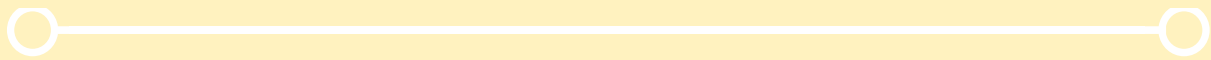




WE VALUE YOUR VOICE.



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.**



NPAIHB
Indian Leadership for Indian Health





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

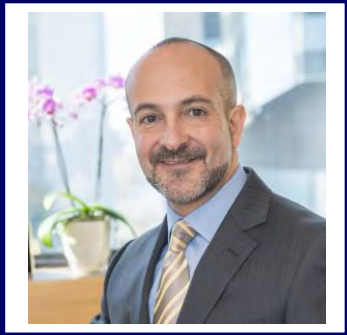


**Jointly sponsored by
The National Committee for Quality Assurance**



**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.

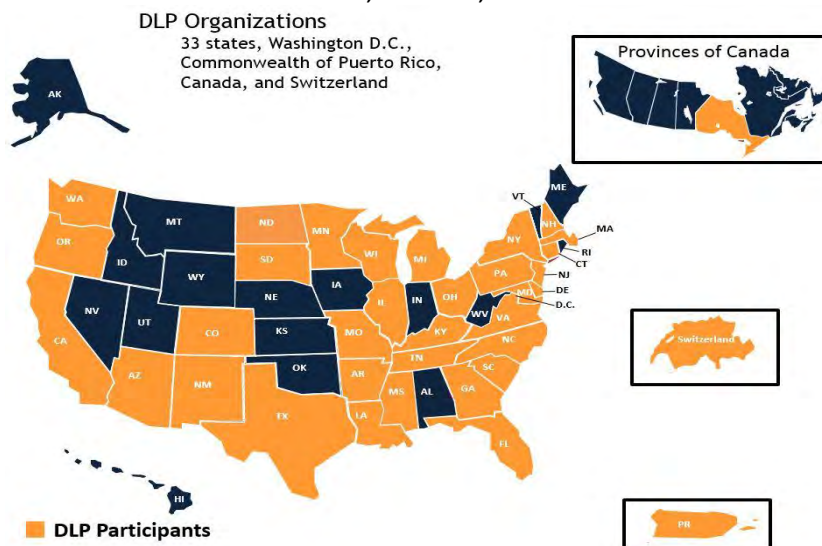
The **Disparities Leadership Program** (DLP) is our year-long, hands-on executive education program focused exclusively on helping health care leaders achieve equity in quality. The program is designed to help you translate the latest understanding of disparities into realistic solutions you can adopt 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-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 other 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 9th, 2018 | Intent to Apply Due (recommended but not required) |
| February 8th, 2019 | DLP Full Application due |
| March 15th, 2019 | DLP Applicants are notified |
| March 22nd, 2019 | Acceptance deadline |
| May 3rd, 2019 | Tuition payment due |
| May 14-15th, 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 cross-cultural 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 [2019-2020 Disparities Leadership Program \(DLP\)](#).

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://mgldisparitiessolutions.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://mgldisparitiessolutions.org/the-dlp/>

To download a PDF of our program description, click on the link below:

https://mgldisparitiessolutions.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://mgldisparitiessolutions.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, co-workers, 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



MOORE INSTITUTE

SAVE THE DATE!

Oregon Nutrition Update 2019

Hosted by

THE OSU MOORE FAMILY CENTER FOR
WHOLE GRAIN FOODS, NUTRITION &
PREVENTIVE HEALTH

and

THE OHSU MOORE INSTITUTE FOR
NUTRITION & WELLNESS

Get the latest information, from science to application, on issues in nutrition and health. Learn about the latest research and engage in panel sessions and hands-on workshops that address critical issues in nutrition and healthy eating.

Working together, we will amplify our common message about the important role nutrition plays in the health of Oregon communities.

THURSDAY, APRIL 18, 2019

CH2M HILL ALUMNI CENTER
Oregon State University
Corvallis, Oregon



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



Oregon State University
Moore Family Center



MOORE
Institute

[For More Information](#)

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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: 2019
June 16-28th

**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



You're Invited to Attend! NW Native Adolescent Health Alliance Meeting

**Your choice: Virtual Meeting or at the NPAIHB Offices, Portland OR
*Friday, January 11, 2019 at 10:00 - 11:00 AM***

Possible Agenda Items:

- Youth opportunities
- Changes and updates to the Adolescent Health Tribal Action Plan
- More to come!

What is the Alliance?

The *NW Native Adolescent Health Alliance* is an inclusive, multi-functional group that meets quarterly in OR, WA, and ID to discuss cross-cutting planning and prevention strategies targeting AI/AN teens and young adults (addressing tobacco, substance abuse, STD/HIV, teen pregnancy, and suicide topics). Our goal is to support regional action planning, resource development, and sharing.

Who Should Attend?

All interested parties are invited to attend, including tribal health and prevention staff, IHS, State Health Department personnel, MSPI funding recipients, and University and Community partners from ID, OR, and WA. Please email Celena McCray at cmccray@npaihb.org if you will be attending in person.

How Do I Attend Virtually?

Join from PC, Mac, iOS or Android: <https://echo.zoom.us/j/872961709>. If you have any questions about this software, please contact Celena McCray, cmccray@npaihb.org, *prior* to the date of the meeting to find out how to use Zoom. You will need to download the Zoom app for your phone if you want to be part of the meeting via a tablet or cell phone.

More Information?

Check out the [Adolescent Health Tribal Action Plan](#) here! Project Red Talon and THRIVE developed the plan in partnership with NW tribal health advocates, hoping it will be used by the NW Tribes and partnering agencies to guide program planning, and foster a coordinated response to adolescent health and well-being in our tribal communities.

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)
will open the first
week in April!**



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

Overview

The IHS/OSAP Dental Infection Prevention & Safety Training Mini-Bootcamp™ 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
- 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
Phone: (503) 414-7788 Email: matthew.ellis@ihs.gov

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 Guidance & Standards Overview (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 Instruments (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 Healthcare Delivery (Dr. Hudson Garrett/Dr. Ruth Carrico)
- 3:30-4:45 Surveillance & Breaches in Infection Control in Dentistry (Eve Cuny/ Dr. Ryan Fagan)
- 4:45-5:00 Panel Questions/Answers

May 30th

- 6:45-7:45 Refreshments
- 7:45-8:45 Dental Unit Waterlines (Dr. Shannon Mills)
- 8:45-10:15 Checklists in Action
- 10:15-10:45 CDIPC Overview (Kathy Eklund)
- 10:45-11:45 Innovate, Integrate and Motivate for the Safest Dental Visit: Perfect Care for Every Patient (Dr. Garrett)
- 11:45-12:00 Closeout/Panel Questions

POC: LCDR Matthew Ellis, MPH, CIC, REHS

503.414.7788/matthew.ellis@ihs.gov



SB 770 Health & Human Services Cluster Meeting

Wednesday January 9, 2019

9:00 AM – 4:00 PM

Human Service Building

500 Summer Street NE Room 137 A-B

Salem, OR

Conference Line: 888-363-4734 Access Code: 3292468 (Please mute your phone when you are not speaking)

| Agenda Item | Presenter(s) | Time |
|--|--|-------------|
| Welcome, Traditional Opening & Introductions | All | 9:00-9:15 |
| Tribal Sharing | Tribes, NARA, NPAIHB | 9:15-10:15 |
| Oregon Health Authority Update-Behavioral Health Justice Reinvestment Project 2018 Annual Report Highlights Opioid funding updates and planning next steps Update on BH Strategic Planning Meetings Priority List SPA's, rulemaking, consultation opportunities | Cassandra Warney, Justice Center Pat Allen, Director Julie Johnson, Tribal Affairs | 10:15-12:00 |
| Lunch (provided by OHA) | All | 12:00-12:30 |
| Department of Human Services 2018 Annual Report Highlights Introduce Liesl Wendt-DHS Deputy Director Recruitment update Navigator Program | Fariborz Pakseresht, Director John Spence, Tribal Affairs Rebecca Arce & Jane-Ellen Weidanz | 12:30-1:15 |
| Department of Consumer & Business Services 2018 Annual Report Highlights Pre-legislative session update Tribal Consultation Policy Draft Tribal visits schedule Right of Recovery | Cameron Smith, Director Rob Smith, Tribal Liaison Marina Cassandra, Tribal Liaison Kevin Jefferies | 1:15-2:00 |
| Oregon Housing and Community Services 2018 Annual Report Highlights | Kim Travis, Housing Integrator | |
| Youth Development Council 2018 Annual Report Highlights | Serena Stoudamire-Wesley, Director | 2:00-2:30 |
| Veterans Affairs 2018 Annual Report Highlights | Mitch Sparks, Director | 2:30-3:00 |
| Tribal Hosts for July and October 2019 meetings | All | 3:00-3:15 |
| Rob Smith & Marina Cassandra, Tribal Liaisons, DCBS robert.d.smith@oregon.gov Marina.E.Cassandra@oregon.gov | Julie Johnson, Tribal Affairs Director, OHA 503-945-9703 julie.a.johnson@state.or.us | |
| John Spence, Interim Tribal Affairs Director, DHS john.spence@state.or.us | Anya Sekino, Juvenile Crime Prevention Manager, YDC 503-378-5115 anya.sekino@state.or.us | |
| Kim Travis, Housing Integrator, OHCS 503-428-3843 kim.travis@state.or.us | Mitch Sparks, Dept. of Veterans Affairs mitchel.sparks@state.or.us | |

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

| DATE | MEETING | LOCATION |
|--------------------|--|---|
| January 9, 2019 | SB770 HHS Cluster Meeting 9:00 am – 4:00 pm | Human Service Building 500 Summer Street NE Room 137 A-B Salem, OR |
| February 8, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| March 8, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| April 10, 2019 | SB770 HHS Cluster Meeting 9:00 am – 4:00 pm | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| May 10, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| June 14, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 473 Salem, OR |
| July 10, 2019 | SB770 HHS Cluster Meeting 9:00 am – 4:00 pm | TBD Need Host |
| August 2, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| September 13, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 473 Salem, OR |
| October 9, 2019 | SB770 HHS Cluster Meeting 9:00 am – 4:00 pm | TBD Need Host |
| November 8, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 137 A-D Salem, OR |
| December 13, 2019 | OHA TMM 10:00 am – 4:00 pm (9:00-10:00 Health Directors) | Human Service Building 500 Summer Street NE Room 473 Salem, OR |



“Response Circles” Funding Request for the Northwest Tribes

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

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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

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

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

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

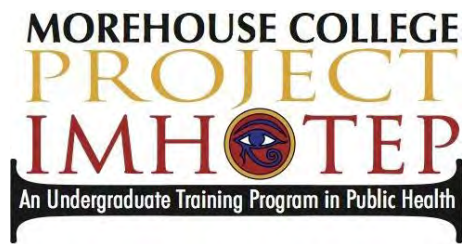
2121 SW Broadway
 Suite 300
 Portland, OR 97201
 Phone: (503) 228-4185
 Fax: (503) 228-8182
www.npaihb.org

List of Upcoming Opportunities for Domestic & Sexual Violence Prevention

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

Websites to find more opportunities & dates

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



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 1st** on the Project Imhotep website, www.morehouse.edu/phsi/imhotep and closes on **January 31st 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*)

For more information, visit www.morehouse.edu/phsi/imhotep



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 undergraduate students.



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



Center for Diversity in
Public Health Leadership Training
at Kennedy Krieger Institute

***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

TRAINING 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



YELLOWHAWK
TRIBAL HEALTH CENTER

CURRENT OPENINGS 12/31/18

- **Medical Director**
- **Human Resources Director**
- **Mental Health Clinical Manager**
- **Accountant II**
- **Network Systems Administrator**
- **Mental Health Counselor**
- **Child and Family Therapist**
- **Certified Medical Coder**
- **Accounts Receivable Clerk**
- **EFDA Dental Assistant**
- **** Community Health Representative (CHR)**

****DENOTES INTERNAL AND CTUIR ONLY**

FOR COMPLETE JOB DESCRIPTIONS VISIT
YELLOWHAWK.ORG/CURRENT-OPENINGS

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 License required
Pre-Employment drug testing required; Native American preference**

Employee Signature

Date

Supervisor Signature

Date

Executive Director

Date