**Public Health Committee Meeting Notes**

NPAIHB Quarterly Board Meeting, Tulalip, WA

January 14, 2020

**Attendees**

Andrew Shogren – Suquamish

Andrew Terranella – PAO IHS

Bridget Canniff - NPAIHB

Kelle Little – Coquille

Kim Calloway – NPAIHB/CDC

Lisa Guzman – Yellowhawk/CTUIR

Nancy Bennett – NPAIHB

Sadie Olsen – Lummi (Youth Delegate)

Tam Lutz – NPAIHB

Tommy Ghost Dog – NPAIHB

**NPAIHB Legislative and Policy Priorities Survey**

* Went out from Laura and Sarah in early January to all the tribal health directors and delegates
* Bridget recommended that all recipients go through the full survey if they haven’t done so already, and/or provide comments directly to NPAIHB staff
* This committee reviewed the public health section and suggests moving all current priorities forward, with the changes/additional requests that appear below in **bold**
* We did not provide a specific ranking, as we deemed all were vitally important

1. **Appropriate funding directly to tribes for tribal public health infrastructure**

* Discussion:
  + Lisa noted that Yellowhawk/CTUIR will have their site visit by the Public Health Accreditation Board for their public health accreditation application, and will be revising their community health plan
  + Clarification that such direct funding to tribes does not currently exist as a line item
* ***Suggestion for change/additional request:*** Include new language about state priorities related to Washington and Oregon state public health infrastructure improvement:
  + **Continue legislative funding at the state level for Washington Foundational Public Health Services and Oregon Public Health Modernization, including specific support to and involvement of tribes and tribal organizations**
  + Information on this priority’s inclusion in the NPAIHB Legislative and Policy priorities will be forwarded to Vicki Lowe at AIHC and other relevant state partners

1. **Fund TECs to fulfill their role as a Public Health Authority, as outlined in the IHCIA for activities such as technical assistance, capacity building, evaluation, public health surveillance, etc.**

* Discussion:
  + Q: With available funding, are you not able to fulfill all roles? A: Direct investment in TECs from IHS is limited and a small portion of the funds NWTEC operates with, but we strive to provide comprehensive services

1. **Provide targeted funding to CDC for tribes to increase asthma treatment programs including education and remediation of the environmental triggers associated with asthma control, and for housing-related environmental hazards**

* Discussion:
  + Q: Why CDC specifically – what about funding provided via IHS or other agencies? A: Needs follow-up to clarify
  + Support place-based education that emphasizes connections between water, agriculture, soil, and the people, and promotes equality of Western and Indigenous knowledge, including first foods and going back to traditional ways, as well as opening spaces for people to use their indigenous knowledge, not structures:
    - Visiting each other’s Wellness Centers to share and gain knowledge
    - Building traditional structures next to non-traditional and supporting programs and services taking place outside of the four walls of the clinic or wellness center
  + Explore reduction of fossil fuels as a contributor to asthma and other health issues, supporting policies that reduce fossil fuel use, such as harnessing tidal system for power generation along the Pacific Coast
* ***Suggestion for change:*** Create a new **separate priorities section for environmental health**, in parallel with public health and the other topics in this document, and add any other needed environmental health priorities, to better reflect NPAIHB’s new program area in Tribal Environmental Public Health

**March of Dimes Strategic Plan**

* NPAIHB/NW EpiCenter staff attended a recent planning meeting intended to help our area March of Dimes focus on areas of need/legislation/programs that may help improve maternal, child, and overall family health for both rural and urban-living indigenous populations, as well as spark conversations with tribal health leaders
* The planning meeting included other Indian organizations in the area that serve NW tribes
* A list of fourteen priority areas that came out of that meeting was shared with the NPAIHB Public Health Committee
* March of Dimes is asking organizations to share the priority list with tribes to give additional review and to comment on the priorities brought forward
* Tam asked those in attendance at the QBM Public Health Committee meeting how best to share this information and with delegates and others – Andrew Shogren will provide an initial review and feedback on next steps
* Contact person for comments is Tam Lutz: [tlutz@npaihb.org](mailto:tlutz@npaihb.org)

**General Discussion/Comments**

Sadie reminded the committee about some of our core values of our native culture and how it should be woven throughout our public health and environmental health approaches as we prioritize.