care and Outcomes Audit *Develop and update content for the DDTP Audit website *Extract data from the NDW General Data Mart and create SAS datasets with input from DDTP SMEs for a variety of projects *Prepare annual estimates of diabetes prevalence for the AI/AN population *Develop and maintain the SDPI Outcomes System (SOS) for Best Practice required key measures *Prepare DDTP Fact Sheets *Assist DDTP in developing SDPI reports to Congress --<u>Translating Diabetes Research into Resources for Clinical Practice and Grant Program Communities</u> *Review and revise IHS Diabetes Standards of Care and Best Practices *Develop CME/CE clinical training webinars and clinical resources/tools for I/T/U health professional staff *Provide clinician and patient education materials, educator resource web page, and PSAs for clinicians and grant programs/communities *Process and track orders for materials from DDTP's Online Catalog --<u>Dissemination of Information and Resources</u> *Maintain and update SDPI and DDTP websites *Disseminate current information, training, resources, and links for clinicians and SDPI grantees through the website and Online Catalog *Advertise and provide links to all training opportunities offered by DDTP *Maintain accurate and up-to-date email distribution lists of grantees, clinicians, and others *Provide virtual trainings for clinical staff and SDPI grantees --<u>Project Management</u> *Provide ongoing coordination of projects including website, materials development, data management/Audit/SOS, training, and SDPI grant program support <u>Contract Staff</u> (full and part-time) --Clinical SMEs (3) --SDPI Coordinator --Biostatistician/Audit Coordinator --Web Audit Programmer --Audit SME	

SPECIAL DIABETES PROGRAM FOR INDIANS
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--Web Developer --Web Manager --Audit Logistical Support --Training Coordinator --Graphic Consultant (2) --Online Catalog Coordinator --Conference Coordination Staff (3) --Transcription and Meeting Summary Services (2) --Patient Education Materials Developer		
Division of Grants Management SDPI Staff (salary, benefits, training, support costs) --Grants Management Specialists (4) *Oversee and manage SDPI grants *Provide technical assistance to SDPI grantees --GrantSolutions SME/Objective Review Coordinator *Serves as a technical advisor to grantees and others regarding GrantSolutions *Oversees the Objective Review process for each new FOA		$1,020,000
ADC support --Assists ADCs to support Area SDPI grantees --Alaska (19 grantees) --Albuquerque (29) --Bemidji (33) --Billings (12) --California (37) --Great Plains (20) --Nashville (25, includes sub-grantees) --Navajo (13, includes sub-grantees) --Oklahoma City (34) --Phoenix (36) --Portland (40) --Tucson (3)	 $94,742 $123,570 $126,027 $74,828 $128,485 $97,199 $99,656 $89,828 $126,027 $128,485 $133,399 $42,457	$1,264,703
SDPI Grants Management Systems --GrantSolutions *Electronic grants management system that tracks the financial and communication components of grants --Application Review Module (ARM) *Online grants application review process	 $364,723 $92,000	$456,723
DDTP Online Catalog Clearinghouse Contract		$209,850

SPECIAL DIABETES PROGRAM FOR INDIANS
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--Stores, inventories, and disseminates diabetes treatment and prevention materials to patients and professionals in AI/AN communities nationwide		
TLDC Support (cooperative agreement with NIHB) --Provide logistical support for TLDC meetings, including travel planning and reimbursement process for TLDC members and guest speakers --Communicate with Tribal leaders and Indian organizations about the activities of the TLDC, the SDPI grant program, and related diabetes/chronic disease issues	$184,000 $66,000	$250,000
Total		**$5.795M**
SDPI Support (variable costs)		
Diabetes in Indian Country Conference (other expenses than above)		$85,000
Travel to TLDC/Area/SDPI Meetings, Conferences		$85,000
Objective Review Panels (grant application reviewer costs)		$60,000
Printing Materials for Online Catalog		$50,000
Shipping (e.g., special Online Catalog orders)		$5,000
Equipment		$5,000
Supplies		$5,000
Staff Training (e.g., diabetes updates, contract training)		$5,000
Fee for cooperative agreement fund transfer		$5,000
Variable Cost Total		**$305,000**
SDPI Support Total ($5.795M + $305,000)		**$6.1M**
GRAND TOTAL ($130.2M + $8.5M + $5.2M + $6.1M)		**$150M**

SPECIAL DIABETES PROGRAM FOR INDIANS
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Abbreviations

ANTHC: Alaska Native Tribal Health Consortium
AI/AN: American Indian/Alaska Native
ARM: Application Review Module
ADC: Area Diabetes Consultant
CME/CE: Continuing Medical Education/Continuing Education
DMS: Diabetes Management System (in RPMS)
DDTP: Division of Diabetes Treatment and Prevention
DGM: Division of Grants Management
EHR: Electronic Health Record
FOA: Funding Opportunity Announcement
IHS: Indian Health Service
I/T/U: Indian Health Service/Tribal/Urban
IT: Information Technology
K: Thousand
M: Million
NDW: IHS National Data Warehouse
NIHB: National Indian Health Board
NPAIHB: Northwest Portland Area Indian Health Board
OIT: Office of Information Technology
PSA: Public Service Announcement
RPMS: Resource and Patient Management System
SDPI: Special Diabetes Program for Indians
SOS: SDPI Outcomes System
SAS: Statistical Analysis Software
SME: Subject Matter Expert
TLDC: Tribal Leaders Diabetes Committee
UIHI: Urban Indian Health Institute

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MEMORANDUM

September 13, 2019

TO: Tribal Health Clients

FROM: Hobbs, Straus, Dean & Walker, LLP

Re: *HHS Issues Proposed Rules Amending the 42 C.F.R. Part 2 SUD Patient Information Protections*

On August 26, 2019, the Department of Health and Human Services ("HHS") has issued a pair of proposed rulemakings that would amend the Confidentiality of Substance Use Disorder ("SUD") Patient Records regulations set forth at 42 C.F.R. Part 2.[1] Under Part 2, substance use treatment records cannot be disclosed without the patient's express consent. The regulations are designed to protect patient privacy but have had the unintended effect of limiting patient care coordination among providers. HHS, acting through the Substance Abuse and Mental Health Services Administration ("SAMHSA"), explains the emergence of the opioid crisis with its "catastrophic impact…and corresponding clinical and safety challenges" is a key motivating factor behind the proposed Part 2 updates.

The first proposed rulemaking would clarify that a court may authorize disclosure of Part 2 information when the disclosure is necessary in connection with the investigation or prosecution of a serious crime (i.e., one which directly threatens a life or poses a risk of serious bodily injury). The proposed rule would remove the phrase "allegedly committed by a patient" from the current regulations, which SAMHSA states was "erroneously" added to the 2017 final rule. SAMHSA believes the removal of that phrase will facilitate law enforcement efforts related to drug trafficking and patient exploitation at or by Part 2 programs. Comments on this proposed rulemaking are due **by 5:00pm EST on September 25, 2019**, and may be submitted under "RIN 0930-AA30" at www.regulations.gov.

The second proposed rulemaking contains a series of changes to Part 2 intended to address patient care and confidentiality needs, clarify the scope and applicability of the regulations, and facilitate the appropriate and confidential treatment of SUD patient records. Comments on this proposed rulemaking are due **by 5:00pm EST on October 25, 2019**, and may be submitted electronically via www.regulations.gov under "RIN 0930-AA32." A summary of the proposed rule's major provisions follows.

[1] SAMHSA has prepared a factsheet illustrating how its provisions might apply in different settings, which is available at: https://www.samhsa.gov/sites/default/files/does-part2-apply.pdf.

Applicability

The Part 2 regulations apply to federally-assisted[2] "specialized programs" that hold themselves out as providing and do in fact provide SUD diagnosis, treatment, and referral services. Part 2 protects the records of a SUD patient from disclosure without consent, except in certain circumstances. A "record" is defined as "any information…received or acquired by a Part 2 program relating to a patient (*e.g.*, diagnosis, treatment and referral for treatment information, billing information, emails, voice mails, and texts)." 42 C.F.R. § 2.11. Any patient information held by a federally-assisted SUD program is thus protected under the Part 2 regulations. A record created by a Part 2 program will not lose its confidentiality protections if it is properly disclosed to a non-SUD specialty program, entity, or individual provider ("uncovered entity") serving as a "lawful holder" of the record as part of an SUD patient's care.

The proposed rule would clarify that where an uncovered entity documents SUD treatment information received from a Part 2 program in a patient's medical record, that record is not subject to Part 2, so long as the received SUD records are segregated. In other words, an uncovered entity must maintain the confidentiality of SUD information even when contained within other medical records. By requiring providers to segregate covered SUD information from other treatment records, SAMHSA states that better care coordination and management will be facilitated. Segregation can be achieved by physically holding apart covered records (such as in separate files) or by segmenting electronic SUD records using a data segmentation compliant platform.

Definitions

The term "records" would include electronic patient information that is transmitted or contained in an email or text message. Within one year of a Part 2 program ceasing to operate or being taken over or acquired by another program, all SUD records must be "sanitized." This means that all patient identifying information contained in the records is scrubbed and rendered irretrievable. Personal devices and accounts used to communicate Part 2 information may also need to be sanitized which, SAMHSA admits, may render them unusable to their owner. The proposed rule, therefore, instructs recipients of patient communications on personal devices and accounts to immediately delete the information and respond via an authorized channel, unless responding from a personal account is in the best interest of the patient.

The proposed rule would also create an exception to the definition of "records" for information that is verbally conveyed by a Part 2 entity to an uncovered entity for treatment purposes, subject to patient consent. Such information would not become a Part 2 "record" even if subsequently written down by the uncovered entity. SAMHSA explains the change provides greater clarity on when and how patient SUD information can be captured in non-

[2] 42 C.F.R. § 2.12(b) defines "federally assisted" as covering a broad set of activities, including federal management of the program, the receipt of federal funding, or registering to dispense controlled substances related to SUD treatment.

Part 2 records without the entire record becoming subject to the regulations' patient confidentiality requirements.

Consent Requirements

SAMHSA notes that patients have encountered frustration and delays in receiving benefits and services because of the existing limitations on direct entity disclosures in the absence of a treating provider relationship or the entity's status as a third-party payor. Currently, patient consent forms do not allow a patient to name an entity or group of entities without a treating provider relationship with the patient as the recipient of Part-2 protected information unless the patient identifies specific individuals who will be receiving the information on the entities' behalf. The proposed rule would allow patients to disclose information directly to an entity without the need to name an individual recipient. In practice, this would mean that a patient could opt to disclose his or her treatment records to an entity for assistance in accessing services like SUD-related sober living programs or determining eligibility for benefits like Social Security, for example.

Patients would still be required to identify an individual or "class of participants" (like a healthcare team) with a treating provider relationship for disclosures to entities that facilitate the exchange of health information or research institutions. SAMHSA states that this "will continue to limit the ability to use a general designation (*e.g.*, 'all my treating providers') in the 'to whom' section of the consent requirements to those individuals or entities with a treating provider relationship."

We note that the proposed rule does not include a provision specifically authorizing a Part 2 program to share a patient's SUD treatment information with an uncovered entity (like a primary care physician) for treatment purposes without patient consent. Tribal leaders and healthcare advocates have asked SAMHSA to allow this type of disclosure in the past to facilitate patient care.

Access to Central Registries[3]

SAMHSA underscores the importance of central registries of SUD patient treatment information in preventing duplicative patient enrollments in SUD treatment programs, while acknowledging that such registries do not exist in all states. The agency notes that medication assisted treatments like methadone and buprenorphine can have adverse side effects if taken with other medications. Central registries play a critical role in patient safety by enabling providers to see all SUD-related treatments that a patient is receiving and thus avoid prescribing duplicative or incompatible medications.

The proposed rule would authorize opioid treatment programs ("OTPs") and non-OTPs with a treating provider relationship to access a central registry for care coordination.

[3] Defined as "an organization which obtains from two or more member programs patient identifying information about individuals applying for withdrawal management or maintenance treatment for the purpose of avoiding an individual's concurrent enrollment in more than one treatment program." 42 C.F.R. § 2.11.

Patient consent is not required for an OTP or non-OTP to query a central registry for the following information: (1) contact information for programs that a patient is enrolled in; (2) type and dosage of SUD medications being taken by or prescribed to the patient; and (3) relevant dates of any such administration or prescription.

Audit and Evaluation Disclosures

SAMHSA does not specifically define "audits and evaluations" under the current rule, though activities undertaken pursuant to Medicaid, Medicare, and CHIP, such as civil investigations and administrative remedies, are discussed. To clarify the scope of covered activities, the proposed rule states that audits and evaluations may include, but are not limited to, "activities periodically undertaken" to identify potential changes in policies or procedures to improve Part 2 program care and outcomes, effectively target resources, adjust payment policies, and review the appropriateness of medical care, medical necessity, and utilization services. Medicare, Medicaid, or CHIP reviews would remain covered by the proposed rule.

SAMHSA states that access to SUD information is key for governmental healthcare departments and agencies to identify patient needs, target response actions, and facilitate appropriate coverage and payment policies. Governmental disclosures for auditing purposes were authorized under the January 2018 Part 2 final rule. However, SAMHSA states that it received from stakeholders that obtaining Part 2 records continued to present challenges for governmental agencies. As such, the proposed rule would clarify that federal, state, and local governmental agencies can receive Part 2 records without written patient consent to conduct periodic audits or evaluations. Tribal governments and tribal organizations are not identified as authorized entities under this section.

The proposed rule would also clarify that disclosures without patient consent are permitted when made to third-party payers and quality improvement organizations (including accrediting or certification bodies), as well as to contractors, subcontractors, and legal representatives acting on behalf of such entities for auditing or evaluation purposes. Further, the proposed rule would clarify that Part 2 programs can share patient information within their larger healthcare organizations for quality assessment and performance improvement purposes.

Other Disclosure Provisions

Prohibition on Re-Disclosure. Under the current rule, each disclosure of a covered SUD record made with patient consent must contain a written statement notifying the recipient of Part 2's applicability to any re-disclosure of the information. Uncovered entities have reported undertaking operationally burdensome redactions to remove SUD information received from a Part 2 program or lawful holder from patient files to avoid having the entire record fall under Part 2. The proposed rule would make it so that SUD information incorporated into a patient file would not constitute re-disclosed records, provided that the original SUD information received from a Part 2 program is appropriately

segregated. Consequently, only the segregated SUD-information would be subject to Part 2's prohibition on re-disclosure in the absence of patient consent, not the entire record.

Disclosures Permitted with Written Consent. The proposed rule clarifies that patient information can be disclosed to entities carrying out certain types of payment and healthcare operational activities. A list of qualifying activities was included in the regulatory text of the 2017 final rule, but then moved to the preamble of the 2018 final rule. SAMHSA is now proposing to reinsert a list of 17 qualifying scenarios into the main regulatory text. The agency states that the proposed shift will yield greater clarity on permitted disclosures in certain situations, such as for billing, claims management, patient safety activities, facilitating auditing functions, customer services, and resolution of internal grievances, among others. The list is not meant to be exhaustive. Entities carrying out "other payment/health care operations activities not expressly prohibited" would also be authorized to receive Part 2-covered information in this manner.

Prescription Drug Monitoring Program (PDMP) Disclosures. PDMPs are statewide electronic databases that collect and analyze available data on controlled substances prescribed by practitioners and non-hospital pharmacies. According to SAMHSA, 41 states require healthcare professionals to check the state's PDMP before prescribing a controlled substance. Robust PDMP programs are associated with reduced rates of prescription opioid overdoses. Currently, opioid treatment programs are not required to report methadone and buprenorphine prescriptions to a PDMP. The proposed rule would allow OTPs and lawful holders to submit such information to PDMPs. OTPs would be required to obtain a patient's written consent before making a submission. SAMHSA states the changes are necessary to properly monitor prescription drug dosages given to a patient, which could otherwise pose life-threatening risks if mismanaged. The agency does not believe the change would result in concerns about law enforcement access to PDMPs because disclosure by an OTP is contingent on patient consent, and law enforcement access to the records would still require a court ordered release.

Emergency and Disaster Disclosures. Disclosures of SUD treatment records without patient consent would remain permitted in a bona fide medical emergency, i.e., where an individual requires urgent care to treat a life-threatening condition and it is infeasible to seek consent (such as during a heart attack or overdose). The proposed rule would expand the scope of emergency disclosures to include situations where a state or federal disaster is declared and the Part 2 program is closed and unable to provide services or obtain the necessary patient consent. In such situations, the program would be authorized to disclose patient information to medical personnel without consent to facilitate the effective delivery of SUD services. Patient consent would again be required as soon as the program is able to resume operations.

Research. SAMHSA proposes to allow disclosures of Part 2 patient information by a Part 2 program that is also a Health Insurance Portability and Accountability Act of 1996 ("HIPAA") covered entity (e.g., a healthcare provider) to a non-HIPAA covered entity or individual for the purpose of conducting scientific research. Research disclosures to recipients covered by the Food and Drug Administration's regulations for the protection

of human subjects in clinical investigations would also be permitted. SAMHSA states the proposed changes will streamline duplicative research disclosure requirements and better align the patient protection measures under Part 2, HIPAA, and the Common Rule (on the protection of human subjects in research). The agency believes the change is needed to allow stakeholders to conduct scientific and public health research on SUD care and populations.

Conclusion

Copies of the Federal Register notices for both proposed rulemakings are attached. If you would like additional information or if we can be of assistance to you in the commenting process, please contact Elliott Milhollin (emilhollin@hobbsstraus.com or 202-822-8282); Geoff Strommer (gstrommer@hobbsstraus.com or 503-242-1745); or Starla Roels (sroels@hobbsstraus.com or 503-242-1745).

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MEMORANDUM

September 26, 2019

TO: Tribal Health Clients

FROM: Hobbs, Straus, Dean & Walker, LLP

Re: *HHS Secretary's Tribal Advisory Committee Meeting Held in Washington, DC*

On September 11–12, 2019, the Department of Health and Human Services (HHS) Secretary's Tribal Advisory Committee (STAC) convened in Washington, DC. The STAC met with the HHS Deputy Secretary, the Indian Health Service (IHS) Principal Deputy Secretary, and officials from other federal agencies that administer Indian healthcare programs. This report provides a summary of the major issues discussed during the meeting.

Discussion with Deputy Secretary of Health and Human Services Eric Hargan

Deputy Secretary Hargan requested that the STAC and tribal leaders share ideas on short-term objectives that the HHS could deliver on within the coming year. In other words, he said, are there policy or program changes that could be put in place by the end of 2020 if given proper support? He acknowledged that there will always be long-term issues to address, but he that he would like to move short-term deliverables forward with Indian Country's support.

STAC Members requested tribal consultation on the pending CMS Medicaid block grant policy, which is under review at the Office of Management and Budget. The policy was developed without consultation or discussion with tribal leaders. They stressed how block granting is inconsistent legislative directives on funding Indian healthcare. STAC Members expressed keen frustration with listening to statistics on the higher incidence rates of negative health outcomes in Indian Country in meeting after meeting, yet being denied meaningful opportunities to address issues with federal and state entities. They emphasized the importance of tribal review of federal policies that are going to impact tribal communities, stating it is a cornerstone of the federal trust and consultation obligations.

STAC reiterated its request that the Administration for Native Americans (ANA) Commissioner position be elevated to that of an Assistant Secretary. STAC also urged the HHS to create an Office of Tribal Affairs. Currently, the Office of Intergovernmental and External Affairs serves as the Department's liaison with tribal governments. Mr. Hargan urged the STAC to reflect carefully on its request, noting that the ANA Commissioner already has access to and consistent contact with the top levels of HHS leadership.

STAC requested that the Office of Budget and Management (OMB) undertake tribal consultation before moving forward with any proposed change to the consumer price indices used to estimate federal poverty thresholds. The OMB issued a solicitation for comments on a proposal to change from a standard index to a slower growth index that would, in the long-term, result in more individuals and families being found ineligible for federal services based on the poverty line. The solicitation was issued without tribal consultation and raises troubling questions about long-term impacts on AI/AN access to essential services like the Supplemental Nutrition Assistance Program (SNAP), Low-Income Home Energy Assistance Program (LIHEAP), and Medicaid and CHIP, among many others.

STAC Members urged Mr. Hargan, and other agency leaders, to continue to provide funding and support for alcohol and methamphetamine use, which many stated posed greater challenges than opioids in their communities. They discussed the importance of direct funding to ensure that tribal programs are appropriately accounted for in the appropriations process. They reminded Mr. Hargan that situations in which federal dollars must first pass through a state before reaching a tribal nation are frequently problematic due to fraught tribal-state relations.

CMCS and CMS Discussion

STAC Chair Victoria Kitcheyan, Winnebago Tribe of Nebraska, shared how troubling it is to the Committee that Centers for Medicare & Medicaid Services (CMS) Administrator Seema Verma has only attend one meeting of the STAC and no meetings of the CMS Technical Tribal Advisory Group since taking office. Ms. Kitcheyan emphasized that an essential part of the government-to-government relationship is meeting with federal leaders to address issues impacting tribal communities.

Calder Lynch, Acting Deputy Administrator and Director for CMS and the Centers for Medicaid & CHIP Services (CMCS), framed his comments with a recommitment to improving the tribal consultation process. He shared how CMS is learning about best practices and challenges in state engagement with tribal nations as part of the state plan development or amendment process. Essential features of meaningful tribal engagement, in his eyes, include timely responses, open lines of communication, and the clear articulation of potential impacts on AI/ANs from state actions. CMS is preparing an Informational Bulletin on best practices in tribal consultation for states, though it is unclear when this resource will be available or if tribal nations will have an opportunity to offer comments before it is released.

STAC discussed the need for the CMS to work with tribal nations on the implementation of Medicaid "community engagement" or work requirements. Members raised up Arizona as an example of a positive tribal-state relationship in developing a broad AI/AN exemption from proposed Medicaid work requirements under a Section 1115 demonstration waiver. CMS, however, narrowed the exemption to members of federally recognized tribes (rather than all IHS-eligible individuals). STAC Members urged other

states to look to Arizona as a model of how tribal nations and states can work together to promote healthier communities while addressing employment issues.

STAC discussed the ongoing litigation in Alaska over the State's use of emergency regulations to cut Medicaid reimbursement rates. The action would result in a reduction of $58 million in Medicaid funding and $19 million in federal match dollars. STAC Members requested that CMS refrain from issuing any decisions on rate reductions until there is further guidance on the issue. Mr. Lynch confirmed that no final decisions have yet been reached, but he hedged his response by stating he was unable to comment in depth on the issue due to the litigation.

IHS Updates

105(*l*) Leases. RADM Weahkee reported that, to date, the IHS has received $103 million in lease proposals – though the figure is expected to rise by the December 30, 2019, submission deadline. The program is currently funded at $30 million, representing an unmet need of at least $73 million. RADM Weahkee stated that a technical workgroup to estimate future costs is being convened. The workgroup will be comprised of IHS subject matter experts and other tribal and technical advisors. STAC emphasized the mutually beneficial nature of 105(*l*) leasing arrangements that are generally more cost-effective and responsive to community needs than other facilities programs. Members recommended Section 105(*l*) leases be fully funded pursuant to appropriations that makes "such sums" available to fully fund them as a separate line item similar to contract support costs.

Electronic Cigarettes. The Administration announced that the President intends to ban the sale of all flavored e-cigarette products. The announcement was met by applause as the average use rate for e-cigarettes is 12.7% among AI/AN youth. The ban, however, will not go into effect immediately. The Food and Drug Administration (FDA) must first issue guidance on how to remove the products from the market. This is expected to be released within the next few weeks.

97-3 Methodology. In 2018, the IHS temporarily suspended the "97-3" offset for "Alternative Methods for Calculating IDC Associated with Recurring Service Unit Shares" due to alleged concerns of non-compliance with reimbursement limitations under the Indian Self-Determination and Education Assistance Act (ISDEAA). RADM Weahkee announced that an updated policy is now available at Section 6-3.2E(3) of the Indian Health Manual. He stated that the policy now underscores the need for mutual agreement between the IHS and the tribal nation or organization. The complete policy is available online at: https://www.ihs.gov/ihm/pc/part-6/p6c3/#6-3.2E.

Community Health Aide Program (CHAP). STAC requested the IHS's support in working with the Health Resources and Services Administration on reclassifying CHAP personnel as "medical providers" rather than "other" medical professionals. The CHAP Tribal Advisory Group is reviewing the 37 comments received during the recent tribal consultation on CHAP expansion and will issue final recommendations with respect to the policy soon. Those recommendations will be subject to tribal consultation. RADM

Michael Toedt, Chief Medical Officer for the IHS, vowed that funding for the Alaska CHAP will not be negatively impacted by expansion, in accordance with federal law.

Health IT Modernization Initiative. RADM Weahkee reported that the Office of Information Technology study on the status of health IT in Indian healthcare facilities will conclude by the end of September 2019. Per the IHS, the study is intended to provide a roadmap for future IT funding decisions, particularly whether the IHS will continue to use the Resource and Patient Management System (RPMS) or move in another direction. Regardless of the system chosen, ensuring interoperability between the IHS's system and those used by tribal and urban Indian health clinics is a primary goal. Acting Assistant Secretary for Financial Resources Jen Moughalian stressed the HHS is pushing for any health IT updates to be paid for through new appropriations, not by shifting funding from existing line items. The final report on the status of I/T/U health IT is expected to be released this fall. We will provide you with a copy as soon as it is available.

Administration for Children and Families (ACF)

STAC requested an update on when public comments from the April 2019 proposed rulemaking on the Adoption and Foster Care Analysis and Reporting System (AFCARS) will be available for review by the ACF Tribal Advisory Committee (TAC). The review has been pending for several months without any reported progress. STAC also voiced concern about the infrequent meetings of the ACF TAC, which does not have another in-person meeting scheduled under January 2020. Members stressed the importance of in-person sessions for facilitating effective conversations between tribal and federal leaders.

STAC also discussed the importance of the Tribal Temporary Assistance for Needy Families (TANF) program. Members stated that Tribal TANF should be providing reports to Congress alongside faith-based and state-run entities. Members also raised challenges that programs operating in Region IX (California, Nevada, Arizona, Hawaii, and the Polynesian territories) have encountered in having tribal resolutions of support recognized for Tribal TANF. Region IX allegedly requires the renewal of such resolutions every three years or programs will face funding cuts. Tribal leaders, however, pointed out that the resolutions are effective until expressly rescinded or amended by a subsequent tribal action. ACF Assistant Secretary Lynn Johnson agreed to look into the issue.

The Public Law 102-477 program was raised as an effective tool for reducing administrative burdens and strengthening tribal self-determination. STAC encourage the ACF to "step up" on advancing opportunities for 477 within its agencies. Ms. Johnson reported that the ACF is working "extremely hard" on this and other issues. She emphasized that engaging in a "culture of yes" in terms of programs and collaboration is critical when serving vulnerable populations, like AI/ANs.

Substance Abuse and Mental Health Services Administration (SAMHSA)

Elinore McCance-Katz, Assistant Secretary for Mental Health and Substance Use, shared statistics from the National Survey on Drug Use and Health (NSDUH) 2018 Annual

Report. The average rate of substance use disorders (SUDs) among AI/AN adults is 10.8% compared with a national average of 7%. Methamphetamine use among AI/AN adults is three times that of the general population. For AI/AN youth, the average use rate of marijuana is 23% compared to the national average of 15.9%. The survey also found that one out of five AI/ANs struggle with mental health. Additional information on the NSDUH is available at: https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2018-NSDUH.

Ms. McCance-Katz drew the STAC's attention to the Tribal Opioid Response grant program. She reported that, in 2018, SAMHSA funded 134 tribal nations and tribal organizations out of the $50 million tribal set-aside that Congress established within the State Opioid Response program. She stated a new $36 million funding opportunity was available this year that would have enabled 163 tribal applicants to receive funding – however, only 30 applications were eligible for review and funding. She requested the STAC's assistance in encouraging tribal applicants to apply for funding in the future. She is concerned that Congress will see the lack of participation in the program as a reason to reduce the tribal set-aside in future appropriations. STAC recommended the grant structure be changed from a competitive process to a formula to facilitate more applications. Members acknowledged that changing the funding structure would require a legislative fix and they urged SAMHSA to work with tribal leaders in carrying the request forward.

STAC Members discussed the barriers to care created by Government Performance and Results Act (GPRA) reporting requirements on grants performance. Members criticized the lengthy individual patient reporting requirements – which take up to four hours per patient to complete at intake, six months of treatment, and discharge. These burdens, they stated, deter patients from completing care and further stress the administrative capacities of treatment programs. They urged SAMHSA to work with tribal nations to establish a simplified reporting process for tribal grantees. Ms. McCance-Katz responded that SAMHSA cannot just change GPRA as it is a tool that been in place for over 20 years. She shared that her past effort to streamline GPRA requirements was met with internal opposition and ultimately abandoned.

Health Resources and Services Administration (HRSA)

Acting Administrator Tom Engels stressed that automatically designated Health Professional Shortage Areas (Auto-HPSAs) have not lost their designations or their eligibility to take on National Health Service Corps (NHSC) clinicians as a result of the agency's changes to the Auto-HPSA scoring process.[1] NHSC clinicians can continue to serve at their current sites regardless of any HPSA scoring changes. Further, due to a $15 million set-aside for FY 2019, the NHSC anticipates being able to fund nearly all eligible applicants serving at the IHS, tribal, and urban Indian health (I/T/U) clinics regardless of the facility's HPSA score. STAC Members expressed sharp concern over the impacts that HPSA scores have on their ability to recruit and retain qualified healthcare professionals. The NHSC offers two tiers of loan repayment assistance to healthcare providers serving at

[1] Designated Auto-HPSAs include IHS clinics, tribal health clinics, urban Indian health clinics, and dually-funded tribal health clinics or community health centers.

HPSA sites based on their score.[2] Sites with higher HPSA scores are able to offer significantly higher financial incentives to applicants and staff. STAC recommended that a separate HPSA scoring system be developed for I/T/U sites to better address unique concerns in Indian Country.

Mr. Engels acknowledged tribal concerns and reported that 54 I/T/U sites were negatively impacted by the scoring change. He stated these sites have until November 1, 2019, to submit their own data or supplementary information for rescoring. Technical assistance is available through HRSA to facilitate this process. He also recognized tribal concerns about the relevance of certain scoring criteria, such as low birth weight or the population-provider ratio, and he announced that the agency plans to engage in tribal consultation on scoring criteria. He also reaffirmed his commitment to establishing a HRSA tribal advisory committee, noting that exploratory actions are already underway.

Mr. Engels also announced that dually-funded health centers may now report Community Health Aides as "Other Professional Services" under "Staffing and Utilization" in the Uniform Data System, provided that the aides are authorized by the IHS to provide healthcare and bill for their services. Such services could not be included in the Uniform Data System for planning and reporting purposes. Mr. Engels noted that HRSA's change on this issue was in direct response to concerns raised at the Tanana Chiefs Conference.

Intradepartmental Council on Native American Affairs (ICNAA)

Jeannie Hovland, ICNAA Chair and Administration for Native Americans Commissioner, reported that she and RADM Weahkee (who serves as the Vice Chair) are working hard to ensure the ICNAA's sustainability across administrations. The entity is in the process of its Charter and hiring a full-time Executive Director. Current priorities of the ICNAA include: opioids and substance use disorders, e-cigarettes, long-term healthcare needs for elders and the disabled, environmental health, and addressing social determinants of health. ICNAA is also working with the Department of Labor to "put teeth in" the Buy Indian Act and the Indian Preference in hiring. She explained that rather than serve as a consultative body, the ICNAA works on priorities and budgeting within the HHS.

STAC requested that tribal leaders be invited to join ICNAA meetings, at least from time to time, to address critical issues together with senior HHS leadership. While Ms. Hovland did not respond to the request in the moment, she did make a note of it for follow-up discussion.

Federal Agencies Roundtable Discussion

National Institutes of Health (NIH). Deputy Director Lawrence Tabak reported that NIH has received "strong input and effective guidance" from tribal leaders on the All of Us initiative, an effort to gather data from one million Americans to advance research in

[2] Additional information on the NHSC Loan Repayment Program is available online at: https://nhsc.hrsa.gov/sites/default/files/NHSC/loan-repayment/nhsc-lrp-fact-sheet.pdf.

precision healthcare. STAC Members continued to express concern about AI/AN participation in the program. They reminded the NIH that tribal governments have responsibility for their members and that, as a result, the agency must obtained tribal government consent before releasing members' data for research purposes. STAC acknowledged the "interesting dichotomy" of having a high interest in obtaining an accurate profile of health in tribal communities while also being very sensitive to such data being collected and analyzed. They requested additional information about the data de-identification process to protect AI/AN participants, stressing the past misuse of DNA and other medical information in relation to tribal populations.

Mr. Tabak shared the agency's acute awareness that a single breach of any protocol related to the All of Us initiative would cause irreparable damage to the program. He stated data submitted by self-identified AI/ANs is frozen – i.e., blocked from use by researchers – until tribal consultation concludes at the end of October 2019. The NIH also committed to refrain from recruiting participants on tribal lands without first obtaining the express approval of the appropriate tribal government.

The NIH Tribal Health Research Office is holding a Traditional Medicine Summit **on November 22-24, 2019, in Aurora, Colorado**. The Summit is intended to reinforce the efficacy of traditional medicine through research and connect younger generations with traditional practices in health research. The Summit is being planned with the assistance of traditional healers, AI/AN researchers, and other federal agencies.

Centers for Disease Control and Prevention (CDC). Cpt. Carmen "Skip" Clelland, Director of the Office of Tribal Affairs and Strategic Alliances, provided the STAC with an overview of the CDC Tribal Advisory Committee's priorities for developing public health infrastructure in Indian Country. The priorities focused on intersections of public health with traditional practices, economic development, and general public infrastructure (like housing, education, agriculture, and available workforce). The CDC TAC is also urging the agency to provide direct funding opportunities for tribal grantees, rather than having federal dollars pass through states – a recurrent request made across the HHS. Cpt. Clelland reported that the CDC has issued alerts on the serious pulmonary diseases associated with e-cigarette usage and is working a strategic national response to the issue. The CDC is also developing tools and resources to address e-cigarette usage in ways that are culturally appropriate.

Administration for Community Living (ACL). Principal Deputy Administrator Mary Lazare announced that the ACL has relocated a significant number technical assistance positions from the regions to Washington, DC. Five additional regional administrators have been hired so that each position is responsible for only one area, rather than two (as is currently the case). She explained that the internal reorganization is intended to improve program quality through more timely and uniform agency responses. STAC Members shared reports from tribal nations that the reorganization is contributing to miscommunication and the loss of expertise on tribal issues as some long-term staff chose to leave the agency rather than relocate. Tribal leaders urged the ACL to hire technical assistance personnel with tribal experience to fill these gaps, as well as to track

tribal applicants in the system. STAC also requested that the ACL circulate a full list of contacts in the region and at headquarters.

Ms. Lazare also reported that Title VI grant applications for providing nutrition and supportive services to older AI/ANs are due in December. She stated that in additional to general grant requirements, applicants must also submit a recent needs assessment summary, a signed tribal population certificate, and a tribal resolution supporting the application. She encouraged applicants to use the University of North Dakota's elderly needs assessment tool for assistance in planning for elder care services. Additional information on the toolkit is available at: https://ruralhealth.und.edu/projects/nrcnaa.

Administration on Aging. The American Association of Retired Persons (AARP) is funding a national urban Indian elders' needs assessment that will be carried out by the University of North Dakota in partnership with the National Council on Urban Indian Health and the IHS. The assessment seeks to locate tribal elders who are 55 years and older and will report information back to the tribal nation in which an elder is enrolled. Additional information on the assessment is forthcoming.

Center for Faith and Opportunity Initiatives (CFOI). This was CFOI's first meeting with the STAC. The Center works with faith and community partners on advancing health initiatives by translating scientific information into language that resonates with their communities.[3] The Center would like to engage with tribal leaders to amplify and share best practices in tribal communities. STAC Members discussed the cultural and religious realities of being an indigenous person, stressing that it often results in AI/ANs co-existing in two worlds – that of traditional practices and that of Christianity or another religion. Each involves different approaches to wellness, but both are built on respect and understanding. "We're a microcosm of American in terms of religious worldviews," STAC stated, which requires consistent dialogue and engagement for effective programming.

Conclusion

STAC will next meet in early 2020 for both an in-person meeting in Washington, DC, and for a "deep dive on data" at the CDC's headquarters in Atlanta, Georgia. We will keep you informed as logistics for these sessions are finalized by the HHS. In the meantime, if you would like additional information on any of the topics discussed in this report, please contact Geoff Strommer (gstrommer@hobbsstraus.com or 503-242-1745); Elliott Milhollin (emilhollin@hobbsstraus.com or 202-822-8282); or Lisa Meissner (lmeissner@hobbsstraus.com or 202-822-8282).

[3] The Center, for example, has numerous infographics to assist in identifying the signs/symptoms of mental health issues so that faith and community partners can encourage individuals to seek professional help. It has also developed a customizable toolkit for responding to the opioids crisis that provides a step-by-step approach to making tough issues relatable: https://www.hhs.gov/about/agencies/iea/partnerships/opioid-toolkit/index.html.

Northwest Portland Area Indian Health Board
Indian Health Legislation: 116th Congress
Dated: October 16, 2019
Red = New Legislation

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 195 Introduced: 1/3/19	Pay our Doctors Act of 2019	Provides full-year appropriations for the Indian Health Service in the event of a partial lapse in appropriations, and for other purposes.	Mullin (R-OK), *Simpson (R-ID), Bonamici (D-OR), Kilmer (D-WA)*	Appropriations	In Committee
		SPECIAL DIABETES PROGRAM FOR INDIANS BILLS			
S. 192 Introduced: 1/18/19	Community and Public Health Programs Extension Act	Provides extensions for community health centers, the National Health Service Corps., teaching health centers that operate GME programs, and special diabetes programs	Lamar (R-TN), *Murray (D-WA)*	HELP	In Committee
H.R. 2680 Introduced: 5/10/19	Special Diabetes Programs for Indians Reauthorization Act of 2019	Reauthorizes special programs for Indians for providing services for prevention and treatment of diabetes at $200m for 5 years	O'Halleran (D-AZ)	Energy and Commerce	6/4/19- Subcommittee Hearing
H.R. 2668 Introduced: 5/10/19	Special Diabetes Program Reauthorization Act of 2019	Reauthorizes special programs for diabetes for 5 years	DeGette (D-CO), *Schrier (D-WA)*	Energy and Commerce	6/4/19- Subcommittee Hearing
H.R. 2700 Introduced: 5/14/19	Lowering Prescription Drug Costs an Extending Community Health Centers and Other Health Priorities Act		Burgess (R-TX),	Energy and Commerce, Judiciary	In Committee & Subcommittees

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 1895 Introduced: 6/19/19	Lower Health Care Costs Act	Incentives low-cost drug options and general competition, and provides extensions to community health centers, NHSC, and special diabetes program for 4 years at $150m Lowers healthcare costs and includes funding for SDPI at $150 million per year.	*Walden (R-OR), McMorris Rodgers (R-WA), Herrera Beutler, (R-WA)* Lamar (R-TN) *Murray (D-WA)*	HELP	7/8/19- Placed on Senate Legislative Calendar
S. 209 Introduced: 1/24/19 H.R. 2031 Introduced: 4/2/19	PROGRESS for Indian Tribes Act	Amends the Indian Self-Determination and Education Assistance Act (ISDEAA) to establish and further self-governance by Indian Tribes under DOI.	Hoeven (R-ND), *Cantwell (D-WA)* Haaland (D-NM) *Heck (D-WA), Kilmer (D-WA)*	Indian Affairs House: Natural Resources Natural Resources	6/27/19- Passed Senate 7/3/19- House: Referred to Subcommittee 7/16/19- Indigenous Peoples of the US Subcommittee held a hearing to consider this bill.
		ADVANCE APPROPRIATIONS BILLS			
S. 229 Introduced: 1/25/19	Indian Programs Advance Appropriations Act (BIA & IHS)	Provides advance appropriations authority for certain accounts of the BIA and BIE of the DOI and the IHS of HHS.	Udall (D-NM) *Merkley (D-OR), Wyden (D-OR)*	Budget	In Committee
H.R. 1128 Introduced: 2/8/19			McCollum (D-MN) *Kilmer (D-WA), Herrera Beutler (R-WA), Simpson (R-ID), Heck (D-WA), McMorris Rodgers (D-WA)*	Budget, Energy and Commerce and Natural Resources	In Committee and Subcommittee
H.R. 1135 Introduced: 2/8/19	Indian Health Service Advance Appropriations Act of 2019	Amends ICHIA to authorize advance appropriations for IHS by providing 2-fiscal years budget authority	Young (R-AK) *Kilmer (D-WA), Heck (D-WA)*	Budget, Energy and Commerce and Natural Resources	In Committee and Subcommittee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 2541 Introduced: 9/24/19			Murkowski (R-AK) *Wyden (D-OR)* *Merkley (D-OR)*	SCIA	In Committee
S. 257 Introduced: 1/29/19	Tribal HUD-VASH Act of 2019	Provides rental assistance for homeless or at-risk Indian veterans, and for other purposes.	Tester (D-MT) *Cantwell (D-WA)*	Indian Affairs	6/27/19- Passed Senate 6/28/19- House: Referred to House Committee on Financial Services
H.R. 2999 Introduced: 5/23/19			Lujan (D-NM) *Delbene (D-WA), Heck (D-WA), Kilmer (D-WA)*	Financial Services	In Committee
S. 336 Introduced: 2/5/19	Studying the Missing and Murdered Indian Crisis Act of 2019	Directs the Comptroller General of the United States to submit a report on the response of law enforcement agencies to report on missing or murdered Indians.	Tester (D-MT)	Indian Affairs	In Committee
H.R. 2029 Introduced: 4/2/19			Gallego (D-AZ) *Bonamici (D-OR)*	Judiciary, Natural Resources	In Committee and Subcommittee
H.R. 1046 Introduced: 2/7/19	Medicare Negotiation and Competitive Licensing Act of 2019	Amends the Social Security Act to require the Secretary of HHS to negotiate prices of prescription drugs furnished under part D of the Medicare program.	Doggett (D-TX) *DeFazio(D-OR), Bonamici (D-OR), Blumenauer (D-OR), Jayapal (D-WA),*	Energy and Commerce, Ways and Means	In Committee
S. 377 Introduced: 2/7/19			Brown (D-OH)	Finance	In Committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 450 Introduced: 2/12/19	Veterans Improved Access and Care Act of 201	To require the Secretary of Veterans Affairs to carry out a pilot program to expedite the onboarding process for new medical providers of the Department of Veterans Affairs and to reduce the duration of the hiring process for such medical provider.	Gardner (R-CO)	Veterans' Affairs	5/22/19 -Hearing
S. 467 Introduced: 2/13/19 H.R. 1191 Introduced: 2/13/19	Native American Suicide Prevention Act of 2019	Amends section 520E of the Public Health Service Act to require States and their designees receiving grants for development and implementation of statewide suicide early intervention and prevention strategies to collaborate with each Federally recognized Indian tribe, tribal organization, urban Indian organization, and Native Hawaiian health care system in the State.	Warren (D-MA) *Merkley (D-OR)* Grijalva (D-AZ) *Blumenauer (D-OR), Jayapal (D-WA), Heck (D-WA), McMorris Rodgers (D-WA), Larsen (D-WA)*	HELP Energy and Commerce	In Committee In Subcommittee
S. 498 Introduced: 2/14/19	Assessment of the Indian Health Service Act of 2019	Calls for the Secretary of HHS to contract an assessment of IHS' health care delivery systems and financial management process of IHS facilities to improve care for patients.	Rounds (R-SD)	Indian Affairs	In Committee
H.R. 1303 Introduced: 2/15/19	Examining Opioid Treatment Infrastructure Act of 2019	Requires Comptroller General of the United States to examine, among other things, the availability of residential and outpatient treatment programs to AI/AN.	Foster (D-IL)	Energy and Commerce, Natural Resources	In Committee and Subcommittee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 524 Introduced: 2/24/19	Department of Veterans Affairs Tribal Advisory Committee Act of 2019.	Establishes a VA Tribal Advisory Committee to provide advice and guidance to the Secretary on matters relating to Indian tribes, tribal organizations and Native American veterans.	Tester (D-MT)	Veterans Affairs	5/22/19- Hearing
H.R. 1585 Introduced 3/7/19	Violence Against Women Reauthorization Act of 2019	Reauthorizes Violence Against Women's Act of 1994	Bass (D-CA)	Whole House	4/4/19- Passed House 4/10/19- Senate: On Legislative Calendar
H.R. 1643 Introduced: 3/8/19	PrEP Assitance Program Act	Establishes a Grant Program under HHS to provide grants to tribes, states and territories for pre-exposure prophylaxis (PrEP) programs.	Watson-Coleman (D-NJ) *Blumenauer (D-OR)*	Energy and Commerce	In Committee
S. 785 Introduced: 3/31/19	Commander John Scott Hannon Veterans Mental Health Improvement Act of 2019	Improves mental health care, eases transition from recently separated veterans, increases community engagement through grants.	Tester (D-MT) *Murray (D-WA), Merkley (D-OR)*	Veterans' Affairs	5/22/19- Hearing
S. 982 Introduced 4/2/2019 H.R. 2438 Introduced: 5/1/19	Not Invisible Act	Establishes an advisory committee on violent crimes and would establish best practices for law enforcement on combatting the missing and murdered AI/ANs epidemic.	Cortez Masto (D-NV) Haaland (D-NM) *Kilmer (D-WA), Smith (D-WA), Heck (D-WA), DelBene (D-WA), Larsen (D-WA), Bonamici (D-OR), DeFazio (D-OR)*	Indian Affairs Natural Resources, Judiciary	06/19/19- Hearing In Subcommittees

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 1001 Introduced: 4/3/19	Tribal Veterans Health Care Enhancement Act	Amends the Indian Health Care Improvement Act to allow the Indian Health Service to cover the cost of a copayment of an Indian or Alaska Native veteran receiving medical care or services from the Department of Veterans Affairs, and for other purposes.	Thune (R-SD)	Indian Affairs	In Committee
H.R. 2062 Introduced: 4/3/19	Overdose Prevention and Patient Safety Act	Aligns 42 CFR Part 2 with HIPAA to protect the privacy of patients with substance use disorders. Prevents discrimination based on medical records and provides penalties for violations.	Blumenauer (D-OR) *Bonamici (D-OR), DelBene (D-WA), Larsen (D-WA), Walden (R-OR), DeFazio (D-OR), Kilmer (D-WA)*	Energy and Commerce	In Committee
S. 1012 Introduced: 4/3/19	Protecting Jessica Grub's Legacy Act		Manchin (D-WV) *Merkley (D-OR)*	HELP	In Committee
S. 1180 Introduced: 4/11/19	Urban Indian Health Parity Act	A bill to extend the full Federal medical assistance percentage to urban Indian organizations.	Udall (D-NM) *Merkley (D-OR), Murray (D-WA)*	Finance	In Committee
H.R. 2316 Introduced: 4/12/19			Lujan (D-NM) *Blumenauer (D-OR), DelBene (D-WA), Jayapal (D-WA), Smith (D-WA), Heck (D-WA), Bonamici (D-OR)*	Energy and Commerce	In Committee
S. 1213 Introduced 4/11/19	Consumer Health Insurance Protection Act of 2019	Introduces consumer protections on par with Medicare and Medicaid requirements for private insurers. Protects against high premiums and limits insurance company profits.	Warren (D-MA)	Finance	In Committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 2328 Introduced: 4/14/19	Community Health Investment, Modernization, and Excellence Act of 2019	Funds SDPI at $150 million per year for four years.	O'Halleran (D-AZ)	Energy and Commerce, Health Subcommittee	7/17/19- Ordered to be Reported
S. 1307 Introduced: 5/2/19 H.R. 2494 Introduced 5/2/19	Tribal Nutrition Improvement Act of 2019	Amends the Richard B. Russell National School Lunch Act and the Child Nutrition Act of 1966 to improve nutrition in tribal areas, and for other purposes.	Udall (D-NM) Haaland (D-NM) *Kilmer (D-WA)*	Agriculture, Nutrition and Forestry House Education and Labor	In Committee
H.R. 2482 Introduced 5/2/19 S. 2074 Introduced: 7/10/19	Mainstreaming Addiction Treatment At of 2019	Repeals the DATA waiver requirement to prescribe buprenorphine. S. 2074 would allow CHAs to prescribe MAT	Tonko (D-NY) *Schrader (D-OR), Jayapal (D-WA), Heck (D-WA), Newhouse (R-WA)* Hassan (D-NH)	Energy and Commerce, Judiciary, Ways and Means HELP	In Committee and Subcommittee In Committee
S. 1329 Introduced: 5/6/19 H.R. 2549 Introduced 5/7/19	AI/AN CAPTA	Requires that equitable distribution of assistance include equitable distribution in Indian tribes and tribal organizations and to increase amounts reserved for allotment to Indian tribes and tribal organizations under certain circumstances, and to provide for a Government Accountability Office report on child abuse and neglect in American Indian tribal communities.	Warren (D-MA) *Merkley (D-OR)* Grijalva (D-AZ)	Indian Affairs Education and Labor, Natural Resources	In Committee In Committee and Subcommittee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
S. 1365 Introduced: 5/8/19 H.R. 2569 Introduced: 5/8/19	Comprehensive Addiction Resources Emergency Act of 2019 (CARE)	To Provide emergency assistance to States, territories, Tribal nations, and local areas affected by the opioid epidemic and to make financial assistance available to States, territories, Tribal nations, local areas, and public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost efficient systems for the delivery of essential services to individuals with substance use disorder and their families	Warren (D-MA) Cummings (D-MD) *Bonamici (D-OR), Blumenauer (D-OR), Jayapal (D-WA), Kilmer (D-WA)*	HELP Energy and Commerce, Natural Resources, Judiciary	In Committee In Subcommittees
H.R. 3340 Introduced: 6/19/19	Tribal Healthcare Careers Act	To provide a set-aside of funds for Indian populations under the health profession opportunity grant program under section 2008 of the Social Security Act.	Gomez (D-CA)	Ways and Means	In Committee
H.R. 3343 Introduced: 6/19/19	Technical Assistance for Health Grants Act	To provide for technical assistance under the health profession opportunity grant program under section 2008 of the Social Security Act.	Kildee (D-MI)	Ways and Means	In Committee
S. 1926 Introduced: 6/20/2019	PrEP Access and Coverage Act	To increase access to pre-exposure prophylaxis to reduce the transmission of HIV	Harris (D-CA)	HELP	In Committee

Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 3877 Introduced: 7/23/19	Bipartisan Budget Act of 2019	A bipartisan budget bill increasing spending caps, suspending debt limit and, ending sequestration for all discretionary spending including IHS.	Yarmuth (D-KY)	Budget, Rules, Ways and Means	8/2/19- Signed by President 8/1/19- Passed Senate 7/25/19- Passed House 7/23/19- Rules Committee Reported to House
S. 2365 Introduced: 7/31/19	A bill to amend the Indian Health Care Improvement Act to authorize urban Indian organizations to enter into arrangements for the sharing of medical services and facilities, and for other purposes.	The bill would allow the VA to reimburse urban Indian health centers for services they provide to Native Veterans.	Udall (D-NM)	Indian Affairs	In Committee
H.R. 4378 Introduced: 9/18/19	Continuing Appropriations Act, 2020, and Health Extenders Act of 2019	Provides FY 2020 continuing appropriations to federal agencies through November 21, 2019	Lowey (D-NY)	Appropriations, Budget	9/19/19: Passed House 9/26/19: Passed Senate 9/27/19: Signed into Law
H.R. 4530 Introduced: 9/26/19	Native American Health Savings Improvement Act	Amends the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts.	Moolenaar (R-MI)	Ways and Means	In committee
H.R. 4532 Introduced: 9/26/19 S. 2558 Introduced: 9/26/19	Nursing Home Care for Native Veterans Act	Amends title 38, United States Code, to authorize the Secretary of Veterans Affairs to make certain grants to assist nursing homes for veterans located on tribal lands.	O'Halleran (D-AZ) Sinema (D-AZ)	Veterans Affairs Veterans Affairs	In committee In committee

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Bill No.	Title	Bill Description and Related Bills	Sponsor(s)/*NW*	Committee(s)	Status
H.R. 4533 Introduced: 9/26/19	Native Health Access Improvement Act	To amend the Public Health Service Act to improve behavioral health outcomes for American Indians and Alaska Natives and for other purposes.	Pallone (D-NJ)	E&C, Ways and Means, Natural Resources	In committee
H.R. 4534 Introduced: 9/26/19	Native Health and Wellness Act	To amend the Public Health Service Act to improve the public health system in tribal communities and increase the number of American Indians and Alaska Natives pursuing careers and for other purposes.	Ruiz (D-CA)	E&C	In committee

TTAG MANAGED CARE SUBCOMMITTEE ISSUES

ISSUE: STATE OVERSIGHT OF MANAGED CARE PLANS		
Sub-Issues	***Rule***	***Strategies for Resolution***
Burdensome for IHCPs to explain the Indian specific requirements in the Medicaid managed care rule when it is the State's responsibility to ensure compliance with the Medicaid managed care regulations.	State Responsibility, General, 42 CFR § 438.50. *See* preamble to final rule, CMS Medicaid Managed Care, 81, Fed. Reg. 27497, at pg. 27746 (May 6, 2016) (to be codified at 42 CFR Part 438). "As proposed and finalized, the regulatory language of 438.14 imposes on the State the responsibility to oversee the compliance of their contracted managed care plans with the provisions which must be incorporated into the contract between the State and the managed care plan."	Collaborate with States on educating MCOs on the Indian specific requirements. *(Meet with NAMD; hold webinars).* Work with MCOs Nationally to develop internal processes that would help implement the Indian protections effectively. *(Meet with plans; hold webinars).* Track managed care issues by State and MCO Plans so reports can be generated. *(Create an Excel tracker that would allow the Subcommittee to generate reports by State and/or plan).*
ISSUE: RIGHT OF AI/AN TO USE INDIAN HEALTH CARE PROVIDER OF CHOICE (IHCP)		
Sub-Issues	***Rule***	***Strategies for Resolution***
IHCP is not in network and MCO is not aware of AI/AN status or that AI/AN is using his/her out of network IHCP.	42 CFR §438.14(b)(3).	*See above.*

TTAG MANAGED CARE SUBCOMMITTEE ISSUES

ISSUE: TIMELY AND COMPLETE PAYMENT		
Sub-Issues	***Rule***	***Strategies for Resolution***
Payment by MCO and wrap payment by the State to out of network IHCP. *(This results in IHCPs having to bill twice. Delay in payments).*	42 CFR §438.14(c)(1) and (c)(2). *See* preamble to final rule, CMS Medicaid Managed Care, 81, Fed. Reg. 27497, at pg. 27747 (May 6, 2016) (to be codified at 42 CFR Part 438). Right of Recovery - 25 U.S. Code §1621.e – Reimbursement from Certain Third parties of Costs of Health Care.	Work with states to allow MCOs to make a direct payment arrangement for the encounter rate or state plan rate directly to IHCP as a best practice. *(Example CA and WI).* IHCPs send demand for payment letter with appropriate ccs to CMS and ROs.
ISSUE: CLAIM DENIAL		
Sub-Issues	***Rule***	***Strategies for Resolution***
Denial of claim when managed care enrollee sees out of network IHCP.	42 CFR §438.14(b)(4) and (b)(5).	Develop a mechanism for CMS to ensure MCOs are complying with Indian provisions. Collaborate with States on educating MCOs on the Indian specific requirements. *(Meet with NAMD; hold webinars).* Work with MCOs Nationally to develop internal process that would help implement the Indian protections effectively. *(Meet with plans; hold webinars).* Track managed care issues by State and MCO Plans so reports can be generated. *(Create an Excel tracker to allow the Subcommittee to generate reports by State and/or plan).*

Transportation provided by a Tribe *(as a service not administrative cost).*	Out of network FQHC - 42 CFR §438.14(c)(1). Out of network IHCP - 42 CFR §438.14(c)(2). Entire payment by MCO - *See* preamble to final rule, CMS Medicaid Managed Care, 81, Fed. Reg. 27497, at pg. 27747 (May 6, 2016) (to be codified at 42 CFR Part 438). Right of AI/AN to see IHCP of choice and right of IHCP to receive payment - 42 CFR §438.14(b)(3).	Work with CMS and CMS RO to resolve issue. *(CA).*
ISSUE: AUTO ASSIGNMENT TO A MANAGED CARE PLAN AND PLAN PRIMARY CARE PHYSICIAN		
Sub-Issues	***Rule***	***Strategies for Resolution***
Auto assignment to a primary care provider who is not IHCP and administrative burden on IHCP to assist beneficiary to disenroll or change assignment of primary care provider. Auto assignment of an enrollee to in network IHCP without the enrollee's or IHCP's knowledge.	*See* preamble to final rule, CMS Medicaid Managed Care, 81, Fed. Reg. 27497, at pg. 27747(May 6, 2016) (to be codified at 42 CFR Part 438). "We agree with commenters that, to the extent possible, managed care plans should support the intent of section 1932(h)(1) of the Act and §438.14(b)(3) when auto-assigning Indians to primary care physicians. Managed care plans should review their auto-assignment algorithm to ensure that appropriate logic is included to accomplish the most appropriate PCP assignment. Additionally, managed care plans should ensure that information on the process for changing primary care providers is easily accessible and, at a minimum, in the enrollee handbook and on the managed care plan's website."	Educate MCOs using a IHCP facility list or using zip codes. Provide MCOs with a zip code list based upon IHS Service Areas. Have MCOs develop appropriate materials to advise AI/ANs that are auto assigned how to disenroll from plans and change primary care provider assignment.

TTAG MANAGED CARE SUBCOMMITTEE ISSUES

ISSUE: CONTRACTING		
Sub-Issues	***Rule***	***Strategies for Resolution***
Use of I/T/U Addendum.	*See* preamble to final rule, CMS Medicaid Managed Care, 81, Fed. Reg. 27497, at pg. 27746 (May 6, 2016) (to be codified at 42 CFR Part 438).	Collaborate with States on educating MCOs on the benefits of using the addendum. *(Meet with NAMD; meet with plans; hold webinars).*
Requiring "in state" professional license.	25 U.S. Code §1647(a) Non Discrimination.	Educate Sates on licensure requirements. Educate plans on benefits of using an I/T/U addendum.
Credentialing *(Lengthy; administratively burdensome).*	Indian specific issues not addressed in Statute or rule.	Work with MCOs Nationally to develop internal processes to ease the burden of credentialing.
Prior Authorizations *(Varies by State e.g., some States do not require).*	Indian specific issues not addressed in Statute or rule.	Work with MCOs Nationally to develop internal processes to ease the burden of prior authorizations.
Duplicative reporting to managed care plans by IHCPs contracting with many plans.	Indian specific issues not addressed in Statute or rule.	Work with MCOs Nationally to develop internal processes to ease the burden of duplicative reporting.
ISSUE: DEVELOPMENT OF INDIAN MANAGED CARE ENTITY		
Sub-Issues	***Rule***	***Strategies for Resolution***
Structure. Restricting enrollment to AI/ANs.	ARRA section 5006(d)(4)(B) (At least 51 percent by Indian Health Service, a Tribe, a Tribal Organization, or Urban Indian Organization, or consortium). ARRA section 5006(d)(4)(B); 42 CFR §438.14(d).	Educate States on potential structure of an IMCE.

TTAG MANAGED CARE SUBCOMMITTEE ISSUES

ISSUE: PROS/CONS OF ENROLLING AI/ANS INTO MANAGED CARE		
Sub-Issues	***Rule***	***Strategies for Resolution***
Pro - AI/AN enrollee does not have to opt in and out of FFS and managed care to use IHCP of choice. *Pro* - Enhanced timely access to specialty services without a duplicative visit to MCO provider with continued access to IHCP. *Pro* - MCO may offer value added services.	Right to use IHCP of choice and IHCPs ability to refer to in-network provider 42 CFR §438.14(b)(3).	Educate IHCPs and AI/ANs on the potential value of staying enrolled in a MCO.

Special Diabetes Program for Indians: Undispersed Balances

Tribal Leaders Diabetes Committee Meeting
October 9, 2019

Background

- Special Diabetes Program for Indians (SDPI) funds are "x-year" (available until expended)
  - 2019 is SDPI's 22nd year
- SDPI grants are on a **calendar** year budget cycle (January 1-December 31)
- SDPI 2019 Grants Total: $136,074,763
  - Tribal: $114,124,998
  - Indian Health Service (IHS): $13,549,765
  - Urban: $8.4 million (M)
- Challenges for grantees related to carryover of undispersed funds
  - Majority of carryover balances are from accumulated salary savings due to difficulties with recruitment/retention of staff
  - It can be difficult to spend carryover balances
    - e.g., additional activities proposed may not align with approved grant scope of work, can't hire additional staff with carryover alone, etc.
- The Payment Management System (PMS) contains Tribal and Urban grant funds
  - Funds for IHS grantees are transferred to Areas
  - In the past, the IHS Division of Grants Management (DGM) was not able to estimate Tribal/Urban grantee undisbursed balances from the PMS, but DGM recently determined a way to do this.

Estimates of SDPI balances:

Headquarters (as of September 2019)	**Current Year**	**Prior Year**	**Comments**
DGM*	$0.1M	$0.03M	
Tribal/Urban/IHS Grants	$1.2M	$1.6M	Due to grants with difficulties so funds not awarded.
Office of Information Technology (OIT)**	------	$4.25M	
SDPI Admin	$0.98M	$5.66M	SDPI is subject to a 2% ($3M) sequestration, which occurred in 2013, 2014, and 2017—prior year funds were used to protect grants then and would be used if occurs again.
Total	$2.28M	$13.82M	
Areas (Total) (as of September 2019)	**Current Year**	**Prior Year**	**Comments**
Funds to Support Area SDPI Activities: Total of Area Diabetes Consultant Support, Data Technical Assistance, and Data Infrastructure Improvement	$3.8M SDPI budget period is Jan-Dec 2019	$8.9M	Range of prior year Support funds by Area: $0.12M-$1.8M

IHS Grants	$7.4M A balance is expected as the SDPI budget period is Jan-Dec 2019	$12.7M	One Area has $6.8M in prior year grant funds, another has $3.4M
Tribal/Urban Grantees (as of **April** 2019)	**Current Year**	**Prior Year**	**Comments**
Estimated from PMS	$99M A balance is expected as the SDPI budget period is Jan-Dec 2019	$91M	DGM notes the overall carryover balance corresponds with a grant program of this size and duration Of the 43 grants that had >$1M in undispersed funds, 25 had at least a full year of undispersed prior year grant funds. 1/3 of prior year belongs to 7 grantees, ½ to 18 grantees: • One had $12.7M in prior year funds o DGM did an offset for that grant in 2016 • 3 grantees had $3-4M, another 2 had $2-3M • 12 grantees had $1-2M

*$1.02M of SDPI Program Support funding has been transferred to this CAN annually. DGM manages the activity associated with this CAN.
**$2.6M of SDPI Data Infrastructure Improvement funding is transferred to this CAN annually. OIT manages the activity associated with this CAN.

Plan for addressing balances

1. Ensure grantees know they can request changes/expansions to their grant scope of work
2. Offsets
   - An "offset" is when the awarding agency utilizes reported, available, unobligated funds as part of an authorized grant award.
   - If SDPI does not receive full funding for FY 2020 ahead of the time the 2020 Notices of Grant Awards (NOAs) have to be awarded in December, DGM will limit offsets this year.
   - Will need Tribal input to develop a plan for the use of offset funds.

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MEMORANDUM

August 7, 2019

TO: CONTRACT SUPPORT COST CLIENTS

FROM: HOBBS, STRAUS, DEAN & WALKER, LLP Geoff Strommer BY NAM

RE: ***IHS Reinstates "97/3" Method for Determining Duplication in CSC and Service Unit Shares, But Only When Agency Agrees***

Nearly two years after unilaterally suspending a key provision of its contract support cost (CSC) policy, the Indian Health Service (IHS) has reinstated it—but in an watered-down form that may be of little use to tribes. In the attached "Dear Tribal Leader" letter dated August 6, 2019, IHS announces revisions to the section of the policy on calculating indirect CSC associated with recurring service unit shares—the so-called 97/3 method or 97/3 split. While the 97/3 method remains in the policy, it can no longer be invoked at the tribe's option; rather, it must be agreed to by both the tribe and IHS. In practice, such agreement will likely be rare, making this streamlined option essentially a dead letter.

Under certain circumstances, the IHS CSC policy calls for IHS to undertake a duplication review to determine the amount of indirect cost funding contained in a tribe's service unit shares. The policy approved in 2016 gave tribes a choice between two methods: (1) a "case-by-case detailed analysis" of indirect costs transferred in the Secretarial amount; or (2) a 97/3 split, in which 97% of service unit shares would be deemed part of the direct cost base (and thus generate indirect CSC), while 3% would be deemed indirect cost funding (and thus be excluded from the direct cost base and offset against indirect CSC otherwise due).[1] In practice, a tribe subject to a duplication review would almost always choose the 97/3 method as the more efficient option.

The 97/3 option evolved from extensive and difficult negotiations between the tribal and federal representatives on the IHS CSC Workgroup in 2016. It was modeled on the longstanding 80/20 split for Area and Headquarters tribal shares, and, like the 80/20 split, seemed to provide a reasonable approximation that saved time and effort on both sides. But IHS determined that the 97/3 option sometimes yielded a result at odds with the

[1] The IHS CSC Policy elaborates on these alternatives in Exhibit E, available at https://www.ihs.gov/ihm/pc/part-6/p6c3-ex-e/. In addition to new or expanded PFSAs or new staffing due to joint ventures, duplication review would also be triggered by the awardee's election to renegotiate the duplication reduction-offset or by the inclusion of new types of costs in the indirect cost pool resulting in a change of more than 5% of the value of the pool.

Indian Self-Determination and Education Assistance Act (ISDEAA). This likely meant that IHS concluded that the 97/3 policy resulted, at least in some cases, in a lower offset for duplication than IHS would have calculated using a detailed, line-by-line analysis. So IHS revoked the 97/3 option, at least temporarily, and initiated tribal consultation on the issue in April 2018. For a relatively obscure and technical issue, the 97/3 consultation attracted lots of attention and comment, including (as IHS's letter says) "from the highest levels of government." Most of the tribal comments, which are tabulated in the attached consultation report, urged IHS to reinstate the 97/3 method unchanged, or else adopt a version developed by the Workgroup that retained the tribe's right to choose the method, except when earlier funding agreement negotiations had already identified a duplication amount.

Instead, IHS made fundamental changes to the 97/3 section, shown in bold in the IHS letter's other enclosure, which is also attached here. First, IHS changed the period for which the 97/3 method is available. Initially this provision applied to "the negotiation of indirect CSC funding in or after FY 2016"—which could easily be read to include earlier years, such as FY 2014 or 2015, if negotiations for those years continued into FY 2016 or later. Now 97/3 is available only "for ISDEAA agreements entered into in or after FY 2017."

Second, the tribe no longer gets to decide whether to negotiate line-by-line or adopt the 97/3 method. Previously, the policy said that "the awardee shall elect the method for determining the amount of IDC associated with the Service Unit shares." IHS has revised the process so that the awardee and the Area Director (or designee) jointly determine whether to use 97/3, undertake a "case-by-case detailed analysis," or employ some other "mutually acceptable approach." In practice, this will likely mean that IHS will not agree to 97/3 if its own calculations result in an offset larger than 3%. Conversely, tribes will not agree to 97/3 if they think the offset is lower than 3%. So the whole idea of a streamlined approach may well be negated.

Finally, the IHS letter describes a couple non-substantive tweaks to the Guiding Principles set forth in the policy.

In a teleconference with the CSC Workgroup on August 6, IHS explained that these changes are effective immediately, with no further tribal consultation. Tribal representatives asked what will happen if IHS and a tribe do not agree on whether to conduct a detailed analysis or use the 97/3 method. IHS officials did not answer directly, but it is clear that the agency will not pay using 97/3 if it determines that would result in duplication of funding in violation of the ISDEAA. Tribal representatives also asked about resolution of CSC disputes for FYs 2014-2016, years for which IHS is still engaged in the "reconciliation" process in many cases. IHS indicated that any duplication issues would be resolved through a case-by-case detailed analysis.

The teleconference closed with a discussion of potential topics for a future CSC

Workgroup meeting. Participants noted that the Workgroup has not completed its review of the backup worksheets that feed into the CSC Negotiation Template IHS has been using to estimate CSC payments at the beginning of the year and reconcile them to CSC needs at the end of the year. Another topic mentioned was IHS possibly reconsidering its refusal to pay CSC on Catastrophic Health Emergency Fund (CHEF) payments, an issue we have discussed in previous reports.[2] If you have encountered any CSC policy implementation issues you think the Workgroup should take up, please feel free to share them with us or your regional Workgroup representative.

Conclusion

We will continue to follow CSC developments in both IHS and the Bureau of Indian Affairs. If you have any questions about this memorandum or other CSC issues, please do not hesitate to contact Joe Webster (jwebster@hobbsstraus.com or 202-822-8282), Geoff Strommer (gstrommer@hobbsstraus.com or 503-242-1745), or Steve Osborne (sosborne@hobbsstraus.com or 503-242-1745).

[2] See, e.g., our memorandum of October 11, 2016 and attached position paper; memorandum of Feb. 21, 2018 at 1-2.

Key Components of Effective Consultation with Tribes and Designees of Indian Health Programs

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For State Medicaid and Children's Health Insurance Programs

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
Cultural Competency. Be culturally-competent at all levels of the organization, i.e. from front-line staff to middle management to executive management. Understand that Tribes are sovereign nations with a unique government-to-government relationship with the federal government. Understand the diversity of tribes and variances in language, location (including tribes in more than one state, near state borders, or near the U.S. border), literacy, culture, governance, history, and other factors which may have an impact on or may be impacted by Medicaid policy. Understand the federal trust responsibility. Understand the significance and operations of the Indian health system, which includes the Indian Health Service, Tribal Health Programs operated under P.L. 93-638, and Urban Indian Health Programs. Cultural competency may be increased within the organization through training, meetings with tribes and Indian health system, site visits, and other methods. **Open Communication.** The State should engage in open, bi-directional communication and establish a working relationship with Tribes and ITU. **Professionalism, Respect, Diplomacy, Understanding, Tact, Sensitivity, Confidentiality and Trust.** It is important to ensure that communication and body language are conducive to meaningful relationships with Tribes and ITU. Remaining professional, respectful, diplomatic, understanding, and tactful helps to build	**Up-to-Date Contact Information.** Maintain an up-to-date list of contact information for the following individuals, including names, mailing addresses, phone numbers, fax numbers, and e-mail addresses. • Tribal Leaders • Tribal Health Directors and Key Staff • Directors and Key Staff of Tribal Health Programs operated under P.L. 93-638 • IHS Area Directors and Key Staff of IHS Area Offices • IHS Service Unit Chief Executive Officers (CEOs) and Key Staff • Urban Indian Health Program CEOs and Key Staff • Leadership of Tribal Organizations and Key Staff Keep in mind that there may be ITU facilities across state borders that may serve AI/AN and individuals eligible for ITU services. CEOs and key staff from these facilities may need to be included on applicable lists. Maintain e-mail distribution lists and/or a list serv to ensure that timely communication regarding training and other important information is shared successfully with Tribes and ITU. **Correspondence.** Correspond with Tribal Leaders, Tribal Health Directors and designees of Indian Health Programs and Urban Indian Organizations regarding Consultation through as many means as possible; while keeping in mind the need for timeliness of receipt, need for inclusivity of recipients, and need for formality. This may include a	**Development and Periodic Review of Tribal Consultation Policy.** Review the Medicaid and CHIP State Plan pages describing Consultation with Tribes and ITU on an annual basis or other timed frequency. Conduct consultation on the State Plan pages describing Consultation with Tribes and ITU. Include Tribes and ITU in the review process and seek recommendations for revision. Present any proposed recommendations for changes, or lack thereof, through Consultation after the review process. Develop, maintain, and/or strengthen a State Medicaid and CHIP Program Consultation Policy with participation of the Tribes and ITU. Similarly, review the policy and present any recommended changes through Consultation to ensure that it meets the needs of the State, Tribes, and ITU and promotes meaningful consultation.

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
and maintain trust with Tribes and ITU. Remaining sensitive to cultural considerations, remaining cognizant of information that should not be shared without consent from Tribes, and exercising discretion may also aid in building and maintaining trust with Tribes and ITU.	combination of methods including e-mail, physical mail and fax correspondence.	
Leadership Support and Accountability. Support from leadership and, accordingly, at all levels of the organization is crucial to the success of State-Tribal and State-ITU Relations. **Tribal Liaison(s).** In states with Tribes and/or ITU facilities, employment of one or more Tribal Liaisons at the State Medicaid/CHIP program may work to: • Significantly improve communication between the State, Tribes, Indian Health Programs, and Urban Indian Organizations; • Ensure that policy and other operational decisions that may have an impact American Indians and Alaska Natives (AI/ANs), Tribes and ITU are fully informed; and, • Ensure consultation requirements are met. Optimally, the primary Tribal Liaison – which may be located in the Office of the Director, Office of Intergovernmental Affairs, or similar office – will have a direct communication line to the Medicaid/CHIP Director in order to advise the Director as needed. It may be beneficial for the Tribal Liaison to actively participate in Executive Meetings that review proposed	**Advance Notice of Consultation.** Provide the following information well in advance of a consultation meeting. • Purpose of the consultation meeting. • Meeting date and time. • Physical location and/or connection information. • Agenda with topics and presenters (in draft or final format). • Background information regarding any policy changes or informational updates. • Potential implications on AI/AN, individuals eligible for ITU services, Tribes, and ITU. • Applicable data on estimated impacts. • Other meeting documents, including presentations. It is important to provide this information in advance in order for Tribes and ITU to prepare questions, comments and recommendations. Additionally, this information helps Tribes and ITU ensure that appropriate participants and Subject Matter Experts attend the consultation meeting. Use clear and understandable language to describe proposed, pending, or approved policy changes,	**Frequency.** Consultation with Tribes and ITU may be scheduled through a combination of regularly scheduled and ad hoc meetings. Regularly scheduled consultation meetings may be held on a quarterly basis or other timed frequency, depending on the number of policy changes being presented for consultation within a given time period. Regularly scheduled meetings helps to establish continuity of discussions and maintain working relationships. Regularly scheduled meetings are more conducive to conducting ongoing consultation from initial concept through implementation. Ad hoc consultation meetings may be scheduled to discuss one or more specific issues that cannot wait for the next regularly scheduled consultation meeting. For example, if the State is mandated by Federal or State legislation to seek appropriate authority or implement a policy change immediately; an ad hoc meeting may be the best method to begin the consultation discussion with Tribes and ITU. It is important to note that advance notice of consultation is still needed in the case of ad hoc consultation meetings.

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
policies, including State Plan Amendments, Waivers and/or Waiver Amendments, Medical Policy, Rulemaking, and/or administrative policies. The Tribal Liaison should have open communication with division/department directors, middle managers, and staff. It is important for the Tribal Liaison to understand proposed policies; be able to assess any estimated impacts to AI/AN, Tribes, and ITU facilities; and be able to communicate this information internally and externally. A staff person with adequate knowledge of Tribal and ITU relations should be identified as an alternate point-of-contact when the primary Tribal Liaison is out of the office or otherwise unavailable. **Internal AI/AN Policy Team.** Coordination of an internal AI/AN policy team which is composed of staff members from divisions or offices that deal with policy and operations that impact AI/AN, Tribes, and/or ITU facilities may help to ensure that: • Operational considerations are made for AI/AN, Tribes, and/or ITU facilities; • Data can be analyzed for various functions including estimation of policy impacts, monitoring of quality, monitoring of continuity of care and other mission critical reasons; • That proposed policy that may have an impact on AI/AN, Tribes and/or ITU are elevated for consultation as quickly as possible; • Policy changes are monitored from proposal to implementation.	including legislation, waivers, state plan amendments and other authorities that are being presented for consultation or reference. It is safer to assume that not all information recipients have an in-depth knowledge of federal and state authorities pertaining to Medicaid and CHIP programs. Provide Tribes and ITU with proposed policy change documents, including State Plan Amendments (SPAs), Waivers, Waiver Amendments, or other proposed changes to authority documents for review and comment in accordance with State Medicaid/CHIP consultation requirements. Optimally, documents should be provided at least 60 days before submission of proposed policy changes, unless there is a need to expedite Consultation with Tribes and ITU. If the consultation meeting was not scheduled well in advance as a recurring meeting; provide sufficient notice, including at least a draft agenda, for participants to make arrangements to attend in person or virtually. It is good practice to contact Tribes and ITU that were notified to determine which representatives will be attending the consultation meeting.	States may need to exercise flexibility in cases where national, regional or local meetings may impact the availability of a significant number of consultation meeting invitees. To avoid such conflicts, states may elect to survey invitees or research other such meeting dates prior to scheduling the consultation meetings. **Face-to-Face and Virtual Meetings.** Conduct Face-to-Face Consultation Meetings with Tribes and ITU. Ensure that the Medicaid/CHIP Director or Deputy Director is in attendance. Optimally, the Director or Deputy Director will lead the meeting discussion. However, in some cases, the meeting may be facilitated by the Director of Intergovernmental Affairs or Tribal Liaison. Ensure that Medicaid/CHIP decision makers and individuals who can answer specific questions are in attendance. It is good practice for the State Medicaid/CHIP program to have a pre-meeting to ensure the agenda is appropriate, presenters are confirmed, materials and applicable impact data are compiled, topics stay on track, and there is enough time for meaningful consultation discussion. Advance notifications of the consultation meeting need to be sent to leadership and appropriate representatives of Tribes and ITU. It is good practice to follow-up with leadership and representatives from Tribes and ITU to ensure that they received the invitation and applicable documents. See ***Advance Notice of Consultation*****.** State Medicaid/CHIP programs may consider conducting consultation in various parts of the State to accommodate travelers, especially in rural areas. Tribes and ITU may be willing to serve as host sites by providing the necessary meeting space, technology and

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
		some logistics coordination. When this occurs, it may be advantageous for State Medicaid/CHIP programs to request an on-site visit and local presentation which can be incorporated into the consultation meeting agenda. For individuals who cannot attend the meetings in person, provide means for virtual participation, such as webinars, where both audio and visual information may be presented without interruption or distraction. Audio and visual connections should be tested prior to the meeting. Telephone lines should have the capability to be muted and unmuted. A microphone should be utilized for virtual participants to hear the discussion clearly. **Agenda and Logistics.** It is a best practice to avoid a classroom-style meeting set up and opt for a U-shape or other set up conducive to a face-to-face consultation discussion. The State should also allow time for introductions of in person and virtual participants. The agenda may also include an invocation – which may be conducted by tribal leader or representative. It is crucial to allow adequate time on the agenda for robust consultation discussion. Similarly, it is also crucial to set up an agenda that will avoid the need to rush through multiple consultation topics. It is good practice for the State to call on leadership from Tribes, leadership from ITU, and other representatives from Tribes and ITU, in that order, as appropriate, to ensure that all comments regarding topics presented for consultation discussion are considered, discussed and documented.

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
		A note-taker should be designated to document meeting participants, topics discussed, comments from Tribes and ITU, and any follow-up items.
Policy Analysis and Consultation with Tribes and ITU. When analyzing policy and associated impacts, the State Medicaid/CHIP program should consider all aspects of policy including, but not limited to, the following. • Federal Authorities, including Legislation, Regulations, Guidance, and other authorities • State Authorities, including Legislation, Rulemaking, State Plan, Waiver, and other authorities • Member Eligibility • Member Enrollment Processes and/or Health Plan Assignment • Provider Rates (including, but not limited to, the All Inclusive Rates and Fee-for-Service rates) • Reimbursement Methodologies • Member Benefits • Prior Authorization and Utilization Review • Provider Enrollment • Claims Processing • Information Technology • Coordination of Benefits and Third Party Recovery • Intergovernmental Agreements with Tribes • Contractual Arrangements with Managed Care Organizations, Pharmacy Benefit Managers, and other Contractors		**Transparency and Timing.** As indicated under ***Open Communication***, the State Medicaid/CHIP program should be as transparent as possible regarding anticipated policy and operational changes. For example, this may include any state budget forecasts ahead of the next state fiscal year, including any anticipated shortfalls or surpluses. This information will help Tribes and ITU understand the state budget status and any potential policy changes on the horizon, whether adverse or beneficial. As soon as the State Executive Budget is released, the State Medicaid/CHIP program should conduct consultation with Tribes and ITU on any proposed policy changes. This provides an opportunity for Tribes to engage in the State Legislative process. As state budget legislation is passed, consultation may continue from the planning stages through implementation to ensure considerations are made for AI/AN, individuals eligible for ITU services, Tribes, and ITU. Additionally, as Congress is in session and as proposed federal legislation gains considerable support and movement; it is a best practice for the State to describe any potential impacts to Medicaid/CHIP programs. This provides an opportunity for Tribes to engage in the Federal Legislative process. When relevant federal legislation is enacted; it is important for the State to

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
• Administrative Policy and Functions (including functions handled by other state agencies through intra-state agreements on behalf of the Medicaid/CHIP program) The questions that should be asked include, but are not limited to, the following. • Does this impact applicants or members who are AI/AN? Does this impact applicants or members who are eligible for ITU services? Does this impact family or household members of AI/AN or individuals eligible for ITU services? Keep in mind that individuals may reside in urban or rural areas. • Will correspondence be sent by the Medicaid/CHIP program to AI/AN members, individuals eligible for ITU services, and/or their families? • Does this impact either IHS, Tribal Health Programs operated under P.L. 93-638, and/or Urban Indian Health Programs? If AI/ANs, individuals eligible for ITU services, and/or their families are impacted; then one can assume that there is an impact to IHS, Tribal Health Programs operated under P.L. 93-638 and/or Urban Indian Health Programs. • Does this impact Tribal Governments? • Does this impact non-ITU providers or managed care organizations who are responsible for the delivery of care to AI/AN, individuals eligible for ITU services, and/or their families? • If there is an adverse impact to AI/AN, individuals eligible for ITU services, or ITU		initiate Consultation as soon as the legislation is analyzed in order to determine any potential impacts to AI/AN, individuals eligible for services from ITU, Tribes, and ITU. Consultation on such policy changes may continue through federal regulation development, passage of State legislation or regulations, planning, and eventual implementation by the State Medicaid/CHIP program. **Policy Discussion, Associated Impacts, and Proposed Recommendations.** Consultation is informed decision-making, with the ultimate goal of reaching mutual understanding and consensus on policy changes, impacts, issues, potential solutions, and ultimately better outcomes for AI/AN, individuals eligible for services from ITU, Tribes, and ITU. It is an open, free, and bidirectional exchange of information and opinion among parties. Optimally, the State Medicaid/CHIP program will compile any available impact data. As indicated under ***Policy Analysis and Consultation with Tribes***: If there is perceived to be a potential impact to AI/AN, individuals eligible for ITU services, Tribal Governments, or ITU facilities; applicable impact data, including estimates, should be gathered and analyzed. Estimated impact data may be shared prior to or during consultation, as available and in accordance with HIPAA, Privacy Act and other federal requirements. Data that may be used may be reliant on self-reported identification as AI/AN and/or individual eligible for ITU services. Claims processing data for ITU services may also be used.

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
facilities; consider any associated cost savings as many of these services are funded by the federal government at 100% Federal Medical Assistance Percentage and minimal to no administrative cost to the State. If there is perceived to be a potential impact to AI/AN, individuals eligible for ITU services, Tribal Governments, or ITU facilities; applicable impact data, including estimates, should be gathered and analyzed. Estimated impact data may be shared prior to or during consultation, as available and in accordance with HIPAA, Privacy Act and other federal requirements. Data that may be used may be reliant on self-reported identification as AI/AN and/or individual eligible for ITU services. Claims processing data for ITU services may also be used. Best practices include review of all changes in the Medicaid or CHIP program, regardless of whether there seems to be a direct impact on AI/AN, individuals eligible for ITU services, Tribal Governments or ITU facilities. It is important to keep in mind that Tribes are sovereign governments that: (1) represent all of their citizens (including those who may not obtain services from Indian health care providers); (2) may serve as providers of health care and other services; and (3) may be employers of AI/AN as well as non-Indian employees.		Tribes and ITU may also compile impact data to share with the State Medicaid/CHIP program to inform the consultation process. **Consultation Workgroups.** Consultation workgroups may also be formed to address a particular proposed policy change or group of associated policy changes. Workgroups may be led by representatives from Tribes and/or ITU. Workgroups may be tasked with policy analysis, data compilation, and recommendations which can be presented at a future consultation meeting for consideration by other Tribal and ITU representatives and the State Medicaid/CHIP program. During policy discussions, it is essential for Tribes and ITU to be involved from the conceptual stage. Flexibilities not previously considered or determined may arise during consultation discussions. When all parties keep an open mind and remain solution-oriented; States may find it easier to come up with creative solutions that will work for AI/AN, individuals eligible for services from ITU, Tribes, and ITU. Although consultation requirements do not require States to agree with recommendations from Tribes or ITU; the consultation process itself – if done with good intent and interest in implementing policy changes that will work for AI/AN, individuals eligible for services from ITU, Tribes, and ITU – often leads to mutually-acceptable solutions.

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
		It is important that States do not initiate the consultation process simply to meet statutory and regulatory Medicaid/CHIP requirements and with a decision already made. Meaningful consultation, when done appropriately is more than a formality – and helps the federal government uphold its trust responsibility to Tribal governments, AI/ANs, and individuals eligible for services from ITU.
Advisory Groups, Other Stakeholder Groups, and Opportunities for Inclusion in Public Input Process. Provide the opportunity for inclusion of the following representatives, as appropriate, to participate in State Medicaid and CHIP advisory committees and workgroups and the entire public input process. • Tribal Leaders • Tribal Health Directors and/or Key Staff • Directors or Key Staff of Tribal Health Programs operated under P.L. 93-638 • IHS Area Directors and/or Key Staff of IHS Area Offices • IHS Service Unit Chief Executive Officers (CEOs) and/or Key Staff • Urban Indian Health Program CEOs and/or Key Staff Provide the opportunity for inclusion of Area Tribal Health Board representatives, Tribal Organizations, and/or Inter Tribal Councils, if applicable in your state, as appropriate.		**Follow-up.** During consultation, it is important to document items requiring follow-up. This may include questions that could not be answered during the discussion, fulfilling data requests, and other follow-up items. Follow-up can be achieved through one of the communication methods described under ***Correspondence*** and/or ***Consultation Workgroups***.
Ongoing Training. Provide regular education and training opportunities targeted to Tribes and ITU facilities, due to the unique		

State-Tribal Relations, State-ITU Relations, and Policy Considerations	Communication and Notifications	Meaningful Consultation Process and Methods
relationship and reimbursement methodologies with these entities. On-site training and site visits, when invited, provide additional opportunities for networking and strengthening of relationships with Tribes and ITU facilities. If appropriate, training and or site visits may be combined with Consultation meetings with Tribes and ITU on Tribal lands or at ITU facilities.		

Northwest Portland Area Indian Health Board
Suggested Talking Points
SDPI FY 2021 Funding Distribution Area Consultation

Congress has reauthorized the Special Diabetes Program for Indians (SDPI) for one to three year periods from 2002 to 2019 and the current renewal of SDPI expires in November 21, 2019. SDPI funding has been at $150 million since 2004 and does not include medical inflation. Current SDPI funding is in the 4th year of a 5-year grant cycle (FY 2016- FY 2020).

PURPOSE: Tribal leaders and Tribal Health Directors need to deliberate and answer the consultation questions provided by IHS. We cannot assume that we will get what we need above $150 million. We need to discuss the budget to shift the funds to best effectively make the SDPI a tribally-run program for our people. Additionally, we must figure out where to come up with at least $5 million per year if we would like to include new SDPI grantees and discuss the budget to shift funds.

1. Currently, the SDPI funding distribution is as follows:

- Tribal and IHS Community-Directed grant programs $130.2 million
- UIO Community-Directed grant programs $8.5 million
- SDPI Support $6.1 million
- Data Infrastructure Improvement $5.2 million

a. If SDPI is funded at $150M, should there be changes in the funding distribution? If so, what changes should be made?
b. If the SDPI receives an increase in funding above the current $150M, how should those funds be utilized?

2. The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Tribal and IHS Community-Directed grant program:

- User Population = 30 percent
- Tribal Size Adjustment (TSA) = 12.5 percent (adjustment given for small Tribes)
- Disease Burden = 57.5 percent (diabetes prevalence).

Current user population and diabetes prevalence data from 2012 have been used in the national funding formula for the past 5 years. Prior to 2012, 2004 data was used to determine Area formula funding.

a. Should there be changes to the national funding formula?
b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

I. Tribal and IHS Grant Awards ($130.2M)

- Currently, 5 tribes in the Portland Area are not funded.
- We are going to have new tribes apply for SDPI with a scorable application and we do not want to tell them they are not able to apply (we will have between 30-40 new SDPI applicants nationally according to IHS)
- **$130.2M for grants will have to be increased somehow instead of not allowing new tribes to apply, where will this money come from?**
- **IHS indicates we need to come up with $7M per year for 4 years ($28M) or at least a minimum of $5M per year for 4 years ($20M) to cover new grantees. Do we fund these new entities?**
    - The offset should come from IHS Data Infrastructure and SDPI Program Support and not Tribal portions of the $150M budget.
- **ASK: We would like to continue funding the Northwest Portland Area Indian Health Board ($346,628) at current funding levels through a contract from the SDPI Data Technical Assistance Services.**

II. SDPI UNDISPERSED FUNDS

- There are funds expired that have been released but not drawn down to be spent. We need to discuss and advise how these funds can be spent.
- **The money is earmarked for SDPI and diabetes use. We want to take from this funding first then take from the 11.3M for Data Infrastructure and DDTP Support.**
- **There is $6.64M in SDPI administrative funds that have been undispersed and $4.25M in Office of Information Technology (OIT) funds. We want to at least take half of this funding.**

III. DATA INFRASTRUCTURE ($5.2M)

- **What is a reasonable amount for adequate data to be collected? We would like to use part of the data infrastructure ($5.2M) for new tribes and be able to allow new eligible applicants.**
- $2.6M is allocated to the National Office of Information Technology (OIT) for licensure for each site, in addition to National OIT funding negotiated by Tribes through tribal shares. Funding is used for programs that do not directly assist with diabetes-related measures and systems, therefore these funds must be decreased. We do not want the OIT management and licensure (i.e. the National Data Warehouse) to become un-stabilized for Indian Country, other funding streams must be identified in addition to SDPI. However, SDPI has been a core programmatic source that National OIT funds have been paid for and used to support the entire IHS for 20 years.
    - **Proposal:** Pull (1) key measure and its accompanying metric from a web-based data collection system, no congressional report. IHS basically reports the Standards of Care back to us every year and subliminally this gives them value when the work is tribally done but IHS owns the data and reports, not the tribes.
    - $175,417 is identified for the IHS Portland Area IT Program, this funding was dispersed equally to SDPI grantees in our Area last year.

- **ASK: We would like to continue the National DMS Training contract with the Northwest Portland Area Indian Health Board ($35,000), which is key for diabetes management technical assistance for the audit across the country.**

IV. SDPI PROGRAM SUPPORT ($6.1M)

- **ASK: We recommend that the Diabetes in Indian Country Conference be held every 3rd year to save $1M every other year and not every other year.**
- **ASK: We request that IHS re-evaluate the contracted consultants necessary for SDPI (i.e. 2 graphic consultants and 3 conference coordinators).**

V. SOLUTIONS FOR DATA FUNDS DECREASING

- Vital to maintain high quality of data collection, analysis and dissemination. We need to take data back from the IHS. They are capitalizing off our good work and justifying this as to why they should still be in the SDPI arena, which can then lead into Tribal shares conversation
- Offer work to the TEC's (similar to GHW and other BH grants)
- Congressional Report
- New SDPI risk reduction and cost-savings highlights (renal is great and has been shared x 5 years) we need new highlights every few years
- All Tribes with SDPI programs need an annual audit report with trends for staff to view and for continual improvements and continuity of care. Plus to show leaders the great impact of SDPI.

VI. TITLE 1 COMPACTS AND TITLE V CONTRACTS (TRIBAL SHARES)

- **We are concerned that the grants are not where our money works most efficiently and tribes should have the option to include SDPI in the same manner as other IHS funds and programs in negotiated funding agreements.**
- **We believe that there must be an amendment to the SDPI legislation requiring that funding goes from grants to allowing for Title 1 compacting and Title V contracting as an opportunity for tribes to customize and improve health care for our communities through a tribally-run program which we have been operating successfully for 22 years.**
- We must allow redesign the activities to increase flexibility or reallocate funds to best suit local needs for tribes who are interested in. Allowing SDPI funds to be modernized through ISDEAA contracts and compacts would lead to more flexibility.
- 638 contracting for health services can result in improved quality, expanded coverage, and easier access by allowing tribes to redesign programs to address our community needs and access non-IHS health care systems.
- **ASK: We request for a Dear Tribal Leader Letter and Consultation on the option of changing from grants to Title 1 Contracts and Title V Compacts.**

Northwest Portland Area Indian Health Board
Suggested Talking Points
SDPI FY 2021 Funding Distribution Area Consultation

Congress has reauthorized the Special Diabetes Program for Indians (SDPI) for one to three year periods from 2002 to 2019 and the current renewal of SDPI expires in November 21, 2019. SDPI funding has been at $150 million since 2004 and does not include medical inflation. Current SDPI funding is in the 4th year of a 5-year grant cycle (FY 2016- FY 2020).

PURPOSE: Tribal leaders and Tribal Health Directors need to deliberate and answer the consultation questions provided by IHS. We cannot assume that we will get what we need above $150 million. We need to discuss the budget to shift the funds to best effectively make the SDPI a tribally-run program for our people. Additionally, we must figure out where to come up with at least $5 million per year if we would like to include new SDPI grantees and discuss the budget to shift funds.

1. Currently, the SDPI funding distribution is as follows:

- Tribal and IHS Community-Directed grant programs $130.2 million
- UIO Community-Directed grant programs $8.5 million
- SDPI Support $6.1 million
- Data Infrastructure Improvement $5.2 million

    a. **If SDPI is funded at $150M, should there be changes in the funding distribution? If so, what changes should be made?**
    b. **If the SDPI receives an increase in funding above the current $150M, how should those funds be utilized?**

2. The last change to the SDPI national funding formula was for the FY 2004 funding cycle. Based on recommendations from Tribal Consultation, the following national funding formula has been used to determine allocation to each IHS Area for the SDPI Tribal and IHS Community-Directed grant program:

- User Population = 30 percent
- Tribal Size Adjustment (TSA) = 12.5 percent (adjustment given for small Tribes)
- Disease Burden = 57.5 percent (diabetes prevalence).

Current user population and diabetes prevalence data from 2012 have been used in the national funding formula for the past 5 years. Prior to 2012, 2004 data was used to determine Area formula funding.

a. Should there be changes to the national funding formula?
b. Should more recent user population and diabetes prevalence data be used? If so, how would the resultant changes in the Area funding distribution be addressed?

I. Tribal and IHS Grant Awards ($130.2M)

- Currently, 5 tribes in the Portland Area are not funded.
- We are going to have new tribes applying for SDPI with an application that is fundable and we do not want to tell them they are not able to apply (we will have between 30-40 new SDPI applicants nationally according to IHS)
- **The current $130.2M for grants does not include the cost of new tribes applying. Where will this money come from?**
- **IHS indicates we need to come up with $7M per year for 4 years ($28M) or at least a minimum of $5M per year for 4 years ($20M) to cover new grantees. Do we fund these new entities?**
  - The offset should come from IHS Data Infrastructure and SDPI Program Support and not Tribal portions of the $150M budget.
- **ASK: We would like to continue funding the Northwest Portland Area Indian Health Board ($346,628) at current funding levels through a contract from the SDPI Data Technical Assistance Services. The Western Tribal Diabetes Project (WTDP) assists tribal programs in tracking and reporting accurate health data. This information is used to improve the quality of patient care, to gain additional resources, and to plan effective intervention programs. In addition, we provide tribal site visits, technical assistance, training, and coordinate the NW SDPI gathering annually. A focal component is assisting with the annual audit preparation and submission.**

II. SDPI UNDISBURSED FUNDS

- There are expired funds that have been released but not drawn down to be spent. We need to discuss and advise how these funds can be spent.
- **This money is earmarked for SDPI and diabetes use. We propose to utilize this funding initially, and then reduce the $11.3M for Data Infrastructure and DDTP Support.**
- **There is $6.64M in SDPI administrative funds that have been undispersed and $4.25M in Office of Information Technology (OIT) funds. We would like to see 50% of this funding allocated for new tribal grantees.**

III. DATA INFRASTRUCTURE ($5.2M)

- **What is a reasonable amount for adequate data to be collected? We would like to use part of the data infrastructure ($5.2M) for new tribes and be able to allow new eligible applicants.**
- $2.6M is allocated to the National Office of Information Technology (OIT) for licensure for each site, in addition to National OIT funding negotiated by Tribes through tribal shares. Funding is used for programs that do not directly assist with diabetes-related measures and systems, therefore these funds must be decreased. We do not want the OIT management and licensure (i.e. the National Data Warehouse) to become un-stabilized for Indian Country, other funding streams must be identified in addition to SDPI. However, SDPI has been a core programmatic source that National OIT funds have been paid for and used to support the entire IHS for 20 years.

- **Proposal:** Pull (1) key measure and its accompanying metric from a web-based data collection system, no congressional report. IHS basically reports the Standards of Care back to us every year and subliminally this gives them value when the work is tribally done but IHS owns the data and reports, not the tribes.
- $175,417 is identified for the IHS Portland Area IT Program; this funding was dispersed equally to SDPI grantees in our Area last year.

- **ASK: We would like to continue or increase the National DMS Training contract with the Northwest Portland Area Indian Health Board ($35,000). WTDP provides technical assistance to tribes across the country for the IHS web audit, diabetes registry clean up and audit submission via adobe, individual, and classroom training. This is a key component for diabetes management technical assistance for the audit across the countr**

IV. SDPI PROGRAM SUPPORT ($6.1M)

- **ASK: We recommend that the Diabetes in Indian Country Conference be held every 3rd year to save $1M every other year and not every other year.**
- **ASK: We request that IHS re-evaluate the contracted consultants necessary for SDPI (i.e. 2 graphic consultants and 3 conference coordinators).**

V. SOLUTIONS FOR DATA FUNDS DECREASING

- Vital to maintain high quality of data collection, analysis and dissemination. We need to consider if this is an exclusive task/role for the IHS. They are capitalizing off of our good work and justifying this as to why they should still be in the SDPI arena, which can then lead into Tribal shares conversation
- Consider if Tribal Epidemiology Centers (TECs) (similar to Good Health and Wellness and other Behavioral Health grants) can do this work.
- Congressional Report
- New SDPI risk reduction and cost-savings highlights (renal is great and has been shared x 5 years) we need new highlights every few years
- All Tribes with SDPI programs need an annual audit report with trends for staff to view and for continual improvements and continuity of care. IN addition, these reports are effective to share with tribal leadership the great impact of SDPI.

VI. TITLE 1 COMPACTS AND TITLE V CONTRACTS (TRIBAL SHARES)

- **We recommend that tribes have the option to include SDPI in the same manner as other IHS funds and programs in negotiated funding agreements (Title 1 Compacts and Title V Contracts).**
- **We encourage development of an amendment to the SDPI legislation requiring that grant funding can be allocated through Title 1 compacting and Title V contracting. This allows an opportunity for tribes to customize and improve health care for our communities through a tribally-run programs. We have successfully been operating SDPI for 22 years.**

- We must allow for the redesign activities to increase flexibility or reallocate funds to best suit local needs for tribes who are interested in. Allowing SDPI funds to be modernized through ISDEAA contracts and compacts would lead to more flexibility.
- 638 contracting for health services can result in improved quality, expanded coverage, and easier access by allowing tribes to redesign programs to address our community needs and access non-IHS health care systems.
- **ASK: We request for a Dear Tribal Leader Letter and Consultation on the option of changing from grants to Title 1 Contracts and Title V Compacts.**

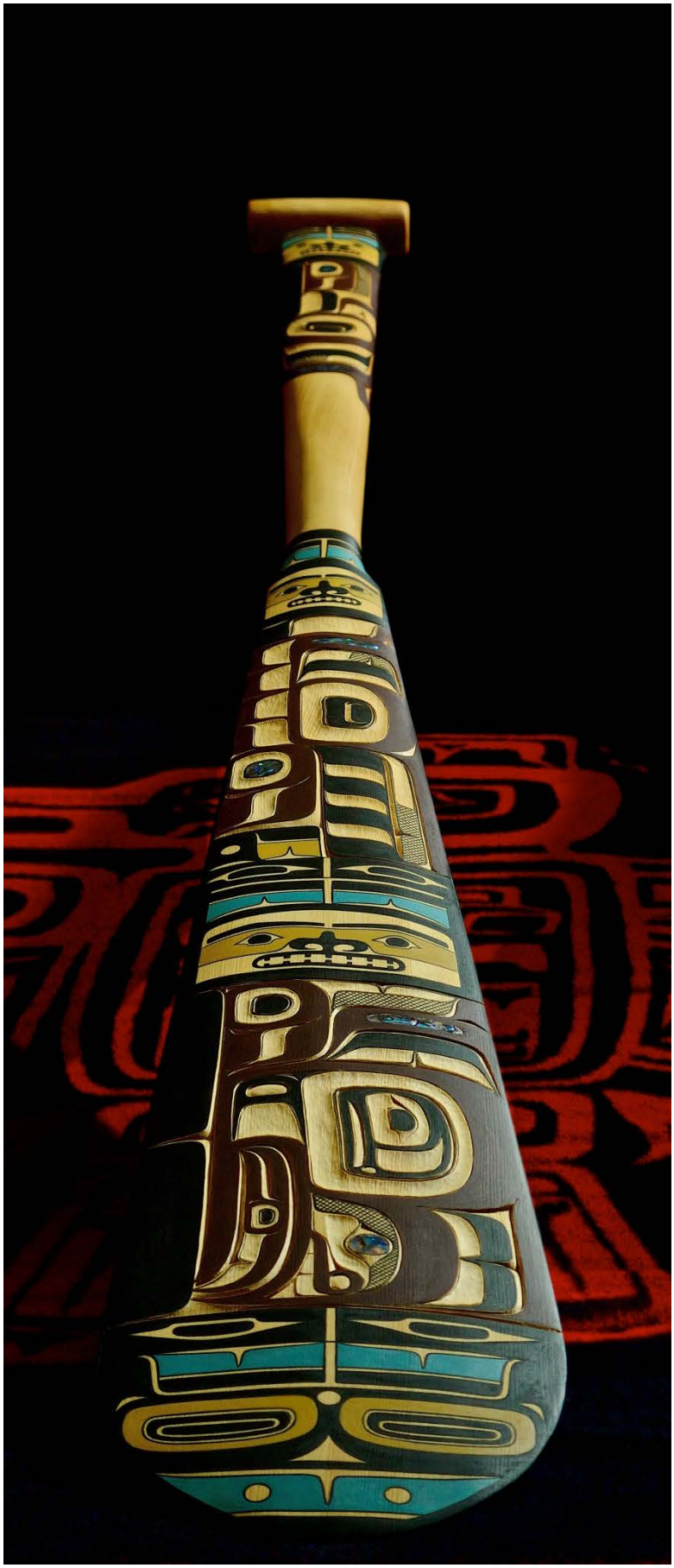
Northwest Portland Area Indian Health Board

Strategic Plan

2016 - 2020

NPAIHB

Indian Leadership for Indian Health



Northwest Portland Area Indian Health Board

The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or Board) in 1972. NPAIHB is a nonprofit tribal organization that serves the forty-three federally recognized tribes of Idaho, Oregon, and Washington on health-related issues. Tribes become voting members of the Board through resolutions passed by their governing body. Each member tribe designates a delegate to serve on the NPAIHB Board of Directors.

In keeping with the Board's strong advocacy for tribal sovereignty and control over the design and delivery of their own systems of care, Board delegates meet quarterly to provide guidance and leadership in establishing NPAIHB programs and services. Recognizing the need for accurate, culturally-relevant data, the NW Tribal EpiCenter was established in 1997 to engage the NW Tribes in public health research and surveillance. The NW Tribal EpiCenter houses the Portland Area IHS Institutional Review Board (IRB), which oversees protection of human subjects in research occurring in Northwest Indian communities. The EpiCenter serves as an essential resource for supporting community-based, participatory data collection.

"The Northwest tribes have faced difficult questions and issues, and have consistently put health improvement above all else. We have a bright future and a great team to continue our work."

Joe Finkbonner (Lummi), NPAIHB Executive Director

Executive Summary: 2015-2016 Strategic Plan

Vision: Wellness for the 7th Generation

Mission: 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.

Goal 1 - Be a national leader in healthcare delivery, and support health infrastructure development for our member tribes.

Goal 2 - Strengthen regional and national partnerships to ensure tribal access to the best possible health services.

Goal 3 - Maintain leadership in the analysis of health-related budgets, legislation, and policy.

Goal 4 - Support health promotion and disease prevention activities occurring among the Northwest Tribes.

Goal 5 - Support and conduct culturally-appropriate health research and surveillance among the Northwest Tribes.

Organizational Values: Tribal Sovereignty, Model Leadership, Holistic Health Promotion and Disease Prevention.

Mission Statement

The mission of the Northwest Portland Area Indian Health Board 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.

Vision for the Seventh Generation

The old people tell us to be careful in the decisions that we make today, as they will impact the seventh generation - our grandchildren's grandchildren. It was the spirit behind this teaching that guides our organization's mission and goals.

The People Spoke: This is their Vision

- The seventh generation will have balanced physical, mental, emotional, and spiritual lifestyles. They will have healthy diets, be fit, active, and happy.
- The seventh generation will live in sovereign communities that are politically effective, assertive, goal-oriented, thriving economically, and run by American Indian/Alaska Native (AI/AN) people.
- The seventh generation will live in a unified and poverty-free community made up of stable, loving families living in adequate housing.
- Children born to the seventh generation will be healthy and free of chemical substances. They will experience strong parenting, mentorship, and positive role models as youth and will become involved and empowered leaders.
- The seventh generation will live in accordance with their traditional values by knowing their native languages and practicing spiritual and cultural traditions.
- The seventh generation will live in a clean environment, have access to an abundance of natural resources, respect all life, and practice sustainable and socially responsible environmental stewardship.
- Every member of the seventh generation will have access to technologically advanced and culturally appropriate healthcare that includes well-equipped clinics, wellness centers, and health education; a health care delivery system that could serve as a national model.
- The seventh generation will have adequate resources to support healthcare delivery.
- The health of the seventh generation will be a model for the general population. They will experience no preventable illness and no substance abuse or addiction. Old age will be the leading cause of death.
- The seventh generation will respect and care for their elders and celebrate as they live to 100 years or more.

Goals and Objectives

GOAL 1: The NPAIHB will be a national leader in healthcare delivery, and will support health infrastructure development for our member tribes.

Objective A. NPAIHB will provide a forum for developing timely tribal consensus on healthcare issues affecting the NW Tribes by hosting productive Quarterly Board Meetings that facilitate face-to-face communication and resource sharing with state and federal programs.

Indicators for Monitoring and Evaluation: NPAIHB will conduct Quarterly Board Meetings at rotating tribal sites. Meeting content and outcomes will be documented in quarterly activity reports.

Objective B. NPAIHB will support tribal delegates in regional and national AI/AN healthcare discussions, by providing them with orientation, training, and assistance.

Indicators for Monitoring and Evaluation: NPAIHB staff will document orientation, training, and capacity building activities in monthly and quarterly activity reports. Delegate training will occur by their 3rd quarterly board meeting.

Objective C. NPAIHB will maintain effective communication channels to inform the NW Tribes about emerging public health topics and strategies to improve healthcare delivery in tribal settings (i.e. integration of mental and physical health systems).

Indicators for Monitoring and Evaluation: NPAIHB projects will post and disseminate health information on a weekly, monthly, or quarterly basis, and will use available tools to evaluate their utility and uptake, including tracking and recording website "hits" and active list-serve subscriptions.

Objective D. NPAIHB will provide the NW Tribes with capacity building assistance (including training, technical assistance, and resource development) on healthcare management principles and Information Technology.

Indicators for Monitoring and Evaluation: NPAIHB staff will document training, health management tools and resources, and IT capacity building activities in monthly and quarterly activity reports.

Objective E. The NPAIHB will actively research health-related funding opportunities, will disseminate funding announcements to member tribes, and will educate federal agencies on strategies to ensure that federal funding opportunities align with the priorities, needs, and organizational capacities of the NW Tribes.

Indicators for Monitoring and Evaluation: NPAIHB staff will produce and circulate a weekly funding report, and will provide grant-writing technical assistance upon request.

Objective F. NPAIHB will build a strong organizational infrastructure by recruiting and retaining high-quality staff, by encouraging their ongoing education and training, and by actively implementing the organization's mission and values to provide employees with comprehensive wellness benefits.

Indicators for Monitoring and Evaluation: NPAIHB will document these policies and practices in its Program Operations manual and HR Procedures manual, and will update these documents on an annual basis.

Objective G. NPAIHB will help develop tribal youth into future leaders in healthcare by making NPAIHB meetings and trainings accessible to youth, and by offering internships to interested students. When appropriate, NPAIHB projects will integrate youth leadership training and travel opportunities into the scope of work of new projects.

Indicators for Monitoring and Evaluation: NPAIHB staff will include student interns, We R Native Youth Ambassadors, and youth leadership activities in monthly and quarterly activity reports.

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

Objective A. NPAIHB will build and maintain effective, collaborative relationships with current and potential partners, including the NW Tribes, the Indian Health Service, Indian organizations, Federal agencies, State Health Departments, Universities, funding agencies, community-based organizations, and other interdisciplinary social service providers that promote AI/AN health.

Indicators for Monitoring and Evaluation: NPAIHB projects will document active relationships with relevant partners, recording meetings and outcomes in monthly and quarterly activity reports.

Objective B. The NPAIHB will actively contribute to regional and national workgroups, coalitions, and committees that address priority health topics identified by the NW Tribes, and key health promotion and disease prevention workgroups.

Indicators for Monitoring and Evaluation: NPAIHB projects will document their contributions to regional and national workgroups, coalitions, and committees in monthly activity reports.

GOAL 3: The NPAIHB will maintain leadership in the analysis of health-related budgets, legislation, and policy, with the ability to facilitate consultation and advocate on behalf of member Tribes.

Objective A. The NPAIHB will facilitate communication among Tribes, Federal and State agencies, and Congress to support tribal sovereignty, promote self-determination, and ensure that government-to-government consultation occurs on health-related budgets, legislation, policies, and services.

Indicators for Monitoring and Evaluation: NPAIHB staff members will document communication activities in monthly and quarterly activity reports and in periodic QBM presentations. Pertinent meeting dates and agendas will be added to the NPAIHB online calendar.

Objective B. The NPAIHB will advocate on behalf of the NW Tribes to ensure that tribal interests are taken into account as health policy is formulated, and that Congress, State legislatures, and external agencies have a full understanding of AI/AN health needs and concerns (particularly in relation to treaty rights and healthcare in Indian Country).

Indicators for Monitoring and Evaluation: NPAIHB staff members will document their advocacy work in monthly and quarterly activity reports and in periodic QBM presentations. Pertinent meeting dates and agendas will be added to the NPAIHB online calendar.

Objective C. The NPAIHB will stay at the forefront of budgetary, legislative, and policy initiatives affecting the NW Tribes, including the President's annual budget, national healthcare reform initiatives, IHS policies and strategies, and proposed changes to Medicare and Medicaid, and will assess their impact on the Northwest Tribes.

Indicators for Monitoring and Evaluation: The NPAIHB Policy Analyst will develop and disseminate timely policy reports and budget enhancement packages using existing NPAIHB communication channels to provide a strong voice on health related issues at the state and national level, assure equitable resource allocation methodologies are in place, and improve the efficient and effective delivery of health services to AI/ANs living in the Pacific Northwest.

Objective D. The NPAIHB will analyze new and existing healthcare delivery systems and will and advocate for tribal consultation and participation in their development.

Indicators for Monitoring and Evaluation: The NPAIHB will document policy analysis and advocacy in monthly and quarterly activity reports and in periodic QBM presentations.

Objective E. The NPAIHB will evaluate the feasibility of assuming certain Portland Area Office programs, functions, services, or activities on behalf of Portland Area Tribes, and if approved and selected, will carry them out in an agreement negotiated under the Indian Self-Determination and Education Assistance Act (P.L. 93-638).

Indicators for Monitoring and Evaluation: The NPAIHB will produce a report for tribal leaders and Board delegates outlining the legal and budgetary issues associated with such an assumption, will carry out requisite planning and organizational preparation, and will apply for a planning and negotiation grant if deemed appropriate and applicable.

GOAL 4: The NPAIHB will support health promotion and disease prevention activities occurring among the Northwest Tribes.

Objective A. The NPAIHB will focus its efforts on preventing avoidable morbidity and mortality - promoting the physical, mental, social, and spiritual health of AI/AN people throughout all phases of life.

Indicators for Monitoring and Evaluation: Priority health topics and intervention strategies will be identified on an annual basis by the NW Tribal EpiCenter, and will be considered when seeking new funds and designing new services.

Objective B. The NPAIHB will provide capacity building assistance (including training, technical assistance, and resource development) on priority health promotion and disease prevention topics (i.e. SDPI, MSPI, DVPI, behavioral health and Long Term Care services) and on key public health principles identified by the NW Tribes.

Indicators for Monitoring and Evaluation: NPAIHB projects will document capacity building activities in their monthly and quarterly activity reports, and in articles, newsletters, case studies, and funding reports.

Objective C. NPAIHB projects will support the development, implementation, and evaluation of culturally-relevant health promotion practices within the NW Tribes, and will adapt existing policies, educational materials, curricula, and evidence-based interventions to reflect the traditional values and teachings of the NW Tribes.

Indicators for Monitoring and Evaluation: NPAIHB projects will document these activities in monthly and quarterly activity reports, and in articles, newsletters, case studies, toolkits, and funding reports. Projects will promptly share these resources with the NW Tribes and relevant partners using existing NPAIHB communication channels.

Objective D. To improve tribal awareness about important health topics, the NPAIHB will facilitate community education and public relations efforts by developing social marketing campaigns, cultivating media contacts, and by producing press releases and "expert" health articles for placement in tribal papers.

Indicators for Monitoring and Evaluation: The NPAIHB will maintain up-to-date media contact lists, and will document the dissemination of community awareness materials in monthly and quarterly activity reports.

Objective E. NPAIHB projects will facilitate regional planning and collaboration by developing and implementing intertribal action plans that address priority health topics, and by hosting regional trainings, meetings, webinars, and conference calls that produce a coordinated, regional response to tribal health needs.

Indicators for Monitoring and Evaluation: NPAIHB projects will document regional planning activities and outcomes in their monthly and quarterly activity reports, and in articles, newsletters, case studies, and funding reports.

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

Objective A. The NW Tribal EpiCenter will respond to the needs and interests of the NW Tribes by obtaining regular feedback and guidance from tribal advisory groups, target audience members, and key personnel during all phases of the research process, and by conducting an annual survey to prioritize public health topics, capacity building needs, and research activities.

Indicators for Monitoring and Evaluation: The EpiCenter will document strategies used to obtain community input and guidance in quarterly and annual activity reports.

Objective B. The NW Tribal EpiCenter will assess the health status and health needs of the NW Tribes by conducting culturally-appropriate research and by accessing new and existing AI/AN health data.

Indicators for Monitoring and Evaluation: EpiCenter projects will document quantitative and qualitative research activities in monthly and quarterly activity reports, and will generate or locate data using data collection tools, RPMS, and state and national data sources.

Objective C. The NW Tribal EpiCenter will communicate the results of its research, surveillance, and capacity building activities to appropriate stakeholders. This information will be designed to: 1) assist the NW Tribes in their community outreach activities, public health planning, and policy advocacy; 2) share important findings across Indian Country and extend the scholarly AI/AN research agenda; and 3) increase public awareness about the function and benefits of tribal EpiCenters.

Indicators for Monitoring and Evaluation: EpiCenter projects will document research and surveillance reports, publications, presentations, and other data-sharing activities in quarterly and annual activity reports.

Objective D. The NW Tribal EpiCenter will protect the rights and wellbeing of the NW Tribes and tribal research participants by using and housing the Portland Area IHS Institutional Review Board (IRB). The IRB and EpiCenter projects will recognize tribal research methods and requirements, and will work to ensuring tribal ownership of resultant data.

Indicators for Monitoring and Evaluation: EpiCenter projects will obtain IRB approval before initiating research with the NW Tribes, and will carry out research protocols required by the IRB and the NW Tribes.

Objective E. The NW Tribal EpiCenter will provide the NW Tribes with capacity building assistance (including training, technical assistance, and resource development) on epidemiologic skills and research methods.

Indicators for Monitoring and Evaluation: The EpiCenter will document capacity building activities that address epidemiologic skills and research methods in monthly and quarterly activity reports.

Core Organizational Values

The Northwest Portland Area Indian Health Board:

- Is a tribally driven organization, which respects tribal leadership, recognizes the diverse needs of tribes, is inclusive and equitable, values consensus decision making, and seeks to preserve the unity of Northwest Tribes.
- Acknowledges and actively supports efforts to uphold the federal trust responsibility.
- Is a role model of holistic health (physical, mental, spiritual, and emotional), derived from traditional values – both in personal and organizational behavior.
- Respects the traditional and cultural values of all member tribes and communities.
- Strives to provide service to member tribes at the highest possible standard in the quality of work performed.
- Models leadership, which is visionary, courageous, progressive, hardworking, dedicated, resilient, committed, knowledgeable, creative, respectful, and trusting.
- Provides Northwest Tribes with influential and effective advocacy, which supports tribal sovereignty and strong government-to-government relations.
- Believes in and promotes community education, health promotion and disease prevention.
- Is a credible resource for health-related technical assistance, education, information, and coordination.
- Is family centered and provides for work-family-community balance.
- Acknowledges, respects, and values the wisdom of our tribal elders.

This organization was formed as a result of the President's desire to promote self-determination of Indian people. Its purpose is to advise Indian Health Service in the development and implementation of health care and delivery to Indians in the tristate area of Washington, Oregon and Idaho. It provides resource help and training to Indian Community Health Representatives, health education designed to promote Indian community development and conducts research activities designed to evaluate current government programs and to suggest areas of improvement in current programs of Indian reservations as well as the development of new programs. We are currently providing a monthly Health Newsletter designed to foster inter-tribal communications between the tribes in the Northwest. On-going training is developed in health related areas. Research at the present involves the evaluation of the Indian Health Service Contract Health Service System. We also carry out a counseling and recruitment program for Indian students preparing for health related careers.

Signed by: *Delbert Frank Jr., Violet Hillaire, & Melvin Sampson*

Northwest Portland Area Indian Health Board

Established in 1972, the Board is a non-profit tribal organization serving the 43 federally recognized tribes of Oregon, Washington, and Idaho.

INDIAN LEADERSHIP FOR INDIAN HEALTH

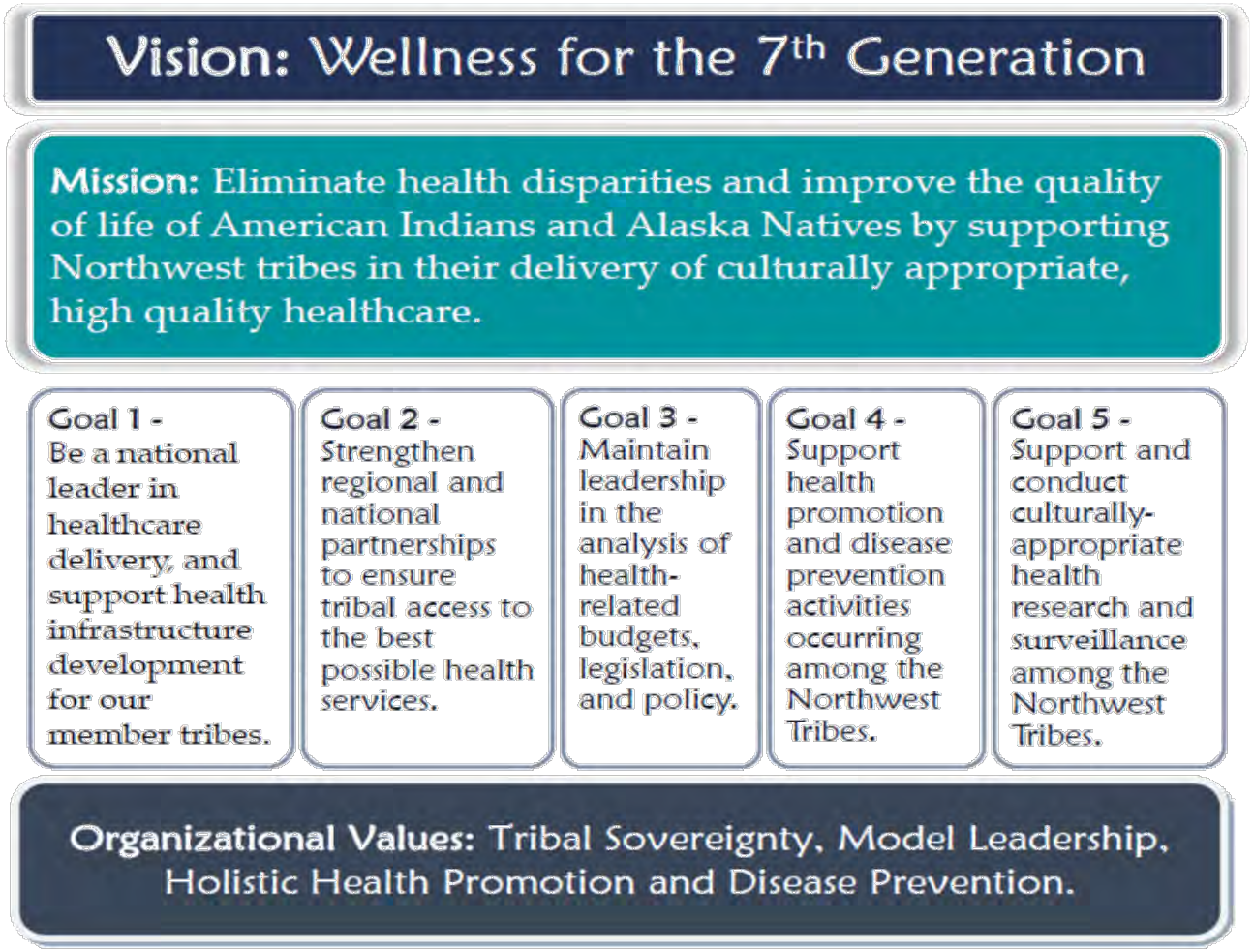
Timeline

- **September:** All staff input
- **October:** Share staff-recommended edits to key delegates
- **October:** Brief discussion at October QBM for input from delegates
- **November-December:** incorporate edits/updates and share back to staff and delegates
- **January:** Final plan presented at January QBM for approval

What we would like to accomplish

- Streamline document
- Align with electronic monthly activity reports (E-MARs)
- Include missing areas not reflected in current strategic plan
- Address major themes from staff and delegate input

NPAIHB: 2015-2020



Summary of Staff Input

- E-MARs
- External Communication
- Internal Communication
- Community Engagement
- Tech Design
- NPAIHB Communications Team- Personnel
- Infrastructure Workforce
- External Project Outreach
- Support Delegates and Leadership

2020-2025

Discussion:

Delegate Input

What are you Proud of?

- Staffing
- Legislative efforts
- Lobbying
- Leverage collective knowledge to create change
- A leaders in healthcare across the nation
- Supports tribes, we all have a voice at the table
- Tribes are able to access grants from the Board
- Increased time
- State and federal programs come to our Board meetings
- The Board is willing to try new efforts
- EpiCenter is premiere in Indian Country
- Proud of how we protect tribal Sovereignty (consultation)
- Laura and Sarah are rock stars

What are you Proud of?

- Capacity to support lobbying and support Tribal leaders in Washington
- The Board helps Universities partnering on health research and promotion
- Data drives money – research and survelliance

What can we work on?

- Make sure new Delegates are supported as they step into this role
- It would be nice of the last day of the QBM meeting could be restructured – lots of people leave early
- More trainings and education for Health Directors
- TA workshops via webinar on issues (learning how to lobby, learning how to caucus, practice)
- Increased youth participation across the Board's goals – integrating youth
- Partnering – transparency and inclusion
- Robust Health Director meetings
- Increase: Youth, Veteran focus

What can we work on?

- Lobbying – Who do we send to Lobby. They want to see tribal leaders face-to-face
- How do we prepare those tribal leaders to lobby and advocate? And get them involved and at the QBM table?
- Being knowledgeable about our traditional healing practices
- Give our lobbying packets to other Tribal Leaders.
- Educate them on all aspects of healthcare; its complex
- Identify the training needs of Health Directors
- Passing Resolutions: we never hear how/whether our resolutions are received by NCAI – how can we amplify our voices in those settings – Delegates could attend NCAI

5-year Vision

- Expand and support programs addressing: youth, elders, and veterans
- Tribal support staff need more engagement to support their ideas, training – come to Portland or offer other opportunities for networking
- Develop an Indian Health Leadership Program
- Offer training to Delegates and health Directors – we only get to see the good programs that tribes are doing during site visit… find other ways to highlight and share tribal programs
- Maternal and Child health – expand programs and support

5-year Vision

- Certification board for CHAPS
- CHR Training
- BHA Training
- Acquire larger facilities
- Demand facilities construction
- State-wide CHSDA?
- Own our own Building
- Bring in heavy hitters – Invite them to a QBM meeting (Group Health) – Make the pitch to support our programs

10-year Vision

- Expand on the CHAP process to grow our staff in a variety of positions; train staff on-site
- Regional Specialty Referral Center
- Scholarship Program for students
- All disparities have gone away (unless Zombies appear)
- Hard funding for a training center
- Develop a training program for Indian Policy gurus – training the next wave of policy leaders
- Transfer State and DHHS functions to the Board
- Robust Environmental Health program
- Public Health – clinics,
- Youth Delegate program thriving
- Adolescent Health programs thriving

10-year Vision

- Full funding at the federal level
- All Delegate seats filled – representation
- IHS Hospital
- Robust research agenda – Native-led and Native-staffed

Indian Health Service

Maternal & Child Health Program: Reach Out & Read Collaboration

DR. MARCY RONYAK
DIRECTOR, OFFICE OF CLINICAL & COMMUNITY SERVICES
NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD QUARTERLY BOARD MEETING
OCTOBER 22, 2019

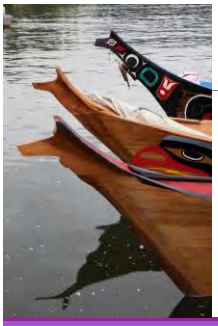
Reach Out & Read Initiative

- A nonprofit, national organization
- Provides young children a foundation for success
- Encourages families to read aloud together
- Current Contract:
  - Support clinic-based early child literacy programs
  - Site-based training and technical assistance

Reach Out & Read Initiative

IHS Contract:

- In August of 2019, there were 183 active sites serving 53,874 children
- Base year plus 2-year contract funded at $40,180/year
- Option year 2 began on August 28, 2019
- Focus on technical assistance and programmatic expenses



Opportunities for Collaboration

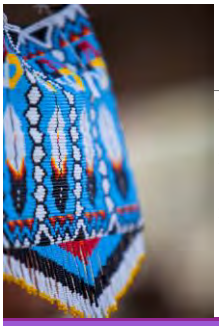
- Modified the contract to reach an additional 2,000 children
- Proposed expansion in the following IHS Areas/States:
  - Portland Area (1 in Oregon and 1 in Washington)
- Currently Oregon has one site that is considered inactive and looking at relaunching the program.

Implementation of Reach Out & Read

Dr. Allison Empey
Assistant Professor, Department of Pediatrics
Deputy Director, Northwest Native American Center of Excellence
Oregon Health & Science University

How Does ROR Work?

- During well child exams, medical providers give out new, developmentally appropriate books to children 6 months-5 years
- Advise parents about the importance of reading aloud
- ROR has partnership with Scholastic and other book distributors to receive discounted books



Who Benefits from ROR?

- **Medical providers** use books as valuable assessment tools and build bonds with families
- **Parents** are given essential information about reading aloud and suggestions for parent-child interactions
- **Children** get all the early literacy benefits of reading aloud and have 10 books of their own by age 5

Studies Supporting ROR

- Families 4X more likely to read to children with ROR (Needlman et. al., 1991)
- Increase receptive and expressive vocabulary scores in children who received ROR intervention (Mendelsohn et al, 2001)
- Children in ROR start kindergarten 6 months ahead on verbal scores (Theriot, et al. 2003)

Starting Reach Out & Read Independently

- Identify ROR Clinic Champion and Medical Consultant
- Collect Data (number of well child visits 6 months-5 years)
- ROR application
- ROR training for office (MD's, NP's, Nurses, MA's)
- Identify culturally appropriate books
- Make waiting room literacy friendly
  - Children's books and reading aloud hand outs
- Order books!

The Details

- Grand Ronde Health and Wellness
- Established 2014
- Identified nurse as clinic champion
- Identified ~ 250 well child visits (6 mos-5yrs)
- Trained all staff (Dr. Allison Empey is a ROR trainer but online Training is available) with CME credit
- Ordered books: Each book costs ~ $3.00 from scholastic
- Received funding from Oregon Pediatric Society for first year
- Clinic reports to ROR every 6 months

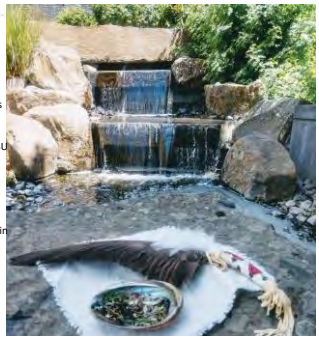
10

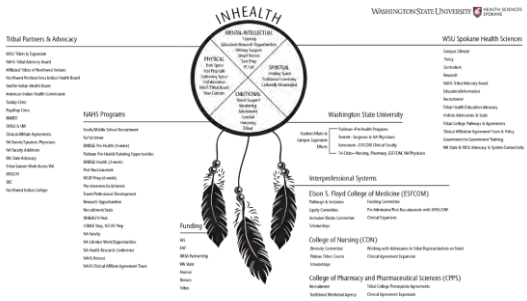
11

Naomi M. Bender, Ph.D., M.A. *Quechua*
Director Native American Health Sciences
Office of Vice President & Chancellor
WSU Health Sciences Spokane SAC 525N
naomi.bender@wsu.edu | 509-358-7904
WASHINGTON STATE UNIVERSITY HEALTH SCIENCES SPOKANE

Priorities of NAHS

- Building relationships and partnerships with tribes, educators, clinics, communities, and tribal boards
- Develop pathway, programmatic and support efforts, policy, curriculum, and agreements that impact the needs of tribal nations health in Indian Country
- Campus initiatives (i.e. hub, programs) to support the matriculation, support, and success of NA students at WSU from Pullman & feeder schools, to Spokane
- Work with researchers whose work impact our tribal people and nations (ad hoc IRB and Native Health Researchers Affiliation Group)
- Create cohorts and team efforts across WSU campuses among health science colleges and departments to work in collaborative manner with our tribes, students, and programs
- Work to meet the unique ed/health needs of tribal communities
- Commit to the expansion of NAHS staff, programs, and funding initiatives





Expansion in Partners & Collaboration

- Indigenous systemic approach
- Tendencies of silo work in HE
  - Institutional
  - Colleges
- The canvas in Washington and PNW
- Education, Health, & Holistic Need
- Funder focus
- Sustainability
- Impacting tribal health & communities

Funding Awards

- Trude E. Smith $39,200 annually
  - Funds Na'ha'shnee, recruitment, some travel for Outreach Coordinator and Director, efforts to ATNI and NPAIHB
- IHS, Indians Into Medicine $195k annual 5-year grant
  - partnership between OSHU, WSU, UC-Davis, and support from Northwest Portland Area Indian Health Board
  - WSU will receive $95k from this total annually to run RISE, and MCAT preparation program for 15 NA pre-med students
- Foundation grant $250,000 one-year, January 2020
  - 1) NAHS Center 2) pathway/support programming 3) curriculum build, student mentorship, faculty support

In the Works Funding Initiatives

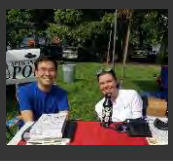
- AD Director of NAHS, donating F and A funds to build 6-week scientific research enrichment camp for Native 10th-12th graders
- Current ongoing meetings to create a new additional summer program for Native youth in the health sciences, possibly $100k annually
- Funding campaign to support the NAHS Center's work with NA students attending WSU Spokane i.e. blood pressure cuff and stethoscopes, emergency funds, etc.
- Meeting with Murdock Trust about Partners in Science, Vancouver, WA in November

Priority Projects

- Recruitment in tribal communities
- Development/expansion of pre-health bridge
- Clinical Affiliation Agreement expansion
- Interprofessional Curriculum Research/Cert.
- NAHS Student Barriers/Need Research
- Designation of seats, funding stream, leg. ask
- Practice Based Research Network, PBRN
- Develop new NA Research Affiliation group
- Develop partnership between CON & SKC
- IHS grant pathway program development
- Foundation pathway program development
- NAHS website, newsletter, communications

On-Campus Initiatives

- New NA Outreach Coordinator, Evanlene Melting Tallow
- New Assistant Director of Special Projects, Dr. Lonnie Nelson
- Program Assistant, Alexa Fay
- Work Study, Tashina Smith
- Na'ha'shnee ran June 16-28th (17students)
- Currently 35 NA students WSU, Spokane Health Sciences
- 3 recent spring 2019 graduates, 2 DNP, 1 BSN
- 3 incoming NA Medical Students
- New NAHS Club & Community Initiatives
- Healing Garden use and signage
- NAHS Center commitment of space
- Expansion of Director role into clinical faculty as well



System-wide Expansion of Native American Health

What's next?

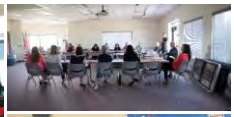
- **Develop a working plan for system-wide expansion "WSU Native American Health"**
- **Attend the Centennial Accord, Shelton, WA**
- **Meet with WA delegates in Washington DC**
- **Present & launch work on 4 other WSU campuses**
- **Working with Pullman Native Programs toward health BRIDGE**

WSU, Spokane Tribal Advisory Board Expansion

- Carol Evans, Tribal Chairwoman, Spokane
- Paby Whitefoot, Yakama
- Dr. Rex Quaempts, MD, Yakama
- Stephen Kutz, Cowlitz
- Dr. Chris Meyer, Coeur d'Alene
- Norma Peone, Coeur d'Alene
- Jessica Pelcoster, Kalispel
- Ali Desautel, Kalispel
- Lisa Guzman, Umatilla
- Dr. Leslie Randall, Nez Perce
- Myrna DuMontier, Salish & Kootenai Tribes
- Dr. Wil James, MD
- https://nccaih.wsu.edu/about/tribal-advisory-board/

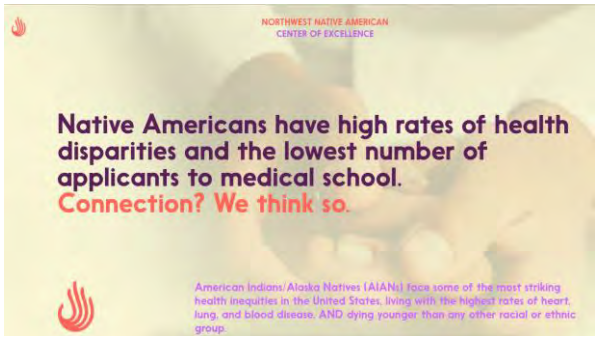


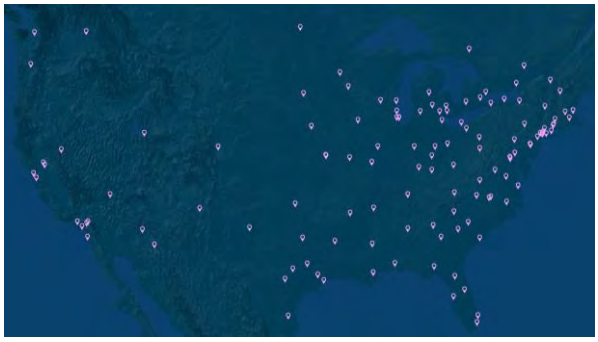






Q & A


NORTHWEST NATIVE AMERICAN
CENTER OF EXCELLENCE
Native Americans have high rates of health disparities and the lowest number of applicants to medical school.
Connection? We think so.
American Indians/Alaska Natives (AIANs) face some of the most striking health inequities in the United States, living with the highest rates of heart, lung, and blood disease, AND dying younger than any other racial or ethnic group.



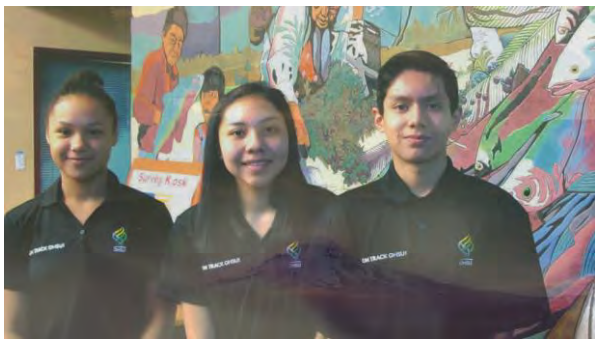
US MEDICAL SCHOOLS WITHOUT AI/AN STUDENTS

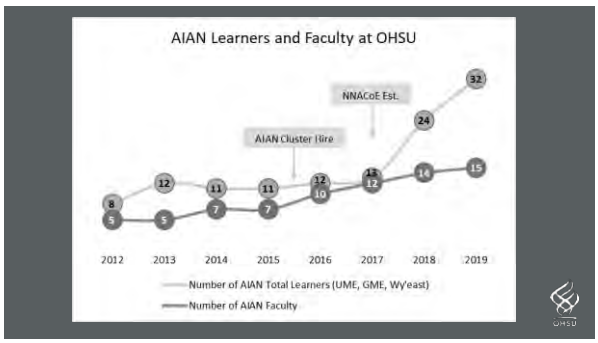
43%

NO AI/AN STUDENTS

AAMC Data Warehouse, October 2018 – Acosta, D. Et Al. Reshaping the Journey: American Indians & Alaska Natives in Medicine

4




AIAN Learners and Faculty at OHSU
NNACoE Est.
AIAN Cluster Hire
32
24
15
14
13
12
12
11
11
12
10
8
5
5
7
7
2012
2013
2014
2015
2016
2017
2018
2019
Number of AIAN Total Learners (UME, GME, WY'east)
Number of AIAN Faculty
OHSU

NEW DIRECTIONS

- **R**e-imaging **I**ndian**S** into Medicin**E** (**RISE**)
  - OHSU + WSU CoM + UC-Davis SoM
- **COMPADRE** Training *RURAL & TRIBAL* MDs (Portland to Sacramento!)
- **MISSION ACT** expand residency training

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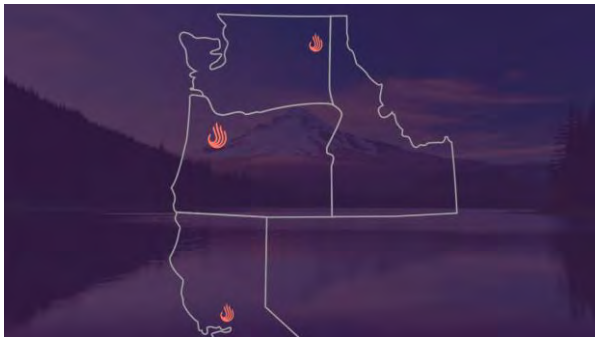
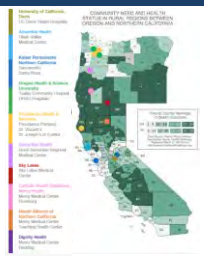
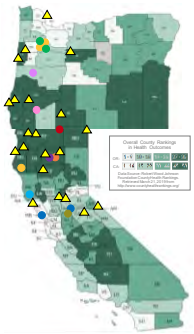


COMPADRE

A robust GME collaborative from Sacramento to Portland to reduce health disparities by transforming the physician workforce – to be better prepared, more equitably distributed and more deeply connected to underserved communities.

- 10 Health Systems
- 16 Primary Hospitals
- 10 GME Sponsors
- 31 GME Programs
  - Family Medicine (12)
  - Internal Medicine (6)
  - Psychiatry (4)
  - General Surgery (3)
  - Pediatrics (2)
  - EM (2)
  - OB/GYN (2)





COMMUNITY NEED AND HEALTH STATUS IN RURAL REGIONS BETWEEN OREGON AND NORTHERN CALIFORNIA

Tribe
Confederated Tribes of Coos, Lower Umpqua and Siuslaw
Confederated Tribes of Grand Ronde Community of Oregon
The Klamath Tribes
Confederated Tribes of Siletz Indians
Cow Creek Band of Umpqua Tribe of Indians
Confederated Tribes of Warm Springs Reservation of Oregon
Cowlitz Indian Tribe
Port Bidwell Paiute Reservation
Redding Rancheria
Toiyabe
Greenville Rancheria
Karuk Tribe
Sonoma County Indian Health Project
Mathiesen Memorial Health Clinic
Pit River
United Indian Health Services, Inc.
Chapa-De Indian Health
Feather River Tribal Health
Hoopa Valley Tribe
Quartz Valley Indian Reservation
Coquille Indian Tribe

Training *YOUR* future physicians

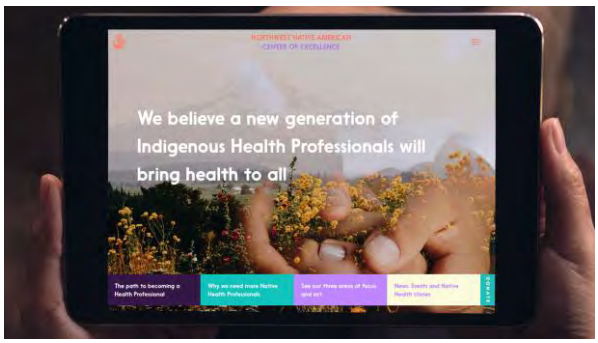
- Share current activities & programs
- Complete Tribal Health Workforce Needs Survey
- Offer Rotations for learners (UME & GME)
- Explore Residency "Tribal Training Tracks"

OHSU

OHSU

www.NNACOE.org

brodt@ohsu.edu



Work. Play. Live.

Stacee Reed, Recruitment and Retention Manager
Oregon Office of Rural Health

- Resource for practice sites
- Resource for providers
- Live in a rural community, consumer of rural healthcare
- Recruit providers to my rural community

What makes rural different?

- Location
- Practice & Providers
- Finances
- Dedicated recruitment staff
- Leadership turnover

What makes rural different?

Community
- Engagement
- Feeling of belonging
- Fulfillment, not just a job
- Quality of life

Culture
- Important work/need
- Appreciated
- Collaboration

Setting the stage for provider retention

Retention begins with Recruitment

Recruitment is Relationship

Recruitment & Retention Action Plan

- Part I: Planning and preparation
- Part II: Searching for candidates
- Part III: Screening candidates
- Part IV: Follow up and follow through

Planning and Preparation

Planning and preparation
are the most important components for
ensuring successful recruitment.

It is also where most rural organizations fail.

Planning and Preparation

- Assess need
- Gain stakeholder support
- Form recruitment/retention team
- Define your opportunity
- Define your ideal candidate
- Develop recruitment budget

Assess Need

Determine the number of providers needed

- Consider PA/NP's
- Factor retirement
- Future needs

Gain stakeholder support

- Medical staff
- Leadership
- Organization staff
- Community

Form recruitment/retention team

- Health Care Representative
- Community
- Recruiter
- Interviewer's
- Spouse recruiter
- Reference and Credential Reviewer
- Site visit team

Define your opportunity

- Practice setting profile
- Type of provider sought
- Compensation package
- Compensation arrangement
- Community profile
- Packaging your opportunity

Define your ideal candidate

- Desirable Professional Traits
- Undesirable Professional Traits
- Desirable Personal Characteristics
- Desirable Candidate, Spouse/Family Characteristics
- Undesirable Candidate, Spouse/Family Characteristics

Develop recruitment budget

- Promotion/Publicity Expenses
- Advertising
- Professional Recruitment Assistance
- Direct Marketing
- Person-to-Person Recruitment
- Other Promotion/Publicity
- Candidate Screening Expense

Opportunity

What are the strengths of your opportunity?
Are they clearly promoted?

What are the barriers to your opportunity?
What are solutions to the barriers?

Here's how to reach me

Stacee Reed, CPPM
Program Manager – Recruitment & Retention
Oregon Office of Rural Health
503.504.4937
reest@ohsu.edu

Project Update

Improving Data & Enhancing Access (IDEA-NW) Project

Northwest Tribal Epidemiology Center
Northwest Portland Area Indian Health Board

October 23rd, 2019

Visibility through Data

"Closing [economic and health disparity] gaps and addressing program and policy issues is complicated by the invisibility of American Indians and Alaska Natives in their own land.

It is not clear if invisibility results from lack of data or if lack of data leads to invisibility."

-Michelle Connolly (Blackfeet/Cree) et al, 2019, Statistical Journal of the IAOS 35(1)

Project Goals

- Improving Data
  - Conduct record linkages to reduce AI/AN misclassification in state datasets
  - Work with tribal, state, and federal partners to improve collection of health data for AI/AN communities
- Enhancing Access
  - Provide NW Tribes with up-to-date health data through data reports, fact sheets, manuscripts, and online dashboards
  - Expand EpiCenter access to state and federal data systems
  - Provide training and technical assistance to improve utilization of data by Tribes and other partners

Project Support

- Current Funding Source: CDC's Tribal Epidemiology Centers – Public Health Infrastructure Cooperative Agreement (September 2017 – September 2022)


Dr. Chiao-wen Lan
Epidemiologist


Karuna Tirumala
Biostatistician


Joshua Smith
Health Communications/ Evaluation Specialist


Heidi Lovejoy
Substance Use Epidemiologist


Sujata Joshi
Project Director


Victoria Warren-Mears
Principal Investigator

Project Highlight:
Linkages to reduce AI/AN misclassification

AI/AN Misclassification

Misclassification is the incorrect recording of a person's race in a data or surveillance system.

In the Northwest, AI/AN are often misclassified as White.

AI/AN Misclassification

Misclassification causes AI/AN to be under-represented in health data, which leads to:

- Inaccurate AI/AN health data
- Artificially lowered disease burden
- Too few AI/AN to calculate stable disease rates and trends
- Incomplete health data for public health decision-making

Record Linkages

Since 1999, NWTEC has been correcting misclassified AI/AN data through record linkages between the Northwest Tribal Registry and state health data systems.

We regularly link with:

- Birth and death records
- State Cancer Registries
- Hospital discharge data
- Communicable Disease registries

Death certificates

Northwest Tribal Registry

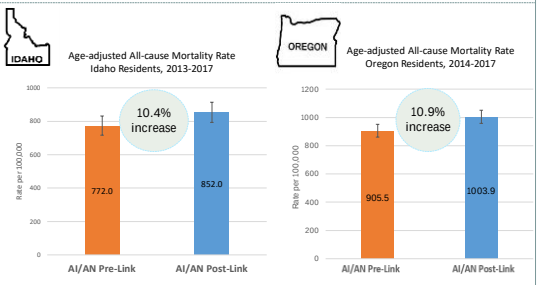
Linkages: September 2017 - present

Completed 14 data linkages

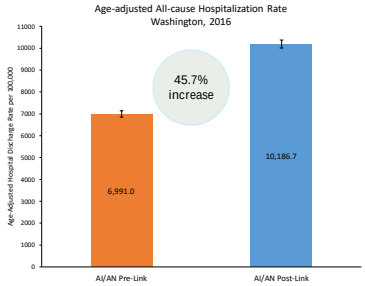
Linked with almost 5 million records

Identified and corrected over 19,000 misclassified AI/AN records

Misclassification Effect on Mortality Rates



Misclassification Effect on Hospitalization Rates



Recent Data Products

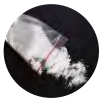
Planned Data Products:
-Opioid & Drug Overdose data briefs for Idaho and Northwest Region
-Maternal and Child Health data profiles for Idaho, Oregon, Washington
-Updated Cancer Data Fact Sheets

How can we assist?

- Data Requests for local, state, or regional data
- Technical assistance with:
  - Data collection, analysis, interpretation, presentation
  - Developing data sharing agreements
  - Other data-related issues
- Health Data Literacy Trainings
  - Overview of core epidemiology concepts
  - Information on local/regional sources of data
  - Using GIS apps to collect and visualize data
  - Using data for policy development

Opioid Data & Surveillance Project



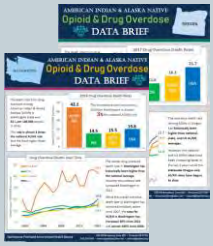



Opioid Data & Surveillance Project Overview

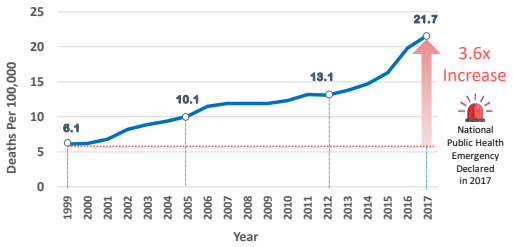
- 3-Year grant through the CDC (Centers for Disease Control and Prevention)
- Add-on to the TEC-PHI grant
- Goal is to improve opioid & drug surveillance among Northwest tribes, and improve tribal access to drug/opioid data

Opioid Data & Surveillance Project Goals

- Produce opioid/substance data reports for AI/AN
- Assist NW tribes with opioid/substance data needs
- Gain access to additional opioid/substance data sources
- Work with partners to address racial misclassification in data systems

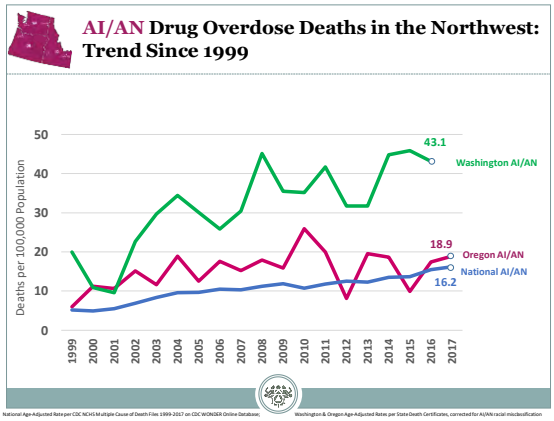


National Drug Overdose Deaths: Trend Since 1999



National Age-Adjusted Rates per CDC NCHS Multiple Cause of Death Files 1999-2017 on CDC WONDER Online Database

AI/AN Drug Overdose Deaths in the Northwest: Trend Since 1999



National Age-Adjusted Rate per CDC NCHS Multiple Cause of Death Files 1999-2017 on CDC WONDER Online Database; Washington & Oregon Age-Adjusted Rates per State Death Certificates, corrected for AI/AN racial misclassification

Project Accomplishments & Successes -Planning & Infrastructure-

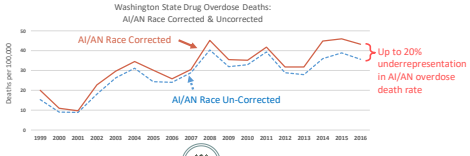
- Hired Epidemiologist focused solely on substance & opioid-related data
- Created NPAIHB Opioid Workgroup
  - Coordinate across multiple opioid projects at the Board and EpiCenter
- Joined Washington State Opioid Response Data Workgroup
  - Ensure AI/AN are considered in all stages of the state plan
- Established many new & expanded partnerships to support opioid/substance data work
  - State/national partners, other TECs, data & program managers, SUD researchers
- Contributed to development the Tribal Opioid Strategic Agenda
  - Developed specific Data & Surveillance section
    - Defines goals in opioid/substance surveillance, data improvement, data dissemination
- Identified tools to enhance capacity for tribes to obtain or access opioid data

Project Accomplishments & Successes -Data Access-

- Death certificates for WA, OR, and ID
  - Fatal drug overdose analyses almost completed for all three states
  - Data Brief Reports completed for WA & OR (visit npaihb.org/idea-nw/)
    - Idaho and 3-state regional Data Briefs planned (soon)
    - Expanded fatal drug overdose reports planned
- Emergency Department (ED) data for WA & OR
  - Conducted Washington analyses for overdose-related ER visits
  - OR analyses planned
  - Reports planned
- Other data obtained with analyses to be conducted:
  - Hospitalization data for OR and WA
  - Washington State Healthy Youth Survey (HYS)
  - Idaho Youth Risk Behavior Surveillance System (YRBSS)
  - Baltimore HIDTA Overdose Detection Mapping Application Program (ODMAP)

Project Accomplishments & Successes

- Identified over 40 additional sources for substance/opioid data
  - Prioritizing which sources most useful for NW tribes
- Completed 13 requests for opioid/substance data assistance, 6 presentations
- Identified multiple datasets with AI/AN racial misclassification errors
  - Corrected several datasets so far & run corrected AI/AN overdose statistics
  - Plan to link with and correct additional datasets
  - Working with states to incorporate and address these issues



Upcoming Activities

- In progress data sources:
  - Oregon Prescription Drug Monitoring Program (PDMP)
  - Washington Emergency Medical Services (WEMSIS)
- Planned activities for grant year 2
  - Explore access to additional data sources
    - Idaho ED data
  - Create in depth opioid/substance reports for NW AI/AN
  - Develop online dashboards to communicate data
  - Provide training to tribes on opioid/substance epidemiology
  - Continue providing assistance to tribes on opioid/substance data
  - Work with medical examiners/coroners to improve race collection on death certificates
  - Work with states to develop standards for incorporating corrected AI/AN status information into surveillance systems
  - More!

Data Highlight: Emergency Department (ED) Data

- Emergency departments report information about why people visited the ED into a data system
- Most states collect this information for many conditions, including drug overdose
  - The information available will vary by state
- PRO: Unlike most data sources, ED data is reported and available quickly, with almost no time-lag ("real-time")
- CON: It's a newer system, so can't look at trends very far back

Note: ED data is also often called:
- Syndromic surveillance
- ESSENCE
- BioSense
- NSSP
- Washington State calls it "RHINO"
  ...I don't know why it has so many names (!)

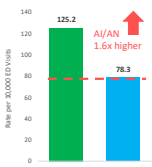
RHINO

NSSP National Syndromic Surveillance Program

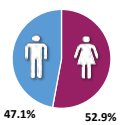
Washington State: Emergency Department Visits for Drug Overdose

Jan 2018 – Oct 9, 2019

Race



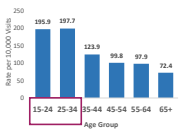
Sex (AI/AN)



47.1% Male

52.9% Female

Age (AI/AN)



AI/AN aged 15-34 experienced the highest rate of drug overdose ED visits

Drug
44% opioid-related

Data Sources: Washington State Department of Health Rapid Health Information Network (RHINO)

Need Opioid/Drug Data?

Contact me!

- Overdose deaths in your county/area
- Emergency department visits for overdose in your county/area
- Other opioid/drug-related data

Heidi Lovejoy, MSc
Substance Use Epidemiologist

HLovejoy@npaihb.org
(503) 416-3251

Suicide Monitoring and Prevention Planning Project

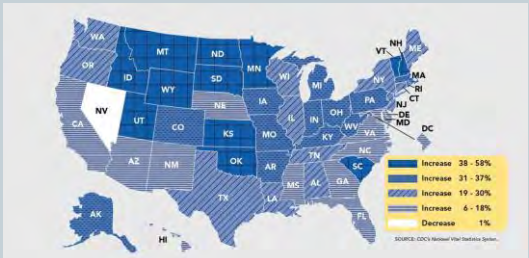
Chiao-Wen Lan
Epidemiologist
Improving Data & Enhancing Access (IDEA-NW) Project

Northwest Tribal Epidemiology Center
Northwest Portland Area Indian Health Board

October 23rd, 2019

BACKGROUND

Suicide rates are up nearly 30% since 1999

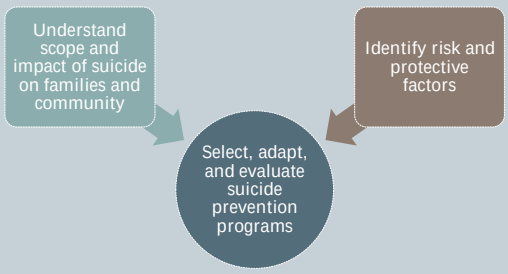


Pacific Northwest

- Suicide was the **7th leading cause of death** among AI/AN living in Idaho, Oregon, and Washington
- Suicide was the **2nd leading cause of death** for Northwest AI/AN between ages 15-44
- Disproportionately affects younger individuals
  - Over 75% of AI/AN suicide completion occur before age of 50
  - Men had significantly higher suicide rates compared to women
  - Firearms were involved in 42.7% of AI/AN suicide deaths

NPAIHB Suicide Monitoring and Prevention Planning Project

Need for Local Data



THREE PILOT PROJECT GRANTEES 2019

Project Activities

- **Form new partnerships** and contacts (e.g., local county department of health; local health organizations)
- **Strategic planning meetings** with partners for suicide data collection and prevention for Northwest Tribes
- **Identify suicide-related data indicators**, data sources, data collection/sharing methods, and prevention strategies
- **Identify resilience factors** to prevent suicide
- **Develop inventories** of existing local sources of suicide-related data and suicide prevention resources

Project Activities Cont'd

- NWTEC provided TA and analyzed suicide-related data to establish baselines
  - Death Certificates
  - Hospitalizations
  - Emergency Department Visits
- Two Data Training Webinars
  - NW Tribal suicide surveillance program success story
  - HIPAA considerations when sharing information about suicide attempts/behaviors

What's Next?

- Implementation Phase (Phase 2) FOA will be released so that Phase 1 participating Tribes can implement the data collection and response plans developed during Phase 1
- Tribal strategic plan for data collection and suicide prevention
- Tribal council approvals for strategic plan
- Data sharing agreements
- Local data collection

"Suicide surveillance requires communication and is a form of preservation of our cultural & people"

- Tribal respondent from Garrett Lee Smith grantee

Contact

Sujata Joshi
sjoshi@npaihb.org
Project Director

Chiao-Wen Lan
chiaowenlan@npaihb.org
Epidemiologist

Please contact us for:

- Data and resources related to suicide and suicide prevention
- Other tribal suicide surveillance program success stories

Project Update

IDEA – NW

Communication Changes

Northwest Tribal Epidemiology Center
Northwest Portland Area Indian Health Board

October 23rd, 2019

Current Issues

- We have amazing data but have had limited capacity to share those results with tribes

Lets Explore the Past

Community Health Profiles

- Could be well over 250 pages for each state
- Very resource intensive
- Short period of relevance
- Limited audience

Reports

- Similar problems as above, but to a lesser degree

What are we going to do about it?

We are currently still trying to figure that out

Pros:

- We could still use any feedback you want to share
- Our changes will address underlying issues
- New products will be just what you need

Cons:

- It will take time to see change

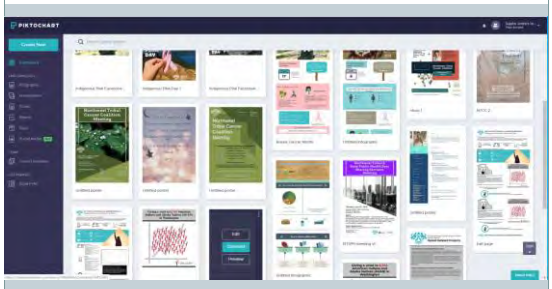
Issue:

We have amazing data but have had limited capacity to share those results with tribes

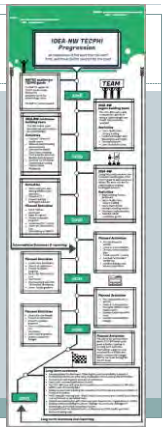
Actions:

- Explore user-friendly platforms
  - E.g., Piktochart
- Streamline our data products
  - E.g., change mediums, expand audiences

Explore User-Friendly Platforms



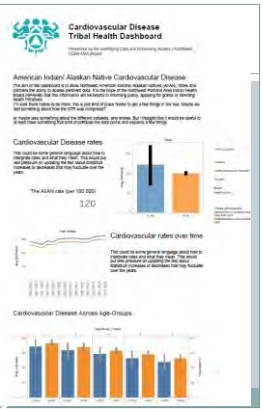
Explore User-Friendly Platforms



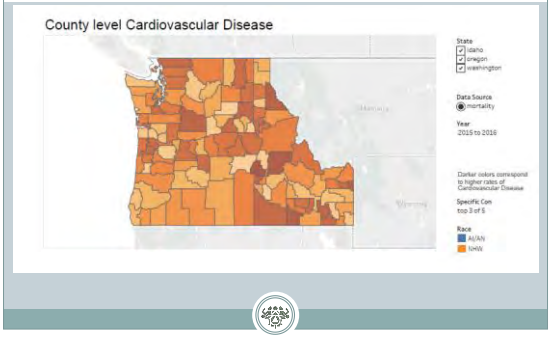
Streamline Data Products

Streamline Data Products

Streamline Data Products



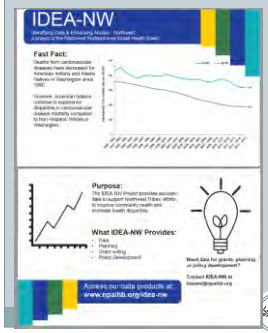
Streamline Data Products



Streamline Data Products

Streamline Data Products

Streamline Data Products



Thank you!

We are nothing without the people we serve

We look forward to innovating the way we meet your data needs

We would appreciate any feedback you would share

- Especially those handy surveys we passed out earlier

Contact

Chiao-wen Lan
chaiowenlan@npaihb.org

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Joshua Smith
jsmith@npaihb.org

Heidi Lovejoy
hlovejoy@npaihb.org

Sujata Joshi
sjoshi@npaihb.org

Visit our website for data reports and linkage resources:
http://www.npaihb.org/ideanw

NPAIHB Landscape of EHR Systems in the IHS Portland Area

Quarterly Board Meeting
October 23, 2019
Hosted by The Confederated Tribes of the Umatilla Indian Reservation

Overview

1. HHS/IHS Health IT Modernization Project
2. NPAIHB EHR Survey
3. Portland Area IHS/Tribal Clinic Information
4. EHR Systems
5. Conclusions

HHS/IHS Health IT Modernization Project

- Health IT Modernization Project will be released soon.
- Data was collected from 1,877 data call respondents from 226 facilities and 25 site visits to engage with 450 site personnel(no IHS/Tribal facilities from Portland Area)
- **Findings:** 90% use RPMS EHR very often or always in their daily work (did not receive many responses from Tribes with COTS systems); 60% think RPMS needs significant improvement; 89% of users believe it can be successfully implemented; 93% of RPMS user agree that now is the time to deploy a HIT system.
- Modernized system must include data sharing, an EHR interface, adequate training, and increased resources.
- **Issues:** limited workforce, inconsistent training and support, incomplete system design and disjointed user experience, minimal interoperability, inadequate technology and connectivity.

HHS/IHS Health IT Modernization Options

1 Stabilize RPMS	2 Renew RPMS	3 Selective Replacement	4 Full Replacement
• Maintain current technical architecture and deployment approach. • Enhance application as needed and as resources allow. • Improve training and support resources to customize utilization.	• Apply state-of-the-art methods to "wrap & renew" legacy apps with APIs/service tier. • Allow creation of new functions and user interfaces using "modern" technologies and languages. • Migrate to consolidated databases and cloud hosting.	• Identify preferred "best of breed" COTS solutions for specific domains (e.g. Lab, Billing, etc.) • Selectively integrate these using standards-based service tier technologies. • Retain and enhance preferred RPMS apps/functions using "wrap and renew" approach.	• Identify and implement preferred pre-integrated "best of suite" offerings. • Determine approach to retention/transfer of legacy data to new system. • Some features of RPMS unique to IHS may need to be retained or redeveloped.

IHS Information Systems Advisory Committee (ISAC) Recommendations

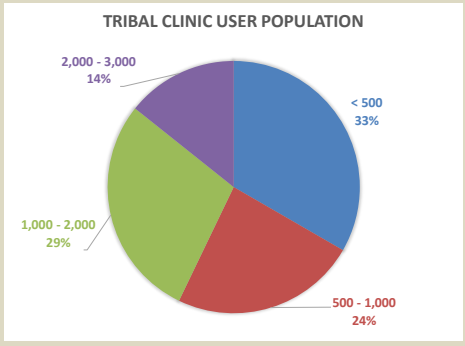
- IHS provide ISAC members with a comprehensive roadmap for RPMS development that outlines the planned costs, dates and modules that will achieve compliance with specific Federal certifications and regulations as soon as possible.
- IHS provide ISAC members with a roadmap on the communication efforts to harmonize quality measures.
- IHS sponsor a national Health IT Modernization Summit meeting for all Tribes, to share information from the HHS research report, discuss alternatives, and create an open space to share ideas and innovation. This initiative should include broad input from stakeholders, including, but not limited to, representatives from the Department of Health and Human Services, IHS, Veterans Affairs, Tribal Self Governance Advisory Committee, Direct Service Tribes Advisory Committee, National Indian Health Board, National Council of Urban Indian Health, and ISAC.
- ISAC continue to support the Health IT Modernization Research Project, and recommends timely communication of the findings to the IHS/Tribal/Urban community. The ISAC asks to be informed on any Tribal feedback.
- IHS begin reviewing third party data analytics platforms as part of the Fiscal Year 2020 Health IT modernization efforts.

NPAIHB EHR Survey

- **Purpose:** Examine the EHR systems in the Portland Area for the national health IT modernization discussion and provide a tool for our member tribes to evaluate various EHR COTS systems.
- **Methods:** Circulated a survey via Survey Monkey multiple times in November 2018 through the NPAIHB Delegate and Tribal Health Director listservs. Analyzed by the NW Tribal Epidemiology Center and Board staff.
- **Portland Area Tribal Respondents:**
  - -3 Idaho Tribes
  - -9 Oregon Tribes
  - -21 Washington Tribes

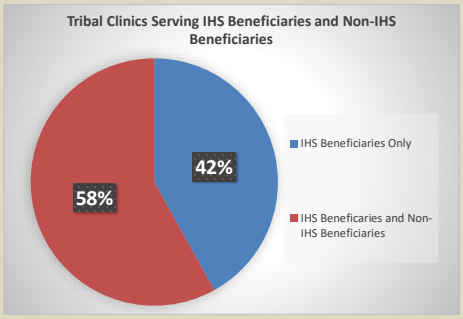
Portland Area IHS/Tribal Clinic Information

Approximate User Population

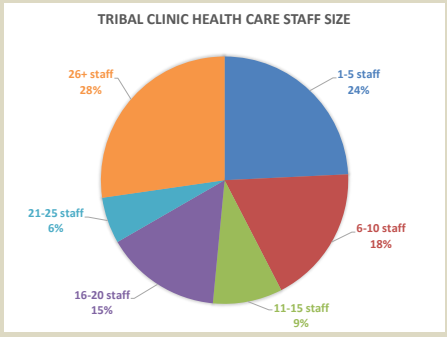


Range of User Population	Tribes and EHR System
Less than 500	Burns Paiute Tribe (RPMS) Hoh Indian Tribe (RPMS) Jamestown S'Klallam (Epic) Kootenai Tribe of Idaho (MacPractice) Sauk-Suiattle (Office Ally) Shoalwater Bay (Epic) Upper Skagit Tribe(MacPractice)
500-1,000	Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (Dentrix) Kalispel Tribe of Indians (RPMS, Centricity, Insync) Quileute Tribe (RPMS) Samish Indian Nation (RPMS) Skokomish Indian Tribe (RPMS)
1,000- 2,000	Chehalis Tribe (RPMS) Coquille Indian Tribe (NextGen) Nooksack Indian Tribe (RPMS) Port Gamble S'Klallam Tribe (NextGen) Spokane Tribe of Indians (RPMS) Swinomish Indian Tribal Community (RPMS)
2,000 – 3,000	Makah Tribe (RPMS) Squaxin Island Tribe (RPMS) Suquamish Tribe (Excel and Office Notes)
3,000-4,000	Coeur d'Alene Tribe (NextGen) Klamath Tribes (NextGen) Lower Elwha Klallam (RPMS) Confederated Tribes of Umatilla (RPMS) Confederated Tribes Warm Springs (RPMS)
4,000-5,000	Cowlitz Indian Tribe (RPMS) Nez Perce Tribe (RPMS) Confederated Tribes of Siletz (NextGen)
5,000+	Confederated Tribes of Colville (RPMS) Cow Creek Band of Umpqua Tribe (Greenway) Confederated Tribes of Grande Rhonde (NextGen) Lummi Nation (RPMS, Methasoft) Muckleshoot Tribe (RPMS, Dr. Cloud) Nisqually Tribe (RPMS) Puyallup Tribe (NextGen) Quinault Indian Nation (RPMS) Shoshone Bannock Tribes (RPMS) Tulalip Tribes (RPMS, Epic, Pioneer) Yakama Nation (RPMS)

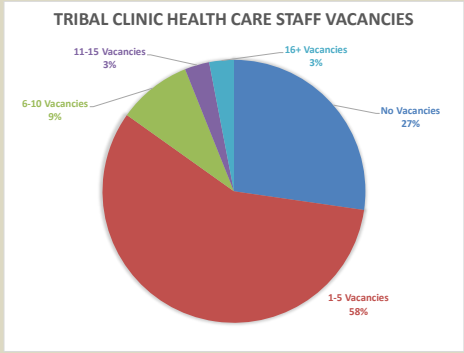
Tribal clinics serving IHS beneficiaries and non-IHS beneficiaries



of Employed Health Care Staff

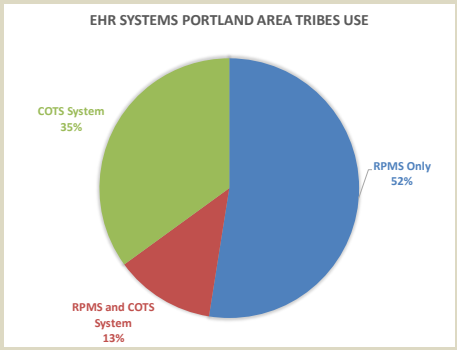


of Health Care Staff Vacancies



EHR System Landscape for Portland Area Tribes

EHR Systems Portland Area Tribes use



Portland Area Tribes on RPMS Only

Portland Area Tribes on RPMS Only
Burns Paiute Tribe
Chehalis Tribe
Confederated Tribes of the Colville Reservation
Confederated Tribes of the Umatilla Indian Reservation
Confederated Tribes of Warm Springs
Cowlitz Indian Tribe
Lower Elwha Klallam Tribe (will be transitioning to NextGen)
Makah Tribe
Nez Perce Tribe
Nisqually Tribe (will be transitioning to Greenway)
Nooksack Tribe
Quileute Tribe
Quinault Indian Nation
Samish Indian Nation
Shoshone-Bannock Tribes
Skokomish Indian Tribe
Snoqualmie Tribe
Spokane Tribe of Indians
Squaxin Island Tribe
Swinomish Indian Tribal Community (will be transitioning to EPIC)
Yakama Nation

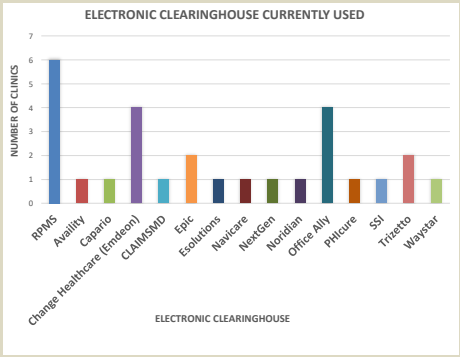
Portland Area Tribes on RPMS AND a COTS System

Tribe	EHR System
Confederated Tribes of Grand Ronde	RPMS and NextGen
Kalispel Tribe of Indians	RPMS, Centricity, Insync and Dentrix
Kootenai Tribe of Idaho	RPMS, MacPractice
Muckleshoot	RPMS, Dr. Cloud
Lummi Nation	RPMS, Methasoft (SUD/OTP) and Dentrix

Portland Area Tribes on a COTS System

Tribe	EHR System
Coeur d'Alene Tribe	NextGen
Confederated Tribes of Siletz Indians	NextGen
Coquille Indian Tribe	NextGen
Cow Creek Band of Umpqua Tribe of Indians	Green Way
Klamath Tribes	NextGen
Jamestown S'Klallam Tribe	Epic
Port Gamble S'Klallam Tribe	NextGen
Puyallup Tribe	NextGen
Sauk-Suiattle Indian Tribe	Office Ally
Shoalwater Bay Tribe	Epic
Stillaguamish Tribe	Office Ally
Suquamish Tribe	Excel and Office Notes
Tulalip Tribe	Epic, Pioneer and Dentrix
Upper Skagit Tribe	MacPratice

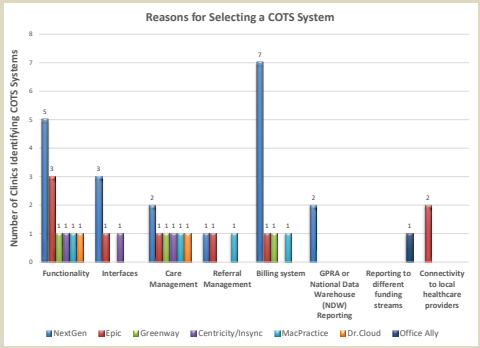
Electronic Clearinghouse



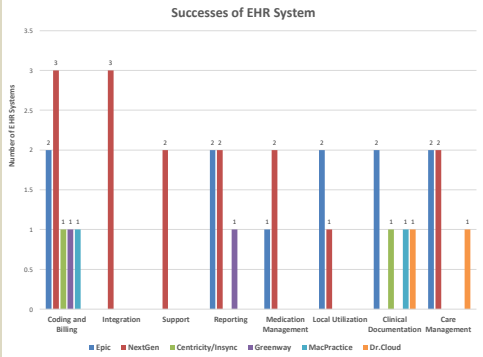
Purchase timeframe of a COTS system

Timeframe	EHR System and Tribes
Less than a year ago	**Kalispel Tribe of Indians** (Centricity/Insync)
1-2 years ago	**Cow Creek Band of Umpqua Tribe of Indians** (Greenway) **Shoalwater Bay Tribe** (Epic) **Tulalip Tribes** (Epic, Pioneer)
3-5 years ago	**Confederated Tribes of Grand Ronde** (NextGen) **Confederated Tribes of Siletz Indians** (NextGen) **Coquille Indian Tribe** (NextGen) **Jamestown S'Klallam Tribe** (Epic) **Kootenai Tribe of Idaho** (MacPractice) **Muckleshoot Tribe** (Dr.Cloud) **Sauk Suiattle Indian Tribe** (Office Ally) **Suquamish** (Excel & Office Notes)
6+ years ago	**Coeur d'Alene Tribe** (NextGen) **Klamath Tribes** (NextGen) **Lummi Nation** (Methasoft) **Port Gamble S'Klallam Tribe** (NextGen)

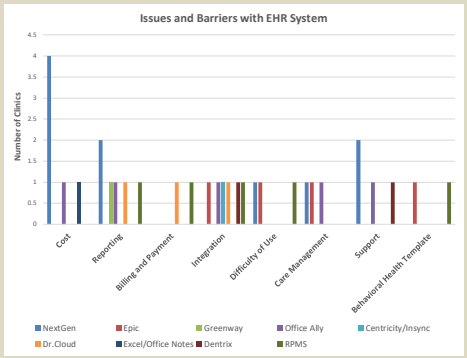
Reasons for Selecting a COTS System



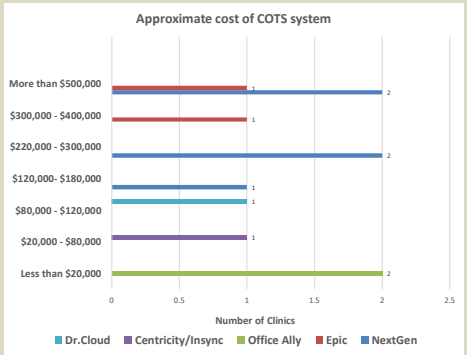
EHR System Successes



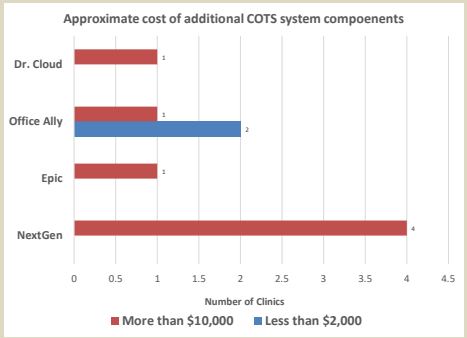
EHR System Issues/Barriers



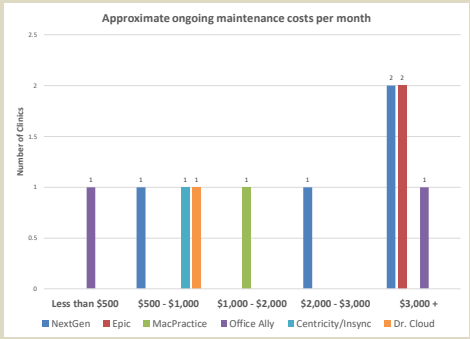
COTS System Approximate Costs



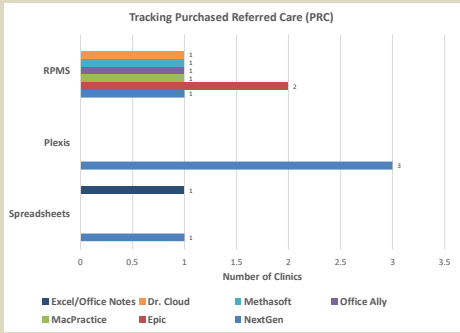
Approximate Costs of Additional COTS System Components



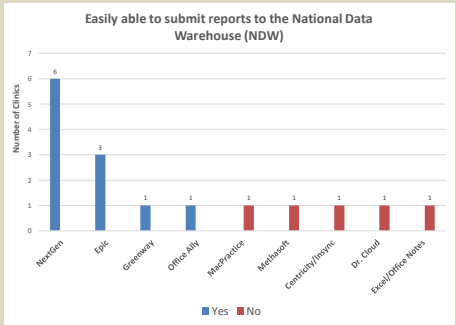
Approximate Ongoing Maintenance Costs per Month



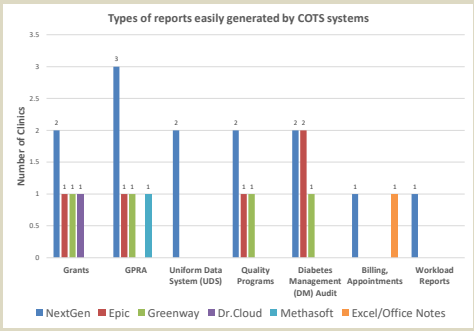
System tracking Purchased Referred Care (PRC)



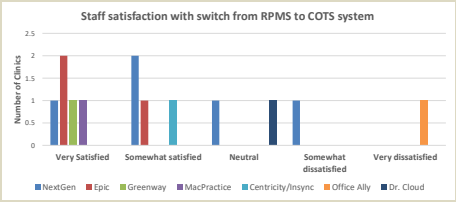
Reporting to the IHS National Data Warehouse (NDW)

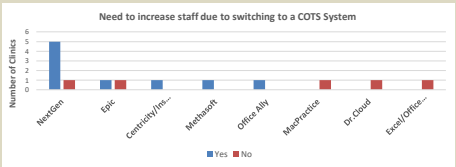


Reports Easily Generated by COTS System

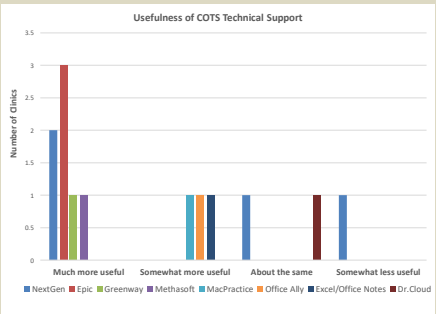


EHR System Satisfaction and Support

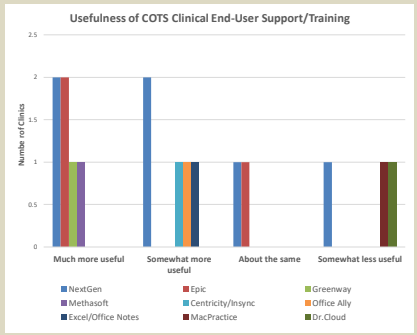




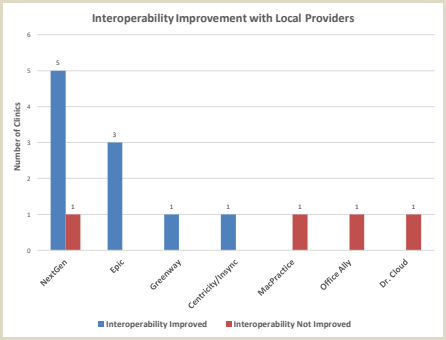
COTS Technical Support



COTS System End-User Training



COTS System Interoperability Improvement with Local Providers



Conclusions

- **Portland Area Tribes on COTS System:** 52% of Portland Area Tribes use the RPMS system, and 48% use a COTS system. 19 Tribes out of the 43 federally-recognized tribes use a COTS system.
- **Reasons for switching to a COTS System:** Functionality, the billing system, care management, and interfaces were identified as the leading reasons for Portland Area Tribes to purchase a COTS System
- **Purchase Timeframe:** More Portland Area Tribes (12) have purchased a COTS system in the last 5 years.
- **Successes:** Lead successes of a COTS system that were highlighted included coding and billing, reporting, clinical documentation, and care management. Technical support and clinical end-user support are more helpful with a COTS system compared to RPMS. Interoperability was also identified as improved compared to RPMS.
- **Remaining Issues/Barriers:** The main issues and barriers of a COTS system included costs, reporting, and integration. In addition, Tribes on a COTS system are tracking PRC in other various ways.

Questions and Discussion

NPAIHB EHR Survey Contacts

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Sarah Sullivan
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(703) 203-6460

2020 Decennial Census

NPAIHB Quarterly Board Meeting

October 23, 2019

160 Days until Census Day (April 1, 2020)

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Census Trivia

When was the first Census conducted?

First Census conducted in 1790

When did AIANs become part of the Census count?

American Indians living in the general population were identified for the first time in 1860

American Indians living on reservations were identified for the first time in 1900

What percentage of census takers (enumerators) are over the age of 50?

50%

What year were AIANs granted the right to vote?

American Indians were granted the right to vote in 1924

When day is "Census Day"?

April 1, 2020

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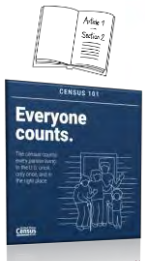
1790-1840	American Indians excluded.
1860	American Indians considered assimilated are counted.
1870	Census Schedule lists "Indian" as a choice in the column heading for "Color."
1880	Census and Commissioner of Indian Affairs collaborated to count both taxed and non-taxed American Indians.
1890	Both taxed and non-taxed American Indians are counted and results were reported.
1890-1950	Census takers use observation to determine if a person is American Indian.
1930	In response to Meriam Report the Census does a more thorough account of American Indians by: 1) use of a general schedule 2) enumerating Indians the same time as the rest of the population and 3) using trained census employees.
1940	American Indians included in total U.S. census count.
1950	Supplemental Schedule for BIA is included and maps that designated reservation boundaries are used.
1960	Respondents self-report their race.
1960-1970	Self-identification begins to replace observation to identify race.
1970	Race was once again obtained on the basis of observation by enumerators in rural areas of the country, including most reservations.
1980	The Census Bureau begins to actively seek AIAN input into the census process and *Alaskan Natives* were mentioned separately for the first time. The count of the AIAN population was the highest to date with a 72 percent increase over the 1970 census count.
1990	Tribal Governments Program developed to work with federally recognized tribal governments. The Census AIAN Advisory Committee is created.
2000	"Tribal Governments Program" changed to the "American Indian and Alaskan Native (AIAN) Program" and the program is expanded to include all AIAN people. Tribal Governments Liaison Program extended to state-recognized tribes.
2010	A Partnership Specialist (Tribal) position is created to work with Tribal Officials.

Why Do We Take the Census?

U.S. Constitution, Article 1, Section 2 mandates an apportionment of representatives among the states for the House of Representatives every 10 years.

By law, the U.S. Census Bureau must deliver a report of population counts to the President of the United States within 9 months of Census Day – on or before December 31, 2020.



4 2020CENSUS.GOV

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2020 Census: Counting Everyone Once, Only Once, and in the Right Place

With accurate census data, Tribe's and Tribal organizations can make stronger decisions to better serve your communities.

Data is the most accurate when people participate.

How can we do this together?

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"We'll stress that the population count is critical for us as a tribal community because we have a need for housing, we have a need for health care, education and transportation, and for apportionment."

— Denell Broncho, head of the Shoshone-Bannock Tribes' Native Complete Count Committee

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The 2020 Census is in 'deep trouble' and tribes will lose big
What is at Stake?
Distribution of more than $675 billion annually in federal funds.
Redistricting of state legislative districts.
Forecasting future transportation needs.
Determining areas eligible for housing assistance and rehabilitation loans.
Assisting tribal, federal and state and local governments in planning, and implementing programs and services in:
Education (School lunch program, Head Start/Early Head Start)
Health (Medicaid, Medicare, Indian Health Services)
Social Services (Workforce Development, Youth and Elders Programs)
Housing (Indian Housing Block Grants)
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Community Partnership and Engagement Program
Increase participation in the 2020 Census for those who are less likely to respond or are often missed.
EDUCATE people about the Decennial 2020 Census and foster cooperation with Tribes and stakeholders.
ENCOURAGE tribal and community partners to motivate people to self-respond.
ENGAGE tribal, urban and grass roots organizations to reach out to hard to count groups and those who aren't motivated to respond to the national campaign.
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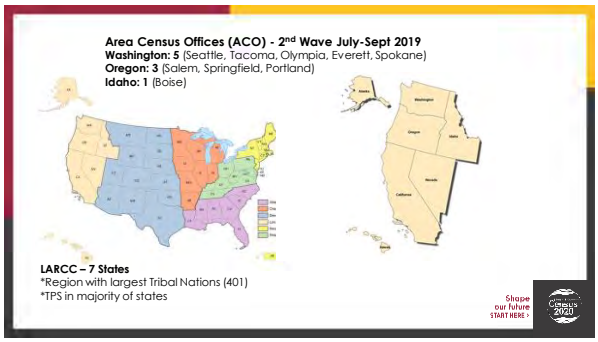
Area Census Offices (ACO) - 2nd Wave July-Sept 2019
Washington: 5 (Seattle, Tacoma, Olympia, Everett, Spokane)
Oregon: 3 (Salem, Springfield, Portland)
Idaho: 1 (Boise)
LARCC – 7 States
*Region with largest Tribal Nations (401)
*TPS in majority of states
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2020 Census vs 2010 Census

Easier.
More efficient.
Confidential.
Safe.

We mail to physical addresses not PO Boxes

Last day to self-respond July 31, 2020
Last day of NRFU July 24, 2020

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The Census is Confidential and Required by Law

1. The Census Bureau is required to keep information confidential. All responses provided on the 2020 Census question are or to a Census Bureau employee are confidential and protected under Title 13 of the U.S. Code.
2. We will never share a respondents personal information with other government agencies.
3. Results from the census are reported in statistical format only.
4. Records are confidential for 72 years by law (Title 44, U.S. Code).
5. All Census Bureau employees swear a lifetime oath to protect respondent information.
6. Penalty for wrongful disclosure is up to 5 years imprisonment and/or a fine of $250,000

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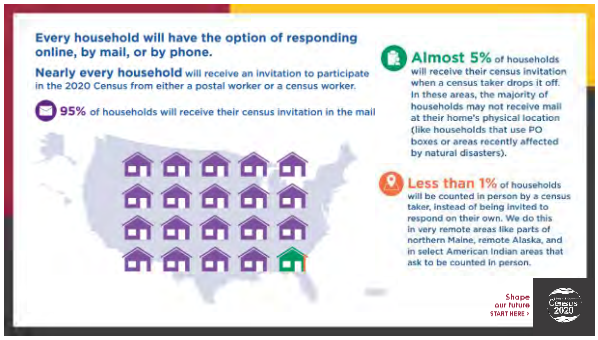
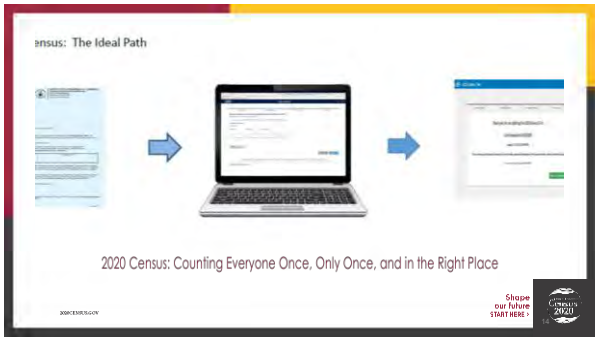
2020 Census Timeline	
Fall 2018	Recruitment begins for early census operations.
Fall 2019	Recruitment begins for peak operations in 2020.
August – October 2019	In-field address canvassing where needed.
March – July 2020	Internet Self-Response.
March – July 2020	In-person or follow-up interviews.
March – September 2020	Census Questionnaire Assistance via telephone.
April 1, 2020	Census Day – Respondents will be able to respond via internet, telephone or paper questionnaire.
December 2020	U.S. Census Bureau delivers population counts to President for apportionment.
March 2021	U.S. Census Bureau delivers redistricting data to states.





Hard to Count Populations (HTC)

- American Indian/Alaska Natives — at risk of being undercounted (4.9% undercount in 2010)
- Young children and Elders (0-5 years – 4.6% undercount in 2010)
- Renters
- Low income persons, low of internet access
- Persons experiencing homelessness/transient — Housing insecurity, seasonal fishing communities
- Persons who distrust the government
- Persons with mental or physical disabilities
- Persons who do not live in traditional housing

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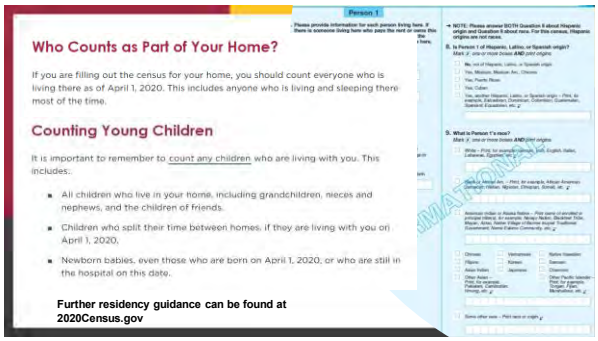

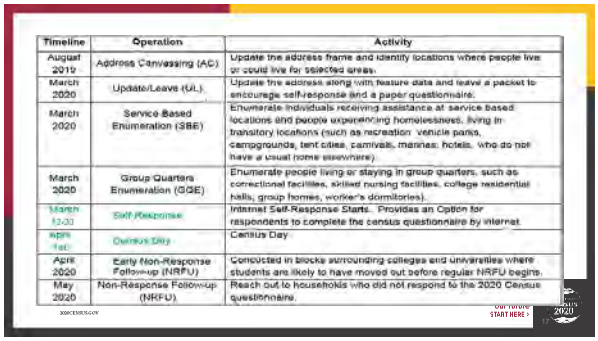

Update Leave (March 2020) Ex. Warm Springs, Shoshone Bannock, Quinault

- Optimize and allow household Self-Response through delivery of 2020 Census Questionnaire to every Housing Unit (HU)
- Package will include:
  - Paper Questionnaire (will have preprinted questionnaire ID and can be mailed)
  - A letter (Will provide instructions on three methods to respond to Census)
    - First method is to respond online using Uniform Resource Locator (URL) and Questionnaire ID printed on the enclosed Questionnaire.
    - Second method is complete and mail back the Questionnaire in the postage-paid envelope provided.
    - Third method is to respond via telephone by calling the Census Questionnaire Assistance (CQA) Center
  - Census Questionnaire Assistance Insert
  - Frequently Asked Questions Insert
  - Return Envelope

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Group Quarters and Service Based Enumeration (March 2020)

A **Group Quarter (GQ)** is a place where people who are not related live or stay in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents.

Types of Group Quarters include:
College Residence Halls, Group Homes, Prisons, Nursing Homes, Residential Treatment Centers

Service-Based Enumeration (SBE) is a subset of GQ, where individuals who are experiencing home-lessness are receive services. We target places where people who maybe experiencing homeless are receiving services so we can provide them opportunities to be counted.
These locations include: Mobile Food Vans , Soup Kitchens, Transitional and Emergency Shelters (with Sleeping Facilities) — for people experiencing homelessness.

Targeted Non-Sheltered Outdoor Locations (TNSOLs) — places where people experiencing homelessness live without paying to stay. Ex. Parks, Wooded Areas, Parkway Benches, Alleys, Restaurants, 24-hour Laundromats, Walmart, Casinos, etc.

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The Role of Community Partners – We need you.

Community partners who actively work within Hard to Count (HTC) Population can assist the Census workers to gain access to these targeted populations in order to accurately count them, by doing the following:

1. **Participate in the ongoing conversation and Census related activities about the 2020 Census.**
2. **Participate on your Tribal CCCC or local CCC. If not formed, encourage creating one!**
3. **Respond to Census workers when they reach out for assistance and partnership building.**
4. **Share resources about the 2020 Census with your network of providers.**
5. **Preset the population experiencing homelessness by letting them know that Census workers will be conducting enumerations beginning on April 1, 2020.**
6. **Encourage their participation in the 2020 Census. Frame your conversation in terms of the benefits of participating in the Census.**
7. **Help Census workers to identify Hidden Housing and new Group Quarters in your community.**
8. **Be an active champion for the work being done by the Census Bureau.**

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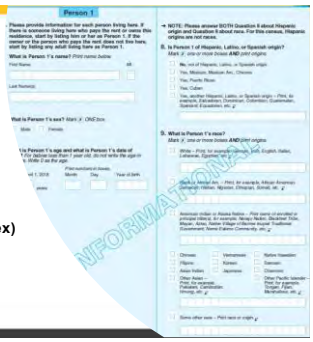
What we will ask.

- **Age and Date of Birth**
- **Address**
- **Hispanic or Latino origin**
- **Race/Ethnicity**
- **Relationship (includes same sex)**
- **Gender**
- **Tenure (Owner/Renter)**
- **Household (count everyone at address)**



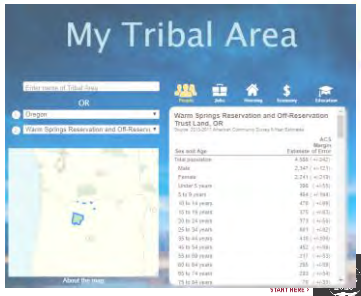
Data Tools

My Tribal Area
https://www.census.gov/tribal/

Response Outreach Area Mapper (ROAM)
https://www.census.gov/roam

Free Data Workshops and Webinar available to Tribes and Orgs

www.2020Census.gov



Tribal Complete Count Committees

A committee established by tribal, state and local governments, and community leaders or organizations to increase awareness and motivate residents to respond to the 2020 Census.

Focus is to encourage individuals in their community/tribe to self respond online, on the phone or by mail (if they receive a questionnaire by mail).

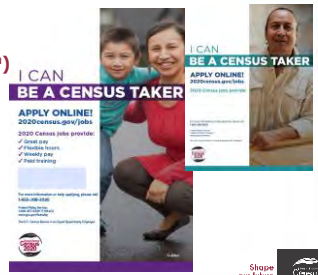
A formal partnership with the Census Bureau either by resolution, executive order or legislation. It provides the structure and support to engage the tribal, community and state' stakeholders and encourage participation.

Census Bureau staff (Tribal Partnership Specialist) serve as liaisons and information resources for forming CCC.

Shape our future START HERE >

Census Jobs National Recruiting Week (October 20-27th)

Pay rate: $15-25 per hour
Paid weekly
Paid training
Flexible
SNAP,TANF,HUD, GA Waivers
Need for AI/AN Census Takers
www.2020census.gov/jobs



Shape our future START HERE >

Next steps and To Dos?

- Create Tribal Outreach Plan (Toolkit examples)
- Identify barriers and challenges to participation.
- Identify Key Community Events using Timeline.
- Develop local messaging and materials.
- Create or participate on a TCC or Local CCC.
- Invite Census staff to your events/meetings/activities.
- Apply for Census jobs and help us recruit a diverse staff for the ACO job positions.

Questions?

Shape our future START HERE >

Contact Information

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Los Angeles Regional Census Center
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Tribal Partnership Specialist-WA Lead
Los Angeles Regional Census Center
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United States Census 2020

Shape our future START HERE >

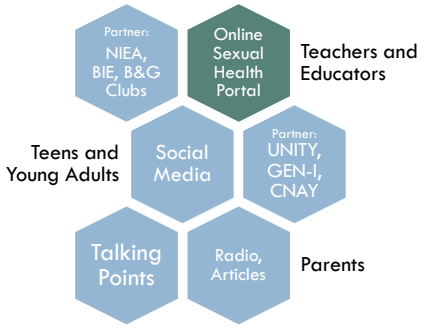
PROMOTING ADOLESCENT HEALTH AND WELLBEING UPDATE

NPAIHB QBM - Oct 2019

DISSEMINATING EFFECTIVE ADOLESCENT HEALTH INTERVENTIONS IN NATIVE COMMUNITIES

Healthy Native Youth

Communication Strategies



Healthy Native Youth

- SHARE THE SITE WITH YOUR COMMUNITY NETWORKS: WWW.HEALTHYNATIVEYOUTH.ORG

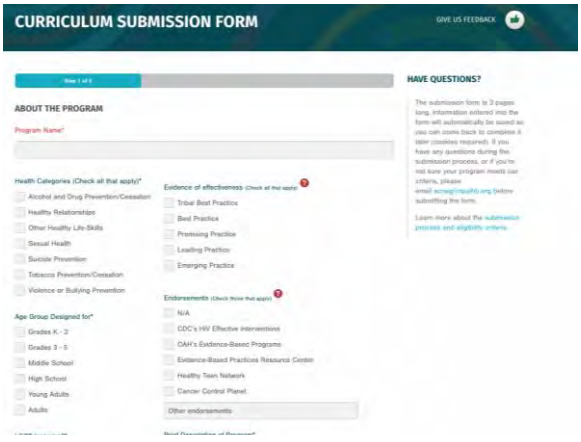
  SIGN UP TO RECEIVE A MONTHLY NEWSLETTER!

  TEXT HEALTHY TO 97779

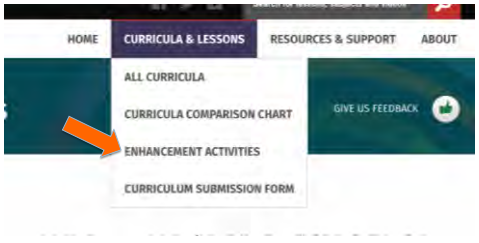
  LIKE US ON FACEBOOK, INSTAGRAM & YOU TUBE!

JOIN THE MOVEMENT!

Healthy Native Youth Website



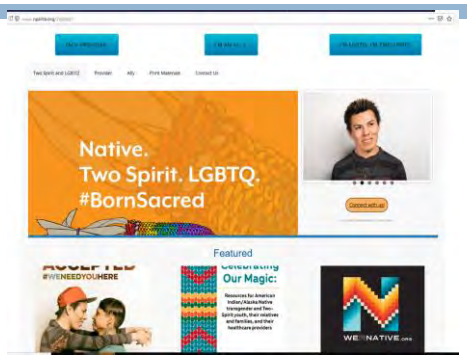
Enhancement Activities

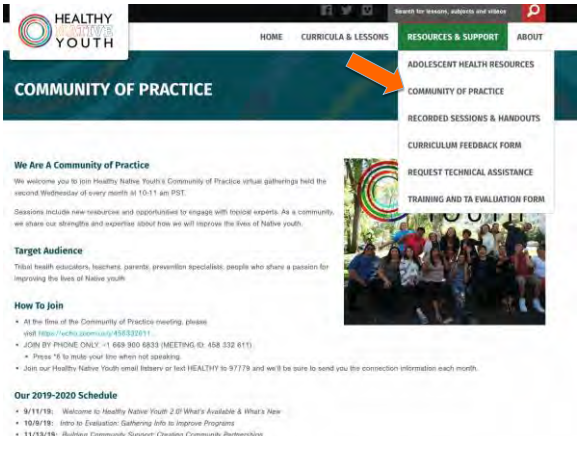


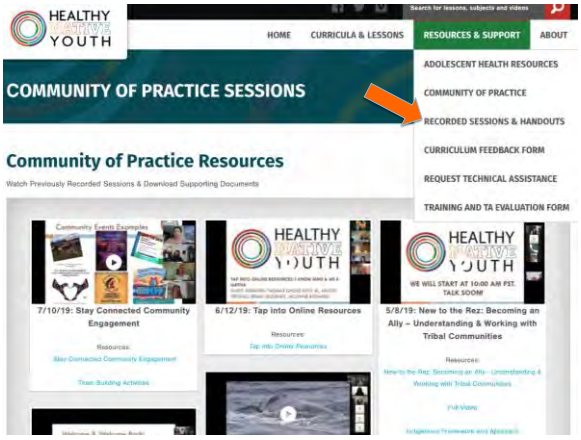
Curriculum Enhancement Activities:
Health Topics Include

- Anatomy and Physiology
- Bullying
- Concerning Posts on Social Media
- Condom Demonstration
- Consent
- Cultural Identity
- Dating Violence
- Drugs and Alcohol
- Healthy Friendships
- Help Seeking
- Ice Breakers
- LGBT, Two-Spirit and Sexual Diversity
- Media Literacy
- Opioid Prevention
- Personal Rule Setting
- Sex Trafficking Safety and MMIR

Native. Two Spirit. LGBTQ #BornSacred







Feedback, Training & TA Requests

SUPPORT FOR PARENTS AND CAREGIVERS…

Tools & Resources

Native STAND + HEALTHY NATIVE YOUTH

PRC Prevention Research Center

Center for Healthy Communities
Oregon Prevention Research Center

Geographical Reach of Native STAND

PRC Prevention Research Center

Center for Healthy Communities
Oregon Prevention Research Center

Reach – Youth Participant Characteristics

*929 youth completed both pre- and post- questionnaires

1,203 youth completed the pre- questionnaire only

PRC Prevention Research Center

Center for Healthy Communities
Oregon Prevention Research Center

Quotes from Educators

"I got feedback from a young man's parents, and the dad was indicating that [Native STAND] made it easier to talk to him about the different STDs, and about relationships, because of what we've been implementing." – Nichole Gonzales

"[Native STAND youth] are even being role models and mentors for their younger siblings and cousins -- they look up to them." – Donna Quintana

"It's just amazing, the conversations that these youth are having...they're really not scared to talk about it. They just need a place to do it." – Robby Bill

PRC
Prevention Research Center

Center for Healthy Communities
Oregon Prevention Research Center

Coming Soon: Parent/Child Text Messaging

- **"The Talk": a text messaging program for parents** of middle and high school students to get guidance on how to begin a conversation with youth
- **Weekly Message** sequence

- Topics include:
  - Dating
  - Sexual health
  - Relationships
  - Communication
  - Consent
  - LGBTQ2S+

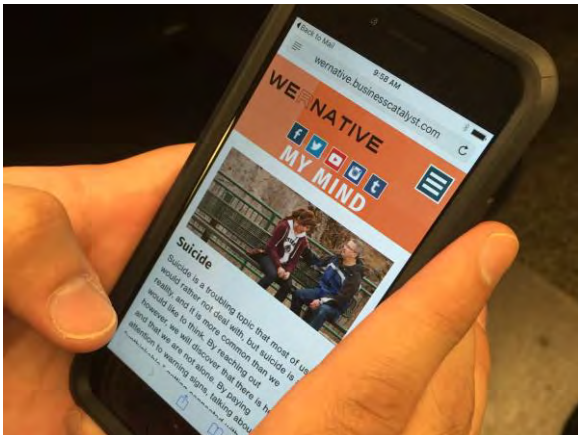
HEALTHY NATIVE YOUTH

Possible Parent-Child Communication Tools and Resources

- Instagram & YouTube
- One-pagers for Parents (Promoting the text message service)
- Incorporate links to videos:
  - Parent-child conversation examples
  - Tips for starting conversations on a topic
  - Q&A addressing Sensitive Questions
  - Topical experts
- Resource page on HNY website

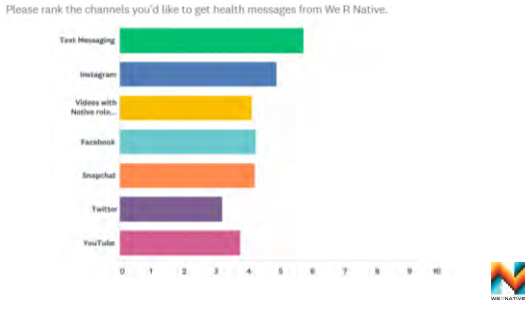
ADOLESCENT HEALTH RESOURCES FOR NATIVE YOUTH BY NATIVE YOUTH

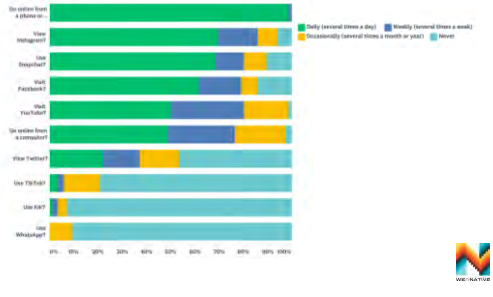
We R Native

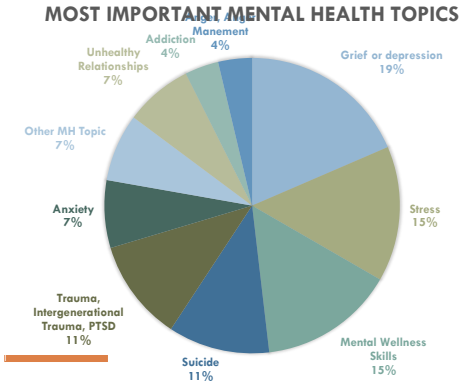


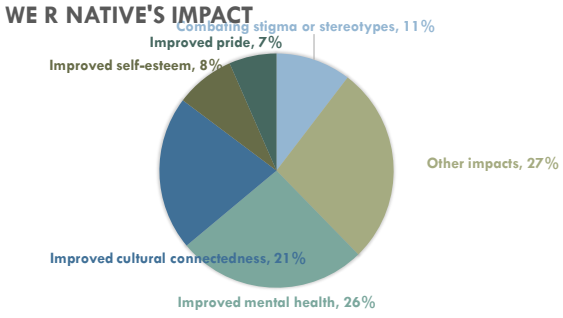
- Website launched October 1, 2012 – WRN is 7 Years Old!
- REACH: 1. 7 million viewers
- Across all media channels, the service reaches on average 31,000 users per week
- Over 400 health/wellness pages, reviewed by AI/AN youth and topical experts.
- Special features include:
  - Contests
  - Videos
  - Free gear & Promo Kits
  - Mini Community Service Grants
  - Student Testimonials

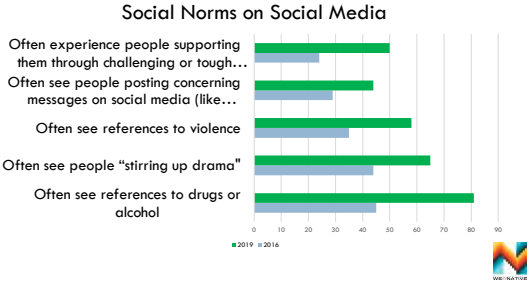

Get at us on social media
@wernative
You
Tube


Please rank the channels you'd like to get health messages from We R Native.
Text Messaging
Instagram
Videos with Native role...
Facebook
Snapchat
Twitter
YouTube
0 1 2 3 4 5 6 7 8 9 10




MOST IMPORTANT MENTAL HEALTH TOPICS
Anger Management 4%
Addiction 4%
Unhealthy Relationships 7%
Grief or depression 19%
Other MH Topic 7%
Anxiety 7%
Stress 15%
Trauma, Intergenerational Trauma, PTSD 11%
Suicide 11%
Mental Wellness Skills 15%

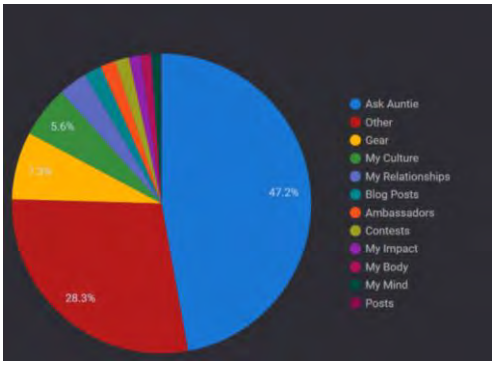

WE R NATIVE'S IMPACT
Combating stigma or stereotypes, 11%
Improved pride, 7%
Improved self-esteem, 8%
Other impacts, 27%
Improved cultural connectedness, 21%
Improved mental health, 26%


Social Norms on Social Media
Often experience people supporting them through challenging or tough…
Often see people posting concerning messages on social media (like…
Often see references to violence
Often see people "stirring up drama"
Often see references to drugs or alcohol
0 10 20 30 40 50 60 70 80 90
2019 2016

Quotes from We R Native Interviews

"It makes me feel more connected to my culture - just know that I'm with a community of people who are like me. Just having the little reminders and posts… really helps me."

For a lot of kids, We R Native is a really good way to connect with their culture, and they're also there to listen to you… if you have any issues with mental illness or feeling different. Everyone's different in their own way. I think they do a really good job of addressing stigma through the articles and Ask Auntie – [the] videos really help too.



https://www.youtube.com/watch?v=esgoJIgRaM4

Healthy Relationships Video:

https://www.youtube.com/watch?v=5Jy-jVMI2zY&feature=youtu.be

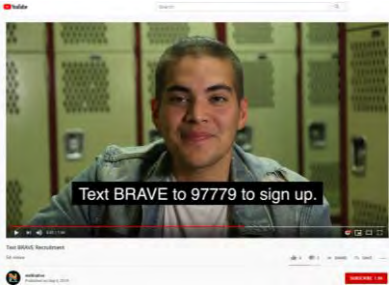
It takes courage to change. It takes courage to step up and help a friend.

Text BRAVE to 97779.
You'll receive videos, tips, and resources to fill your wellness toolbox.

Eligibility:
- American Indian or Alaska Native
- Age: 15-24 years old
- Able to receive text messages on your phone

To enroll, text BRAVE to 97779.

Participants will receive $40.00 for completing 4 surveys over 9 months.

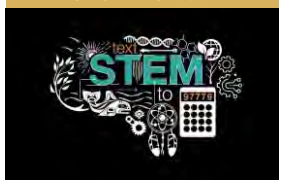


https://www.youtube.com/watch?v=hSAnVwIT7uk&feature=youtu.be

Study Arms (n = 1,500 Native youth
Age range: 15-24 yrs old)

Text BRAVE to 97779

Text STEM to 97779



Enrollment > Pre-survey > Randomize

It takes courage to change. It takes courage to step up and help a friend.

Text BRAVE to 97779.

You'll receive videos, tips, and resources to fill your wellness toolbox.

We R Native is doing a study to evaluate a text messaging program for American Indian and Alaska Native teens and young adults (15-24 years old). The videos and text messages are designed to improve healthy relationships, mental health and wellness skills, and promote cultural pride and resilience.

- Are you American Indian or Alaska Native?
- Are you 15-24 years old?
- Can you receive text messages on your phone?

If you answered "yes" to these questions, we'd like your help!

To enroll, text BRAVE to 97779.

Participants will receive $40.00 for completing 4 surveys over 8 months.

Northwest Portland Area Indian Health Board (NPAIHB)

Stephanie Craig Rushing, PhD, MPH
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Corey Begay
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Healthy Native Youth and We R Native are funded by the Indian Health Service HIV and behavioral health programs. This work is also supported with funds from the Secretary's Minority AIDS Initiative Fund.

COMMUNITY OF PRACTICE

2019-2020 Schedule

Second Wednesday of Every Month

10:00-11:00 AM PST

- **9/11/19** Welcome to Healthy Native Youth 2.0! What's Available & What's New
- **10/9/19** Intro to Evaluation: Gathering Info to Improve Programs
- **11/13/19** Building Community Support: Creating Community Partnerships
- **12/11/19** "All Relations" Communications: Broaching "The Talk" & Other Sensitive Topics
- **1/8/20** Who's the Best Health Educator Around? Brush up on your Programming & Youth Skills
- **2/12/20** LGBTQ2S Inclusion in the Community & Classroom
- **3/11/20** Supporting Youth Experiencing Trauma in the Classroom & Beyond
- **4/8/20** Social Media: How to do It & Keep Youth Safe!
- **5/13/20** Youth Identity & Healthy Relationships
- **6/10/20** Prevention: Emerging Topics & Challenges Youth Face
- **7/8/20** Raising Healthy Native Youth: Creating Positive Pathways

HEALTHY NATIVE YOUTH

How to Join

AT THE TIME OF MEETING, JOIN US VIA ZOOM:
HTTPS://ECHO.ZOOM.US/J/458332611

JOIN BY PHONE ONLY:
+1 669 900 6833
MEETING ID: 458 332 611
PRESS *6 TO MUTE YOUR LINE WHEN NOT SPEAKING

We welcome you to join in *Healthy Native Youth*'s Community of Practice monthly virtual gatherings that include new resources and opportunities to engage with topical experts and others!

HealthyNativeYouth.org contains health promotion curricula and resources for American Indian and Alaska Native youth. The site is designed for tribal health educators, teachers, and parents - providing the training and tools needed to access and deliver effective, age-appropriate programs.

Brave Study Recruitment: We Need Your Help!

We R Native is recruiting 1,500 AI/AN teens and young adults nationwide (15-24 years old) to participate in a study that will evaluate the impact of its text messaging service – and would love your help spreading the word.

Youth who enroll will be randomized to receive either:

- 8 weeks of BRAVE text messages, designed to improve mental health, help-seeking skills, and promote cultural pride and resilience, or
- 8 weeks of STEM text messages, designed to elevate and re-affirm Native voices in science, technology, engineering, and math.

Afterwards, the two groups will switch and participants will receive the other set of messages.

Please encourage students in your community to join the study by November 9th.

The text messages will arrive in the evenings, and are designed to amplify and reinforce healthy social norms and cultural values, teach suicide warning signs, prepare youth to initiate difficult conversations with peers and trusted adults, encourage youth to access mental health resources (i.e. tribal clinics, chat lines), destigmatize mental health, and connect youth to trusted adults.

Eligibility – Youth must be:

- American Indian or Alaska Native
- 15-24 years old
- Live in the United States
- Able to receive text messages on their phone

Participants will receive $40.00 for completing 4 surveys over 9 months.

Some of the content in the mental health messages could be triggering for students. If youth come to you with concerns, please support them. Encourage them to talk to the school counselor, visit the school's health center, visit the student wellness room, practice self-care, and get support from other friends and family.

Questions? If you have questions, you can contact Stephanie Craig Rushing (email: scraig@npaihb.org).
We R Native Project Director, Northwest Portland Area Indian Health Board

To protect participants, our study protocol has been reviewed by the Portland Area (PA) Indian Health Services' (IHS) Institutional Review Board (IRB) [1384639], a tribal committee responsible for protecting the rights and welfare of research participants and NW tribal members. If you have any concerns about your rights as a participant, please contact Thomas Weiser, MD, MPH, at 1-877-664-0604. Dr. Weiser is Co-chair of the PA IHS IRB, that reviewed this project.

CENTER FOR HEALTHY COMMUNITIES

FALL 2019 NEWSLETTER

PRC Prevention Research Centers

In this Issue

Oregon PRC Center for Healthy Communities

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f: 503.494.7536
e: oregonprc@ohsu.edu
w: www.oregonprc.org

Communities Continue PRC Legacy

Dr. WILLIAM LAMBERT

Native STAND educators recommend curriculum enhancements ***(story, next page)***

The incorporation of culture and existing community resources when addressing issues of health and well-being is especially critical in indigenous public health. Our PRC's partnership approach to research has been its greatest strength, and is the reason why programs have had meaning and endure in communities. Our primary partner, the Northwest Portland Area Indian Health Board (NPAIHB), is instrumental in centering the knowledge and capacity of communities. It takes time to develop trusting and equal relationships of scientists from both the community and university.

Each community in the 43 member tribes of the NPAIHB is unique, requiring partnership building to ensure fit and ownership at the local level, incorporating the individual tribe's history, culture, and political context. While there have been challenges, our shared commitment to improving the health of communities has allowed us to find ways to work hand-in-hand and develop disease prevention solutions that are practical and live on in tribal communities.

Over the 15 year life of the Center for Health Communities, we have strived to conduct prevention research that serves tribal communities in meaningful ways. Foremost, we have tried to listen to the community voice, which has determined the choice of research topics. For example, addressing vision and hearing health were critically important to tribes of the Northwest, because preventing vision and hearing loss not only has a direct health benefit to older adults, but reduces social isolation of elders and protects the inter-generational transfer *(continued on page 7)*

Educators Help Native STAND THRIVE!

MICHELLE SINGER AND JENNIFER SEAMANS

In mid June, youth from several Native STAND programs attended the THRIVE conference hosted by Northwest Portland Area Indian Health Board. Native STAND educators also made the trip to attend a concurrent work session for the purpose of providing in-depth feedback on the Native STAND curriculum and teaching strategies, and to weigh in on preliminary project findings from educator interviews and youth participant pre- and post- questionnaires.

PRC Data Manager Megan Skye gave an overview of preliminary Native STAND findings ***(see page 4-5)***. Educators asked questions, reflected on and helped interpret results in the context of implementation experiences, which also enabled PRC staff to respond to questions with additional analyses and data.

An additional goal of the work session was to brainstorm and clarify specific curriculum enhancements for the second phase of Native STAND under Healthy Native Youth ***(see next page)***. Discussion centered on reaching teens via text messaging and social media, connecting parent/caregiver communication into the curriculum, and related topics that educators would like to see covered in future Healthy Native Youth Community of Practice webinars and phone calls.

(Left, right, and below) Educators reflect on their implementation experiences while discussing curriculum enhancements.

Native STAND Testimonials

During the June work session, professional media producer Issac Trimble (Apache/Yaqui) asked educators and youth to reflect on their implementation of Native STAND.

Subscribe to **Healthy Native Youth** social media updates (Facebook, Instagram, Twitter) to hear what youth and educators say about Native STAND!
Video testimonials will be posted this fall.

Angelina Jiapsi Aluarez
Native STAND Youth: Healthy Relationships

Vurlene Notsinneh-Bowekaty
Native STAND Elders: Talking with Youth about Sex

Robby Bill
Native STAND Elders: Getting Vulnerable

Enhancing Native STAND for LGBTQ2S+ Inclusivity

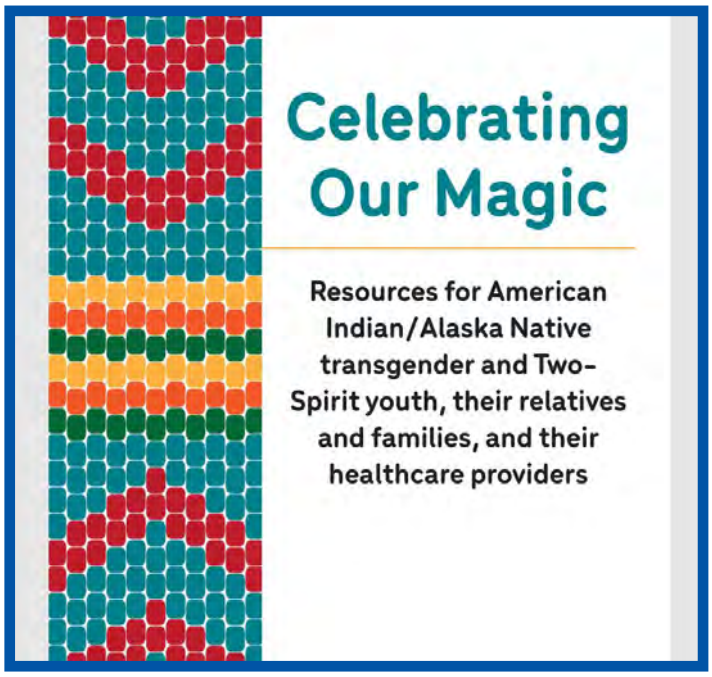
JENNIFER SEAMANS

As the Native STAND curriculum has been tested and implemented in tribal communities, educators reported on ways they modified the curriculum to better meet the needs of youth participants. Over the three years of Native STAND programs evaluated by the Center for Healthy Communities, 9% of youth participants identified their sexual orientation as LGBTQ+ or Two-Spirit, with an additional 14% stating that they were unsure or questioning. About 1% also identified as transgender or non-binary. Accordingly, one of the areas of Native STAND curriculum enhancement currently prioritized is LGBTQ2S+ affirmation and inclusivity.

To assist with making Native STAND and other curricula more inclusive and supportive of LGBTQ2S+ Native youth, the Northwest Portland Area Indian Health Board (NPAIHB) Healthy Native Youth program offers excellent resources. The first is a text messaging service for LGBTQ2S+ youth ***(below)***. NPAIHB also recently released a handbook for Two-Spirit/LGBTQ+ inclusivity in collaboration with Seattle Childen's Hospital Center for Diversity and Health Equity.

"Celebrating Our Magic" ***(right)*** is a comprehensive, practical guide designed for LGBTQ2S+ youth, families and relatives, as well as providers serving youth, such as Native STAND educators! The guide complements the Native STAND curriculum with culturally specific perspectives and resources to support the medical, mental health, and social needs of LGBTQ2S+ youth. This guide is highly recommended for anyone using the Native STAND curriculum.

Healthy Native Youth's LGBTQ2S+ text messaging service

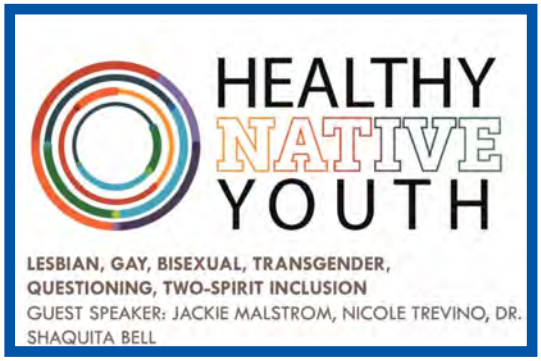


The handbook is available for download at **http://www.npaihb.org/2slgbtq/** under Print Materials.

In addition to Celebrating Our Magic, one of the recent Healthy Native Youth Community of Practice phone calls focused on LGBTQ2S+ inclusivity with guest speakers Jackie Malstrom (Akimel O'odham/Yaqui), Nicole Treviño, and Dr. Shaquita Bell, MD (Cherokee). In the recording of the hour-long April 2019 discussion, speakers cover these topics:

- **Identity and the importance of language**
- **What Two-Spirit means, past and present**
- **What inclusion looks like in our communities, and in programming for AI/AN youth**

Click on the image below or visit **https://www.youtube.com/watch?v=xdfJjiDv0bY** to view the recording.



Native STAND: Progress Toward Evidence-Based Practice

MEGAN SKYE AND JENNIFER SEAMANS

As the PRC prepares to wrap up, our team is working hard to finalize the evaluation of Native STAND as it has been implemented at 48 sites nationally. The last five years have been an important test of how this curriculum is able to serve and adapt to the needs of tribal communities.

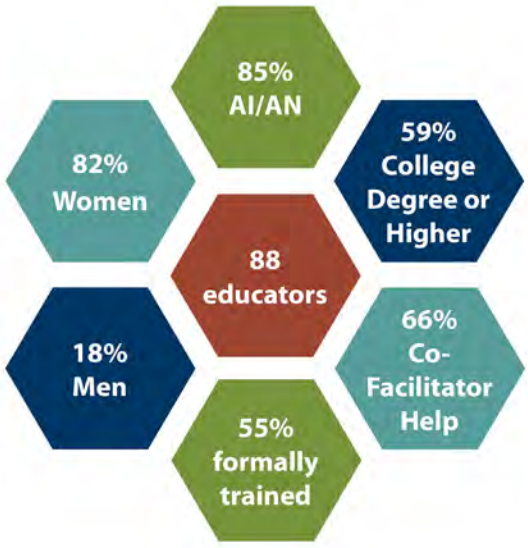
Through our dissemination efforts, we will present our analysis of PRC program outcomes for critique by other public health experts. Publication of peer-reviewed articles is expected to result in Native STAND being nationally recognized as a best practice for AI/AN adolescent sexual health, a designation that means tribal communities and organizations will be better positioned to receive funding and support for Native STAND in the future.

How have we accomplished this? Over the last 3 years, Native STAND educators and youth participants at 48 sites have volunteered time and energy to provide feedback through pre- and post-questionnaires, group phone calls, individual check-ins on implementation progress, and interviews on barriers and facilitators to implementation. The **RE-AIM** evaluation framework, which looks at **Reach**, **Effectiveness**, **Adoption**, **Implementation**, and **Maintenance,** guides our analysis. On this and the following pages, we're excited to highlight a few Native STAND results! We have shared more detailed results in a comprehensive report delivered to educators and tribal communities. Northwest Portland Area Indian Health Board will safeguard the data for future needs.

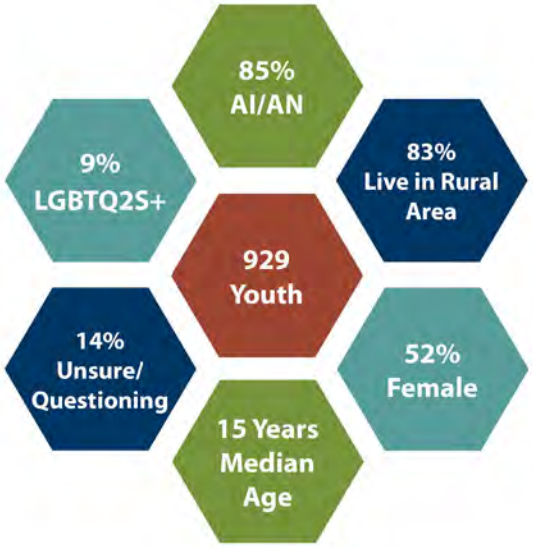
Native STAND sites

Reach: Profile of Native STAND Implementation Participants, 2015-2019

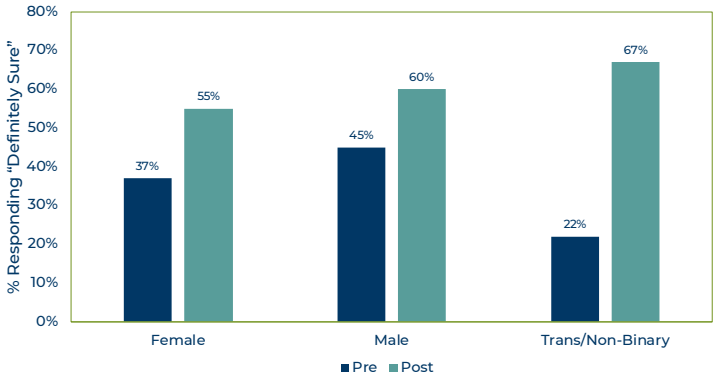
Educators



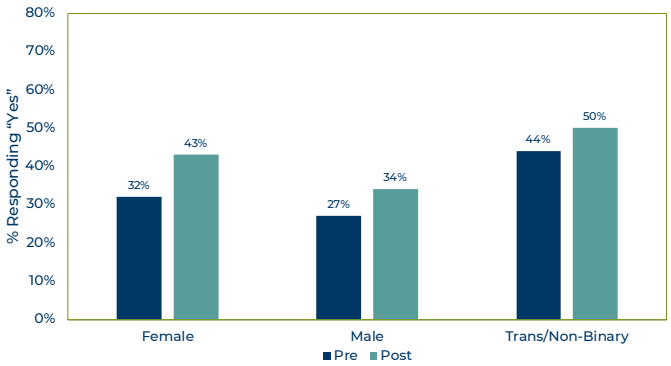
Youth



Effectiveness: Pre/post questionnaire differences



*More participants of all genders had **confidence in using a condom correctly** after completing Native STAND compared to before the program.*



*More participants of all genders reported **having a conversation about sex with their friends** after completing Native STAND compared to before the program.*

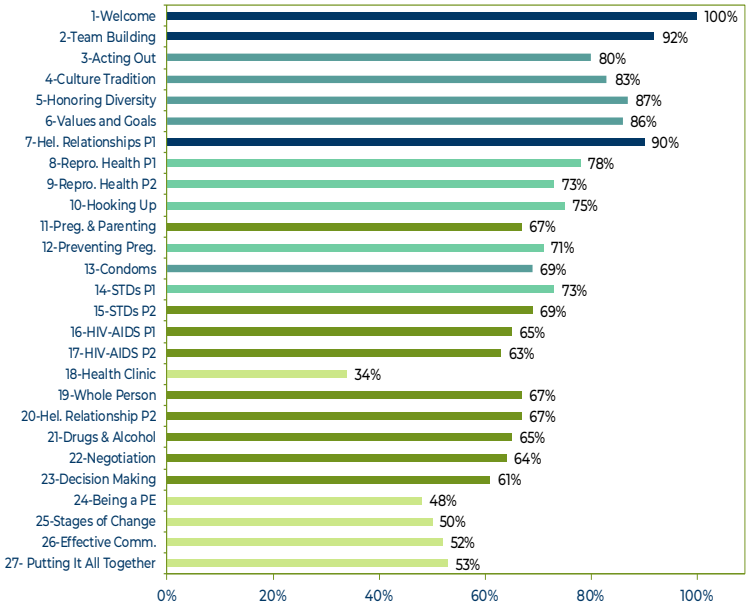
Adoption: Community support for Native STAND

43%
"Strongly Agreed" their organization was committed to implementing Native STAND

14%
"Strongly Agreed" the community was invested in the success of Native STAND

65%
implemented within the first year after training;
23% implemented in year 2 or 3

Implementation: How Native STAND was delivered in the community setting



% of implementations that used each lesson*

**based on implementations that reported curriculum fidelity*

Maintenance: *Barriers* to implementation

38% site logistics, including space & scheduling

36% changes in primary educator

31% organizational leadership/capacity changes

27% changes in other key staff

Maintenance: *Facilitators* to implementation

47% Native STAND project staff support

40% ability to provide incentives for students

36% sharing resources and knowledge with other educators

33% shared educator role with another person

SIPs Innovate to Improve Community Health

JENNIFER SEAMANS

CDC PRC support includes access to funds for special interest projects (SIPs). In the 2014-2019 cycle, three innovative projects were awarded SIP funding through the Center for Healthy Communities. We are excited to see these SIPs continue to grow and serve communities!

As part of the national **Healthy Brain Research Network**, the **Sharing History through Active Reminiscence and Photo-Imagery (SHARP)** study led by Dr. Raina Croff at OHSU has earned local and national press and accolades. The African American community in Portland is experiencing one of the highest rates of gentrification in the country, leading to displacement and disruption of community institutions in historically Black neighborhoods. SHARP celebrates Black health and history in community walks, which show promise as a means of improving cognitive health through physical activity, social engagement, and community reminiscence. **Get future SHARP project updates at www.sharpwalkingstudy.org.**

(Above) SHARP participants reminiscence on a community walk near Martin Luther King, Jr. Elementary School.

I've found that the older we get, the more we isolate. We don't make new friends, we're feeling more isolated and lonely…things are changing so fast. **[SHARP] helped me to become re-engaged.**

- SHARP Participant

Oregon Community Cancer Research Collaborative: As part of the national Cancer Prevention and Control Research Network, OR-CCRC is designed to address the cancer prevention, early detection and survivorship needs of rural, American Indian and Alaskan Native, and other underserved communities through community-based research, training, dissemination and implementation, and evaluation activities. The OR-CCRC is the only CPCRN site in the nation that has developed an advisory board. Additionally, OR-CCRC held successful ***Putting Public Health Evidence in Action*** trainings to enhance communities' capacity to implement evidence-based interventions. Additional OR-CCRC projects supported HPV vaccination community-clinical linkages and colorectal screening. **More information on OR-CCRC and similar work happening across the country is available at www.cpcrn.org.**

Sexual Health Messaging Project: This SIP aims to determine the preferred messages, messengers, and channels for promoting sexual health among adolescents. Conducted through a dynamic partnership between the Center for Healthy Communities, University of Texas at Health Science Center at Houston, Northwest Portland Area Indian Health Board, and Portland State University, the research team has been exploring culturally specific sexual health messaging for LGBTQ2S+, AI/AN, Black/African American, Hispanic/Latinx youth. In the time remaining this budget year, the team is analyzing an extensive literature review alongside 22 youth focus groups while also conducting a Delphi survey process with subject matter experts. A report of findings will be released in Winter 2020, which may be used to inform a national adolescent sexual health campaign in the future. Information on this project will be available on the PRC website (www.oregonprc.org) through June 2020.

Though the closure of the PRC means the end of the current project phases, we are glad that they will continue to grow under other funding support.

Communities Continue the PRC Legacy

(continued from page 1)

of knowledge, traditions, and language. Similarly, our research program in adolescent sexual health was selected to protect the sacred resource of children and youth. Each of these research areas was grounded in years of relationship-building and knowledge exchange with hundreds of tribal health professionals who attended our annual Summer Research Training Institute funded by the NIH NARCH program and the NCI.

Every person who contributed to the research projects of the PRC, whether a community member or leader, a tribal or university scientist, can take pride in the achievements of our PRC and the lasting impacts that our programs have on the communities that we serve.

Our first 5-year program was the Vision Impairment Prevention project which assessed vision health and delivered state-of-the-science vision screening to communities. Non-mydriatic cameras were purchased for reservation and urban clinics, and sophisticated telemedicine systems were established to transmit images of patient's retinas to ophthalmologists for evaluation. This approach not only made advanced eye care available to underserved populations, but also prevented progressive vision loss due to diabetes. Our next program of research, Listen 4 Life, promoted hearing health in tribal children by teaching ways to avoid exposure to loud sounds using the award-winning Dangerous Decibels curriculum in reservation and urban Indian schools in the Pacific Northwest ***(see photos below)***.

We continued our focus on youth health in our third research program, Native STAND, a sexual and reproductive health curriculum delivered to 48 communities in 16 states, including Alaska. Each of the three cycles of research increased community capacities for running prevention programs in their local areas. Our lessons learned have been shared with tribal health professionals through trainings, workshops, and conference presentations, as well as journal articles, so that everyone – practitioners, communities, and researchers – can benefit.

Every person who contributed to the research projects of the PRC, whether a community member or leader, a tribal or university scientist, can take pride in the achievements of our PRC and the lasting impacts that our programs have on the communities that we serve.

Above: Dangerous Decibels hearing loss prevention program at Warm Springs elementary school, 2010.

Above: Native STAND manager Michelle Singer co-presents at the 2019 Tribal Health Conference in Tulsa, OK, with educators Michael Logan, Nasheen Sleuth, and youth.

August CDC Site Visit and SIP Meeting Showcase PRC Partnerships

PRC STAFF

In early August, program officers from the Center for Disease Control and Prevention (CDC) visited Portland for the purpose of reviewing Oregon PRC progress during the 2018-2019 fiscal year. Over the course of two days, NPAIHB and OHSU hosted presentations on core research and SIP project outcomes, a thorough administrative report, evaluation steps, and lessons learned. As program staff from partner organizations and institutions teamed up to deliver presentations, CDC staff were witness to the choreography and collaboration that has been a hallmark of the Center for Healthy Communities.

Without missing a beat, the Sexual Health Messaging SIP team, comprised of staff at OHSU, PSU, NPAIHB, and the University of Texas-Houston Health Science Center, began meeting the next day to conduct reconciliation of coding as well as planning for a Delphi process for the project. Delphi is a way of finding consensus among a panel of experts. In this project, the process was used to integrate a review of the literature on sexual health messaging with findings from focus groups that reached 138 youth, with particular attention to the messaging preferences and needs of AI/AN, Black/African-American, Hispanic/Latinx, and LGBTQ2S+ youth.

What's Next for PRC Staff?

While the closure of the PRC may be bittersweet, PRC staff are excited to continue to serve in research and training programs that improve the heath and well-being of AI/AN and other communities.

Center for Healthy Communities Director **Dr. Tom Becker** and Assistant Director **Dr. Bill Lambert** will remain as Epidemiology teaching and research faculty in the OHSU-PSU School of Public Health. They will continue the dissemination of PRC findings while supporting new funding and research opportunities in partnership with NPAIHB and other groups.

Caitlin Donald, Center for Healthy Communities Program Manager, will move to the Northwest Native American Center of Excellence at OHSU. At NNACoE, she will manage and grow the Center to further its mission of recruiting, training, and retaining American Indian/Alaska Native individuals in the health professions.

Megan Skye, Center for Healthy Communities Data Manager, will begin working in the OB-GYN department at OHSU. She will support research investigating how reducing barriers to healthcare improves health in underresourced communities.

Jennifer Seamans, Center for Healthy Communities Research Assistant, will begin an internship at the Northwest Portland Area Indian Health Board. She will conduct epidemiologic analyses of motor vehicle accidents occuring on/near tribal lands in the Pacific Northwest, as the final requirement for her completion of the MPH in Epidemiology at OHSU-PSU School of Public Health.

PRC Grows Value from CDC Investments

JENNIFER SEAMANS

In fifteen years as a CDC Prevention Research Center, the Oregon PRC Center for Healthy Communities received approximately $10.8 million in funding from the Centers for Disease Control and Prevention (CDC). As part of our accountability to communities, we are pleased to report on how this funding has been used. Grants awarded to the PRC Center for Healthy Communities have been used to cultivate additional grants and partnerships that have brought in additional in-kind value of time.

This year alone, PRC-affiliated programs brought in $10,133,496 in grant funding. Over the fifteen years that the PRC has existed, these partnerships have matched an extraordinary $53,351,043 from affiliated programs, in-kind time, and community donations.

The total leveraged funds do not include the in-kind value of time donated by Native STAND educators. Educators spent an average of 123 minutes preparing and delivering each lesson with1,613 lessons taught. At the national average hourly rate for health educators, this is an additional in-kind donation of nearly $4.4 million over the last four years.

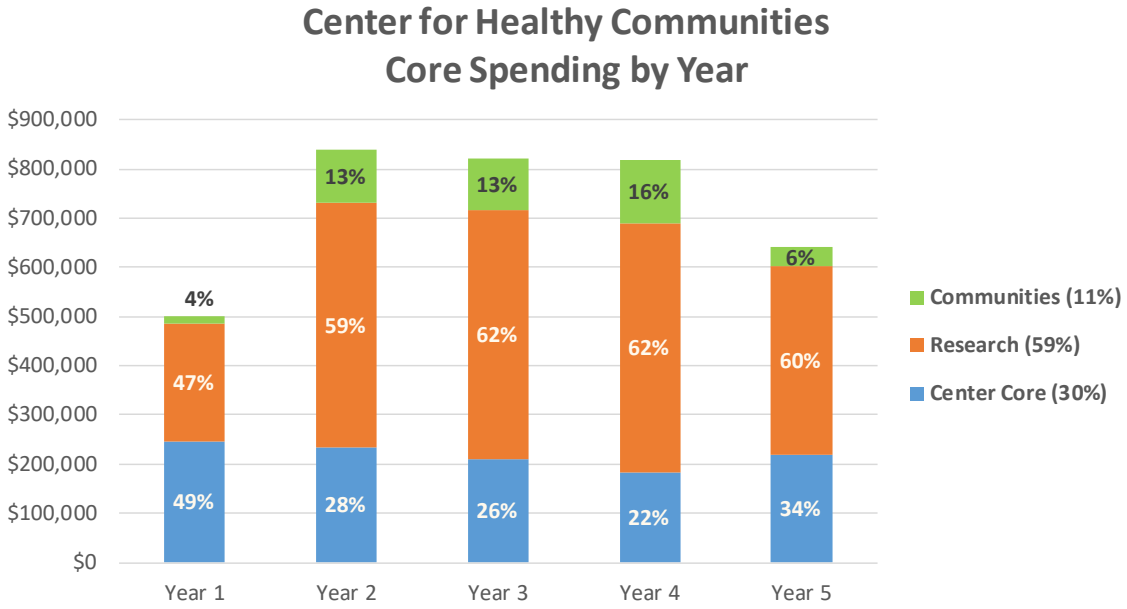
- Year 5 (Active, 2018-2019)
- Total Leveraged Funding: $10,133,496

- 5-year cycle (2014-2019)
- Total Leveraged Funding: $39,263,928

- 15-year: 3 cycles (2004-2019)
- Total Leveraged Funding: $53,351,043

Future commitments (2019-2023): $7,760,849

External funding leveraged by the PRC grant by time period (one year, five year grant cycle, and 15-year PRC history).



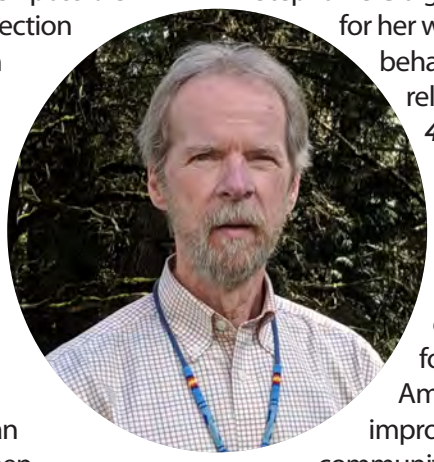
In keeping with the PRC Center for Healthy Communities grounding in community based participatory research methods, we also prioritized sharing funding directly with participating AI/AN communities. Between 4% and 16% of CDC grant funds for the PRC each year were given directly to communities to support impementation of the core research project, Native STAND. These numbers were lower in the first and final years only because of project ramp-up and closeout.

FROM THE DIRECTOR

DR. TOM BECKER

I hope this newsletter finds readers in good spirits, ready to meet new challenges that Fall brings. As we near the closure of the Center for Healthy Communities at the end of this month, I reflect on the history of CDC Prevention Research Centers (PRCs), recount some highlights of our own PRC, and recognize those who were instrumental along the way.

The national PRC program is a network of 25 research centers that serve a vital role within the public health system. These projects have been critical in improving population health outcomes, developing innovative approaches to preventing chronic diseases, and advancing population health science. Success has been possible because community partners drive the selection of research project topics, implementation of the research programs, and translating and interpreting research findings in community and policy contexts.



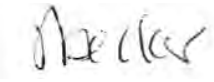
Our first project as a PRC in 2004-2009 focused on vision health and visual impairment, the second leading cause of disability among American Indian/Alaska Native (AI/AN) people in the Northwest. Poor vision from any cause can greatly impact quality of life, and few tribes have an eye care provider. The collaboration between Northwest Portland Area Indian Health Board (NPAIHB), the PRC, and Dr. Steven Mansberger of Devers Eye Institute and OHSU delved into this previously unexplored field in ocular public health. We conducted multiple studies with tribal community partners, including surveys of eye diseases using different screening tests, determination of the impact of eyeglass availability on quality of life, and assessment of the use and accuracy of telemedicine, in which a picture is taken of the eye and sent electronically to an off-site eye specialist who recommends care. The last study was conducted among tribal people with diabetes, who are at higher risk for blindness. Peer-reviewed findings revealed that telemedicine works better than usual care for diabetics who require regular eye exams.

From 2009-2014, our next project assessed hearing health among Pacific Northwest tribal communities, followed by implementation of a noise-induced hearing loss prevention program among tribal youth. The powerhouse behind the studies was Dr. William Martin. Billy's training was in physics and neuroscience, but he embraced community and population-based hearing health when he co-founded the Dangerous Decibels noise-induced hearing loss and tinnitus prevention program. Concerns about hearing loss expressed by NPAIHB delegates created the opportunity to demonstrate the power of community-based public health initiatives. Dr. Martin recalls, "I was honored to be able to work with regional tribes in our Listen for Life project. This project was the first of its kind in the field of public health. It has been rewarding to see the sustained impact of the partnerships, particularly since tribal people experience hearing loss at such high rates."

The current project, Native STAND, came out of NPAIHB's research on tribal youth health under the leadership of Dr. Stephanie Craig Rushing. Stephanie is nationally recognized for her work in curricula to address high-risk sexual behavior, alcohol and substance use, and healthy relationships, such as Native STAND ***(see page 4-5)***. In addition to the core research, one of the Special Interest Projects (SIPs) also prioritized this topic ***(see page 6)***.

Along the way, several SIPs have developed culturally appropriate programs to improve community health. The SHARP project focuses on healthy aging among the African American community in Portland, concurrently improving physical activity while celebrating community resilience through reminiscence. Other SIPs have centered tribal health issues. We are awed by the successes that have resulted when investigator dedication is paired with community willingness to engage as active participants in research.

The list of people who have made all this possible is much longer than this page allows. The PRC would never have gotten off the ground without the relationships and trust cultivated over several decades by Northwest Portland Area Indian Health Board staff, officers, delegates, and tribal community members. Additional thanks go to administrative staff and faculty at OHSU and PSU, advisory committee members, CDC project officers, IRB members, students, and individual study participants. We also recognize and honor the original tribal inhabitants of this region, and elders—past, present, and future. We hope that in the near future, people and funding will once again align to continue these valuable contributions to the field of public health and chronic disease prevention among tribes and other communities.



Tom Becker

PART(NER)ING THOUGHTS:

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD STAFF REFLECT ON 15 YEARS OF BUILDING HEALTHY COMMUNITIES WITH OREGON PRC

It's been a pleasure working alongside colleagues at the PRC to design, evaluate, and disseminate culturally-relevant health curricula for AI/AN youth. The Native STAND study has been truly ground-breaking work. I look forward to future collaborations with OHSU and the AI/AN Sexual Health Workgroup, to continue to provide training and technical assistance to support the uptake and utilization of Native STAND and other healthy decision-making curricula across the U.S. These programs a making a difference!

Stephanie Craig Rushing
Director, Healthy Native Youth; Co-Investigator, Native STAND

I think the most important aspect of creating partnerships like that of the PRC and NPAIHB is mutual respect of knowledge. All parties should come to the relationship with sincere humility and a desire to determine what is needed by both parties. The relationship must be mutually beneficial for the long term.

Our long standing summer research institute partnership has helped launch the successful careers of many AI/AN staff and researchers. The quality of education that was provided through the partnership between NPAIHB and the PRC was without parallel for short summer courses and represented an outstanding partnership between a tribal organization and an academic partner. The mutual respect between the PRC staff and the NPAIHB staff was and will continue to be outstanding.

Hopefully partnerships between the PRC and tribes will continue through other mechanisms. The training of AI/AN professionals will last for many years to come and will be a benefit to tribal communities for many generations.

Victoria Warren-Mears
Director, NW Tribal Epidemiology Center

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

The PRC has been a broadening and unifying force in developing collaboration between the NPAIHB and OHSU. As it reaches its end, we trust the spirit and capacity of that collaboration will continue.

Jacqueline Left Hand Bull
Administrative Officer

Although the Prevention Research Center began just before I became the Executive Director for the Northwest Portland Area Indian Health Board, I have always been supportive of the center's efforts. Tom approached me with information about subsequent rounds of funding opportunities after the first projects on vision impairment had ended, and I was enthusiastic about continuing the partnership that had already begun. The following projects on hearing health and on Native STAND dissemination and implementation were topics of great importance to our tribes. We hope to see the PRC reawakened when the time is right and funding comes along. Meanwhile, we look forward to continued collaborations with PRC colleagues.

Joe Finkbonner
Executive Director

CENTER FOR HEALTHY COMMUNITIES NEWSLETTER

Oregon PRC Staff

Director.....Thomas Becker, MD, PhD
Associate Director.....William Lambert, PhD
Program Manager.....Caitlin Donald, MSW
Data Manager.....Megan Skye, MPH, CCRP
Research Assistant.....Jennifer Seamans, MST, MPH cand.

Oregon PRC Affiliates

Project Manager, Healthy Native Youth..... Michelle Singer, BS
Investigator, VOICES.....Stephanie Craig Rushing, PhD, MPH
Investigator, NIHLP Project.....William Martin, PhD
Investigator, CER Project.....Steven Mansberger, MD, MPH
Investigator, Native CARS Project.....Jodi Lapidus, PhD
Project Director, Native CARS Project.....Tam Lutz, MPH, MHA
Investigator, OR-CCRC.....Jackie Shannon, PhD, RD
Investigator, OR-CCRC.....Kerri Winters-Stone, PhD
Program Manager, OR-CCRC.....Paige Farris, MSW
Investigator, OR-HBRN.....Raina Croff, PhD
Project Manager, THRIVE.....Celena McCray, MPH cand.
Program Manager, NW NARCH.....Ashley Thomas, MPH

Our mission is to address the health promotion and chronic disease prevention needs of tribal and other underserved communities through community-based participatory research, and through training, dissemination, and evaluation activities.

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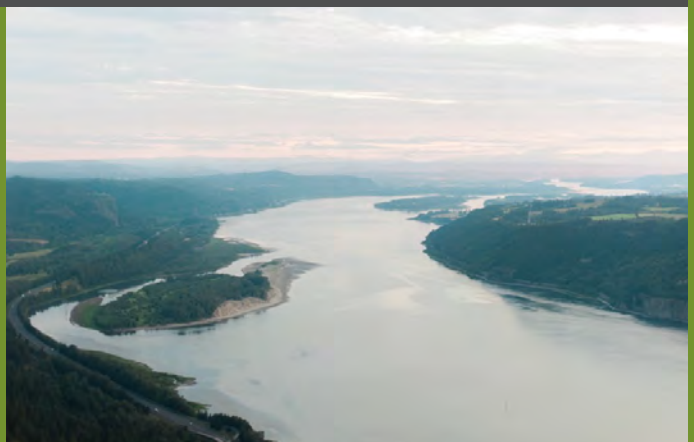

ELDERS COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Shelley Richards	Burns Paiute Tribe	541-573-8047 573-1298 richards@shelleyrichards@burnspaiutetribe
2	Luella Azule	NPAIHB	
3	Twila Teeman	Burns Paiute	
4	E. Arlon Washines	YAKAMA Nation	509-865-5121
5			
6	Claire C.	NPAIHB staff	
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Elder Committee Meeting Minutes

October 22, 2019

Confederated Tribes of the Umatilla Indians
Wildhorse Casino Resort
Pendleton, OR 97801

Members: Twila Teeman - Burns Paiute, Shelley Richards - Burns Paiute,

Luella Azule – NPAIHB, E. Arlen Washines – Yakama Nation

NPAIHB Staff: Clarice Charging

Updates:

Burns Paiute: Language group is active and meet twice a month. In addition to teaching their language they also perform skits, speaking in the Paiute language. Elders who were boarding school students at Fort Bidwell attended the gathering held earlier this month.

Yakama: Yakama Nation provides services to their tribal elders thru collaboration with state and federal programs.

Yakama Nation Area Agency on Aging (AAA) provide tribal elders with care giver programs, elder abuse prevention, case management, weatherization assistance programs, etc.

Tribal elders mentor youth at the tribal school and provide volunteer activities with pre-school children.

Luella Azule NPHAIB staff member has finished her chemo treatments and will

have surgery November 5th. We wish her a speedy recovery.

VETERANS COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	DON Head	NPAIHB	dhead@npaihb.org
2	Jim Steinruck	Tulalip	jsteinruck@tulaliptribes-nsn.gov
3	Nickolaus Lewis	Lummi	nickolaus@lummi-nsn.gov
4	Stephen Kutz	Colville	skutz@colville.org
5	Nate Tyler	Makah	nate.tyler@makah.com
6	Sarah Sullivan	NPAIHB	ssullivan@npaihb.org
7	Sam Spino	CTUIR	samspino@CTUIR.org
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Veteran's Committee Meeting
October 22, 2019

In attendance:
Jim Steinruck, Tulalip
Nickolaus Lewis, Lummi
Stephen Kutz, Cowlitz
Nate Tyler, Makah
Sam Spino, Umatilla
Sarah Sullivan, NPAIHB staff
Don Head, NPAIHB staff

The minutes for the April 2019 meeting were read.

Terry Bentley and the Office of the Tribal Government Relations will be deciding the schedule for providing Veteran Summits and Claims Events in December. If any tribe is interested in having an event of this nature in 2020, please let the staff of the Veteran's Committee know, so they can pass that information on to Terry.

Sarah asked about VA priorities for the coming year. Right now, there is a disconnect for veterans between the Vietnam Era and post-911 veterans, so establishing services for the Gulf War Veterans is hard. Currently, veterans experiencing chronic, undiagnosed multi-symptom illnesses are ineligible for services, and is actually covered under presumptive services, but the vagueness of the language makes it harder for Gulf War veterans to receive services.

Nate Tyler and Nickolaus Lewis were part of the National Indian Health Board listening session that the VA provided for. This wasn't really tribal consultation, and should not be considered as such.

Andy Joseph will be testifying before the House VA Committee on October 30, 2019, at 1000a Eastern Time. The issues are the unique barriers that Native Veterans experience when accessing care in the VA system. The meeting will be streamed live, so for more information, please contact the staff of the Veteran's Committee.

The Umatilla Tribe has a MOA with the VA, and that provides for the Tribal Veteran's Representative to train and become a Tribal Veteran Service Officer. The TVSO is better able to connect veterans to services. Warm Springs also has an MOA with the VA, but their TVSO position has not been filled yet. The TVSO position is funded by the tribe, but the training to become a TVSO is provided by the Oregon Department of VA. Because this

PUBLIC HEALTH COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	VICTORIA WARREN-MEARS	NWTEC	503.998.6063 vwarrenmears@npaihb.org
2	Carrie Sampson Samuels Community Wellness Director	Yellowhawk Tribal Health Center	541-240-8728 carriesampson@yellowhawk.org
3	Andrew Sweyvan Health Clinic Dir	Suquamish Tribe	on-file
4	Elizabeth A. Jim THHS Director	Shoshone-Bannock Tribes	elizabeth.jim@sbthhs.com (208) 478-3744
5	Karen Hanson Health Director	Kootenai Tribe of ID	208-267-5223 FAX 208-267-8449 Karen@kootenai.org
6	KELLE LITTLE		
7	TOM WEISER	IHS/NPAIHB	
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Public Health Committee

October 22, 2019

Carrie Sampson-Samuels
Andrew Shogren
Ann Jim
Karen Hansen
Kelle Little
Tom Weiser
Victoria Warren-Mears

Environmental Health Assumption Update: Victoria provided an update of the environmental public health program assumption from the Portland Area Office of Indian Health Service. In the next few days, the Board's 638 contract should be amended to include funds for the Environmental Public Health Program. Eleven of our 43 member tribes were lacking the language in their Board joining resolution that allows the Board to compact or contract on behalf of tribes. One tribe amended their resolution and six elected to provide specific resolutions for environmental public health. The remaining four tribes did not respond to requests for changes through a new resolution or paragraph amending their joining resolution to the Board.

> **Action:** In January, Victoria (or Environmental Public Health Staff) will provide an update on the Environmental Public Health Program and marketing materials to announce services provided and contacts will be provided to tribes.

Data: A follow up discussion was held. Some key points include; with staff turnover it is important to train on data entry including what needs to be entered, how and by whom; it is important to have policy and procedures that are written down to ensure continuity when turnover occurs. New data linkages have been undertaken and data is being cleaned for all three states in the region.

Epicenter 101: There was a question about the purpose of tribal epidemiology centers and specifically what services that the epidemiology center can provide.

> **Action**: In January, Victoria will present a history and overview of the NWTEC as well as the services the TEC provides.

Training: A discussion of training provided by the TEC staff was provided. Both Washington and Oregon states have requested that the TEC provide a community of practice around public health modernization. This will begin within the next few months, once staff have been hired.

Meeting adjourned at 1:00.

BEHAVIORAL HEALTH COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Ali Desautel Healthcare Administrator	Kalispel Tribe of Indians	adesautel@camashealth.co 541-460-8649
2	Darryl Scott	Warm Springs Behavioral Health	darryl.scott@wstribes.org
3	Julie Johnson	Oregon Health Auth.	julie.a.johnson@state.or.u
4	Marilyn M. Scott	Upper Skagit Tribe	360 854-7039 marilyns@upperskagit.com
5	Sue Steward	NPAIHB	SSteward@npaihb.org
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Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Meeting Minutes

I. Attendees:

NAME	Tribe/Organization	Contact Information
Marilyn Scott	Upper Skagit	marilyns@upperskagit.com/360-854-7039
Darryl Scott	Warm Springs	Darryl.scott@wstribes.org/541-460-8649
Julie Johnson	OHA	Julie.a.johnson@state.or.us
Ali Desautel	Kalispel Tribe	adesautel@camashealth.com
Sue Steward	NPAIHB	ssteward@npaihb.org/907-519-8855

II. Open issues

a). SAMHSA Reporting for TOR – reporting has been completed for the past 3 months. Since January 3 Tribes and the NPAIHB have purchased Naloxone (Narcan nasal spray) and started to distribute them. At least 3 Tribes have started to develop or have implemented policies related to Naloxone use.
Marilyn asked if the reports submitted are meeting the SAMHSA reporting requirements for the consortium. There needs to be a link between the Behavioral Health TAC and SAMHSA for the Portland Opioid Response. IHS needs to work together to match up with the TOR priorities for GPRA reporting

b). Opioid Overdose Kits and Administration – we reviewed the parts of the kit and discussed critical things to remember: 1) keep more than one NARCAN Nasal Spray in your kit as fentanyl related overdoses can require up to 4 doses before EMS may arrive; 2) stay with the victim until EMS arrives or at least 4 hours; 3) know the Good Samaritan laws in your State; 4) Be sure to wear the gloves provided in the kit and use the CPR mask if breaths are administered; 5) there is no known, accurate system or data base for reporting the number of doses administered to victims but be sure to let EMS know the number of doses administered for their run report. Also, when resupplying, let the distributor know how many doses your victim was administered. Due to the trauma experienced by friends, family and bystanders, easily accessible debriefing efforts need to be established for NARCAN administration.

c). OHA Oregon Tribes Behavioral Strategic Plan – discussed how the BHA program and certification dovetails nicely with the strategic plan.

Darryl discussed some of the obstacles with peer mentoring positions, specifically relapse and re-entry for peer CDC. One new intern passed the exam in May.

Julie discussed OR Peer Support Counselor role and how with additional hours it can matriculate into the mental health Peer Wellness Counselor. OR is looking at expanding the Family Preservation Counselor role.

Marilyn shared about the WA transitional training for Recovery Coaches to become Certified SUD Peer Mentors.

d). Washington BHA Demonstration Project – 2 Washington Tribes students are enrolled with Ilisagvik/ANTHC BHA education in Alaska. The students are employed at their Tribal Behavioral Health clinics and attend classes via synchronous (live) web based program. Reports from the students, Clinical Supervisor/Instructors and Alaska are that all is going well and the BHA students are assets to their communities.

e). Yellowhawk/NPAIHB BHA Education Program of Oregon – Students will be welcomed into the program the fall of 2021 and the program will closely replicate the Alaska distance education program. The grant will build infrastructure at NWIC with support from Ilisagvik and ANTHC that will support BHA education. The program requires 3 (1) week long intensive (face to face) sessions which will be held at Yellowhawk. The NNACoE will assist with workforce development by training a ¾ FTE NPAIHB employee in how to engage and support high school students and other Tribal members into the CHAP/BHA program. This position would not only work with the potential students but also engage their families, teachers and communities for successful BHA programs.

III. New business

a) Council of Elders for BHA – Sue will be at Warm Springs on 10/29/2019 to discuss how a BHA program might benefit the Tribe. Darryl and Sue have spoken previously about Darryl being on the Council of Elders to inform and support BHAs and Sue asked how best to engage with Tribal leadership for that question. Darryl and Marilyn felt it would be best to start the conversation with the Health Advisory Commission.

IV. Adjournment

1:15 PM

Minutes submitted by: Sue Steward

PERSONNEL COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Andra Wagner HR Manager	NPAIHB	awagner@npaihb.org
2	CassandraSRed	Coquille tribe	csellardsrech@hotmail.com
3	ShawnaGavin	CTUIR	shawnagavin@ctuir.org
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Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee Meeting Notes

October 22, 2019

Start Time: 12:00 pm

Members Present: Cassandra Sellards-Reck, Shawna Gavin

Staff Present: Andra Wagner

- Personnel update was reviewed.
    - _1___ new hire
    - _1___ new CDC assignee
    - _4___ promotions
    - _1___ intern
    - _0___ resignations

Adjourned at 12:20 p.m.

Youth Committee

Tuesday, October 22, 2019

Wildhorse Casino Resort, Pendleton, OR

Meeting Agenda:

- Stephanie provided an update on the NPAIHB Youth Delegate program
    - They attended the joint meeting with CRIHB that took place last summer
    - The new cohort of Youth Delegates is up and running: http://www.npaihb.org/youth-delegate/
    - Their next in-person QBM meeting will be in July 2020
    - They are reviewing and updating the Adolescent Health Tribal Action Plan
    - This is the third and final year of our ANA I-LEAD funding.

- We R Native: Next year's messaging focus will be on building youth's mental wellness skills, and encouraging life balance

- Michelle Singer will be giving an update on We R Native and Healthy Native Youth's programming on Wednesday.

- Vaping and E-cigarette Use
    - Tribes are interested in knowing about youth use/incidence
    - RPMS needs a patch to collect info on vaping and chewing
        - Dentrix can collect that data
    - The Board is working on a survey, and will share those survey questions with committee members
    - Shoalwater Bay just banned selling vaping, Kim will share the policy with those who are interested
    - We R Native partnered on a Vaping PSA from Fort Hall: https://www.facebook.com/weRnative/videos/503511900226706/

- Please help us recruit participants for the BRAVE Study: http://www.npaihb.org/BRAVE
    - We R Native is making a *monumental* push to enroll 1,500 AI/AN teens and young adults nationwide (15-24 years old) to participate in a study that will evaluate the impact of its text messaging service. We would love your help recruiting young adults!
    - Youth who enroll in the study will be randomized to receive either:
        - 8 weeks of BRAVE videos and text messages, designed to improve mental health, help-seeking skills, and promote cultural pride and resilience, or
        - 8 weeks of STEM videos and text messages, designed to elevate and re-affirm Native voices in science, technology, engineering, math and medicine.

      Afterwards, the two groups will switch and participants will receive the other set of messages.

- Eligibility. Youth must be:
    - American Indian or Alaska Native
    - 15-24 years old
    - Live in the United States
    - Able to receive text messages on their phone
- We have two easy options for students to enroll:
    - Eligible youth can join by texting: BRAVE to 97779
    - Tribal Schools and Colleges can enroll a larger group of students by showing a 15 minute video (available from Stephanie – scraig@npaihb.org).
- **Please encourage students in your community to join the study by November 9th!**

- Healthy Native Youth Community of Practice: https://www.healthynativeyouth.org/community-of-practice/

- Tribal Boys and Girls Clubs
    - There are about 6 in the NW

- Committee Reporter: Leslie Randall

ORAL HEALTH COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Ticey Mason	NTOSC	
2	Pam Johnson	NOTI	
3	Miranda Davis	NOTI	
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Subject: Fwd: Oral Health committee report
Date: Thursday, October 24, 2019 at 8:41:49 AM Pacific Daylight Time
From: Joe Finkbonner
To: Laura Platero

Sent from my iPhone

Begin forwarded message:

From: Ticey Mason <tmason@npaihb.org>
Date: October 22, 2019 at 1:58:32 PM PDT
To: Joe Finkbonner <JFinkbonner@npaihb.org>
Subject: Fwd: Oral Health committee report

From NDTI in case anyone asks :)

Begin forwarded message:

From: Pamela Johnson <PJohnson@npaihb.org>
Date: October 22, 2019 at 1:57:02 PM PDT
To: Ticey Mason <tmason@npaihb.org>
Cc: Miranda Davis <mdavis@npaihb.org>
Subject: Oral Health committee report

From NDTI:

1. Washington Tribes are employing 8 DHATs at Lower Elwha, Port Gamble S'Klallam, Lummi, Swinomish, and Colville. There is one student from Tulalip who will graduate next summer. The Washington Dental Therapy Education Program (Skagit Valley College/Swinomish) is set to open doors in fall of 2020. Statewide dental therapy legislation will continue to move in the 2020 legislative session, and if passed will allow dental therapists to be employed in UIPs, and should take away CMS main arugment for denying SPA update to reimburse tribal DHATs. The state legislature authorized funding for Medicaid reimbursement as a stopgap measure until CMS reverses decision.
2. Oregon Pilot Project which has trained 5 DHATs from CTCLUSI, Coquille and NARA, expires in May 2021 and legislation is being introduced in 2020 to authorize dental therapy statewide. NPAIHB is actively involved in drafting and advocating the bill, and is reaching out to Oregon Tribes to gain support and engagement in the campaign.
3. Idaho passed legislation in 2019 that will grant a state license to DHATs practicing on tribal lands. Coeur d'Alene has one DHAT who graduated this past summer.
4. The Native Dental Therapy Initiative will hold its annual meeting on Nov. 20 and 21 in Portland. Contact Tanya Firemoon tfiremoon@npaibh.org if you are interested in attending.

Subject: Fwd: Oral Health Committee report 10/19
Date: Thursday, October 24, 2019 at 8:41:07 AM Pacific Daylight Time
From: Joe Finkbonner
To: Laura Platero

Sent from my iPhone

Begin forwarded message:

From: Ticey Mason <tmason@npaihb.org>
Date: October 22, 2019 at 1:50:27 PM PDT
To: Joe Finkbonner <JFinkbonner@npaihb.org>
Subject: Oral Health Committee report 10/19

Hi Joe, me, Miranda and Pam were the only ones there, so the only report I have to provide is the upcoming meetings for the Northwest Tribal Dental Support Center:

- Select tribes will be meeting on 10/23 for the Baby Teeth Matter meeting in Seattle, WA
  - There are eight programs currently participating
- Select tribes will be meeting on 10/29 for the Elder Initiative meeting in Seattle, WA
  - We asked for dental programs to bring an elder and elder coordinator to this meeting
  - There are ten programs currently participating
- We are scheduling site visits for both Bonnie and Bruce, so if there is an interested tribe who would like a site visit for clinical support and a presentation on prevention, please contact me.
- CDE are provided at the site visits, as well as both initiative meetings
- The next annual dental meeting for all 36 dental programs will be in June 2020

Stats in case you are asked:

- 30 out of our 43 tribes have dental clinics
- 36 dental programs to include:
  - NARA
  - SIHB
  - Chemawa
  - Yakama satellite offices
  - Colville satellite offices

LEGISLATIVE COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Cheryl Rasare	Swinomish	crasare@swinomish-nsn.us
2	Joe Finkbonner	NPAIHB	
3	CHERYCE A. KENNEDY	CTGR-Dele.	cheryle.kennedy@grandronde.org
4	Greg Abrahamson	Spokane Tribe	Greg@Spokanetribe.com
5	Kaye Culbertson	Cowlitz	kculbertson@cowlitz.org
6	Libby Cope	Makah	elizabeth.cope@ihs.gov
7	Laura Platero	NPAIHB	
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Legislative Committee Report
October 22, 2019

Attendees: Cheryle Kennedy (Grande Ronde), Greg Abrahamson (Spokane), Kay Culbertson (Cowlitz), Cheryl Rasar (Swinomish), Kim Thompson (Shoalwater Bay), Libby Cope (Makah)

Staff: Joe Finkbonner, Laura Platero

Three resolutions and two other items were discussed in the Legislative/Resolution Committee:

1. **Resolution- Tribal Community Health Provider Program Funding for Development of Behavioral Health Aide Program (BHAP) and Native Dental Therapist Initiative (NDTI) Education Programs**

This resolution endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director, to accept funding from the North Sound Accountable Community of Health and the Upper Skagit Indian Tribe to support the development of the Behavioral Health Aide (BHA)education program including purchase of the Alaska BHA curriculum; and to accept funding from the North Sound Accountable Community of Health and Swinomish Indian Tribal Community to support the development of Native Dental Therapy Initiative education program including funding to complete the purchase of the Alaska Dental Therapy Education Program (ADTEP) curriculum.

Action: Motion by Spokane; second by Swinomish; and unanimous vote to pass the resolution to the Board for ratification.

2. **Resolution- Northwest Health Foundation Funding for Dental Therapy Legislation in Oregon**

Under this resolution, the NPAIHB supports the grant application to the Northwest Health Foundation requesting up to $20,000 to fund advocacy for dental health aide therapy legislation in Oregon.

Action: Motion by Spokane; second by Swinomish; and unanimous vote to pass the resolution to the Board for consideration.

3. **Resolution- Support of Ban on Sale of Flavored Vaping Products**

Under this resolution, NPAIHB supports a ban on the sale of flavored Electronic Nicotine Delivery Systems (ENDS) or vaping products within facilities owned, operated, or leased by tribes including: a) all businesses that sell tobacco and nicotine products, and b) all areas within reservation boundaries; and NPAIHB

requests that the Indian Health Service issue a statement supporting a ban on the sale of, and use of, flavored ENDS or vaping products.

Action: Motion by Spokane; second by Swinomish; and unanimous vote to pass the resolution to the Board for consideration.

4. Other Items

In addition, the Committee is requesting to send two letters to IHS Principal Deputy Director, RADM Michael Weahkee on these issues:

A. The Contract Support Costs (CSC) Workgroup has not held a meeting since April, 2018. Andy Joseph, Jr., former Chair of NPAIHB and former CSC Workgroup Chair, sent a letter to RADM Weahkee on June 3rd requesting a meeting. The Committee requests that a follow-up letter be sent to RADM Weahkee requesting a meeting.
B. The Committee recommends that a letter be sent to RADM Weahkee requesting that DHATs be inclusive of federally-operated facilities/direct service tribes.

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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

RESOLUTION # 20-01-01

SUPPORT OF BAN ON SALE OF FLAVORED VAPING PRODUCTS

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

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

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

WHEREAS, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people; and

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

WHEREAS, commercial tobacco use is the leading cause of preventable death and disease and Native people suffer serious health consequences including heart disease, cardiovascular disease (CVD), chronic obstructive pulmonary disease (COPD), stroke, asthma, and cancer; and

WHEREAS, American Indian and Alaska Native people (AI/AN) have the highest rate of tobacco use in the nation; and

WHEREAS, Electronic Nicotine Delivery Systems (ENDS) and/or any vapor products are not a harmless alternative to nicotine cigarettes, and are not proven nor Food and Drug Administration (FDA) approved cessation devices; and

WHEREAS, as of October 8, 2019, 1,299 lung injury cases associated with the use of ENDS, or vaping, products have been reported to the Centers for Disease Control and Prevention (CDC) from 49 states, the District of Columbia, and 1 U.S. territory; and

WHEREAS, twenty-six deaths have been confirmed in 21 states related to vaping, all patients have reported a history of using ENDS, or vaping, products; and

WHEREAS, in Washington State, seven hospitalization cases have been reported related to ENDS or vaping associated with lung injury; in Oregon State nine hospitalization cases have been reported related to vaping or ENDS associated with lung injury and two deaths; and in Idaho State six hospitalization cases have been reported related to vaping or ENDS associated with lung injury; and

WHEREAS, nicotine-containing products play a role in this outbreak because some patients with lung injury report exclusive use of nicotine containing products, and many patients with lung injury report combined use of tetrahydrocannabinol (THC) and nicotine-containing products; and

WHEREAS, the latest national and state findings suggest products containing THC, are linked to most of the cases and play a major role in the recent outbreak; and

WHEREAS, according to the 2016 U.S. Surgeon General's Report on e-cigarette use among youth and young adults, ENDS are now the most commonly used form of tobacco by youth in the United States and 85% of ENDS users ages 12-17 use flavored products; and

WHEREAS, ENDS proponents are deceptively marketing the products to the public—especially to young adults via social media—as a "safe" alternative to smoking and an easy way to quit smoking tobacco cigarettes and entice use with flavors attractive to youth; and

WHEREAS, teens are already more susceptible to addiction than adults because their brains are still developing, which makes them more likely to habituate to using drugs and alcohol; and

WHEREAS, ENDS is causing harm to our people and a policy supporting the ban of flavored vaping products is needed.

NOW, THEREFORE, BE IT RESOLVED that the Northwest Portland Area Indian Health Board (NPAIHB) supports a ban on the sale of flavored Electronic Nicotine Delivery Systems (ENDS) or vaping products within facilities owned, operated, or leased by tribes including:

a) all businesses that sell tobacco and nicotine products; and
b) all areas within reservation boundaries; and

BE IT FURTHER RESOLVED that NPAIHB requests that the Indian Health Service issue a statement supporting a ban on the sale of, and use of, flavored ENDS or vaping products.

CERTIFICATION

NO# 20-01-01

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 21 for, 0 against, 3 abstain on October 24, 2019.

Chairperson

Secretary

October 24, 2019
Date

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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Suite 300
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(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

RESOLUTION # 20-01-02

NORTHWEST HEALTH FOUNDATION FUNDING FOR DENTAL THERAPY LEGISLATION IN OREGON

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

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

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

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of American Indian/Alaska Native (AI/AN) people; and

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

WHEREAS, the Northwest Health Foundation has invited the NPAIHB to apply for a grant to advocate for legislation to make dental therapists available to underserved and underrepresented communities, especially tribal communities in Oregon; and

WHEREAS, the NPAIHB has partnered with tribes in Oregon to pilot the expansion of the dental team to include dental health aide therapists (DHATs) as part of the Oregon Dental Pilot Project Program; and

WHEREAS, the goal of the Oregon Dental Pilot Project Program is to encourage the development of innovative practices in oral health care delivery systems with a focus on providing care to populations that evidence-based studies have shown have the highest disease rates and the least access to dental care; and

WHEREAS, American Indian/Alaska Native (AI/AN) communities are struggling under the weight of devastating oral health disparities, including:

- Prevalence of tooth decay in AI/AN children ages 2-5 is nearly three times the U.S. average. More than 70% of AI/AN children ages 2-5 years have a history of tooth decay experience compared to 23% of white children;
- AI/AN adult dental patients suffer disproportionately from untreated decay, with twice the prevalence of untreated caries as the general U.S. population and more than any other racial/ethnic group;
- AI/AN adult dental patients are also more likely to have severe periodontal disease, more missing teeth, and are more likely to report poor oral health than the general U.S. population; and

WHEREAS, to address these disparities, the NPAIHB has worked closely with tribes in Oregon, Washington, and Idaho to expand the dental team to include DHATs; and

WHEREAS, expanded dental teams with DHATs have proven effective in tribal and other underserved communities in increasing access to care, allowing dentists and other providers to work at the top of their scope, and improving population oral health; and

WHEREAS, DHATs have proven to be associated with significantly improved health outcomes in Alaska Native communities; and

WHEREAS, permanent changes to the state law in Oregon will be necessary to ensure that Tribes and other communities have access to DHATs.

NOW, THEREFORE, BE IT RESOLVED, that the Northwest Portland Area Indian Health Board supports the grant application to the Northwest Health Foundation requesting up to $20,000 to fund advocacy for dental health aide therapy legislation in Oregon.

CERTIFICATION

NO# 20-01-02

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 24 for, 0 against, 0 abstain on October 24, 2019.

Chairperson

Secretary

October 24, 2019
Date

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

2121 SW Broadway Drive
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(503) 228-4185
(503) 228-8182 FAX
www.NPAIHB.org

RESOLUTION # 20-01-03

TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM FUNDING FOR DEVELOPMENT OF BEHAVIORAL HEALTH AIDE PROGRAM (BHAP) AND NATIVE DENTAL THERAPIST INITIATIVE (NDTI) EDUCATION PROGRAMS

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

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

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

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

WHEREAS, American Indians and Alaska Natives (AI/AN) communities are disproportionately affected by physical health, behavioral health and oral health disparities and inadequate access to health services; and

WHEREAS, the Community Health Aide Program (CHAP), including Dental Health Aide Therapists (DHATs, also known as Dental Therapists) and Behavioral Health Aides (BHAs) has been in existence in Alaska since 1968 and has proven to significantly improve health outcomes for communities served by these providers; and

WHEREAS, NPAIHB has established a Tribal Community Health Provider Program to bring CHAP providers to the Portland Area and member tribes would benefit from training members of tribal communities to become care providers for their own communities; and

WHEREAS, NPAIHB has a longstanding relationship with Northwest Indian College, Skagit Valley College, Northwest Native American Center of Excellence, and Alaska Native Tribal Health Consortium to expand CHAP for Northwest tribes; and

WHEREAS, NPAIHB is developing a BHA education program and is seeking funds to purchase a model curriculum for this program from the Alaska Behavioral Health Aide program of Alaska Native Tribal Health Consortium; and

WHEREAS, NPAIHB is developing a Dental Therapy Education Program and is seeking funds to purchase a model curriculum from the Alaska Dental Therapy Education Program (ADTEP); and

WHEREAS, this specific funding opportunity supports developing the behavioral health and oral health workforce for AI/AN people in Washington to deliver high quality, sustainable, culturally relevant behavioral and oral health services in AI/AN communities through purchase of curricula, project scoping and creation of education programs that closely replicate the Alaska CHAP models; and

WHEREAS, funding is available through North Sound Accountable Community of Health to the NPAIHB Tribal Community Health Provider Project BHA education program for scoping, development and purchase of the Alaska BHA curriculum in the amount of $137,500.00 ; and Upper Skagit Indian Tribe has offered to make a contribution in the amount of $103,125.00 to the BHA education program for the same purpose, for a total of $240,625.00; and

WHEREAS, funding is available through the the North Sound Accountable Community of Health funding to support the Native Dental Therapist Initiative (NDTI) education program in the amount of $137,500.00; and the Swinomish Indian Tribal Community has offered to make a contribution in the amount of $103,125.00 for a total of $240,625.00, which is in addition to the $ 300,000 that was previously awarded by the North Sound Accountable Community of Health towards the purchase of the Alaska Dental Therapy Education Program (ADTEP) curriculum; and

NOW, THEREFORE, BE IT RESOLVED that the Northwest Portland Area Indian Health Board (NPAIHB) endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director, to accept funding from the North Sound Accountable Community of Health and the Upper Skagit Indian Tribe to support the development of the Behaviorial Health Aide (BHA) education program including purchase of the Alaska BHA curriculum; and to accept funding from the North Sound Accountable Community of Health and Swinomish Indian Tribal Community to support the development of Native Dental Therapy Initiative education program including funding to complete the purchase of the Alaska Dental Therapy Education Program (ADTEP) curriculum.

CERTIFICATION

NO# 20-01-03

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
OCTOBER 2019

RESOLUTION #20-01-03

The foregoing resolution was duly adopted at the regular session of the Northwest Portland Area Indian Health Board. A quorum being established; 24 for, 0 against, 0 abstain on October 24, 2019.

Chairperson

Secretary

October 24, 2019
Date

NEW DELEGATES COMMITTEE

Tuesday October 22nd, 2019
Wildhorse Casino Resort
Pendleton, OR

	Name and Title	Organization	Phone/FAX/E-mail
1	Forrest Pearson BOM	Siletz	541 444 9626 forrestp@ctsi.nsn
2	Norma Razote MD of Health Svcs	TUlalip	360-716-4142 nrazote@tulaliptribes-nsn.gov
3	Jessie Adair Health Services Director	Stillaguamish	360-333-5809 jadair@stillaguamish.com
4	Brenda Powell MD medical Director	Lower Elwha	360-565-6252 Fax 360 452-6276 Brenda.Powell@elwha.org
5	Connie Whitener Health Director Squaxin Island Tribe	Squaxin Island Tribe	360 427 9006 Ex 3941 cwhitener@squaxin.us
6	Jacqueline Lyall/Kevin Sur	NPAIHB Staff	—
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Chronic Disease
October 2019

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Health News & Notes

A Publication of the Northwest Portland Area Indian Health Board

Fast Stats: Leading Causes of Death among Northwest American Indians & Alaska Natives

Sujata Joshi
IDEA-NW Project Director

Information on the leading causes of death, and disparities in these causes, is important for identifying health priorities for tribal communities. NPAIHB's Improving Data and Enhancing Access – Northwest (IDEA-NW) project recently completed a report on the leading causes of death for American Indians and Alaska Natives (AI/AN) in Idaho, Oregon, and Washington. This article highlights some of the key findings from that report.

During 2014-2016, there were 5,718 deaths among Northwest AI/AN. Cardiovascular diseases (including stroke) were the leading cause of death for AI/AN, and accounted for 23.4% of all deaths. Cancer was the second leading cause of death (18.9%), and unintentional injuries (which include drug overdoses) was the third leading cause of death, accounting for almost 11% of AI/AN deaths.

Rank	Cause of death for American Indian/Alaska Natives, 2014-2016	
1	Major Cardiovascular Diseases	23.4% (1,337)
2	Cancer	18.9% (1,081)
3	Unintentional injuries	10.7% (614)
4	Chronic Lower Respiratory Diseases	6.2% (356)
5	Chronic Liver Disease & Cirrhosis	5.5% (317)
6	Diabetes	4.7% (270)
7	Suicide	3.5% (202)
8	Alzheimer's Disease	2.2% (124)
9	Influenza & Pneumonia	1.4% (79)
10	Nephritis	1.2% (71)
Total deaths	5,718	

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Find Sasquatch!

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IN THIS ISSUE:

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Portland, OR 97201
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Northwest Portland Area Indian Health Board

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Confedrated Tribes of Grand Ronde
Cheryle Kennedy, *Vice Chair*
Confedrated Tribes of Grand Ronde
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Shawna Gavin, *Treasurer*
Confederated Tribes of Umatilla
Kim Thompson, *Sergeant-At-Arms,*
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Denise Walker, Chehalis Tribe
Leta Campbell, Coeur d'Alene Tribe
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Cheryl Raser, Swinomish Tribe
Teri Gobin, Tulalip Tribe
Shawna Gavin, Umatilla Tribe
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Chairman's Notes

Cheryl Kennedy
Confederated Tribes of Grand Ronde
NPAIHB Vice Chair, Acting Chair

I'm pleased to report that it's been a productive quarter for the staff at NPAIHB with new funding and policy activities. NPAIHB and Northwest Tribal Epidemiology Center (NWTEC) have several new sources of funding. NPAIHB was awarded the Tribal Opioid Response (TOR) grant from SAMHSA for another 6 Tribes. This is in addition to the TOR funding that we received last year. The NWTEC was also awarded $340,000 for HIV prevention activities in the Northwest Region, which will include development of a new community of practice using the ECHO model. The NWTEC was awarded funds for the second 5-year cycle of Good Health and Wellness in Indian Country for training and technical assistance to regional tribes and provision of tribal sub-awards for policy, system and environment changes to enhance health among the Northwest Tribes. Under the Centers for Disease Control and Prevention umbrella mechanism, NWTEC was awarded funds for a project to enhance immunization adherence, to continue an environmental health tracking project the NWTEC had previously undertaken, and to provide Tribes with assistance as to public health accreditation preparedness activities. NWTEC was awarded the Washington State Department of Health contract for the Tribal Public Health Emergency Preparedness Conference, with a potential of a 5-year extension. The NWTEC will also be assisting Washington and Oregon States with activities related to Tribal Public Health Improvement planning as a contract recipient for each state.

As to policy activities, NPAIHB commented on the $10 million in opioid funding that was appropriated to IHS for the Special Behavioral Health Program for Indians, and commented on the IHS National Tribal Advisory Committee's recommendation for Behavioral Health Initiative funding. Our comment letters requested that tribes be provided an option to receive funding through Indian Self-Determination Education Assistance Act (ISDEAA) contracts and compacts. Northwest Tribes have a long history of operating IHS programs and having more control over these funds will allow tribes to develop comprehensive behavioral health programs. NPAIHB also commented on the Centers for Medicare and Medicaid's Request for Information on the Action Plan related to the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act ("SUPPORT Act"). Our comment letter to HRSA's Request for Information advocated for inclusion of the Community Health Aide program expansion to address the needs in tribal communities. Lastly, I attended the ATNI Fall Annual Convention we had a good Health Committee and I'd also like to report that five of NPAIHB's resolutions from the July Joint Quarterly Board Meeting were passed at ATNI and have been forwarded to NCAI for consideration.

Cheryle A Kennedy
Vice Chair, Northwest Portland Area Indian Health Board
Chair, Confederated Tribes of Grande Ronde

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP.

This article provides an update on tribal health care issues, including FY 2020 Appropriations, and a litigation update on the Affordable Care Act.

FY 2020 Appropriations – Sequestration Averted; House-Senate Agreement Pending

Bipartisan Budget Act of 2019 (Act). On August 2, 2019, the President signed PL 116-37, the Bipartisan Budget Act of 2019. This Act averted what otherwise would have been a massive sequestration of federal funds. Under the Budget Control Act of 2011 (PL 112-25) budget caps were set at such a low level that discretionary spending in FY 2020 would have been reduced by 10 percent ($125 billion) below the FY 2019 enacted level. The Act raises the spending caps for FYs 2020 and 2021, thus stopping the imposition of an across-the-board sequestration.

Of note is that under the Budget Control Act of 2011, authority for sequestration of *discretionary* funding extended only through FY 2021 and the Bipartisan Budget Act of 2019 does not extend that date. Congress could decide to enact an extension of the ability to sequester discretionary funds but it is not likely to do so.

Continuing Resolution Enacted. On September 27, 2019, the President signed as PL 116-59, a Continuing Resolution (CR) to fund federal agencies, including the IHS, through November 21, 2019, at largely FY 2019 terms and spending levels. None of the twelve FY 2020 appropriations bills have yet been enacted into law although FY 2020 began on October 1st. Included in the CR is an extension of the *Special Diabetes Program for Indians* through November 21st. Congress has recently returned from a two-week recess and so now has very limited time to reach agreement on appropriations bills before the CR expires; another CR may need to be enacted.

House-Senate Status of FY 2020 Indian Health Service Legislation

There are differences between the House-approved and the Senate Committee-approved IHS appropriations bill. These differences will need to be worked out in conference. Given that the House has approved FY 2020 funding bills that exceed the budget cap, not all House proposed increases will be able to be sustained.

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Northwest Portland Area Indian Health Board Staff

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Katie Johnson, EHR Intergrated Care Coordinator

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Ticey Mason, Dental Project Director
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Tom Weiser, PAIHS, Medical Epidemiologist, assigned to NWTEC
Tommy Ghost Dog, Jr., weRnative Project Coordinator

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Miranda Davis, NDTI Project Director
Pam Johnson, NDTI Project Manager
Savannah Shaw, TCHP Project Assistant
Sue Steward, CHAP Project Director
Tanya Firemoon, TCHP Project Specialist

Response Circles Media Bootcamp

Paige Smith
Response Circles Coordinator

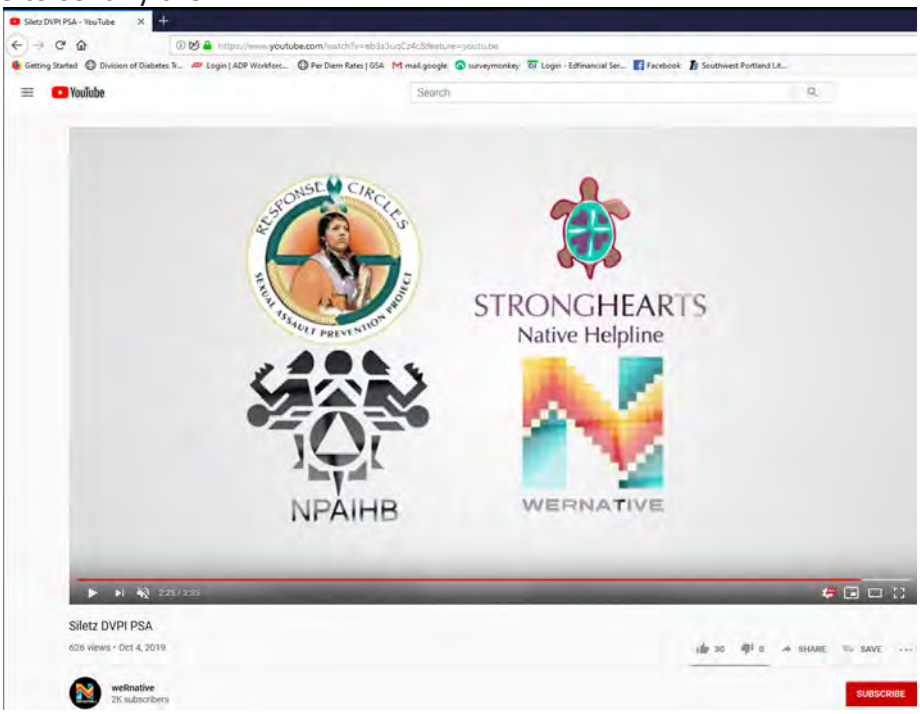
Every year Response Circles (RC) works alongside We R Native and one of the NW Tribes to produce a public service announcement (PSA). The Confederated Tribes of the Siletz Indians hosted this year's social media bootcamp. The goal of this PSA was to work with the tribal youth to identify a message and a medium through which to share it. In order to maintain a safe environment we bring in professionals to help educate the youth on domestic and sexual violence. This year the RC staff brought in StrongHearts Native Helpline (Stronghearts). Additionally, to help oversee the development of the PSA staff also brought in Skybear Media, a media production company.

Skybear Media opened day 1 with a presentation on media and PSA's. They helped highlight what makes an informative and impactful PSA. Skybear Media guided the youth through the film making process. During this part of the training the youth identified which PSA's were most impactful and identified why. Through these activities they were able to solidify the inspiration for the topic of their final PSA product. Next, the StrongHearts presentation focused on educating the youth about domestic and sexual violence. They helped the youth not only to identify the various kinds of abuse, but more importantly helped youth better identify what healthy relationships do look like. After these interactive sessions, youth appeared to genuinely apply the information with a deeper understanding. The youth then started stepping into the world of creativity and designing messages around the topic of abuse.

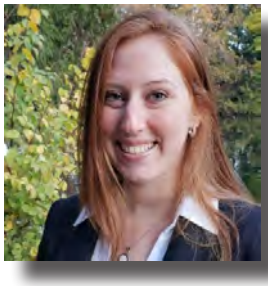
Moving forward, Skybear Media worked to identify the roles the youth would play in the PSA video and during this we found strong leaders and motivated youth to fill the roles of directors, actors, film crew and content creators. The youth identified a message that truly spoke to them, not all abuse is physical. StrongHearts helped the youth focus on more than the typical forms of abuse. This session helped show the youth a side of intimate partner violence they never knew existed. Using what was taught, the youth put together a script and identified three areas of focus. The three focus areas for their PSA were cultural, digital and financial abuse. Bringing life to their script and vision was all that was left to do.

Over two days through lots of collaboration the whole team created something to be truly proud of, and to share the video the youth created, Response Circles staff will release the PSA video during the month of October, National Domestic Violence Prevention Month. The hope is that the youth (and their communities) take their new knowledge and skills and use some or all of it to continue to do amazing things in the future and help to break the cycles of all abuse.

View the video PSA that was created here:
https://youtu.be/eb3s3uqCz4c



Fast Stats: Emergency Department Visits for Drug Overdose among American Indian and Alaska Natives in Washington



Heidi Lovejoy, MSc
Substance Use Epidemiologist

A national public health emergency was declared in 2017 due to the increasing number of drug overdoses occurring across the nation. American Indian and Alaska Native (AI/AN) populations have been especially hard-hit by this epidemic.

While much overdose data focuses on fatal drug overdoses (deaths), information on non-fatal overdoses is a valuable resource as well. This type of data is another way to look at the impact of substance use in a community, and provide guidance on developing an effective public health response, such as where drug treatment programs are needed most.

One way of capturing non-fatal overdoses is by examining the emergency department (ED) visits for drug overdose. Most states collect information on emergency department visits for many conditions, including overdose. Emergency department data is often called "syndromic surveillance" or "ESSENCE" (Electronic Surveillance System for the Early Notification of Community-based Epidemics).

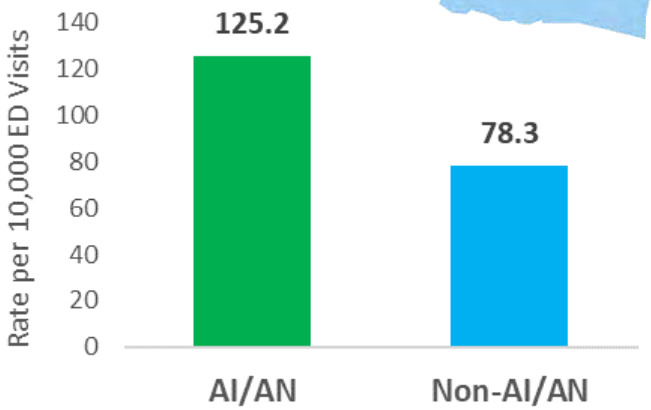
The Washington State Department of Health collects ED information through a system called the Rapid Health Information NetwOrk (RHINO). Data collection began in mid-2016, however most hospitals were not set up to report into the system until 2018, so we are able to examine trends going forward from 2018.

Please contact hlovejoy@npaihb.org if you would like more information on emergency department visit data for drug overdose in your area, or for general assistance with drug-related data.

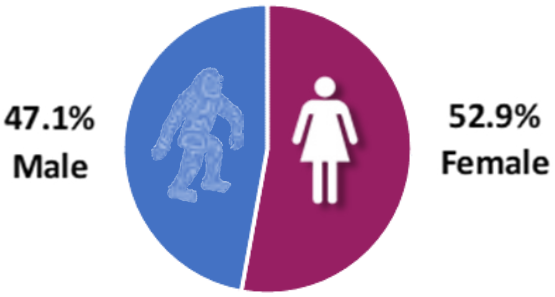
Data Briefs on fatal drug overdose information among AI/AN in Washington and Oregon are posted online at www.npaihb.org/idea-nw.

Emergency Department (ED) Visits for Drug Overdose

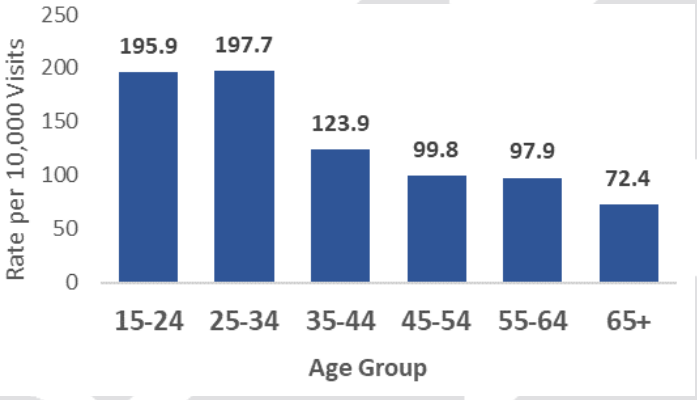
Jan 2018 – Sept 2019



The rate of drug overdose ED visits for AI/AN is about 1.6 times higher than the rate for non-AI/AN in WA.



A similar percentage of male and female AI/AN visited an emergency department for drug overdose.



AI/AN aged 15-34 experienced the highest rate of drug overdose ED visits.

Data Source: Washington State Department of Health Rapid Health Information NetwOrk (RHINO), accessed 10/8/2019.

Opioid Use Disorder: A Chronic Disease

Tribal Opioid Response
Northwest Portland Area Indian Health Board
opioid@npaihb.org

Opioid misuse is a health issue that impacts many people. It is not a moral failing or weakness. Nor is it a mark of bad character. It can happen to anyone. People with substance use disorder, including opioid use disorder are often surprised by the cunning ways drugs or alcohol crept into their lives and became an issue. The reason for this is simple - addictive substances (like opioids and alcohol) actually change the way our brain works. In fact, one of the first brain changes that occurs is that opioids hijack the part of our brain that controls our cravings, tricking us into wanting opioids more frequently and in larger amounts. Blaming ourselves or our loved ones for addiction is not useful. For many people, recovering from this condition requires help from a health care provider, counseling, and medications. Judgement and unkindness only stands in the way of those who are struggling. But kindness and community support opens doors and save lives. We can look to stories of Trickster to think about how opioid misuse can similarly sneak into our communities and result in opioid use disorders for our people.

Definitions:

- Opioids are drugs that block pain signals from reaching our brain. They can also change our mental state, making us feel happy, relaxed, sleepy, or confused.
- Opioid misuse is when someone uses an opioid pain medicine (like oxycodone and morphine) for a reason it was not intended for or in a way that was not prescribed.
- Opioid use disorder is a chronic health condition that people can recover from. It occurs when opioid misuse causes health issues or problems at work, school, or home.

Lessons from Trickster

In many Tribal oral traditions Trickster is a scared, yet crafty being who manipulates and cheats others. He is described as an old man or coyote among some, a raven among others. He is called Wakdjunkaga among the Winnebago and Manabozho among the Menominee. Often we share stories of Trickster to teach life lessons, like the importance of being humble, living in balance with nature, and respecting our medicines. We can learn a great deal about opioid misuse by thinking about this topic in relation to Trickster. For example, it is common for people to misuse medicines that were intended to cure and heal. Without realizing it our substance use (to treat a health condition) can transform into substance misuse (which negatively impacts our life). We can imagine that there is a Trickster spirit guiding this transformation of medicine from a helpful healing tool to a harmful burden.

Fortunately, Trickster does not only cheat and manipulate others, he also helps teach important lessons.

In the case of opioid misuse these lessons are:

- All medicines, whether they are provided by a healer, medicine man, mother nature, or a doctor, contain a powerful spirit, as well as a prescription for good use.
- All medicines contain both the power to harm and the power to heal .
- Because medicines are powerful and some substances alter our ability to control how and when we use them, it is important to remember that substance misuse, including opioid misuse, can happen to anyone.
- Rather than blaming our relatives with an opioid use disorder, we must support them in getting the help they need and walk the road to recovery with them.

Definitions:

- Substance use disorder is a chronic health condition that people can recover from. It occurs when substance misuse causes health issues or problems at work, school, or home.

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Opioid Use Disorder: A Chronic Disease

continued from previous page

- Substance misuse is when someone uses a substance (like painkillers, alcohol, meth, or cocaine) for a reason it was not intended for or in a way that was not prescribed.

What this means for Tribal Communities

We know that our experiences are closely tied to those of our relatives and relations. This holds true when it comes to opioids. Through the 1990s until 2011, the use of opioid medications tripled across the United States. For many Tribal communities, this brought an increase in opioid misuse, opioid use disorders, opioid overdose, and death. Once the negative consequences of prescription opioids became apparent, many Tribal health care providers decreased the amount of opioids they offered. However, this did little for our relatives already addicted to opioids. Because prescribed opioids were now more difficult to get, some of our relatives sought out more dangerous drugs, like heroin. This caused the opioid epidemic to grow. It also led to another cycle of overdoses and deaths.

Opioid misuse has caused enough suffering in our communities, and we are ready for a change. Fortunately, there is more hope than ever. We can heal our communities through educating ourselves and others about opioids, seeking help when we need it, and supporting others who are struggling. There are lifesaving drugs that can reverse an opioid overdose, and there are others that can help those who are in recovery.

This article is an excerpt from the booklet "A Trickster Tale – Outsmarting Opioids Through Education and Action" and is intended to help you learn basic information about opioids, so you can keep yourself and those you love safe and healthy. It is also a tool we hope you will use to inspire action for positive change in your community. To learn more and download "A Trickster Tale – Outsmarting Opioids Through Education and Action" visit:
https://www.indiancountryecho.org/wp-content/uploads/2019/10/NPAIHB_TOR_Trickster_Tale_Booklet_Final.pdf

Women's Mental Health

Chiao-Wen Lan, PhD, MPH
Project Director/Epidemiologist

Mental health disorders are a growing public health concern, yet they are often undiagnosed and untreated. ***Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for individuals age 18 to 44 years old.*** In the United States, over 50% of non-pregnant women with past-year depression were undiagnosed. Poor mental health is associated with substance misuse, and may put women at risk for further chronic diseases including diabetes and heart diseases.

Research shows that women battling mental illnesses have a higher one-year unintended pregnancy rate. Further, unintended pregnancy and a previous history of depression are known risk factors for postpartum depression, which could have negative consequences for the mother, infant, and family. ***Studies have documented that mental health conditions were one of the top three types of maternal complications during pregnancy among pregnant women in Washington and Oregon State.***

Continuity of mental health care is an important factor to improve patient health outcomes. Post-discharge planning is a crucial point of intervention. Patients who received follow-up services after an inpatient hospital stay are less likely to be re-admitted and generally have more positive treatment outcomes.

NPAIHB's Improving Data and Enhancing Access-Northwest (IDEA-NW) project examined the association between mental disorders and linkage to psychiatric care post-discharge among women age 15 to 49 years old in Washington State.

We used inpatient hospital discharge data from Washington State between 2011 and 2014. Data were corrected for AI/AN misclassification through linkage with the Northwest Tribal Registry. We

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Hospital Discharge Status among Reproductive-aged Women with Documented Mental Disorders

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identified documented mental disorders through the International Classification of Disease, Ninth Revision, Clinical Modification (ICD-9-CM) diagnosis codes, including depression, anxiety, or stress reaction.

A total of 559,611 reproductive-aged women were hospitalized in Washington between 2011 and 2014, representing discharges from 100 hospitals. Of those, AI/AN women had a significantly higher rate of documented mental disorders than Non-Hispanic White (NHW) women (38.4% vs. 31.5%, $p < 0.0001$; see Figure 1).

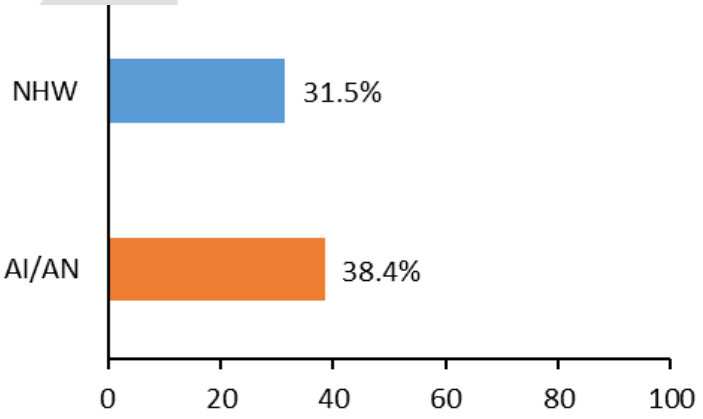

Figure 1. Percentage of hospitalizations for mental disorders among women of reproductive-age in Washington, 2011 – 2014

Of those women diagnosed with mental disorders, 41.4% AI/AN women had a concurrent substance use disorder, while 23.6% of NHW women had a co-occurring substance use disorder.

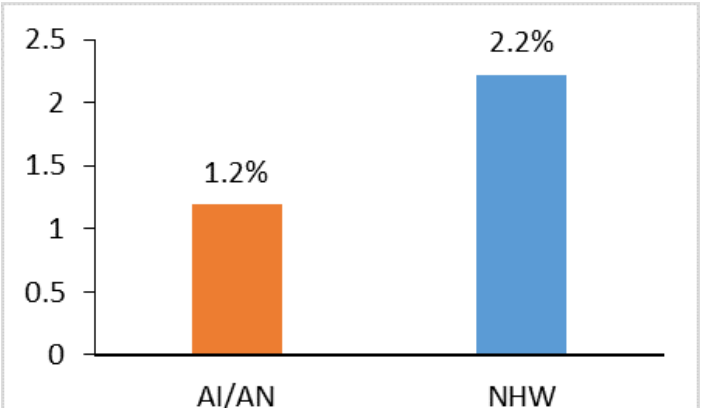

Figure 2. Percentage of patients with mental disorders receiving psychiatric services after discharged

Hospitalized AI/AN women with a diagnosed mental disorder were 47% less likely to receive additional psychiatric treatment (i.e., transferred to a psychiatric hospital or an inpatient rehabilitation facility) than NHW women after discharge (1.2% vs. 2.2%, respectively).

This shows that of the 6,500 hospitalized AI/AN women with a mental disorder, only about 700 were linked to post-discharge psychiatric services.

Women who are admitted to a hospital represent a significant window of opportunity for identification and intervention for the safety and psychological wellbeing of women and their families. Connecting women needing support to appropriate treatment is vital.

Access to care is often included as a dimension of continuity of care, and issues of continuity and accessibility are closely entwined. Fear of discrimination and stigma associated with behavioral health services have been found to be key factors affecting healthcare seeking behaviors among AI/AN women.

Reproductive-aged women with a diagnosis of mental disorders need not only timely and effective treatment, but also tailored and culturally appropriate care and preventive services. ***Mental health services need to be culturally-centered – both in identifying needs and in choosing how they are addressed.*** Addressing health disparities among AI/AN communities requires more than simply increasing resources to expand treatment services. Program developers should also consider how services are received in AI/AN communities, and identify strategies to reduce barriers to care and service utilization. ***It is essential to integrate patient-level health beliefs, expectations, and cultural practices in AI/AN communities.***

Resources available at the NPAIHB:

The suicide prevention project at the NPAIHB is THRIVE, which stands for: Tribal Health – Reaching out InVolves Everyone. Information and resources can be found here: http://www.npaihb.org/thrive/

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Hospital Discharge

continued from previous page

For more information, resources, or technical assistance on data/statistics, please contact us at ideanw@npaihb.org

Northwest Portland Area Indian Health Board
Improving Data & Enhancing Access (IDEA-NW)

Chiao-Wen Lan, PhD, MPH
Project Director/Epidemiologist

Sujata Joshi, MSPH
Project Director/Epidemiologist

Hood to Coast 2019

Team HANDS (Healthy Active Natives Doing Something) was formed in 2016 with 12 NPAIHB employees who participated in the "Mother of all Relays" Hood to Coast relay race. This year was our 4th consecutive year of running 199 miles from Mount Hood (Oregon) to Seaside (Oregon) in less than 36 hours. This year our team consisted of NPAIHB staff, family and friends and we completed the race in 32 hours and 24 minutes, which is a 9:47 pace! This event takes place every year in August on the 4th Friday of the month. We entered the Hood to Coast lottery and are hoping we are accepted again to participate in summer 2020. We currently have a 12 person roster and are looking for alternates, who are intermediate runners. Please contact Birdie Wermy (bwermy@npaihb.org) or Lisa Griggs (lgriggs@npaihb.org) for questions or information. www.hoodtocoast.com

Find Sasquatch!

Newsletter fun, can you find Harry the Sasquatch? To have a little fun for this quarter, there are five hidden Harry's' throughout Health News & Notes. Remember, like the brand new chap-stick you bought, like the TV remote you swear you put on the couch, like your charger you let your cousin borrow, like the friend who said they'd be there in 5 minutes, like the $20 your uncle owes…… Sasquatches are VERY elusive.

Harry can be lurking in the chairman's notes, or the Indian Health Update. The first 3 people to find ALL FIVE (5) Harry's', will win a We R Native fanny pack with some extra goodies inside.

Show them to Lisa Griggs to claim your prize!

3

Fast Stats: Leading Causes of Death among Northwest American Indians & Alaska Natives

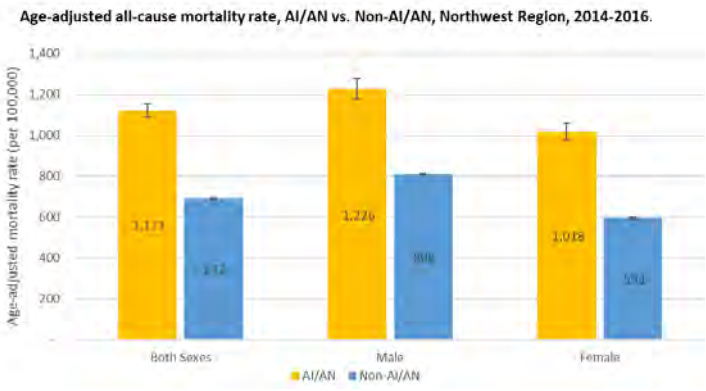
continued from cover

The top three leading causes of death for Northwest AI/AN are different across the lifespan. In younger age groups, unintentional injuries, homicide, and suicide are major causes of premature death. For elders, chronic conditions such as cardiovascular diseases, cancer, and chronic lower respiratory diseases account for the majority of deaths.

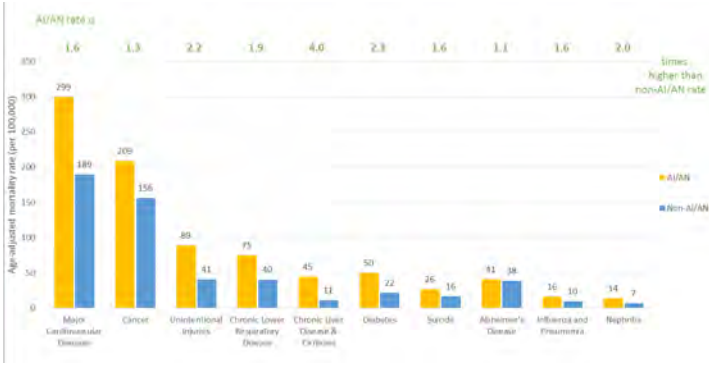
Top three causes of death by age group, Northwest AI/AN, 2014-2016.

Rank	Age Group								
	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65+
1	Birth Defects	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Unintentional Injuries	Cardiovascular Diseases	Cancer	Cardiovascular Diseases
2	Sudden Infant Death Syndrome	Homicide	Homicide	Suicide	Suicide	Chronic Liver Disease & Cirrhosis	Unintentional Injuries	Cardiovascular Diseases	Cancer
3	Unintentional Injuries	Cancer	Cancer	Homicide	Cardiovascular Diseases	Cardiovascular Diseases	Cancer	Chronic Liver Disease/ Unintentional Injuries (Tied)	Chronic Lower Respiratory Diseases

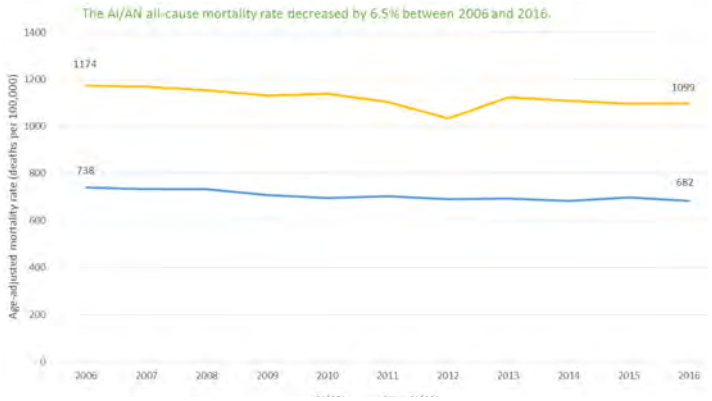
Northwest AI/AN have a higher all-cause mortality rate compared to non-AI/AN in the region. After adjusting for age differences, the mortality rate for Northwest AI/AN is 1.6 times higher than the rate for non-AI/AN. AI/AN males have 1.5 times the mortality rate of non-AI/AN males, and AI/AN females have 1.7 times the mortality rate of non-AI/AN females.



The disparities that AI/AN experience in mortality also vary by cause of death. Compared to non-AI/AN in the region, Northwest AI/AN experience especially large disparities in mortality from chronic liver disease and cirrhosis (4.0 times the mortality rate of non-AI/AN), diabetes (2.3 times the mortality rate of non-AI/AN), and unintentional injuries (2.2 times the mortality rate of non-AI/AN).



Despite these disparities, AI/AN mortality rates are decreasing over time. Between 2006 and 2016, the all-cause mortality rate for Northwest AI/AN decreased by 6.5%. This decrease may be due to improved patient care and effective prevention efforts to improve the health and well-being of tribal communities in the Northwest.



To access the full mortality report and other data products, please visit the IDEA-NW's website at: http://www.npaihb.org/idea-nw/. You can also contact us with data requests at ideanw@npaihb.org.

Data Sources:

[1] Death certificates from the Oregon Center for Health Statistics, Washington Center for Health Statistics, and Idaho Bureau of Vital Records and Statistics, corrected for AI/AN misclassification by NPAIHB's IDEA-NW project.

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Indian Health Update

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The House bill and report are H.R.3052 and H. Rept. 116-100. The Senate bill and report are S. 2580 and S. Rept. 116-123.

The House recommended $6.3 billion ($431 million over FY 2019) for IHS while the Senate proposed $6.0 billion ($237 million over FY 2019). Both bodies rejected Administration proposals for reductions for Community Health Representatives, Indian Health Professions, supplemental funding for village clinics, facilities construction and for elimination of funding for Health Education and Tribal Management programs. They split with regard to Administration's new initiatives. Other key items:

- *Urban Indian Health* – House $81 million ($33 million over FY 2019); Senate $53 million;
- *Alcohol and Substance Abuse* – House $280 million; Senate $247 million;
- *Indian Health Professions* – $90.6 million ($33 million over FY 2019); Senate $57.8 million;
- *Mental Health* – House $125 million; Senate $108 million;
- *Purchased/Referred Care* – House $969 million ($5 million over FY 2019); Senate $967 million;
- *Community Health Representatives* – House $62.9 million; Senate $62.8 million;
- *Community Health Aide Program* (for expansion to the lower-48) – House $25 million; Senate $5 million;
- *Electronic Health Records Initiative* (new) – House $25 million, Senate $3 million;
- *Contract Support Costs* – both Houses – "such sums as may be necessary" estimated at $820 million;
- *Built-In Costs (Pay Raise, Inflation, Population Growth)* – House $56 Million (Compares To Administration request of $42 million); the Senate Committee noted they are providing funding for the expected raise and inflation but did not provide an amount;
- *Clinic Leases* – The House recommended $53 million for 105(*l*) leases and village built clinic leases ($17 million over FY 2019) while the Senate recommended $97 million. This is in response to the *Maniilaq v. Burwell* decision which requires full funding of leases carried out under section 105(l) of the ISDEAA. House Report language directs the IHS to consider whether the 105(*l*) leases should be considered a separate line item in the budget and funded in the same manner as Contract Support Costs ("such sums as may be necessary").

The Senate recommended $97 million for clinic leases which the Committee Report notes is the most recent estimate. The Senate marked its bill up several months later than did its House counterpart and therefore had the more recent cost estimate. The IHS reports that they have thus far received over 170 lease proposals worth $97 million.

The Senate Report directs the IHS to communicate regularly with the Committee on estimates of the costs of the 105(*l*) leases. They also ask the IHS to report on challenges to budgeting for the costs and on the rationale behind its decision to have 12-month lease agreements instead of leases on a prospective basis. In addition, the Committee directs IHS, the Departments of Interior and Justice, and the Office of Management and Budget to work with congressional committees to formulate budget strategies and to discuss whether "in light of the *Maniilaq* decisions, these funds should be reclassified as an appropriated entitlement."

Finally, the Senate Committee Report expresses the view that the 105(*l*) lease requests should be accounted for separately from the village built clinics in the FY 2021 budget request.

Advance Appropriations – House Appropriations Committee report language directs the IHS to report

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Indian Health Update

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on what changes would be needed to develop and manage an advance appropriations for the IHS and to report back within 180 days of enactment. The Senate Report does not address advance appropriations, although Interior Appropriations Subcommittee Chairman Lisa Murkowski (R-AK) and Ranking Member Tom Udall (D-NM) have each introduced legislation (S. 2541 and S. 229) which would authorize advance appropriations for IHS.

Affordable Care Act Litigation *(Texas v. United States)*

In December, a federal district court ruling made headlines when the judge held that the individual mandate enacted as part of the Patient Protection and Affordable Care Act (ACA) is unconstitutional. Not only did the district court judge in T*exas v. United States* rule that the individual mandate can no longer be justified under Congress's taxing power (now that Congress has reduced the tax penalty to $0), but it also held that the entirety of the law must be invalidated along with the individual mandate. The United States, as the defendant in the district court, had agreed with the plaintiffs that the individual mandate is no longer constitutional, but argued that most of the remainder of the law should be left intact.

The district court's ruling has major potential implications for Indian Country. The Indian Health Care Improvement Act (IHCIA) was amended and permanently reauthorized as part of the ACA, and several other provisions of the law provide important new authorities for the Indian health system. Although these provisions are not related to the individual mandate, the district court did not exempt them from its ruling—meaning that the IHCIA and other Indian health provisions of the ACA are at risk of being invalidated if the district court's ruling is allowed to stand.

Several "Blue States" that intervened in the case to defend the ACA appealed the district court's ruling to the United States Court of Appeals for the Fifth Circuit, which is now considering the case. In the court of appeals, our firm filed an amicus curiae brief on behalf of a large coalition of Tribes and tribal organizations from across the country in support of the IHCIA and other Indian-specific provisions in the ACA. The amicus brief makes the case that, under applicable court rules of "severability," the Indian provisions should be preserved even if the individual mandate is unconstitutional, because they are not related to or dependent on the individual mandate.

In the district court, the United States had taken the position that only certain portions of the ACA (not including the IHCIA) should be struck down. Unfortunately, in a surprising turn of events, the United States changed its position on appeal: instead of arguing that only specific portions of the law should be invalidated, the United States took the position that the district court's ruling should be affirmed. The Department of Justice also did not defend the IHCIA at oral argument before the Fifth Circuit, which was held on July 9, 2019. In contrast, the House of Representatives (which intervened in the case on appeal) filed a brief in support of the ACA, and specifically mentioned the IHCIA as an example of an important provision that should be upheld even if the individual mandate is struck down.

Shortly before argument was scheduled, the Fifth Circuit asked the parties to file supplemental briefs addressing three questions relating to the court's jurisdiction to hear the appeal, including whether any controversy remains in the case given the United States' change of position and whether any party has standing to bring the appeal. Although this raises some questions regarding whether or not the Fifth Circuit will even reach the merits of the case—and whether the district court judgment will stand if it does not—all parties argued before the court that it had jurisdiction to hear the merits of the appeal. We are now awaiting the Fifth Circuit's decision, which is likely to be appealed to the United States Supreme Court regardless of the outcome.

2019 Native Fitness XVI

WTDP / Native Fitness XVI, 2019 – Another Successful Year!

On August 10th and 11th 2019, tribes from across the nation convened to participate in the annual Native Fitness Training at the Nike World Headquarters Campus in Beaverton, Oregon. This training marked 16 years of successful partnership with the Northwest Portland Area Indian Health Board's Western Tribal Diabetes Project (WTDP) and Nike's Native American business program. Native Fitness evolved over time from a training hosted for Northwest tribes to a national event that draws from tribal nations and programs across the country.

Native Fitness provides hands-on training using a curriculum and resources that attendees can bring home with them. This train-the-trainer model provides tribes with the resources to implement culturally tailored fitness sessions targeted at multiple age groups and varying abilities within a community. This year Native Fitness hosted 150 participants from tribal programs across Indian Country.

WTDP partnered with the Native American Fitness Council (NAFC) for our physical activity training component. The NAFC sessions included workshops focused on strength and conditioning, functional fitness, martial arts for everyone, basics of resistance training, indigenous sit/fit mix, traditional running, indigenous youth fitness, traditional adaptive intervals, and elder fitness. The final workout is a group activity incorporating all trainers and sessions for all participants prior to the closing of the event.

Danielle Scott shared healthy cooking tips through recipes of instant pot wild rice and

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2019 Native Fitness XVI

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mountain tea, known to coastal tribes as swamp tea. She also whipped up a batch of buffalo meatballs; it was truly a culinary delight. Most of the ingredients in these recipes are harvested, gathered, or grown in the homelands of our Native people. Danielle is the University of Idaho Extension Education Educator for the Nez Perce Reservation. All of the sessions are designed to provide training fundamentals, so participants can take home new skills and "just do it."

The keynote speaker, Darryl Tonemah, covered topics ranging from historical trauma, motivational interviewing, and implementing effective change, coaching, and counseling for our patients with diabetes. Darryl's unique style of sharing Native-specific stories and issues with humor, science, and culture is riveting.

Sam McCracken, director of Nike Native American Business, introduced the N7 ambassadors and showcased new Nike N7 products that will be available soon. Trish Chee, N7 Project Specialist, was also in attendance and presented on the availability of Nike.net accounts for Special Diabetes Program for Indians (SDPI). Products can be ordered at a 50% discount for SDPI programs. All proceeds are in turn awarded to the Nike Native Youth Grant Programs.

Participants left with a USB loaded with resources and comprehensive information on diabetes data, best practices, obesity, physical activity, nutrition, and diabetes educational resources. Through providing Native Fitness each year, we hope to continue building the capacity of tribes to implement community-led fitness activities to decrease rates of diabetes and increase the overall health and wellness of their community.

Thank you to Theo Latta, City of Portland PCCEP Project Director, for opening our event with a drum honor song.

Healthy Life Style Tips: Let's Battle Chronic Disease

Kerri Lopez, *Project Director*
WTDP/NW Tribal
Comprehensive Cancer Project

Chronic disease in our tribal and urban communities takes a huge toll and use of our health resources. We all hear the stories of the many chronic diseases that impact our communities. We can look at our tribal electronic health records, confirmed by regional state and national statistics to see the stark reality. The list for chronic diseases is long and familiar from cancer, CVD, COPD, diabetes, obesity, oral health, asthma, arthritis, heart disease, and tobacco use to name a few.

By implementing changes and incorporating healthy lifestyle choices into our daily routines, we can battle many of these conditions and diseases. Even minor changes in our individual health behaviors, community environment or social interactions may have a large impact on our health. We can each lower our risk and the risk of our friends and family members by learning how to prevent or delay chronic disease. It is important to remember that most chronic diseases are preventable.

What can I do for my own health and prevention?
Follow recommended guidelines for exercise, nutrition, maintaining a healthy weight, moderate or no alcohol consumption, do not use or quit using commercial tobacco, and schedule all of your recommended health screenings. In most cases, there are clinical services, support, and resources in your community to help. Seek out your diabetes program, tobacco cessation, nutrition and fitness classes through your tribal community health programs.

What can I do to help others in my community?
Advocate and speak up for healthy food at community events, the work place, and in schools. Promote access to healthy foods in your local stores and markets. Promote wellness in the workplace and advocate for

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Healthy Life Style Tips: Let's Battle Chronic Disease

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safe places to exercise, if needed. Start a walking club or group at work or with friends and family. Start or work in your community garden, and encourage your clinic and community to actively promote screenings.

It is time to reverse those behavioral risk factors that haunt us; unhealthy diets, limited physical activity, smoking, substance abuse, habitual tobacco use, and not taking time to schedule screening and preventive care.

- Moderate activity for 30 minutes at least five times per week or 150 minutes of activity per week
- Eat well: limit high fat and high sugar foods, increase vegetables, whole grains and fruits
- Limit alcohol consumption to 1 drink/day for women and 2 drinks/day for men
- Quitting smoking before the age of 40 reduces the risk of dying from smoking-related disease by about 90%
- Lack of regular health check-ups and screening tests are risk factors for almost all chronic diseases
- Go to the doctor regularly especially if you are over 40
- Follow screening guidelines and recommendations
- Smoking causes one in every five deaths in the U.S. each year
- Habitual or personal tobacco use is a risk factor for many chronic diseases

DST Carole Ann Heart Recipient

The recipient exemplifies the following traits, in memory of the late-Carole Anne Heart.

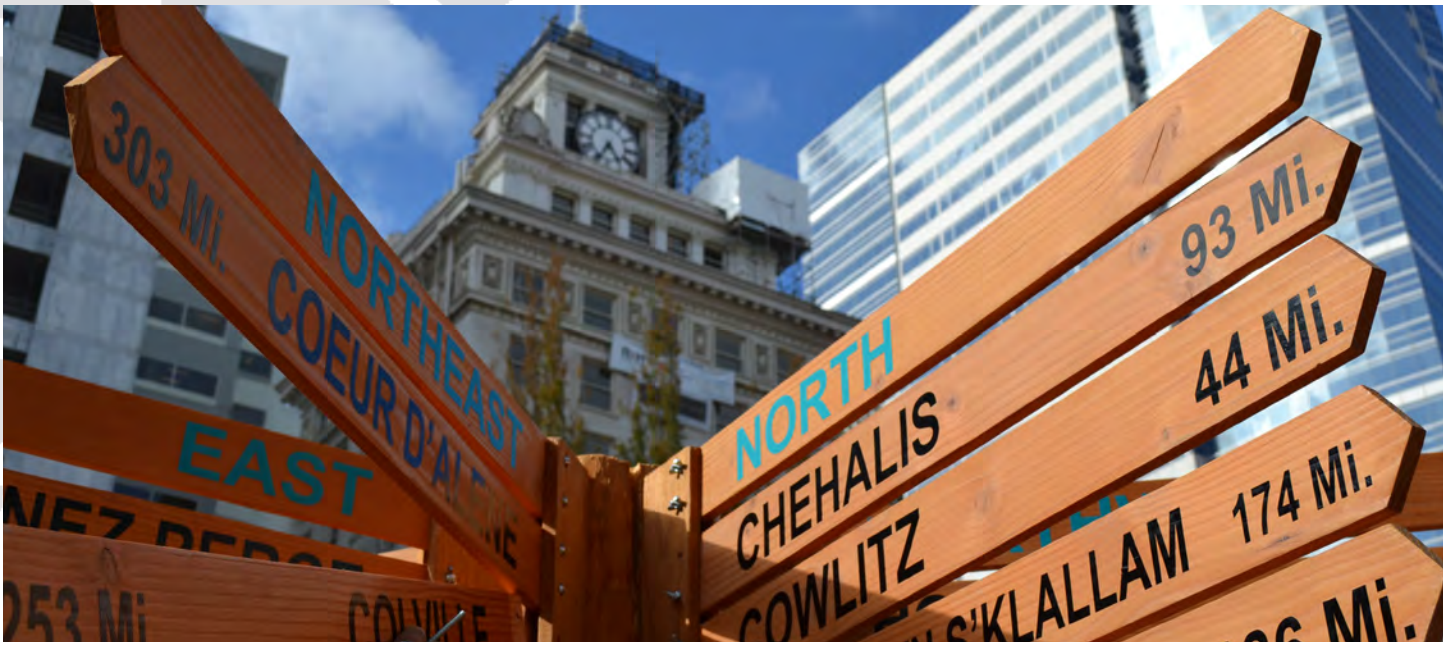
- Leadership and Advocacy
- Sense of Humor and Wit
- Energy and Compassion
- Commitment to Improve Indian Health and Education for all Native Peoples

Greg Abrahamson, Vice Chairman, Spokane Tribe of Indians (Portland Area)

Vice Chairman Greg Abrahamson of the Spokane Tribe of Indians located in the State of Washington serves as the DSTAC representative for the Portland area since 2013, and member of the executive team for the DSTAC. His commitment DSTAC is evident as one of the is one of the longest The DSTAC was established to provide leadership, advocacy and policy guidance for Indian tribes that receive primary health care directly from the IHS.

In his role for the DSTAC Mr. Abrahamson actively supports the DST and participates as a member of the Information Systems Advisory Committee (ISAC) and the Community Health Aid Program (CHAP) for the IHS. Additionally, Mr. Abrahamson works to advocate for increased IHS funding, and more recently to defend a reduction to IHS funding, specifically the CHR.

Dancing in the Square Powwow 2019

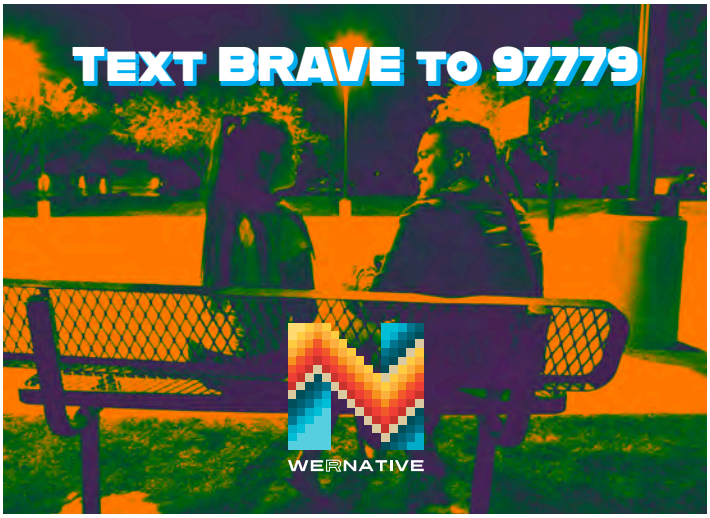


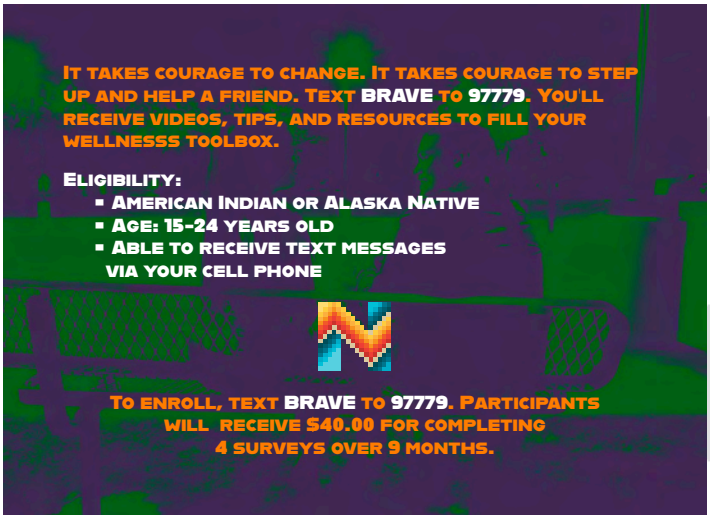
Annually, the Northwest Portland Area Indian Health Board (NPAIHB), in partnership with other local Indian organizations, hosts an "American Indian Day" celebration at the Pioneer Courthouse Square in downtown Portland, Oregon. Our annual "American Indian Day" is a traditional showcase and celebration of American Indian. Alaska Native cultures and community.

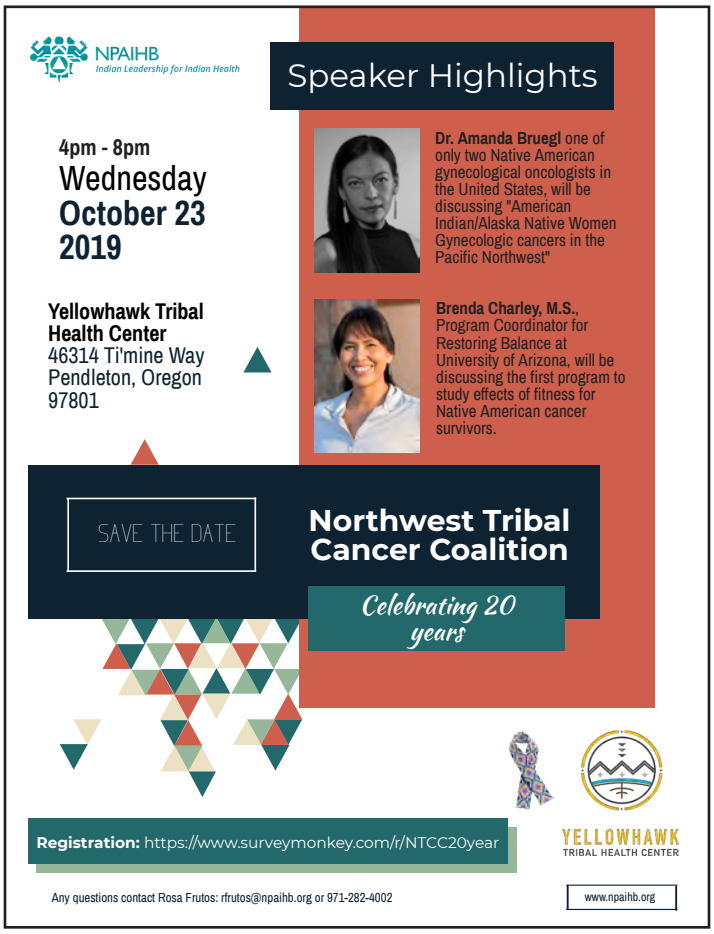
Upcoming Events

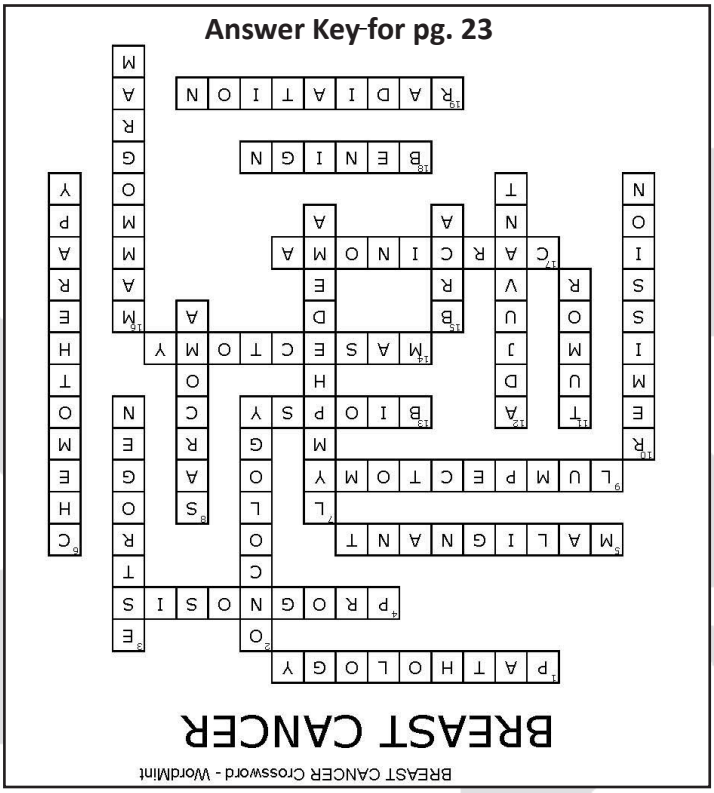
Click on flyer for hyperlink

The National Institute for Occupational Safety and Health (NIOSH) Health Hazard Evaluation (HHE) Program helps employees, union officials, and employers learn whether health hazards are present at their workplace and recommends ways to reduce hazards and prevent work-related illness. Our evaluations are done at no cost to the employees, union official, or employers. You can learn more about the program here: https://www.cdc.gov/niosh/hhe/about.html. HHE requests can be submitted online or by e-mail, fax, or mail: https://www.cdc.gov/niosh/hhe/request.html. For additional questions, contact Sarah Hatcher at shatcher@cdc.gov or 513-841-4526.









Upcoming Events

Click on date for hyperlink

OCTOBER

October 23
20th Anniversary Northwest Tribal Cancer Coalition Celebration - Yellowhawk Tribal Health Center
Pendleton, OR

October 29-30
2019 Idaho Indian Child Welfare Conference
Fort Hall, ID

NOVEMBER

November 7
All Tribal and Urban Indian Organization Leaders Call
Webinar and Teleconference - Anywhere, USA

November 13-15
9th NARA Spirit of Giving Conference
Portland, OR

November 13
NW Portland Area Indian Health Service Review Board Meeting
Portland, OR

November 20
Tobacco Cessation and Wellness Dinner
Shelton, WA

DECEMBER

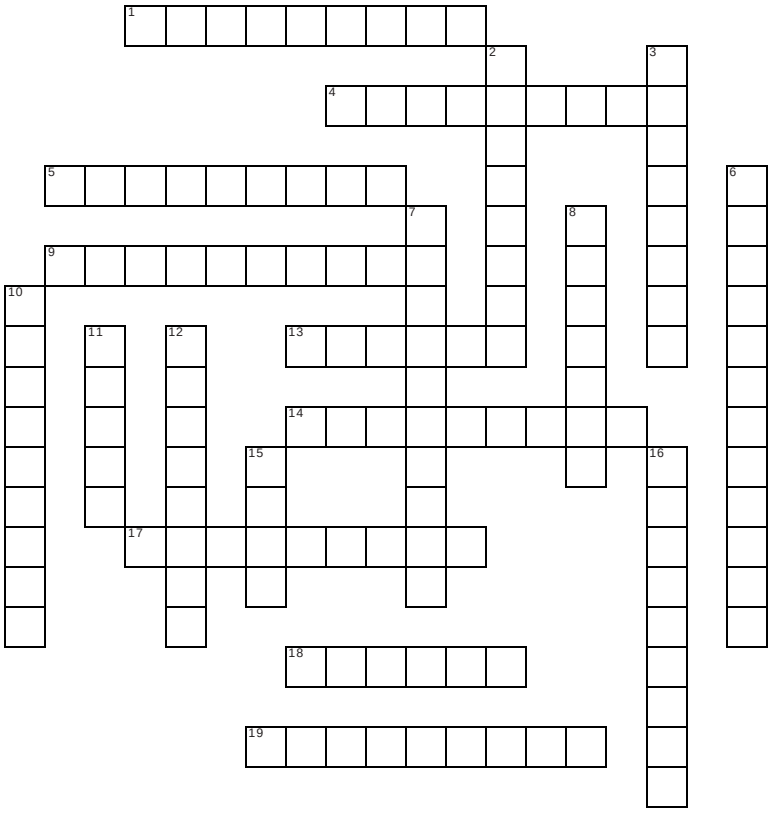
December 3-5
Diabetes Management System Training
Portland, OR

December 11
NW Portland Area Indian Health Service Review Board Meeting
Portland, OR

JANUARY - HAPPY NEW YEAR!

January 13-16 NEW DATES
NPAIHB Quarterly Board Meeting
Tulalip, WA

BREAST CANCER



Across

1. the science of studying the nature of a disease
4. for the best possible outcome you want a good _____ from your oncologist
5. Another word for cancer
9. surgery to remove only the tumor and smallest amount of surrounding tissue
13. removal of tissue to check for cancer
14. A _____ is a surgery in which the breast is completly removed
17. the malignant growth of cells synonymous with cancer
18. not cancer
19. what is x-ray energy that kills cancer cells

Down

2. What is the study and treatment of cancer
3. The greater a women's exposure to this hormone, the more susceptible she is to breast cancer
6. medicines used to stop or slow the growth of cancer cells
7. swelling that usually occurs as a side effect when axillary lymph nodes are removed
8. A type of tumor found in connective tissue
10. in what condition do systems of a disease get reduced or no longer detectable
11. what do you caLL an abnormal growth or mass of tissue?
12. Treatments provided after breast surgery to eliminate cancer cells
15. inherited mutations of these genes are known to increase the risk of breast cancer
16. breast xray

We welcome all comments and Indian health-related news items.
Address to:

Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org
2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182

For more information on upcoming events please visit www.npaihb.org

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD
JULY 2019 RESOLUTIONS

RESOLUTION #19-04-01
OHA and OHSU HowTo Grant

RESOLUTION #19-04-02
Support Advance Appropriations for IHS

RESOLUTION #19-04-03
Full Funding of IHS

RESOLUTION #19-04-04
Support Mandatory Appropriations for IHS

RESOLUTION #19-04-05
Fully Fund Section 105i ISDEAA Lease

RESOLUTION #19-04-06
National Child Traumatic Stress Initiative

RESOLUTION #19-04-07
Ensure Medicaid Fulfills Fed. Trust Responsibilty to AI/AN

RESOLUTION #19-04-08
HHS OMH AI/AN

RESOLUTION #19-04-09
Increase Funding for Special BH Programs

RESOLUTION #19-04-10
IHS to move the PRC Dependent

RESOLUTION #19-04-11
Support Legislation VA_TAC

RESOLUTION #19-04-12
Support for Perment ReAuth SDPI

RESOLUTION #19-04-13
SAMHSA Modernization Act

RESOLUTION #19-04-14
DHAT Education Curricula

RESOLUTION #19-04-15
RES RWJ Her resolution

RESOLUTION #19-04-16
CDC Supplement

RESOLUTION #19-04-17
NW Tribal Food Sovereignty Coalition

RESOLUTION #19-04-18
NIHB SSSC Grant

Photo credit: E. Kakuska - Dancing in the Square Powwow 2018