

WE VALUE YOUR VOICE.

The Northwest Portland Area Indian Health Board (NPAIHB) is asking for feedback on issues that affect your community's health and wellbeing for the upcoming Oregon State Health Improvement Plan (SHIP).

To learn more, go to http://bit.ly/2020ship or scan the barcode below with your phone. Those that complete the survey by the end of January can **enter to win a raffle prize.**











DISPARITIES LEADERSHIP PROGRAM

Empowering Leaders. Getting to Solutions.

Developed and led by The Disparities Solutions Center at Massachusetts General Hospital

Winner of:

The 2014 American Hospital Association Equity of Care Award



The AAMC Learning Health System Award



Jointly sponsored by The National Committee for Quality Assurance



And supported by Joint Commission Resources, Inc. (An Affiliate of The Joint Commission)





One of the primary goals of the Disparities Solutions Center is to provide education and leadership training to develop a national network of skilled individuals dedicated to eliminating racial/ethnic disparities in health care. Through the Disparities Leadership Program we hope to move this from a goal to a reality.

----Joseph R. Betancourt, MD, MPH

Pursuing High-Value Health Care: Improving Quality and Achieving Equity

The implementation of health reform and current efforts in payment reform herald a significant transformation of the United States health care system. Across the country, health care organizations are expanding access to health care that aims to be high-quality and cost-effective. Pursuing *high-value* health care is the ultimate goal. At the same time, our nation is becoming increasingly diverse. In fact, estimates indicate that minorities will comprise 48% of the 32 million newly insured individuals as a result of the Patient Protection and Affordable Care Act. Research demonstrates that when compared to the currently insured, the newly insured will have less educational achievement, will be more racially diverse, and will be more than twice as likely to speak a primary language other than English.

Guided by The Institute of Medicine (IOM) Report *Crossing the Quality Chasm*, our nation charts a path towards quality health care that aims to be safe, efficient, effective, timely, patient-centered, and *equitable*. Achieving *equity* requires that the quality of care we deliver—and that patients receive—does not vary based on patient characteristics such as race/ethnicity, gender, sexual orientation and disability status. However, research demonstrates that our nation falls well short of this goal, as we know significant disparities exist. For example:

- Black patients, Medicaid and under-insured patients make up a disproportionate share of emergency department visits for chronic ambulatory care-sensitive conditions.
- Patients with limited English proficiency (LEP) are more likely to suffer adverse events with more serious consequences than their white, English-speaking counterparts.
- Chinese and Spanish speakers, as well as black and other minority patients, have higher readmission rates for heart attack, heart failure and pneumonia than their English-speaking, white counterparts.
- Minorities are less likely to receive wellness care such as colorectal cancer screening.

As we enter this era of health care transformation, it becomes clear that these disparities are in fact the epitome of *low–value*-care that is of poor quality, and more

costly. In fact, researchers have determined that between 2003 and 2006, the combined direct and indirect cost of health disparities in the US was \$1.24 trillion. If we are to be successful in our pursuit of value, we must be prepared to deliver high-quality and high-value health care to an increasingly diverse population. Disparities are a high-value target, and addressing them will allow health care organizations to gain a competitive edge in a changing market.

Preparing for Healthcare Transformation: The Disparities Leadership Program

The **Disparities Solutions Center** (DSC) at Massachusetts General Hospital is dedicated to helping health care leaders address disparities and achieve equity in a time of healthcare transformation. The Disparities Leadership Program will arm you with the knowledge, tools and strategies you will need to take action and be prepared to address disparities and deliver high-value, quality care to all.

Since 2005, the DSC has worked to improve health care quality for every patient, regardless of race, ethnicity, culture, class, or language proficiency. Our work is focused on developing actionable strategies to improve quality and achieve equity that are designed for those on the front lines of health care. We provide tools to identify disparities, develop models to address them, and then work closely with health care leaders to deploy them in their unique care settings. From our home at the **Massachusetts General Hospital** and **Harvard Medical School**, we draw on our rich legacy of conducting cutting-edge research and translating it into practical, actionable strategies that are built to be integrated in real care settings. Our multidisciplinary group – with expertise in health policy, disparities, quality improvement, clinical care and organizational transformation – is committed to working closely with health care stakeholders to help achieve equity in this time of healthcare transformation.

Specifically, we:

- Create change by developing new research and translating the findings into policy and practice.
- **Find solutions** that help health care leaders, organizations, and key stakeholders ensure that every patient receives high-value, high-quality health care.
- **Encourage leadership** by expanding the community of health care professionals prepared to improve quality, address disparities and achieve equity.

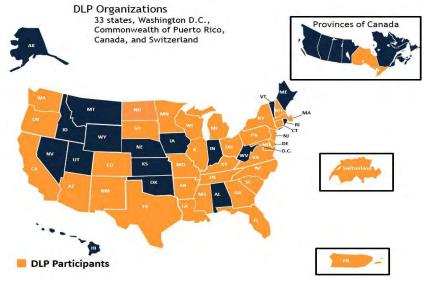
The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization.

Through the DLP, we aim to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals:

- To arm health care leaders with a rich understanding of the causes of disparities and the vision to implement solutions and transform their organization to deliver high-value health care. Solutions are specifically focused on identifying disparities impacting the quality and value of care within high-cost, high-risk areas such as preventing readmissions and avoidable hospitalizations; improving patient safety and experience; and excelling in population health.
- To help leaders create strategic plans or projects to advance their work in reducing disparities in a customized way, with practical benefits tailored to every organization.
- To align the goals of health equity with health care reform and value-based purchasing. We support the organizational changes necessary to respond to national movements including health care reform, value-based purchasing, as well as exceeding quality standards (such as the CLAS standards) and meeting regulations (such as those from the Joint Commission, the National Committee for Quality Assurance, and the National Quality Forum).

The DSC has the unique advantage of eleven years of experience developing, coordinating and operating the DLP, the only program of its kind in the nation.

To date, the DLP has trained eleven cohorts that include a total of 416 participants from 182 organizations (96 hospitals, 44 health plans, 21 community health organizations, 5 professional organizations, 2 hospital trade organizations, 2 schools of medicine, 2 dental benefits administrators, 2 federal government agencies, 2 state government agencies, 1 city government agency, and 5 others) representing 33 states, Washington D.C., the Commonwealth of Puerto Rico, Canada, and Switzerland.



Leaders of health care organizations need to be prepared to improve quality and achieve equity in today's health care environment characterized by a focus on achieving value and addressing disparities in a diverse population. To help address this need, the Disparities Solutions Center at Massachusetts General Hospital launched the Disparities Leadership Program in 2007. Feedback from participating organizations demonstrates that health care leaders seem to possess knowledge about what disparities are and about what should be done to eliminate them. Data collection, performance measurement, and multifaceted interventions remain the tools of the trade. However, the barriers to success are lack of leadership buy-in, organizational prioritization, energy, and execution, which can be addressed through organizational change management strategies. To read recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP click here: https://mghdisparitiessolutions.org/organizational-change-management-for-health-

https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/

The DLP underwent a robust external evaluation that was extremely positive and is available here: https://mghdisparitiessolutions.org/dlpeval/

"This is a great program for health care professionals to not only understand disparities, it can leverage knowledge and expertise from disparity experts in the field. The program format is an open didactic environment that allows for collaboration and thoughtful partnering that helps guide participants to finding solutions for reducing health disparities in their own organizations."

— DLP Alumni



Who should apply?

The DLP is for leaders who recognize that disparities are variations in quality that impact outcomes and the health care bottom line; it is for pioneers who seek solutions to improve quality, achieve equity and deliver value within the context of health care reform and transformation—focusing on meeting the needs of diverse populations.

Participants in our program come from a variety of disciplines and backgrounds, and a range of organizations, including hospitals, health plans, physician groups, community health centers and other care settings. Their roles include, among others:

- Executive Leadership
- Medical Directors
- Chief Diversity Officers
- Vice Presidents of Quality
- Directors of Patient Care Services
- Directors of Multicultural Affairs or Community Benefits

Teams of at least two participants from a given organization are routine, yet we encourage larger teams if beneficial, and can work with individuals as well. To maximize the benefits of the DLP, your organization should have a strong commitment to solving the problem, as well as resources available to create change. Our team can work with you to find and strengthen those resources within your organization.

For a list of current and past DLP participants, visit https://mghdisparitiessolutions.org/dlpalumni/.

What will I gain from the DLP?

Addressing disparities and improving the value of health care requires leadership, vision, teamwork and an understanding of the problem and potential solutions. The DLP is designed to build your knowledge and skills in these key areas while connecting you with others leaders and organizations working toward the same goal.

As a DLP participant, you'll gain tools you can apply immediately at your organization to improve health equity:

 A Strong Network of Peer Leaders. Through the DLP, you'll collaborate with other like-minded individuals dedicated to solving this problem. You'll share strategies and walk away with valuable lessons learned. DLP alumni report that their peer network helps them access resources and reaffirm their path forward – long after they complete our program.

- Strategies for Organizational Change. Our program will help you articulate the ways
 in which equity is linked to the bigger picture of value and health care reform. You'll
 leave better able to make the case for change and garner the support of key
 stakeholders within your organization. The majority of our alumni report that the
 program gave them a new vision of their role as a health care leader able to foster
 meaningful change.
- A Clear Path Forward. Through the DLP, you'll identify techniques and strategies that can be immediately deployed to address disparities within your organization. By tackling real-world situations through DLP projects, you'll leave with concrete steps and a plan of action.
- Critical Support. Through your project work and your DLP peer network, you will
 receive practical support and feedback that will help you to build and refine
 strategies long after your DLP year is over.

At the conclusion of this program, the DLP participants will be able to:

- Articulate the ways in which equity is linked to healthcare transformation, health care reform, value-based purchasing, accreditation and quality measurement.
- Identify strategies to secure buy-in by having health care leaders better understand these links and become invested in addressing them.
- List techniques and technology for race and ethnicity data collection and disparities/equity performance measurement.
- Identify interventions to reduce disparities in health care with a particular focus on preventing readmissions and avoidable hospitalizations, improving patient safety and experience, and deploying culturally competent population management initiatives.
- Identify ways to message the issue of equity both internally and externally.
- Describe a concrete step that their organization will take towards improving quality, addressing disparities and achieving equity.

Previous participants have gone on to achieve meaningful results, including:

- Developing and executing system-wide strategic plans to address disparities.
- Establishing new leadership positions, increasing staffing, and forming equity councils that oversee disparities efforts.
- Successfully deploying tactics such as improved data collection systems and dashboards that monitor quality stratified by race and ethnicity.
- Developing quality improvement strategies to address disparities, such as in the areas of culturally competent population health focused on diabetes, and preventing congestive heart failure readmissions.
- Improving training programs to educate the C-suite, health care providers and staff on disparities, and culturally and linguistically appropriate care and services.

 Redesigning marketing and communications to more effectively engage patients and community organizations.

"The DLP is a critical capacity-building engagement that will have enduring value through the networking, resource sharing and collective voice to advance health equity."

-Academic Center and Health System

How does the DLP work?

The DLP begins with an intensive, two-day training session on the East coast, followed by structured, interactive, distance learning that will allow you to develop a strategic plan or advance an ongoing project focused on quality and equity.

East Coast Training Session

The two-day East coast DLP session provides you with a framework for understanding disparities and the solutions you will develop over the course of the year. National experts at the DSC, MGH and other top health care organizations lead discussions on (1) disparities in the context of quality improvement and health reform; (2) strategies to achieve equity while driving value; and (3) how to foster



the leadership skills necessary to implement these strategies. Examples of the topics covered during the session include:

- Improving Quality and Achieving Equity in a Time of Healthcare Transformation: Background on the issue of racial and ethnic disparities in health care and on the fundamentals of health care reform and the connection between the two.
- **Leading Change:** Providing a framework for leading change around disparities within health care organizations.
- Getting Disparities on the Leadership Agenda: Encouraging leaders in the
 organization to become invested in identifying and addressing racial/ethnic
 disparities in health care, including the presentation of the business and quality case
 from a value perspective.
- **Demystifying the Strategic Planning Process:** How to create a strategic plan that will be actionable, realistic, and have concrete action steps and measures of success.
- Where to Begin: Tools and activities to help organizations better collect race and ethnicity data to identify and address disparities, quality and cost.
- Creating Disparities Measures and Reporting Mechanisms: Guidance on how to stratify quality measures by race and ethnicity, and report them appropriately via dashboards, scorecards, or other mechanisms.

- Population Health: Developing Strategies to Address Disparities: Presenting strategies and assessing the lessons learned in developing and evaluating population health programs.
- Preventing Readmissions in Diverse Populations: Innovative strategies focused on the specific needs of diverse populations, including patients with limited health literacy, English proficiency, or resources at home.
- Patient Experience and Making Systems Responsive to the Needs of Diverse
 Populations: Overview of interventions that meet the specific needs of minority patients, including cross-cultural training and interpreter services.
- **Communicating Broadly and Clearly:** Developing an approach to communicating the issue of disparities both internally and externally.

Strategic Planning & Technical Assistance

The goal of the DLP is to provide you with tools that can be immediately deployed to reduce disparities within your organization. That's why we ask every participant to enter the DLP program with the intention to either develop a year-long strategic plan that will be used as a blueprint for improving equity, or to advance a component of a specific project to address disparities. A project can be continuing an initiative already in progress or taking the first step on a new initiative. Examples include:



- Implementing a system to collect patient's race/ethnicity and language data;
- Creating an "equity dashboard" to report quality data stratified by race/ethnicity;
- Developing a culturally competent population management program;
- Evaluating a disparity/equity quality improvement intervention; or
- Expanding disparities interventions across conditions and populations.

Whether tackling a strategic plan or a project, as an applicant you must propose the ways in which you would advance this work over the course of the year through participation in the DLP.

"Whether it was the personal attention given to our program, or the encouragement when we needed to narrow our scope to move forward at the outset...we experienced a broadening of our awareness of the task at hand and how beneficial it is to have a resource group to tap into. It was an outstanding experience personally and professionally."

—Safety Net Hospital

Throughout the year, the DSC will then work with you to achieve your project goals through technical assistance, including:

- Three interactive web-based conference calls that include a cohort within the DLP group.
- Two interactive web seminars on additional topics, tailored to the most pressing needs of participants.
- One-on-one phone calls with our expert faculty who can guide your plan or project forward.
- Additional opportunities to tap the DLP network through teleconferences, web seminars and one-on-one interaction.

West Coast Session, Group Learning and Dissemination

The DLP concludes with a two-day West coast meeting, where you will present your work and lessons learned. Results will be shared with your peers, offering another opportunity to fine-tune your project and identify concrete steps forward.

When the course is over, you will receive continuing education credits and a certificate of completion. All DLP projects will be highlighted on the DSC website,



mghdisparitiessolutions.org, and some may be featured in our web seminars, case studies and press releases. Several projects will be chosen to receive an award for innovation – further elevating the visibility of this work within their organization. Some participants may have the opportunity to include their work in the national dialogue on disparities by presenting at meetings on quality, including the Institute for Healthcare Improvement's National Forum on Quality Improvement in Health Care (www.IHI.org).

Can my organization afford the DLP?

Health care organizations that adapt to meet the needs of an increasingly diverse patient population – and ensure that they receive high-quality, value-based care – will ultimately lead within tomorrow's health care marketplace.

At \$9,500 per person per organization, the DLP is a smart investment to ensure your organization is ready for the changes ahead. This fee, due on May 3, 2019 after your acceptance to the program, covers all program activities including the face-to-face training sessions, webinars, technical assistance calls, program materials, as well as lodging and meals (participants are responsible for ground or air travel to the venues).

Scholarships: Partial scholarships may be available for individuals and teams from public hospitals, Medicaid health plans, and community health centers. Other organizations may be considered, but are given lower priority. If you require tuition assistance, please

include a separate letter of request on your organization's letterhead with your completed application. Please include the specific amount of tuition assistance requested for your organization, and explain your need for financial assistance.

Will I have time for the demands of the course?

We recognize that our participants are juggling many responsibilities, and have therefore designed our program to be flexible and easily fit into your schedule.

The time commitment of the program is tailored to your schedule. The 3 collaborative group calls and three 30-minute TA calls throughout the year are based on your team's availability. The two webinars are recorded and archived and accessible at your convenience. The two in person meetings (kick-off meeting in Boston that takes place on **May 14 and 15**, **2019** and the **2-day February meeting** in California) require some time commitment due to traveling.

We also encourage DLP participants to choose an existing project or something they are currently tasked with so that it integrates well with your current responsibilities (rather than an extra add on). And since you will be working on a live plan or project for your organization, you'll be learning even as you accomplish goals you're tasked with meeting. Lastly, we recommend a team of 2 so that this distributes the time commitment by sharing it with another team member.

Many folks have initial reservations about the time commitment, but our team works really hard to tailor it to your needs, build flexibility into the program, and also make it realistic for you given how busy everyone is.

With health care reform creating a strategic imperative for organizations to reduce disparities and pave the way for quality care for every patient, your investment of time and money into the DLP will create immediate return.

"In health care reform, the 'meaningful use requirement' includes collecting patient demographic data, for example on language and race. We met the requirement this summer because of the project I started at DLP. If we didn't meet it, we would have lost millions of 'meaningful use' dollars."

-Public and Private Hospital Executive

How Do I Apply?

Application Requirements

To maintain an effective learner-to-faculty ratio, and so that every participant can benefit fully, we limit the number of participants who participate in the DLP each year. We will review your application based on the following criteria:

- Level of organizational commitment to the applicant's efforts as measured by:
 - Letter of support signed by a member of your senior leadership or board, authorizing the time you will commit to the DLP and support for your tuition and travel expenses (templates will be provided); and
 - Resources available (time and financial) within your organization to start or advance the project you take on through the DLP.
- Your commitment and ability to improve quality, achieve equity, and address racial and ethnic disparities at your organization, as described in your short essay.
- Your role and capacity to lead your organization toward change.

Application Timeline

We encourage you to submit an *Intent to Apply* form prior to submitting a complete application. Both are available here and on our website www.mghdisparitiessolutions.org.

November 9 th , 2018	Intent to Apply Due (recommended but
	not required)
February 8 th , 2019	DLP Full Application due
March 15 th , 2019	DLP Applicants are notified
March 22 nd , 2019	Acceptance deadline
May 3 rd , 2019	Tuition payment due
May 14-15 th , 2019	East coast meeting, Seaport Hotel, Boston,
	Massachusetts
February 2020 (Dates TBD)	West coast two-day meeting, Loews Hotel,
	Santa Monica, California

Policies

- Cancellations/Withdrawals: Please submit any withdrawal in writing. Cancellation notices received after March 22nd, 2019 but before May 3rd, 2019, will be charged a 25% processing fee. Cancellations made after May 3rd, 2019 will not receive a tuition refund.
- Continuing Education Credit: This program has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education, through the joint sponsorship of the National

Committee for Quality Assurance (NCQA) and Massachusetts General Hospital. This activity has been approved for *AMA PRA Category 1 Credit™*. NCQA is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation; continuing nursing education contact hours will be provided to participants.

To successfully complete this activity and receive CME or CNE credit, you must: sign the participant roster, remain for the entire program, and complete and submit a program evaluation. A certificate of completion specifying applicable credits will be available for each participant after the program.

Participants with Disabilities:

The Disparities Solutions Center at Massachusetts General Hospital (MGH) considers all applicants and program participants without regard to race, color, national origin, age, religious creed, sex or sexual orientation. MGH is an Equal Opportunity Employer. We encourage participation by all individuals. If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please describe your particular needs in writing and include it with this application.

Who leads the DLP?

Joseph R. Betancourt, MD, MPH, is the founder and director of the Disparities Solutions Center (DSC), Senior Scientist at the Mongan Institute for Health Policy Center at Massachusetts General Hospital, an Associate Professor of Medicine at Harvard Medical School and a practicing Internal Medicine physician. He is also the founder and leader of Quality Interactions, an industry-leading company that focuses on training in crosscultural communication for health care professionals. Dr. Betancourt is a nationally and internationally recognized expert in health care disparities, cross-cultural medicine, and has served on several Institute of Medicine Committees on this topic, including the one that produced the landmark report, *Unequal Treatment*. Dr. Betancourt has secured grants and contracts that have led to over 50 peer-reviewed publications, and advises private industry, government, and not-for-profit health systems on approaches to eliminating racial and ethnic disparities in health care. He sits on the Board of Trinity Health, a large national health system; and sat on the Boston Board of Health and Board of Neighborhood Health Plan in Boston. He is a 2015 Aspen Institute Health Innovator Fellow.

Dr. Betancourt received his Bachelor of Science from the University of Maryland, his medical degree from Rutgers-New Jersey Medical School, and completed his residency in Internal Medicine at the New York Hospital-Cornell Medical Center. Following residency, he completed The Commonwealth Fund-Harvard University Fellowship in Minority Health Policy and received his Master's in Public Health from the Harvard School of Public Health.

Aswita Tan-McGrory, MBA, MSPH, is the Deputy Director at the Disparities Solutions Center. In this role, Ms. Tan-McGrory works with internal and external partners on guidance on collecting race, ethnicity, language and other social determinants of health data; developing disparities dashboards that stratify quality measures by race, ethnicity, and language; and developing recommendations for data collection in pediatric patients. In addition, Ms. Tan-McGrory currently serves on the MA Executive Office of Health and Human Services' Quality Measurement Alignment Taskforce.

Ms. Tan-McGrory also oversees the Disparities Leadership Program, an executive-level leadership program on how organizations can address racial and ethnic disparities and she has worked more than 170 organizations on strategies for getting leadership buy-in, data collection, developing dashboards and developing diversity initiatives. Ms. Tan-McGrory also travels across the country to speak to organizations about how race, ethnicity, and language impact the quality of care. Ms. Tan-McGrory serves on several executive committees, including the MGH Diversity Committee, the MGH Executive Committee on Community Health and the Partners Health Equity and Quality Committee. In addition, Ms. Tan-McGrory sits on the board of the Massachusetts Public Health Association.

Her interests are in providing equitable care to underserved populations and she has over 20 years of professional experience in the areas of disparities, maternal/child health, elder homelessness, and HIV testing and counseling. She received her Master of Business Administration from Babson College and her Master of Science in Public Health, with a concentration in tropical medicine and parasitology, from Tulane University School of Public Health and Tropical Medicine. Ms. Tan-McGrory is a Returned Peace Corps Volunteer where she spent 2 years in rural Nigeria, West Africa, on water sanitation and Guinea Worm Eradication projects.

She received a YMCA Achievers award in 2017 for community service and professional achievement, and in 2016 was selected as a Pioneer as part of a groundbreaking initiative Children's Wellbeing initiative by Ashoka Changemakers and the Robert Wood Johnson Foundation.

Lenny López, MD, MDiv, MPH, is Senior Faculty at the Disparities Solutions Center, Chief of Hospital Medicine and Associate Professor of Medicine at the University of California San Francisco. Dr. López is an internist trained at the Brigham and Women's Hospital (BWH), who completed the Commonwealth Fund Fellowship in Minority Health Policy at the Harvard School of Public Health and a Hospital Medicine fellowship at BWH. Dr. López joined the Mongan Institute for Health Policy (MIHP) in 2008 after his research fellowship in General Internal Medicine at Massachusetts General Hospital (MGH) and was an Assistant Professor of Medicine at Harvard Medical School until 2015. With an ultimate goal of reducing healthcare disparities in cardiovascular disease and diabetes, his current research addresses issues relating to patient safety and language barriers,

optimizing primary care clinical services for Latinos with cultural and linguistic barriers, and using health information technology to decrease disparities. A second line of research is investigating the epidemiology of acculturation among Latinos in the US and its impact on the prevalence and development of cardiovascular disease and Type II diabetes. This research will help inform how to better design clinical interventions for improving chronic disease management among Latinos. Finally, Dr. López also teaches medical students and residents, with lectures and preceptorships. Dr. López received his medical degree from University of Pennsylvania in 2001, and completed his residency at Harvard Medical School, Brigham and Women's Hospital, Boston, in 2004. At Harvard University, he received a Master of Divinity in 1999 and a Master of Public Health in 2005.

Alden M. Landry, MD, MPH is an assistant professor in Emergency Medicine physician at Beth Israel Deaconess Medical Center and is the founder of Motivating Pathways Inc. He also serves as Faculty Assistant Director of the Office for Diversity Inclusion and Community Partnership, Associate Director and Advisor for the Castle Society at Harvard Medical School, Director of Health Equity Education at Harvard Medical School, and Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital. He received his BS from Prairie View A&M University in 2002, MD from the University of Alabama in 2006 and completed his residency in Emergency Medicine at the Beth Israel Deaconess Medical Center in 2009. In 2010, he earned an MPH from the Harvard School of Public Health. He completed the Commonwealth Fund/Harvard University Fellowship in Minority Health Policy in 2010 as well. He was also awarded the Disparities Solutions Center/Aetna Fellow in Health Disparities award in 2010-2011. In addition to his clinical interests, Dr. Landry is involved in research on emergency department utilization trends, disparities in care and quality of care. He co-instructs a course at Harvard TH Chan School of Public Health and teaches cultural competency to medical students and residents. He works with numerous organizations to eliminate health disparities and increase diversity in the health care workforce. Dr. Landry mentors' students, from high school to medical school, encouraging careers in the health professions.

J. Emilio Carrillo, MD, MPH is Senior Faculty at the DSC, Clinical Associate Professor of Medicine at the Weill Cornell Medical College, and Clinical Associate Professor of Epidemiology and Health Services Research at the Weill Cornell Graduate School of Medical Sciences. Dr. Carrillo previously served as Vice President of Community Health at New York-Presbyterian Hospital, where he led the development and implementation of fourteen Patient Centered Medical Homes, the Office of Care Management, and the clinical operations of NYP's DSRIP Performing Provider System – New York State's groundbreaking Medicaid redesign program.

Dr. Carrillo is a Board member of the United Way of New York City and has served in many State and Federal advisory councils, including the National Cancer Institute, National Heart Lung and Blood Institute, National Center for Health Statistics, Agency for Health Research and Quality, CMS, and advisory groups to the Governors of

Massachusetts and New York State. Also, he is currently a member of the NQF Standing Committee on Disparities and Health and Wellbeing Expert Panel.

Dr. Carrillo graduated from Columbia College and received his MD and MPH degrees from Harvard University, and subsequently trained in Internal Medicine at the Cambridge and Massachusetts General Hospitals. For ten years he served in the faculties of Harvard Medical School and Harvard School of Public Health, where he practiced, taught medicine, and administered primary care programs.

Dr. Carrillo's research and collaborations during his years at Harvard laid the foundation for Patient Based Cross-Cultural Healthcare. He designed and collaborated in the implementation and application of a cross-cultural medicine curriculum that has been adopted by many Medical Centers around the nation and has helped to define the fields of Cultural Competency and Cross-Cultural Communication. Dr. Carrillo recently received the AMA's 2015 Excellence in Medicine Award – Pride in the Profession for his work in population health and dedication to improving cross-cultural health care. He has published widely, received numerous awards and has been appointed as a Fellow of the New York Academy of Medicine.

Zoila Torres Feldman, MSc, RN, Zoila Torres Feldman, MSc, RN, is Adjunct Faculty at the Massachusetts General Hospital Disparities Solutions Center and the Chief Expansion Officer at North End Waterfront Health (NEWH), a federally qualified health center, a certified PCMH, recognized nationally for its work on health care policy and as an early implementer organization. In her role, she is expanding the center's reach to the underserved. Presently, Zoila is also an independent health care management consultant with MSGC Inc. with a focus on compliance with administrative and governance federal requirements and Federal Torts Claims Act. Most recently she was the Executive Director of Commonwealth Care Alliance Clinical Group and their Vice President for Health Care Delivery Systems, where her first responsibility was the implementation of a state-wide interdisciplinary complex care management initiative for a managed care population.

Prior to this position, Zoila was the Executive Director of Kit Clark Senior Services, a comprehensive service organization for elders in Dorchester, Massachusetts where she focused her efforts on improving systems of care, quality and sustainability. She is best known for her many years of work at Great Brook Valley Health Center, and her accomplishments related to creating an integrated primary care and public health model of care. Under her leadership GBVHC, now the Edward M. Kennedy health center was recognized for its work related to identifying and implementing systems to eliminate racial and ethnic disparities through the use of data and attention to public health imperatives. She has been an advocate for universal access to care and has participated and offered testimony in forums related to universal access, disparities, cultural competency, population-based medicine, mental and oral health, and refugee and immigrant health. Zoila is a Registered Nurse with a Bachelor's in Psychology and a

Master of Science in Health Policy and Management. She is fluent in English and Spanish.

Michele Garand, MS, is Adjunct Faculty at the Disparities Solutions Center and the head of Business Operations for Healthcare Management reporting to the Senior Vice President of Healthcare Management at ConnectiCare Inc. She is the business lead responsible for managing business results, strategic and operational planning, financial and budgetary management and management of other complex projects in support of the SVP of HCM.

Prior to joining ConnectiCare Inc., Michele Garand was the Business Senior Director for Aetna's Office of the Chief Medical Officer. In this role, Ms. Garand managed operations and health policy research for the Office of the CMO. Ms. Garand was also responsible for the program management and operational execution of initiatives focused on health policy issues. In this role, she facilitated applied research and execution of initiatives to improve health care quality and outcomes for Aetna's membership. Examples include: Racial and Ethnic Equality, Childhood Obesity (GetNHealthy with Aetna), Value Based Insurance Design, and Genomics Initiatives.

Ms. Garand received her B.S. in Business Management from Boston University, and an M.S. in Business Management at Rensselaer Polytechnic Institute.

"Through the program, it became clear that disparities work must be done at all levels within the healthcare industry and cannot be solely the responsibility of the end provider; collaboration is a requirement to successfully impact an identified disparity."

– DLP Alumni

Additional Program Staff

For full bios and a list of additional program staff, please visit our website: https://mghdisparitiessolutions.org/dscteam/

Where can I find more information?

For more information on the DLP and the Disparities Solutions Center at MGH, please visit:

https://mghdisparitiessolutions.org/the-dlp/

To see a full list of past alumni, please visit: https://mghdisparitiessolutions.org/dlpalumni/

To read the full external assessment of the DLP and its impact, as well as in-depth case studies, please visit:

https://mghdisparitiessolutions.org/dlpeval/

To read the recently published peer reviewed article in *Health Affairs* on the lessons learned from the DLP, please visit:

https://mghdisparitiessolutions.org/organizational-change-management-for-health-equity/

Or contact:

Aswita Tan-McGrory, MBA, MSPH

Deputy Director, The Disparities Solutions Center Massachusetts General Hospital 100 Cambridge Street, Suite 1600

Boston, MA 02114

Email: atanmcgrory@partners.org

Phone: (617) 643-2916 Fax: (617) 726-4120

The Disparities Leadership Program Request for Applications

The Disparities Solutions Center is now accepting applications for the <u>2019-2020 Disparities</u> <u>Leadership Program (DLP)</u>.

The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt within your organization.

Through the DLP, we aim to create leaders prepared to meet the challenges of health care transformation by improving quality for at-risk populations who experience disparities. The program has three main goals:

- To arm health care leaders with a rich understanding of the causes of disparities and the
 vision to implement solutions and transform their organization to deliver high-value
 health care. Solutions are specifically focused on identifying disparities impacting the quality
 and value of care within high-cost, high-risk areas such as preventing readmissions and
 avoidable hospitalizations; improving patient safety and experience; and excelling in
 population health.
- To help leaders create strategic plans or projects to advance their work in reducing disparities in a customized way, with practical benefits tailored to every organization.
- To align the goals of health equity with health care reform and value-based purchasing.
 We support the organizational changes necessary to respond to national movements
 including health care reform, value-based purchasing, as well as exceeding quality standards
 (such as the CLAS standards) and meeting regulations (such as those from the Joint
 Commission, the National Committee for Quality Assurance, and the National Quality
 Forum).

To download a Letter of Intent form and application, please click the link below: https://mghdisparitiessolutions.org/wp-content/uploads/2018/09/2019-2020-dlp-loi-and-application1.pdf

To read more about the Disparities Leadership Program (DLP), please click the link below: https://mghdisparitiessolutions.org/the-dlp/

To download a PDF of our program description, click on the link below: https://mghdisparitiessolutions.org/wp-content/uploads/2018/12/2019-2020-DLP-RFA -1.pdf

To read more about the evaluation we conducted of the DLP, including four case studies, click on the link below:

https://mghdisparitiessolutions.org/dlpeval/

For a list of previous DLP participating organizations, click on the link below: https://mghdisparitiessolutions.org/dlpalumni/

For a timeline of the application process and DLP year, click on the link below: https://mghdisparitiessolutions.org/the-dlp/#application

November 9, 2018	Intent to Apply Due (recommended but not required)
February 8, 2019	DLP Full Application Due
March 15, 2019	DLP Applicants are notified
March 22, 2019	Acceptance deadline
May 3, 2019	Tuition payment due
May 14-15, 2019	East Coast Meeting, Seaport Hotel, Boston, MA
February 2020 (Dates TBD)	Two-day West Coast Meeting, Loews Hotel, Santa Monica, CA



COWLITZ INDIAN TRIBE DEPARTMENT OF HUMAN RESOURCES JOB ANNOUNCEMENT

COMMUNITY GARDEN COORDINATOR

POSITION DESCRIPTION

Title: Community Garden Coordinator

Schedule: M-F 8-5 typically, but may include some occasional evening and weekends

Location: Toledo, WA **Classification:** Full-time

Opening Date: December 12, 2018

Salary Range: \$15.00 per hour plus benefits

Closing Date: Open until filled

Position Summary: This is a full-time position within the Cowlitz Indian Tribe's Health and Human Services Department located in Toledo, WA. This position performs the daily functions necessary for coordination, management and oversight of the Cowlitz Tribe Community Garden. This position is responsible for coordinating all vegetable, fruit and herb production at the garden and provides leadership and instruction to garden apprentices and volunteers by training, coordinating and monitoring work performance.

Essential Duties and Responsibilities include the following, but are not limited to:

- Plan, coordinate and manage all day-to-day garden operations including the planting plan, crop survey, irrigation, pest and disease management, soil health, field cultivation, harvest and post-harvest handling for row crops, herbs, berries and orchards.
- Maintain records of all garden production activities including planting logs, harvest logs, food distribution, soil amendments
- Oversee the use and maintenance of garden tools, equipment, and machinery.
- Work with other tribal staff to coordinate effective distribution of garden yields
- Coordinate with the cooks at the Elders Nutrition Program and other special events to grow, harvest, and deliver produce that meets their needs.
- Plan garden events and activities in coordination with Wellness & Diabetes Program, Elders Nutrition Program and Natural Resources Department staff
- Assist with project planning and ongoing capacity building activities.
- Assist in supervising garden apprentices and volunteers.
- Assist with and evaluate the attainment of program objectives.
- Develop and utilize effective outreach strategies and activities.
- Develop collaborative working relationships with the Cowlitz Tribal community, Cowlitz Tribe staff, and other key stakeholders.

- Schedule, coordinate, and lead visits to the garden, including group visits and youth field trips.
- Organize and maintain document resource database, including project paperwork, histories, data, reports, and photos.
- Perform other duties as assigned.

KNOWLEDGE, SKILLS, AND ABILITIES:

- 2 years related agricultural experience OR a comparable amount of education and/or experience.
- Knowledge of organic farming practices, gardening principles, tools and production management techniques.
- Knowledge of garden planning, irrigation and equipment maintenance and operation.
- Knowledge of and sensitivity to Native American customs, traditions, and culture.
- Skill in organization, time management, and documentation of activities.
- Ability to provide effective work related training to adults.
- Ability to problem solve effectively.
- Ability to operate small equipment/machinery.
- Ability to operate a personal computer and standard office programs and equipment.
- Ability to follow and adhere to policies and procedures.
- Ability to adhere to project plans and budgets and manage project resources
- Ability to establish and maintain effective working relationships with the community, coworkers, other employees of the Tribe, community agencies, community businesses, and members of the general public using courtesy, tact, and good judgment.
- Ability to communicate effectively and respectfully orally and in writing.
- Ability to work independently, prioritize tasks, and balance short and long-term project needs
- Ability to work evenings and weekends as needed.
- Ability to work in adverse weather conditions
- Ability to lift a minimum of 40 pounds

The Cowlitz Indian Tribe is an Equal Opportunity Employer, and a Drug & Alcohol-Free workplace.

Except as provided by Title 25 CFR, Section 472 which allows for Indian preference in hiring, the Cowlitz Indian Tribe does not discriminate on the basis of race, color, creed, age, sex, national origin, physical handicap, marital status, politics, or membership or non-membership in an employee organization.

Please mail or fax resume and cover letter to:

Human Resources Department Cowlitz Indian Tribe P.O. Box 2547 Longview, WA 98632

Fax: (360) 578-1641

Providing quality health services and promoting wellness within our people and environment.

2019 Summercise Internship

Norton Sound Health Corporation: Nome, Alaska

*The 2019 Summercise Internship is contingent on reauthorization of the SDPI diabetes grant.

Who we are:

The Chronic Care Active Management and Prevention (CAMP) program is a disease prevention health promotion department at Norton Sound Health Corporation (NSHC). The department is funded by Special Diabetes Program for Indians (SDPI) through IHS. The team consists of Registered Dietitians, Tobacco Quit Coaches, Lactation Counselors and other health educators who may provide mentorship throughout the internship. We are a team that values excellent communication, positive teamwork, and high-quality customer service.

What we are looking for:

We are looking for energetic and creative individuals looking for an experience teaching youth about healthy living. Norton Sound Health Corporation located in Nome, Alaska is recruiting 6-8 college interns for the summer of 2019 to coordinate the award-winning program, *Summercise*. Recognized by the American Diabetes Association for the John Pipe Voices of Change Award for Innovation, Summercise is a nutrition education and physical fitness program for the youth of the Norton Sound region. Over the past 18 years, approximately 117 students from around the United States have come to Nome to work with local youth in efforts to prevent diabetes and learn about the Alaska Native culture, including outdoor activities and traditional foods.

Summercise is held at the Nome Recreation Center and is an inspiring program to provide nutrition education and get youth active throughout the summer. Summercise interns lead all aspects of Summercise. Interns will also be a mentor to high school assistants who will assist with the classes you are leading and teaching. Summercise is broken up into two groups; 5- & 6-year old's and 7 and up.

What do we consider a good candidate?

- Working with Children: Students should enjoy and have a strong background and experience working with large groups of children ages 5-12. This can include summer camps, after school programs, coaching, boys and girls club, etc.
- <u>Nutrition & Health Knowledge</u>: Students should be pursuing an undergraduate program in one of the following areas:
 - Nutrition and Dietetics
 - Exercise Physiology
 - o Other preventative healthcare fields
- <u>Leadership Qualities</u>: professional behavior, strong value set, good role model, ability to motivate and inspire, teamwork, positive energy, maturity and the ability and willingness to mentor a high school student

Providing quality health services and promoting wellness within our people and environment.

- Initiative: self-starter, independent thinker, creative, problem-solver, ability to multitask, culturally sensitive, open-minded, and motivated to learn
- Working within a Team: Experience working within a team is highly encouraged. This may include sports teams, leadership teams, committees and clubs, etc.
- Physical Fitness: Only students with demonstrated abilities to teach physical fitness in addition to nutrition/health knowledge will be considered. Physical fitness is not limited to specific sports or activities. Be creative!
- High Priorities: Instructors for swimming/lifeguards, experience in the outdoors, dance/gymnastics/cheerleading, ball sports, cooking classes, experience in a specialty sport or activity, and many more. We are always looking for new things to offer the kids.

What we offer:

This is an unpaid internship that lasts between 8-10 weeks. We will provide you with housing, pay your airfare to and from Nome, provide a pass to the recreational center in Nome, and be given a weekly stipend for food. Interns will also be able to eat free at the hospital Monday through Friday for breakfast and lunch. You will likely be sharing housing and/or a room with another Summercise intern or NSHC staff. Your housing will be fully furnished with kitchen supplies, furniture, beds, bed linens, washer and dryer, and internet. A two-week training session will be provided.

This internship may offer many exciting community nutrition experiences through the Summercise program. These opportunities may include: diabetes management and prevention, nutrition education, WIC, outpatient counseling, long-term care, health fairs and community screenings, maternal and child health, foodservice, community nutrition displays, and public service announcements.

Summercise Intern Expectations and Priorities:

- 1. Summercise coordination
- 2. CAMP events and projects for health promotion and disease prevention
- 3. Unscheduled tasks assigned by CAMP staff
- 4. Weekly rotations and assignments
- 5. Community collaboration/partnership/volunteerism

Important Dates:

*Note all dates tentative and subject to change

- > Applications Submission Start Date: December 3rd, 2018
- ➤ Due Date for Summercise Application: February 11th, 2019
- ▶ Phone interviews: March 18th 22nd, 2019
- > Arrive in Nome: May 26th or 27th (Memorial Weekend)
- Orientation & Training: May 28th June 7th
- Summercise Dates: June 10th July 25th
- Leave Nome: August 2nd, 2019
- ➤ Total Summercise Commitment: May 26th August 2nd

Providing quality health services and promoting wellness within our people and environment.

How do you apply?

Please send the listed application packet via email to <u>Summercise@nshcorp.org</u> addressed to Stephanie Stang, MS, RD, LD by February 8th, 2019. All application materials must be sent as either a Microsoft Word Document or PDF attachment. We will <u>not accept</u> written, JPEG or picture applications.

Application Packet Includes:

- Application Information Sheet
- Completed Summercise Questionnaire
- Cover Letter: 1 page only indicating your career goals, experience working with or coaching children, comfort level leading a group of children, and why you would be a valuable addition to our summer team
- 1 Page Resume
- 2 Letters of Recommendation Can be sent with your application or directly from the person submitting the recommendation. Ensure that the person submitting the recommendation puts <u>your name</u> in the letter. Recommendation letters are to be sent to <u>summercise@nshcorp.org</u> addressed to Stephanie Stang, MS, RD, LD.

Do you have questions about Summercise?

<u>Stephanie Stang, MS, RD, LD:</u> CAMP Manager and Summercise Director - Questions about Summercise program, typical day, nutrition projects, etc. can be emailed to <u>summercise@nshcorp.org</u> or contacted by phone at (907) 443-8903.















Summercise 2019

NORTON SOUND HEALTH CORPORATION

CAMP DEPARTMENT

CHRONIC CARE. ACTIVE. MANAGEMENT. PREVENTION

What is Summercise?

- Summer program for the youth of Nome, Alaska
- Program is designed to prevent diabetes in Nome's youth
- Summercise Interns teach healthy nutrition & exercise classes throughout the summer

Summercise

- Monday Thursday from 1 pm to 5pm
- Two 3-week sessions in June and July
- Kids grouped by 5-6-year-old & 7 and Up
- Kids pick between the variety of nutrition
 & exercise classes offered



Summercise Goals

- Increase Physical Fitness in Youth:
 - Increase number of youth who engage in the recommended amounts of physical activity per week
 - Increase knowledge and skill level of physical activity
- Increase Healthy Eating Behavior in Youth:
 - Increase knowledge and skill level of healthy eating
 - Increase level of healthy eating
 - Increase attitude towards healthy eating









Summercise Intern Responsibilities

- Interns plan, teach, and inspire kids in various nutrition and exercise classes
- Interns will be the leaders for each class and will be responsible for all planning and executing classes. Each class generally have
 1-2 high school assistant to assist as needed

Other duties:

- Class Preparation such as shopping, prepping equipment or food
- Completing Lesson Plans
- Evaluating Classes
- Mentoring Youth and High School Students
- ...and more

When Summercise is not in Session

Although Summercise is the first priority, Mornings, Fridays and some weekends are reserved for the following:

- Assigned rotations, examples:
 - MNT: Outpatient, Inpatient, Long Term Care
 - Community Nutrition Outreach
 - Community Walks/Runs
 - Summer Lunch Program
 - WIC
 - Maternal and Child Health
- Other Team Assignments or Projects as assigned

Where is Nome, Alaska?

- Nome is a secluded arctic town located in Northwest Alaska on the Seward Peninsula on the Bering Sea
- 539 air miles from Anchorage and ~1,000 dog sled miles (or by land)
- Nome is off the road system so you must fly to get there
- Nome is considered "Bush Alaska" and is surrounded by tundra and contains very little trees
- For more information: www.nomealaska.org



Mileage from the Lower 48:

- Chicago: 3,308 miles

- New York: 3,763 miles

- Los Angeles: 2,872 miles

- Orlando: 4,276 miles

- Austin, 3,687 miles

- Denver: 2,916

- Seattle: 1,970 miles

Nome, Alaska

Nome has roughly 3500 permanent residents, but in the summer the population increases to 5,000.



CAMP and Summercise Staff

- CAMP Staff
 - We are a group of health educators focusing on Nutrition,
 Tobacco Cessation, Lactation and Injury Prevention
 - We currently have dietitians, certified lactation counselors and tobacco quit coaches
- Summercise Staff
 - College Interns who specialize in Nutrition/Fitness
 - High School Students
 - Parents & Community Volunteers
 - CAMP Staff



CAMP Staff 2017

Tentative 2019 Timeline

*All dates subject to change

Summercise Applications Due: February 8th, 2019

Phone Interviews: March 18th – 22nd, 2019

Interns Arrive in Nome: May 26th or 27th, 2019

Orientation, Training, and Planning: May 28th – June 7th, 2019

Summercise Dates: June 10th – July 25th, 2019

Session 1: June 10th - June 27th

Session 2: July 8th - July 25th

Interns Leave Nome: August 2nd, 2019

CAMP Contact for Summercise

Summercise Applications, Reference Letters, Questions or Concerns?

summercise@nshcorp.org

907-443-3365

Other Questions - Contact:

Stephanie Stang, MS, RD

sestang@nshcorp.org

907-443-8903





Chronic Care Active Management & Prevention

SUMMERCISE APPLICATION: INFORMATION SHEET

Application Instructions:

- 1. Application Due Date: February 8th, 2019
- 2. Send in the following: Information Sheet, Summercise Questionnaire, cover letter, resume, and <u>2</u> letters of recommendation.
- 3. Please have your name on every sheet.
- 4. Applications must be sent as an attachment as a PDF or word document. We will not accept written, JPEG or picture applications.
- 5. Letters of recommendation may be sent with your application or directly from the person submitting the recommendation letter. Please ensure that the persons submitting your recommendation letters put your name in the letter. Recommendation letters are to be sent to summercise@nshcorp.org via email.
- 6. Please send your complete application to summercise@nshcorp.org addressed to Stang, MS, RD.
- 7. If you do not receive a response within 72 hours of submitting your application, please follow-up to confirm that we have received your application.

CURRENT CONTACT INFORMATION:

Name:	Date:
College/University:	Expected Graduation Date:
Current Mailing Address:	Major and Concentration:
Email Address:	Phone Number:

REFERENCES (Please no relatives or friends):

Name	Title & Organization	Phone Number/Email

SUMMERCISE QUESTIONAIRE INSTRUCTIONS

Please fill out this questionnaire and submit it with your information sheet (above), cover letter and resume. Please take as much space as needed and be creative.

Summercise Overview: Summercise is broken up into two groups; 5 & 6-year old's and 7 and up. Kids ages 5 and 6 do not switch classes for Summercise. They complete all activities as a group. Typically, we have around 60 kids enrolled in this age group. Kids ages 7 and up switch classes during Summercise and complete a new activity every hour as part of their individual choice. We usually have around 120 kids enrolled in this age group; however, class sizes are usually capped at 30 kids.

Please use the below boxes to:

- 1. Rate each activity. Please indicate on a scale of 1 3: (1) not at all comfortable, (2) willing to assist teaching this class, (3) can lead this class.
- 2. Describe your experience **participating**, **coaching**, **teaching** or **leading** any activity or class you rated 2 or 3. Take as much space as needed or attach an additional page.
- 3. If you were to come to Nome, Alaska to teach a nutrition class and physical fitness class what would you name them? Provide a name and class description for at least 2 classes, preferably classes rated 3. Be creative with the class name and briefly explain each class. Please note that the class ideas listed here may be used for actual Summercise classes. Make sure you are comfortable leading or instructing your class suggestions. Take as much space as needed or attach an additional page.

		EXAMPLE	
1-3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
3	Basketball	Played in grades 9 – 12 Assisted at summer camp for 2 summers	Shooting Stars Practice and develop your individual basketball skills with drills that exercise dribbling, passing, and shooting. Use your talents and teamwork during mini games to bring your team to victory!
2	Gymnastics	Participated in gymnastics for 2 years	
3	Other: Dance / Jump Rope	I lead jump roping classes after school for the elementary grades. I taught dance classes for 3 years to 5-year-olds. I taught dance for 1 year at college to other students. At a summer camp for 3 summers, I assisted with activities such as jump roping, corn hole, arts and crafts and other games.	Pop-Rope A combination of music jump rope and recess! We will learn the ins and outs of jump-roping, including fun tricks all while dancing and moving to popular tunes.

SUMMERCISE QUESTIONAIRE

1 – 3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
	Beginning cooking and kitchen skills		
	Beginning dance and tumbling		
	Beginning ball sports		
	Coordinated gym games		
	Gardening		
	Healthy snacks		
	Scavenger hunts		
	Swimming lessons		
	Other:		

Other – please list and explain any other creative and unique classes or hobbies you would like to teach:

7 and Up			
1-3	Activity or Class	Experience	Name and Class Description Please complete a minimum of 2 classes
	Swimming Lessons		
	Dance		
	Ballet		
	Нір Нор		
	Cheerleading		
	Gymnastics		
	Basketball		
	Jump Roping		
	Football		
	Floor Hockey		
	Frisbee		
	Biking		
	Kickball		
	Self Defense		
	Soccer		
	Softball/Baseball		
	Track and Field		
	Volleyball		
	Wrestling		
	Nutrition Education		
	Gardening		
	Scavenger Hunts		
	Outdoor Survival		
	Cooking		
	Cultural Cooking		
	Food Science Lab		
	Other:		
Other -	please list and explair	n any other creative and unique classes o	or hobbies you would like to teach:

-		= =	t yourself. (Example: further	
•	nave, wny you wa aining or certificat		ome, Alaska and join the Summercise)
ream, special ti	alliling of Certificat	tions you nave).		
	·			
				_
Which age grou	p are you more co	omfortable teach	ning?	
5	-6 years old	7 years & up	No preference	
J	o o years old	7 years & up	No preference	
You will receive	e a meal card and	may frequent th	e hospital cafeteria for breakfast ar	nd
lunch during th	ne weekday. In tl	he evenings and	l on weekends you will have a foo	od
stipend to buy	some of your own	food. Are you co	omfortable with this meal plan?	
	YES		NO	
Do you realize	this is an unna	nid internshin? 1	Transportation to and from Alask	ra
-	-	-	nternet are provided:	ω,
		, ca.poa, aa		
	YES		NO	
		-	with other interns as well share a	
bedroom with a	another intern. Ar	e you comfortab	le with this living situation?	
	VEC		NO	
	YES		NO	



NORTHWEST TRIBAL CLINICIANS' CANCER UPDATE





WEDNESDAY, APRIL 24, 2019
RESIDENCE INN RIVERPLACE
2115 SW RIVER PARKWAY, PORTLAND, OR
97201

Register Here: https://www.surveymonkey.com/r/cancerupdate2019

Agenda coming soon!

WWW.NPAIHB.ORG

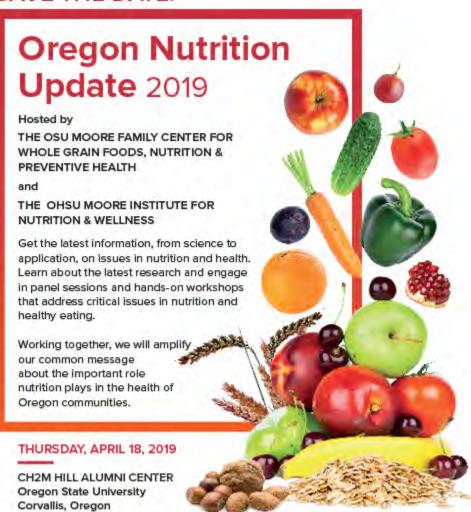
Any questions contact Rosa Frutos, p. 971-282-4002, e. rfrutos@npaihb.org

Here is the link to register for the February 28th Substance Use Disorder MAT Waiver training at Grand Ronde, OR: https://www.surveymonkey.com/r/SUDclinicalTrainingGrandRonde



MOORE INSTITUTE

SAVE THE DATE!



For more info: health.oregonstate.edu/moore-center/nutrition-update





For More Information

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This email was sent by: OHSU

3181 S.W. Sam Jackson Park Rd. Portland, OR, 97239, US

Unsubscribe

Location:

Northwest Portland Area Indian Health Board Portland, Oregon

Sponsored by:

National Cancer Institute

Native American Research Centers for Health (NARCH) OHSU Prevention Research Center Northwest Portland Area Indian Health Board

Save the dates: 2010

TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

For more information and to apply:

Visit http://www.npaihb.org/narch-training/ Email Ashley Thomas at athomas@npaihb.org



Topics will include (not limited to):

- · Cancer control study design
- Cancer epidemiology
- Cancer screening
- · Cohort studies among American Indians
- Community-based chronic disease programs
- Cultural considerations in cancer epidemiology
- Focus groups
- Grant writing
- Implementing a Native comprehensive cancer prevention and control project

To apply:

Applications are encouraged from American Indians and Alaska Natives with a demonstrated interest in cancer prevention and control. Applications will be available in January and due in March.

Accepted Fellows will:

- Attend a two-week training in June 2019
- Attend a one-week training in Fall 2019
- Receive peer and career mentorship to develop and implement cancer control projects
- Receive financial support to attend trainings and present research findings
- Be connected to a network of experts in cancer control and prevention in Indian Country



Northwest Youth & Garden Network

5th Annual WINTER GATHERING

SAVE THE DATE! Friday, March 1st 10 AM to 5 PM

5th annual regional meeting for food justice and youth empowerment professionals.

Host: Marion-Polk Food Share Youth Farm in Salem, OR

Registration details to follow in January.

Questions? Email jhibbardswanson@marionpolkfoodshare.org



NATIVE WELLNESS For the LOVE of THE PEOPLE

Let's Celebrate!

Be Prepared to Learn
Be Prepared to Teach
Be Prepared to Inspire

SAVE THE DATE May 21-23, 2019

GOOD HEALTH & WELLNESS IN INDIAN COUNTRY PROGRAM

National Grantee Gathering - Hyatt Regency, Albuquerque, NM



Hosted by the Albuquerque Area Southwest Tribal Epidemiology Center

Let's Celebrate

Native Wellness for the LOVE of THE PEOPLE Gathering

The Native Wellness for the LOVE of THE PEOPLE Gathering will bring together the Good Health and Wellness in Indian Country network from across the United States to reflect on our journey and our successes. Be prepared to learn, be prepared to teach, be prepared to inspire!

Be Prepared to Learn, Be Prepared to Teach Sharing What We Learned from Good Health and Wellness

Interactive by design, we will provide the space for conversations to talk about what we learned from our Good Health and Wellness in Indian Country efforts and to talk about what is important for impacting change that benefits AI/AN people.

We believe that we all have something to learn and we all have something to teach. You will help to determine what this looks like. Most sessions are unplugged, meaning we will not solely rely on PowerPoint. Our ancestors passed on teachings that have sustained our people without the technology we commonly depend on today, so we can too!

Be Prepared to Inspire

You Are Who the Ancestors Prayed For

Each one of us is who our ancestors prayed for to keep our people moving forward. We all have been blessed with a gift that inspires. We will provide opportunities to get to know one another to **inspire and be inspired** by others that are also committed to **Native Wellness for the LOVE of the PEOPLE**.

SAVE THE DATE

9th Annual THRIVE Conference June 24-28, 2019

*Build protective factors and increase your skills and self-esteem!

*Connect with other Native youth!

*Learn about healthy behaviors!

*Strengthen your nation through culture, prevention, connections, and empowerment!

#WeNeedYouthere

Contact Information:

Northwest Portland Area Indian Health Board - THRIVE Project Celena McCray, Project Coordinator

Ph: 503-416-3270

Email: cmccray@npahib.org

Website: http://www.npaihb.org/thrive/

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

Where: To be determined in Portland, Oregon

What: This conference is made up of four to five interactive workshop tracks!

Registration (FREE)

Registration (FREE)

will open the first

will open the first

week in April!



SAVE THE DATE: IHS/OSAP Dental Infection Prevention & Safety Mini-Bootcamp!

Overview

The IHS/OSAP Dental Infection Prevention & Safety Training Mini-BootcampTM is a highly focused course designed specifically for Indian Health Service (IHS) personnel with infection control responsibilities.

The Organization for Safety, Asepsis and Prevention (OSAP), the world's leading provider of education that supports safe dental visits, has partnered with IHS to offer an **IHS/Tribal/Urban only** dental infection prevention and safety program, in the days leading up to the 2019 OSAP Annual Conference. The course runs from Wednesday and Thursday, May 29th-30th*, 2019 in Tucson Arizona and offers up to 12 hours of CE credit. IHS/OSAP Training Workshop attendees are invited to stay Thursday afternoon for bonus preconference sessions for educators and consultants (additional CE available) and a special tradeshow featuring dental infection control products and services on Thursday evening, May 30th.

Program

National and international experts in infection prevention and patient safety will deliver a fast-paced, focused curriculum that will stress "checklists in action". The course starts at 8:30 am on Wednesday, May 29th and concludes at 12:00 pm on Thursday, May 30th.

Attendees

This course is targeted to:

- Infection Prevention & Control Coordinators
- Dental Clinic Infection Prevention Leads
- Institutional Environmental Health Consultants
- Quality and Risk Management Professionals

Phone: (503) 414-7788 Email: matthew.ellis@ihs.gov

- Compliance officers
- Federally Qualified Health Center (FQHC) personnel responsible for infection control

Registration

Further registration/logistical information will be distributed in coming weeks. **Please direct any questions to LCDR Matthew Ellis.**

Contact Information:

LCDR Matthew Ellis, MPH, CIC, REHS
Institutional Environmental Health Officer/ Emergency Management Coordinator
U.S. DHHS/Indian Health Service-Portland Area
Office of the Director

Draft OSAP-IHS Mini Bootcamp Agenda

May 29th

>	6:30-7:30	Registration/refreshments		
>	7:30-7:45	Course Overview and Greetings		
>	7:45-8:15	Principles of Infection Control	(Dr. Shannon Mills)	
>	8:15-8:45	If Saliva Were Red Exercise	(Eve Cuny)	
>	8:45-9:45	Introduction to Patient Safety	(Dr. Hudson Garrett)	
>	9:45-10:00	Stretch Break		
>	9:45-10:45	Infection Control Coordinator Regulatory G	uidance & Standards Over	rview (Kathy Eklund)
>	10:45-11:15	Sharp Safety		(Eve Cuny)
>	11:15-11:30	Panel questions		
>	11:30-12:30	Box Lunch		
>	12:30-1:45	Sterilization & Disinfection of Patient Care I	nstruments	(Eve Cuny)
>	1:45-2:30	Personal Protective Equipment, Res/Cough	Hygiene Etiquette	(Kathy Eklund)
>	2:30-3:30 CDC's	New Core Practices for IPAC: Safe Healthcar	e Delivery (Dr. Hu	idson Garrett/Dr. Ruth Carrico)
>	3:30-4:45	Surveillance & Breaches in Infection Control	l in Dentistry (Eve Cu	uny/ Dr. Ryan Fagan)
>	4:45-5:00	Panel Questions/Answers		
<u>May 30</u>	<u>th</u>			
>	6:45-7:45	Refreshments		
>	7:45-8:45	Dental Unit Waterlines	(Dr. Sh	annon Mills)
>	8:45-10:15	Checklists in Action		
>	10:15-10:45	CDIPC Overview	(Kathy	Eklund)
> >	10:45-11:45 11:45-12:00	Innovate, Integrate and Motivate for the Safest Dental Visit: Perfect Care for Every Patient (Dr. Garrett) Closeout/Panel Questions		

POC: LCDR Matthew Ellis, MPH, CIC, REHS

503.414.7788/matthew.ellis@ihs.gov

2019 OHA Tribal Meetings

OHA Tribal Monthly Meetings

SB770 Health and Human Services Cluster (Includes OHA, DHS, DCBS, VA, OHCS, YDC)

Conference Line: 888-363-4734 Participant Code: 3292468

Conference Line: 000-305-4/54 Farucipant Code: 3292400				
DATE	MEETING	LOCATION		
January 9, 2019	SB770 HHS Cluster Meeting	Human Service Building		
•	9:00 am – 4:00 pm	500 Summer Street NE		
	Stocker was pre-	Room 137 A-B		
F.1 0.2010	OTTA TO O	Salem, OR		
February 8, 2019	OHA TMM	Human Service Building		
	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 137 A-D		
		Salem, OR		
March 8, 2019	OHA TMM	Human Service Building		
-, -	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 137 A-D		
	(9.00-10.00 Health Directors)			
		Salem, OR		
April 10, 2019	SB770 HHS Cluster Meeting	Human Service Building		
	9:00 am – 4:00 pm	500 Summer Street NE		
		Room 137 A-D		
		Salem, OR		
May 10, 2019	OHA TMM	Human Service Building		
11145 10, 2019	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 137 A-D		
	(9:00-10:00 Health Directors)			
		Salem, OR		
June 14, 2019	OHA TMM	Human Service Building		
	10:00 am - 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 473		
		Salem, OR		
July 10, 2019	SB770 HHS Cluster Meeting	TBD		
	9:00 am – 4:00 pm	Need Host		
	7.00 am 1.00 pm	11000 11000		
August 2, 2019	OHA TMM	Human Samina Duilding		
August 2, 2019		Human Service Building		
	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 137 A-D		
		Salem, OR		
September 13, 2019	OHA TMM	Human Service Building		
	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 473		
	(State Interest Billions)	Salem, OR		
October 9, 2019	SB770 HHS Cluster Meeting	TBD		
OCIOUCI 9, 2019	S			
	9:00 am – 4:00 pm	Need Host		
November 8, 2019	OHA TMM	Human Service Building		
	10:00 am – 4:00 pm	500 Summer Street NE		
	(9:00-10:00 Health Directors)	Room 137 A-D		
		Salem, OR		
December 13, 2019	OHA TMM	Human Service Building		
December 13, 2017		500 Summer Street NE		
	10:00 am – 4:00 pm			
	(9:00-10:00 Health Directors)	Room 473		
		Salem, OR		



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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

Yakama Nation

"Response Circles" Funding Request for the Northwest Tribes

This form is to be used when requesting funding for an activity, event, or training that is associated with domestic & sexual violence prevention. The funds may be used for: meeting expenses, materials and supplies for activities, incentives, travel, and training fees. Funds may not be used for wages, food, or promotional clothing items i.e. t-shirts. Page 2 includes opportunities that can be funded. About \$11,000 is available for these requests by the Northwest Tribes and will be available until the money runs out. **Requests can be submitted through August 15, 2019.**

Date:	
Tribe:	
Department:	
Address:	
Contact Person:	Phone:
Briefly describe the activity, event, training	that the funds will be used for:
Total Amount For Request (\$1,600 max)	
*Please be sure your total request includes all your	needs including: indirect, travel, lodging, per
diem, registration fees, internet, supplies, print mat	
fees and travel, and/or facility costs.	_
** Funds may not be used for wages, food, or promo	otional clothing items i.e. t-shirts.

*Depending on the event/training chosen NPAIHB staff may ask you to provide a short evaluation, survey, or post-description of the event/training. Please fax this document to 503-228-8182, Attn: Paige, or email psmith@npaihb.org. If you have any further questions, please call Paige Smith: (503) 228-4185 ext. 306.

List of Upcoming Opportunities for Domestic & Sexual Violence Prevention

- At your own pace Online Sexual Assault Nurse Examiner's training http://www.forensicnurses.org/?page=40HourSANE
- January 30, 2019 Webinar Part 1 of 5: Vicarious Trauma Prevention and resilience building program: Organizational Toolkit Webinar Series- Vicarious trauma, compassion fatigue and burnout http://app.webinarsonair.com/register/?uuid=2b4bf927cebf4e668128a78f42dc4490
- February 12-15, 2019 Advanced Domestic Violence and Sexual Assault Training Las Vegas, NV http://nicp.net/event/las-vegas-nv-february-12-15-2019/
- February 20, 2019 Domestic Violence Advocacy Day, Olympia WA https://wscadv.org/calendar/category/in-person-training/
- February 26, 2019 May 2, 2019 Sexual Assault Examiner (Pediatric) Online training (registration opens in late 2018) https://www.tribalforensichealthcare.org/page/onlinePSAE
- March 12-14, 2019 Sexual Assault Demonstration Initiative's Embracing Change & Growth Conference: Strengthening Services for Survivors of Sexual Violence – Chicago, IL https://www.nsvrc.org/embracing-change-growth-conference
- April 3-4 2019 Advocacy for Rookies <u>Https://wscadv.org/events/advocacy-for-rookies-april-3-4-2019/</u>
- April 22-24 2019 International Conference on Sexual Assault, Intimate Partner Violence, and Increasing Access – San Diego, CA http://www.cvent.com/events/international-conference-on-sexual-assault-intimate-partner-violence-and-increasing-access/event-summary-3014a410ca1c4646ab3f6ca0ac31a3bb.aspx
- Sexual Assault Response Team (SART) Toolkit training on your own, check out
- *https://ovc.ncjrs.gov/sartkit/about.html

Websites to find more opportunities & dates

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



PROGRAM DESCRIPTION

Morehouse College's Project Imhotep is an eleven-week summer internship designed to increase the knowledge and skills of underrepresented minority students in biostatistics, epidemiology, and occupational safety and health, supported by the Centers for Disease Control and Prevention (CDC) Office of Minority Health and Health Equity (OMHHE).

The program begins with two weeks of intense educational training in the following public health courses: Public Health & Health Disparities, Epidemiology, Biostatistics (with SPSS training) and Scientific Writing. The purpose of this training is to equip interns with the academic information necessary to successfully complete the program. During the following nine weeks, interns are paired in a one-on-one mentored relationship with experts at CDC, academic institutions, local and state agencies, or community-based organizations to complete a public health research project. In addition, interns participate in a variety of seminars, workshops, educational initiatives and are required to complete 16 hours of community service.

Interns will culminate their experience by developing a research manuscript suitable for publication in a scientific journal and giving an oral poster presentation to their peers, mentors and other public health professionals. Interns receive a stipend, lodging on the campus of Morehouse College, course credit and travel expenses to and from their city of origin.

ELIGIBILITY

- Current junior, senior, or recent graduate (within one year) of an undergraduate institution
- Cumulative GPA of **2.7 or higher**
- U.S. Citizen or Permanent Resident

APPLICATION PROCESS

The application for Project Imhotep launches **October 1**st on the Project Imhotep website, www.morehouse.edu/phsi/imhotep and closes on **January 31**st at **11:59pm**. The following items must be submitted by the application deadline:

- Completed online application
- Official transcript mailed directly to the Public Health Sciences Institute at Morehouse College (postmarked by January 31)
- Resume or Curriculum Vita (CV)
- Two completed online recommendation forms (sent to recommenders via email upon submission of application)



SPHSP

The Summer Public Health Scholars Program (SPHSP) is a ten week program designed to increase interest and knowledge of public health and allied health professions among



PROGRAM OFFERINGS

Field Trips Professional Development Seminars

Field Placement

Public Health Coursework

Trip to CDC in Atlanta, GA

Stipend, Housing, and Travel Expenses Included

PROGRAM ELIGIBILITY

- Rising juniors, seniors, or recent college graduates within one year of graduation. Cannot be accepted to or enrolled in a graduate program.
- African American, Hispanic/Latino, Asian American, American Indian/Alaskan Native, Native Hawaiian, Pacific Islander, people with disabilities, and the economically-disadvantaged are encouraged to apply.
- ♦ Minimum GPA of 2.7

Applications must be submitted online at:

www.ps.columbia.edu/sphsp
For more information go online or email us at:

sphsp@cumc.columbia.edu

Application Opens: November 1, 2018



Maternal Child Health Careers/Research Initiatives for Student Enhancement - Undergraduate Program (MCHC/RISE-UP)

Application Deadline: Thursday, January 31, 2019 at 11:59 PM EST

Program Dates: May 27, 2019 to July 31, 2019

Duration: 10 weeks

Brief Description: MCHC/RISE-UP is a national consortium of institutions including the Kennedy Krieger Institute, Johns Hopkins University School of Medicine, Nursing, and Public Health, University of South Dakota Sanford School of Medicine Center for Disabilities, and University of California, Davis MIND Institute partnering with UC-Davis Office of Diversity, Equity, and Inclusion that provides opportunities for enhanced public health leadership in the area of maternal and child health. MCHC/RISE-UP focuses on the social determinants of health, CDC Winnable Battles, elimination of health disparities, and evaluation and treatment of developmental disabilities. Diverse undergraduate junior, senior, and recent baccalaureate degree scholars (within 12 months of the MCHC/RISE-UP orientation) who are interested in learning more about public health are encouraged to apply. Scholars must have at least a 2.7 GPA on a 4.0 scale. Three leadership tracks are offered: (1) clinical, (2) research, and (3) community engagement and advocacy. MCHC/RISE-UP's ultimate goal is to promote a more equitable health system by providing these highly qualified MCHC/RISE-UP scholars with public health leadership experiences. Following Orientation (Monday, May 27 through Thursday, May 30, 2019), the scholars at the Kennedy Krieger Institute and University of South Dakota sites will begin their MCHC/RISE-UP experience on June 3, 2019 and end on July 31, 2019. Following Orientation Week, University of California-Davis scholars will begin their summer experience on Monday, June 17, 2019 and end on July 31, 2019.

Website: kennedykrieger.org/RISE-UP

Point of Contact: Dr. Jenese McFadden, Program Manager

Email: MCHC-RISE-UP@kennedykrieger.org

Phone: (443) 923-5901 Fax: (443) 923-5875

James A. Ferguson Emerging Infectious Diseases Research Initiatives for Student Enhancement (RISE) Fellowship Program

Application Deadline: Thursday, January 31, 2019 at 11:59 PM EST

Program Dates: May 27, 2019 to July 31, 2019

Duration: 10 weeks

Brief Description: The Dr. James A. Ferguson Emerging Infectious Diseases RISE Fellowship Program is a Centers for Disease Control and Prevention (CDC)-funded, ten-week summer program that provides a research-based educational and professional development experience for students interested in infectious diseases, public health, mental health, maternal and child health and/or health disparities research. Fellows work with research mentors at the CDC or Johns Hopkins University School of Medicine, Nursing, and Bloomberg School of Public Health or the Maryland or Baltimore City Department of Health. These locations offer Fellows laboratory, clinical, state, and community-based research experiences. Specifically, the CDC site in Atlanta offers a research externship focused on infectious diseases, prevention of injury, and other CDC research initiatives. Fellows in Baltimore work with research mentors on projects related to infectious diseases, health disparities, mental health, developmental disabilities, substance abuse, and epidemiology. The overarching goal of the Ferguson RISE Fellowship is to promote diversity among future public health research leaders. Following Orientation (Monday, May 27 through Thursday, May 30, 2019), the Fellows research experience start on June 3, 2019 and end on July 31, 2019.

Website: kennedykrieger.org/Ferguson

Point of Contact: Dr. Jenese McFadden, Program Manager

Email: Ferguson Fellowship@kennedykrieger.org

Phone: (443) 923-5901 Fax: (443) 923-5875

UCLA

PUBLIC HEALTH SCHOLARS

TRAIINING PROGRAM

UCLA FIELDING
SCHOOL OF PUBLIC HEALTH



The UCLA Public Health Scholars Training Program provides undergraduate students the opportunity to address health disparities and explore public health through hands-on training, workshops, and leadership and professional development.

2019 Program Overview:

- 8 week full-time summer training program (June 23 August 16, 2019) with follow-up activities in the fall
- Internship with a partner organization in Los Angeles
- \$3,000 stipend, housing, some meals, metro pass, transportation to and from the program
- Trip provided to the Centers for Disease Control and Prevention in Atlanta, Georgia with Public Health Scholars from other programs across the nation

Program Eligibility Criteria includes:

- Interest in exploring a career in public health
- By the start of the program, scholars must
 - (1) be enrolled in a four-year institution and have completed at least two years of undergraduate education (community college transfers eligible) OR
 - (2) graduated Spring 2018 or after and have not been accepted into a graduate program
- No GPA requirement

Applications Open November 1, 2018-Deadline is January 31, 2019

Find out more about our program and access the application at:

ph.ucla.edu/ucla-public-health-scholars-training-program

email: phscholars@ph.ucla.edu



Future Public Health Leaders Program (FPHLP)



Application Deadline: Thursday, January 31, 2019 @11:59 pm EST

Program Dates: Approximately May 28 – August 2, 2019

Duration: 10 weeks

Brief Description: The Future Public Health Leaders Program is a 10-week summer program designed for undergraduates in their junior and senior year and recent baccalaureate degree students. The participants explore public health through seminars, workshops, and engagement in a community-based research project. Throughout the program the experience is guided by mentors from public health disciplines. The participants receive leadership training, orientation to the public health disciplines, real world work experience, and a trip to the Centers for Disease Control and Prevention to meet public health professionals.

Point of Contact: Hannah Hoelscher

Email: fphl.program@umich.edu

Phone: (734) 763-8688



COWLITZ INDIAN TRIBE DEPARTMENT OF HUMAN RESOURCES JOB ANNOUNCEMENT

YOUTH PROGRAM MANAGER

POSITION DESCRIPTION

Title: Youth Program Manager

Schedule: 8 am to 5 pm Monday through Friday with some flexible days and weekends

Location: Vancouver/Longview

Classification: Full-time

Opening Date: January 23, 019

Salary Range: \$22.00 to \$28.00 DOE

Closing Date: February 6, 2019 or until filled

Position Summary: This position providers administrative and programmatic oversight of the

Youth Department.

Essential Duties and Responsibilities include the following, but are not limited to:

- Seeks new funding opportunities and implements grants and contracts.
- Ensures that grant and contract deliverables are being met.
- Continually address programmatic problems as they arise.
- Continue to implement a team approach in operating a program.
- Prepares written performance evaluations annually for the Clinical Supervisor and Support Staff
- Assists in monitoring accounts payable and receivable.
- Participate, plan and provide activities for youth and community
- Provide presentations to the Community, agencies, and Tribal programs regarding services and activities provided by program
- Write policies and procedures for the program as needed
- Maintain tracking sheet of expenses for program areas
- Order supplies as needed
- Maintain and/or modify program forms as needed
- Write newsletter articles
- Work to identify stakeholders and allies around youth efforts
- Assist in development of youth strategic plan
- Design branding for promotional items
- Create and maintain desk manual for position for succession planning
- Maintain database, produce monthly reports and other reports as needed

- Generate and track Purchase Orders
- Maintain program policy manual
- Transport youth as needed to activities
- Provide families with community resources, if requested
- Assist staff in planning and hosting activities
- Create printed material for program use and distribution in the community
- Provide written program updates as requested
- Maintain confidentiality regarding families and other confidential information
- General office duties
- Supervise the Youth Department Staff
- Other duties as assigned

•

Qualifications

- Knowledge of Tribal and community resources for families
- Willing to obtain initial and ongoing trainings
- Must be comfortable speaking to large crowds
- Must obtain/maintain a Food Handlers permit, First Aid and CPR cards within 30 days of employment.
- No criminal convictions involving person to person crimes or crimes against children or vulnerable populations
- Valid driver's license
- Be able to work some weekends or nights
- Must be able to travel
- Adhere to all HHS policies and Cowlitz Indian Tribal Codes

Education and/or Experience

- High school education or equivalent
- AA degree preferred
- 2 years of youth specific work or experience related work
- 1 year of clerical experience

The Cowlitz Indian Tribe is an Equal Opportunity Employer, and a Drug & Alcohol-Free workplace.

Except as provided by Title 25 CFR, Section 472 which allows for Indian preference in hiring, the Cowlitz Indian Tribe does not discriminate on the basis of race, color, creed, age, sex, national origin, physical handicap, marital status, politics, or membership or non-membership in an employee organization.

Please mail or fax resume and cover letter to:

Human Resources Department Cowlitz Indian Tribe P.O. Box 2547 Longview, WA 98632

Fax: (360) 578-1641

SUQUAMISH TRIBE JOB DESCRIPTION

Title: Director, Tribal Child Welfare Services Program **Department:** STCW

Exempt/Non-exempt: Exempt Reports to: Deputy Executive Director

Job Summary:

Administers and provides direction to the Suquamish Tribal Child Welfare Services Program which includes multifaceted programs and services in order to provide equitable and timely delivery of or referral to services to Suquamish families as mandated by the Tribal Code or the Indian Child Welfare Act.

Major Responsibilities and Duties:

Ensure that the Suquamish Child Welfare Program operations are consistent with Tribal ordinances, policies, procedures, and culture.

Develop programs and services that will promote the positive stabilization of family units in which Suquamish children's right to safety is paramount.

Collaborate across programs, departments, and divisions to achieve holistic, integrated, services that meet the diverse needs of Suquamish families.

Ensure that Tribal Child Welfare services are implemented with due care and within the available funding protocols, that services are delivered using best practices, and that client information and records are confidential and protected.

Ensure that a record management system for Tribal Child Welfare services is established, implemented, maintained and evaluated, and that compliance and timely submittal of reports is a priority.

Engage in collaborative work to achieve necessary Tribal code, program policies, procedures and protocols development and implementation including, but not limited to, conducting public forums, soliciting input of those for whom the codes are meant to regulate, and, that such codes and policies contain provisions for cultural appropriateness.

Coordinate and execute major program activities with agencies of other governments and/or private agencies in the effective provision of services to program recipients.

Ensure direct social services to clients through recognized best practices, monthly home visits, telephone contacts, written reports and documents.

Provide case consultation to caseworkers and other staff and ensure the delivery of comprehensive, coordinated, and individualized child welfare services to eligible families under the Suquamish Tribal Code.

Ensure that Tribal Child Welfare staff interactions with Tribal and state courts are of the highest professional standards including professionally prepared court reports, case plans, testimony, and that timelines established by statute, ordinance, or the court are consistently met.

Set job expectations for staff and supervise performance; prepare written performance evaluations; initiate corrective and disciplinary action if necessary in accordance with Tribal personnel policies and procedures.

Ensure the education and training of Tribal Child Welfare staff and care providers is current, meet best practice standards, and is in compliance with relevant regulation and or obligations.

Administer all contracts and grants including ensuring that all required reports are submitted on time and contract requirements are met.

Specific Knowledge, Skills and Abilities

Demonstrated ability to plan, direct, and evaluate a performance-based complex work program.

Demonstrated knowledge of the professional and technical aspects of the programs and services administered.

Demonstrated successful supervisory skills including, but not limited to staff evaluations, problem-solving, maintaining effective working relationships, and facilitating staff productivity.

Demonstrated knowledge of Tribal Courts, Indian Child Welfare and culturally appropriate services.

Must be well-organized with the ability to prepare and distribute information confidentially and with discretion.

Demonstrated ability to express ideas effectively, both orally and in writing.

Demonstrated skills in word processing, spreadsheets, database, and presentation software.

Qualifications:

Must have certification in child welfare services, such as National Indian Child Welfare Association certification or State certification or obtain certification before the end of the probationary period.

Must have CPR/First Aid certification and tuberculosis test.

Education and/or Experience

M.S.W. preferred.

Minimum Bachelor's Degree in relevant field and 5 years' experience in children's services program administration or management.

Supervisory Responsibilities:

Direct supervision of Tribal Child Welfare managers, caseworkers and administrative staff; potential supervision of volunteers.

Interpersonal Contacts:

Regular in-person and electronic communication with other tribal departments, particularly Tribal Court, Human Services, Wellness, Police and Legal Department.

Regular contact with external agencies related to child and family welfare services policies and procedures and accessing services for client families.

Job Conditions:

Work is performed in an office setting but frequent travel to perform client services and attend meetings is required.

Disclaimer:

This job description in no way implies that these are the only duties to be performed by the incumbent. At all times, employee will be required to follow any instruction and to perform any other duties within this or a lower job level upon the request of the supervisor. At times employees may also be required to perform Higher-level duties and may need to receive additional instruction and/or increased supervision to accomplish these higher-level duties.

State and Tribal Background (check required; Valid	WA State Driver's I	License required
Pre-Employment drug testing	required; Native Ame	rican preference	

Employee Signature	Date
Supervisor Signature	Date
Executive Director	 Date

NCCDPHP

GHWIC/TPWIC/TECPHI

TRIBAL RESOURCE DIGEST

Welcome to Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of January 21, 2019. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities. We are adding 2 new programs to this newsletter – Tribal Practices for Wellness in Indian County (TPWIC) and Tribal Epidemiology Centers Public Health Infrastructure (TECPHI).



Announcements

In this issue:

- Announcements
- Webinars
- Funding Opportunities
- Yellowhawk

National Conference on Tobacco or Health

CTOH is the premier gathering for tobacco control professionals in the United States, which makes it the ideal forum for sharing resources, tools, emerging ideas, evidence-based research, and success stories that help move tobacco control forward. Read more and register here.

Date: August 27-29, 2019 Location: Minneapolis, MN

Webinars

GPTCHB Community Health Webinar Series

Contact Jennifer Williams for details regarding the webinar.

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

2/13/19 Reclaiming Indigenous Food Relationships: Improving Health with Culture

Chris Johnson, American Indian Cancer Foundation Prevention and Policy Coordinator

Funding Opportunities

Seventh Generation Fund for Indigenous Peoples Grants

rants for native community projects in the areas of violence against women, community empowerment, cultural vitality, and land and water stewardship. Read more <a href="https://example.com/her

Healthy Food Financing Initiative Technical Assistance

echnical assistance for early stage healthy food access projects in underserved areas with a focus on management, financial health, and operations. Eligible applicants include tribal governments and tribal governmental agencies, authorities, and food policy councils. Read more here.

Yellowhawk Tribal Health Center Garden contributed by Adrienne Berry

In 2018, Yellowhawk Tribal Health Center moved into a new facility. Along with a newly built facility we had an opportunity to design a garden area right by our building. We call it Llaxpiwit "meaning to heal". In September we had a successful planting party at our new garden site. There are 10 raised garden beds, we have dedicated them to 5 health conditions which are Heart Health, Mental Wellness, Diabetes Health, Preventative Health and the Children's Garden. Each bed is designed to assist with the health conditions and changes with each season.























Contact Information:

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

4770 Buford Highway, MS F78

Atlanta, GA 30341

(770) 488-5131 / http://www.cdc.gov/chronicdisease/index.htm

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

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