

2016-2017 Centennial Accord Plan Update

June 2016



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Introduction

The 2016-2017 Department of Health Centennial Accord plan provides an opportunity for the Department of Health and tribes to share their efforts on public health priority issues. Our programs and services help prevent illness and injury, promote healthy places to live, learn, recreate, work, and worship and create communities and environments where the healthy choice is the easy and affordable one, and ensures an effective public health response in an emergency.

Department of Health Overview

Agency Vision – People in Washington enjoy longer and healthier lives because they live in healthy families and communities.

Agency Mission – The Department of Health works with others to protect and improve the health of all people in Washington State.

How we accomplish our mission: We lead changes in policies, systems and environments to prevent illness and injury, promote healthy families and communities, and encourage healthy lifestyles. We do this by focusing on where people live, learn, work, recreate, seek healthcare, and worship.

Strategy: Through collaborations and partnerships, we will leverage the knowledge, relationships and resources necessary to influence the conditions that promote good health and safety for everyone in Washington.

Borrowing from Native American cultures, we hold a vision of seven generations: We are mindful in our work of the history of the past three generations, the lives of the current generation, and protecting the future of the next three generations.

Key Partners – Individual tribes, American Indian Health Commission (AIHC), Northwest Portland Area Indian Health Board (NPAIHB), Indian Health Service (IHS), Northwest Tribal Emergency Management Council (NWTEMC), Seattle Indian Health Board (SIHB), Native Project, South Puget Intertribal Planning Agency (SPIPA), and other Recognized American Indian Organizations (RAIOs).

The agency's tribal liaison works with agency staff, tribal communities, organizations, and other state agencies to strengthen relationships and improve service development. The liaison:

- Facilitates effective communication and collaboration.
- Serves as the primary agency contact for tribal issues.
- Coordinates tribal training and facilitates tribal contracting and program improvements.
- Works to ensure tribes maximize use of agency funding, eliminates barriers, and facilitates relationship building.
- Participates in tribal forums and meetings, and visits tribal communities to build trust, understand tribal issues, and enhance communications.

Tribal Consultation

The Department of Health's Tribal Consultation and Consultation Procedure was signed August 13, 2015. Consultation procedures were developed in collaboration with the American Indian Health Commission and tribal health delegates representing tribes. Procedures are in compliance with Chapter 43.376 RCW, Government-to-Government Relationship with Indian Tribes.

The consultation procedures are comprehensive and define what constitutes "effective" tribal consultation, including:

- When consultation should occur.
- How to determine if consultation is needed.
- How to request consultation.
- A definition of meaningful consultation.
- Action required after consultation.
- Appointment of a Tribal Liaison.
- Sovereignty and disclaimer statement.
- Identification of the approving authority.

To ensure effective implementation of the consultation procedures, the Tribal Liaison has created and initiated staff training. Training will enhance staff understanding of the law, the process and the implications to staff work. Tribal information and resources have also been identified and are available on the Department of Health intranet site. These resources include; consultation procedures and templates, contact information for internal and external tribal contacts and organizations, tribal training opportunities and an agency-wide tribal work plan. An agency "Tribal Relations" intranet site also connects staff to tribal web sites, maps and additional information.

I. Washington State Department of Health Programs

**Protect everyone in Washington from
communicable diseases and other health threats.**

Ensure effective communicable disease prevention, surveillance and response systems.

We focus our communicable disease capacity on the most effective elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats.

Lower Elwha Health Clinic Consultation Request – On March 1, DOH Healthcare Associated Infections (HAI) staff worked with Indian Health Services (IHS) to identify and recommend best infection prevention practices assessment for dental settings. The Lower Elwha Tribe requested the report about infection control recommendations and patient notification regarding infection control lapses. The department worked with IHS to coordinate and conduct an infection prevention assessment at the Lower Elwha Health Clinic located in Port Angeles, Washington. The onsite assessment took place on February 3 and focused on two dental clinics. HAI staff utilized a standardized assessment tool from the Centers for Disease Control and Prevention (CDC). During the assessment, infection prevention practices were discussed, ranging from policy development to high-level disinfection and sterilization procedures. The HAI Team and IHS developed reports following the assessment, which included findings and suggested improvements. Clallam County Health and Human Services Department, clinic services members, and tribal members were aware of the assessment.

Prepare for, respond to, and recover from public health threats.

The agency offers federal grant funding to the 29-federally recognized tribes within Washington’s geographic borders. This funding helps tribal nations sustain and build healthcare and public health emergency response capability. We work with the AIHC, NPAIHB, and NWTEMC to support comprehensive emergency preparedness planning. This partnership is nationally recognized for excellence and promotes collaboration to achieve goals. Recent activity includes:

- Participation and coordination for the “2016 Tribal Emergency Preparedness Conference: Public Health & Emergency Management Working Together” on May 2-6 at Northern Quest Resort & Casino in Airway Heights, Washington.
- Provision of assistance and deployment of incident management team (IMT) members to tribes upon request for incident response. During the 2015 wildfires in Eastern Washington, DOH deployed 3 IMT members to the Colville Reservation to support tribal emergency operations and public health incident objectives.
- Reinvestment of unobligated tribal funding to support tribal-specific public health emergency preparedness planning activities identified by a team of both state and tribal representatives.
- Providing ongoing opportunities to tribal members for agency-sponsored IMT training and incident leadership training courses to enhance foundational public health services for emergency preparedness and response capability.

Ensure the safety of our environment as it impacts human health.

The agency works with tribes, local governments and other agencies in the areas of safe drinking water, food safety, shellfish sanitation, radiation safety, wastewater management, pesticide exposures, vector-borne disease, general environmental health and safety issues, and health risk assessments. Key program areas include:

Safe shellfish – The agency partners with treaty tribes on shellfish sanitation issues. Tribes routinely work with the DOH Shellfish Program to monitor shellfish growing areas and share water quality and pollution source information. The agency also licenses and inspects tribes and tribally-affiliated commercial shellfish companies as agreed upon in the Consent Decree and Settlement Agreement. Activities include:

- Marine water quality maintenance and restoration. DOH partners with 12 tribes in over 20 commercial shellfish growing areas. The partnerships help create safe shellfish harvesting opportunities by implementing coordinated projects that maintain and improve marine water quality. Projects include, but are not limited to:
 - *Wastewater treatment plant impact studies*. We partnered with the Nisqually, Puyallup, Squaxin Island, and Suquamish tribes and other stakeholders in studies to evaluate the impact from wastewater treatment plants in Pierce and King Counties on nearby geoduck tracts. Based on resource surveys by the Nisqually Tribe, potential geoduck harvest in the Pierce County study area is over 3-million pounds.
 - *Pollution identification and correction (PIC)*. The agency has funding through the federal National Estuary Program to manage pathogen sources, protect and restore shellfish beds, and reduce disease in Puget Sound. We are partnering with the Skokomish, Port Gamble S’Klallam, and Squaxin Island tribes in this work.
- Shellfish licensing. In 2015 we issued 40 tribal shellfish licenses to tribes and individual companies owned by tribal members.
- Harvest site certification. We notify affected treaty tribes of harvest site certification applications submitted by shellfish companies and hold new applications for a 30-day tribal review period to facilitate tribal harvest of wild shellfish. We issued 262 harvest site certificates in 2015.
- Health risk assessments. The agency continues to assist tribes in developing shellfish sampling plans and evaluating the results for potential health risks. We worked with the Port Gamble S’Klallam Tribe to evaluate sampling data near an old mill site in Port Gamble Bay and create shellfish consumption advisories for tribal members.
- Tribal technical meeting. We held a tribal technical meeting at the Suquamish Council Chambers in November 2015 with participation from 14 tribes, Point-No-Point Treaty Council, and the Northwest Indian Fisheries Commission where we discussed growing area updates, arsenic monitoring in geoduck, biotoxins, *Vibrio parahaemolyticus*, and the Interstate Shellfish Sanitation Conference.
- Biotoxin and environmental monitoring. We worked with 17 shellfish-harvesting tribes to collect marine biotoxin samples and four tribes to site near-real time temperature sensors to aid in implementing the *Vibrio parahaemolyticus* Control Plan.

Protection from radiation exposure – The agency works to protect the health and safety of everyone in Washington from unnecessary exposure to radiation. Radiation exposure can come from many sources including X-rays, radioactive materials, nuclear power plants, and radioactive waste sites like Hanford. Our work includes:

- Coordination of Dawn Mining Company activities. The agency regularly meets with the Spokane Tribe to exchange information about the Dawn Mining Company uranium mill facility, which borders the Spokane Indian Reservation. Topics include environmental monitoring, groundwater and water quality, and on-going closure activities at the mill site. The meetings offer a forum for tribal members to ask questions and comment on proposals for the facility.
- Consultant selected to assist the Yakama Nation. DOH and Ecology have committed to continuing work with the Yakama Nation on this topic. In particular, the agencies will attempt to make extensive historical records available to the Yakama Nation.

<p style="text-align: center;">Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.</p>

Give all babies a planned, healthy start in life.

In Washington, infant mortality rates are more than twice as high for American Indians as in the population as a whole. The agency is working on a number of initiatives with AIHC and tribal health leaders to address this significant health disparity. Activities include:

- Support for AIHC’s “Healthy Communities: Tribal Maternal-Infant Health Strategic Plan”. The plan identifies the most significant problems where interventions can make the greatest difference in the next five years. The agency’s partnership efforts to support the foundational goal of AIHC’s strategic plan, which is to address problems through a policy, systems, and environmental change approach. This is reflected in the *Pulling Together for Wellness* framework and includes activities such as:
 - *Improving data collection by designing new approaches to data reporting.* DOH, AIHC, and CDC are partnering to develop improved methods for data collection with the goal of making the information useful to the tribes. This data will help to update the strategic plan, which is foundational to the work of addressing health disparities in tribal/urban Indian communities.
 - *Formulating strategies for bringing pregnant women into care within the first trimester of their pregnancy.* DOH, AIHC, and tribes are partnering to explore ways to increase early participation in prenatal care with a focus on increasing patient engagement and improving health outcome. One example is the Baby Box, which helps prospective mothers build a relationship with their medical providers. The box can also be filled with useful items such as diapers, clothing, and culturally-appropriate health messages around safe sleep and maternal health.
 - *Supporting the development of culturally-appropriate home visiting programs.* With the goal of supporting tribes to implement the home visiting models most helpful to serving tribal and urban Indian mothers and babies, DOH continues to partner with AIHC in conjunction with the Washington State Department of Early Learning and the nonprofit organization Thrive Washington.

- *Collaborating jointly on the Department of Health's breastfeeding workgroup.* With a continued focus on increasing the rates of breastfeeding in Tribal and Urban Indian communities, DOH and AIHC participate jointly in the DOH breastfeeding work group. This shared participation aligns the work with AIHC's Tribal Maternal-Infant Health Strategic Plan.
- *Home visiting tribal-urban Indian.* We continue to partner with the AIHC, the Washington State Departments of Early Learning and Social and Health Services, and the nonprofit Thrive Washington to ensure culturally-appropriate home visiting models are available to American Indian/Alaska Native families and included in the development of the state's Maternal Infant Early Childhood Home Visiting system. The goal is to support Tribes in implementing home visiting models most helpful to serving Tribal and Urban Indian mothers and babies,
- Healthy birth weight. Decreasing the percent of AI/AN infants born with low birth weight is a leading indicator in Results Washington, the governor's strategic framework for improving state government. We are working with AIHC, other state agencies, and partners to use a tribally- driven process to develop an action plan which will address this performance measure.
- Women, Infants and Children Supplemental Nutrition Program (WIC). WIC continues to collaborate with AIHC to develop tribally-driven strategies to enhance WIC services and remove barriers to services for young families in tribal and urban Indian communities.
 - WIC Program has intergovernmental agreements with 14 tribes and 2 health organizations to provide WIC nutrition services to members. We reach 22 tribes. We also work with the Seattle Indian Health Board (SIHB) to provide WIC services to the urban AI/AN population in the Puget Sound region.
 - WIC strongly supports the efforts of the AIHC and tribes to help new mothers start and maintain breastfeeding. Federal grant funds have been used to train former WIC participants as peer breastfeeding counselors, and tribal WIC and an urban Indian health WIC programs have funding to use these counselors. Additionally, we are working with tribes on other innovative ways to provide peer breastfeeding support.
 - Following tribal protocols, we are scheduling visits with tribes to conduct key informant interviews and WIC client focus groups. This work is essential in developing the tribally-driven strategies for WIC services. Our first visit to a tribe was April 28, 2016. We will visit a second tribe in June 2016. We will continue to schedule visits to other tribes throughout the year.

Increase immunization rates.

The agency supports the AIHC and tribal partners to improve immunization rates for tribal communities. We support this goal through effective strategies that respect the needs of the AI/AN population. Specific activities and strategies include:

- Vaccine distribution process. We routinely work with tribal clinics to ensure availability of childhood vaccines through the Childhood Vaccine Program. During public health emergencies, we recognize and engage with tribes and tribal clinics as separate jurisdictions for vaccine distribution. We communicate directly with tribal clinics, AIHC, and our tribal liaison to ensure the process works well. We regularly reach out to tribal clinics to include

them in the receipt of vaccine for adults when those opportunities are available from the CDC.

- Supporting efforts to improve vaccination rates for the AI/AN population. We provided support through the AIHC for the Tribal and State Leaders' Summit on Maternal, Infant and Youth in June 2015. We also provide ongoing support for two infrastructure projects: planning for a statewide tribal immunization summit in 2017, and the ongoing work of the Tribal Immunization Workgroup. As part of our CDC Prevention and Public Health Fund human papillomavirus (HPV) grant, we are partnering with AIHC to develop HPV vaccination education materials appropriate for the AI/AN population and to promote a healthcare provider training on communicating with parents about HPV vaccination.

Support healthy lifestyles.

Our goal is to increase the number of people who are healthy at every stage of life. We work to affect the healthcare system and use community-based prevention strategies to ensure communities make the healthy choice the easy choice. We collaborate with AIHC and tribal programs to reduce chronic disease among AI/AN people in Washington.

- Support commercial tobacco and youth marijuana-free living and healthy eating/active living. The Tobacco Prevention and Control, Youth Marijuana Prevention and Education, and Healthy Eating/Active Living programs provide funding and support to AIHC to create and implement a tribal and urban Indian driven prevention framework, *Pulling Together for Wellness*. The commission provides tools and training for tribes and urban Indian programs interested in implementing this strategy. *Pulling Together for Wellness*:
 - Is designed to create healthy tribal and urban Indian communities through policy, environment, and systems changes.
 - Is an innovative and culturally-grounded approach that blends public health practice with native epistemology and uses a medicine wheel model.
 - Focuses on commercial tobacco-free environments, access to healthy foods, physical activity, and emotional wellness.
 - Includes a culturally-based framework to prevent chronic disease through the life course approach and can be adapted to meet the needs of specific tribal and urban Indian communities.
 - Helps access healthy communities funding within state, private, and federal funding landscapes.

The *Pulling Together for Wellness* framework is being implemented by the Shoalwater Bay Tribe, which has embraced the policy, systems, and environmental work approach. The Washington State Public Health Association recently recognized the tribe's *Pulling Together for Wellness* Coalition as a "2015 Health Champion" for their work in this area. Elements of the framework have also been incorporated into the agency's current strategic plan. In addition, the Tobacco Prevention and Control Program manager works closely with AIHC to promote the use of the framework in developing sustainable tribal and state government partnerships. Joint presentations on the *Pulling Together for Wellness* framework were delivered at the 2016 National Indian Health Board Public Health Summit and the Foundation for Healthy Generations' Science of HOPE conference.

- Support healthy places and lifestyle change programs. Healthy Communities 1422 Community Lead Organizations (CLO) are partnering with tribes to support lifestyle change programs and increase the number of community environments that promote and reinforce healthful behaviors and practices related to obesity and diabetes prevention and cardiovascular health. Tribes partnering with CLOs and CLO subcontractors include Cowlitz Indian Tribe, with Healthy Living Collaborative of Southwest Washington; Port Gamble S’Klallam Tribe; Spokane Tribe of Indians, with Better Health Together; and Makah, Lower Elwha Klallam, Jamestown S’Klallam, and Suquamish Tribes and Quileute Nation with Olympic Health Action Network.
- Support heart disease, stroke, and diabetes prevention. This work focuses on preventing Type 2 diabetes and high blood pressure, and provides support for managing high blood pressure, diabetes, and overall cardiovascular disease risk. DOH promotes the National Diabetes Prevention Program coordinated by CDC. This is an evidence-based, yearlong program for people with prediabetes that provides group facilitation and accountability for increasing physical activity and making dietary changes. Cowlitz Indian Tribe houses the first program in the state to achieve full recognition through CDC’s Diabetes Prevention Recognition Program. Other tribes offer similar programs that are connected with the Indian Health Services. DOH communicates with CDC about tribal challenges and needs for diabetes prevention, regardless of curriculum. DOH also:
 - Supports the suite of programs offered by Stanford School of Medicine’s Patient Education Research Center known as Chronic Disease Self-Management Education (CDSME) by promoting their adoption and coverage by insurance. In addition to CDSME, the other programs promoted include:
 - Chronic Pain Self-Management (CPSME)
 - Diabetes Self-Management (DSME)
 - The Wisdom Warrior Initiative, which includes CDSME and monthly elder meetings
 - Supports statewide data collection so that rates of diabetes and heart disease risk factors can be communicated across populations. These data are used to communicate and highlight the disparities in diabetes rates and outcomes for AI/AN. The Diabetes Epidemic and Action Report also includes these data. When presenting this information, racial, ethnic, and socioeconomic disparities are highlighted.
 - Provides backbone support for the Diabetes Network Leadership Team (DNLT), which welcomes increased representation from Tribes, and regional and statewide organizations that represent AI/AN. The DNLT also addresses hypertension, and has recently expanded available member seats.

Discussions have also been initiated with the American Indian Health Commission representative about potential work related to adult pregnant women, heart disease, and gestational diabetes.

- Supplemental Nutrition Assistance Program Education (SNAP-Ed). SNAP-Ed helps eligible people make healthy food choices within a limited budget and choose to be more physically active. SNAP-Ed works with tribes to develop projects that encourage these choices. Tribes did not provide SNAP-Ed services this year partly because of funding caps and increased federal reporting requirements. To improve the likelihood that more tribes will provide SNAP-Ed in the future, we are working to resolve these issues. Based on initial conversations, we have found some interest in providing SNAP-Ed services again.

- Support health across the life course. Many factors contribute to chronic disease and start early in life. Most can be prevented or managed by supporting people where they live, learn, work, recreate and worship.

In addition to our work with the AIHC, the agency uses creative funding strategies by pooling money from various programs and directing it to tribal work at local health jurisdictions, SPIPA, NPAIHB, SIHB, and tribal clinics owned or subcontracted by a tribe. These agencies and organizations use the funds to deter commercial tobacco use; promote physical activity and healthy eating; and promote clinical preventive care by changing policies, systems, and environments.

The Comprehensive Cancer Control Program actively engages tribal participation for the Washington State Cancer Screening Network and the Washington Alliance for Cancer Survivorship. SPIPA and NPAIHB are active members of the network and contribute meaningfully to network activities and professional development opportunities. SPIPA and the Yellowhawk Tribal Health Center are active partners in the alliance and provide tribal perspective for cancer survivorship planning across the state. Additionally, SPIPA was an active participant in the recent planning of a statewide Colorectal Cancer Roundtable held on March 25, 2016 in Seattle.

The Breast, Cervical, and Colon Health Program (BCCHP) and its regional contractors are partnering with SPIPA to connect and contract with tribal clinics to support colorectal cancer screening initiatives. SPIPA was previously funded directly by the Centers for Disease Control and Prevention for colorectal cancer screening; however, this funding was cut in July 2015. DOH and SPIPA are working together to ensure progress made on colorectal cancer screening continues.

Protect people from violence, injuries and illness in their homes, neighborhoods and communities.

- Suicide Prevention: As required by ESHB 2315 passed by the 2014 Legislature, DOH released the Washington State Suicide Prevention Plan on January 6, 2016. The plan was released as part of Governor Inslee’s Executive Order 16-02, *Firearm fatality prevention – a public health approach: reducing and preventing gun-related violence, crime, fatalities and injuries, and implementing the Statewide Suicide Prevention Plan*. Individuals and organizations representing a wide array of views, perspectives, and knowledge were involved in creating the plan through a volunteer steering committee, statewide listening sessions, consultation, and draft review. Groups included:
 - Suicide assessment, treatment, and management organizations
 - Institutions of higher education
 - American Indian/Alaska Natives (AI/AN)
 - U.S. Military
 - Suicide/attempt survivors
 - Primary care, mental health and other health care providers
 - Law enforcement
 - Adult and juvenile corrections
 - LGBTQI

- Young adults (under age 24)
- College students from across the state

Members or employees of 16 tribes contributed to plan development. The plan was distributed to tribal leaders, and DOH is committed to involving tribal members and urban Indian groups in plan implementation currently underway. Members of several tribes have expressed interest in participating in a volunteer effort to spread information about the plan in communities, and the department intends to include the tribes and affiliated organizations and programs in the working groups being developed to guide plan implementation.

- Prescription Drug Overdose Prevention. DOH supported passage of House Bill 1637 in the 2015 legislative session, which became law July 24, 2015. The law allows law enforcement and prosecutorial officials of federally-recognized tribes access to the Prescription Monitoring Program (PMP). This bill improves public health by allowing the department to collaborate with federally-recognized tribes who are important partners in addressing the issue of prescription drug misuse within their communities. We want to assist them with this critical health issue and provide their law enforcement and prosecutorial agencies the same level of access that local, state, and federal agencies have. On October 1, 2015, the PMP Operations Manager met with AIHC, where he provided a program overview, information on the status of the prescription drug abuse epidemic in our state, and the current status of work to implement HB 1637. Through the rest of 2015 and 2016, DOH worked with our PMP vendor enhancing the system to provide this access. These modifications have been completed and access to these tribal entities is now available. We also continue to value tribal participation in providing data from their pharmacies into the PMP system to provide data to healthcare providers treating patients.

<p>Improve access to quality, affordable, and integrated healthcare for everyone in Washington.</p>
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Increase access to affordable health care.

- Technical assistance in recruiting healthcare providers. DOH works with tribes throughout the state to recruit primary healthcare providers for tribal clinics. We've worked with Makah, Chehalis, Cowlitz, Jamestown S'Klallam, Snoqualmie, and Tulalip tribal clinics to ensure eligibility for National Health Service Corps (NHSC) placements and with direct recruitment of providers. NHSC is a loan repayment program for physicians and other healthcare providers willing to work in underserved communities.

During the coming year, we will continue to work with tribal human resource or recruitment staff to increase their understanding of healthcare recruitment and help tribes be more successful in meeting healthcare provider staffing needs. Additionally, we have reached out to AIHC to help us to develop a better understanding of tribal needs regarding workforce so we can better target our outreach and technical assistance.

- Support for healthcare centers. The agency provides support for tribes seeking to become federally qualified healthcare centers or that already have that status. We also support tribal clinics interested in participating with National Health Service Corps clinicians. Recent examples include:

- Reaching out to the Chehalis and Cowlitz Tribes to explain DOH recruitment services and technical assistance capacity.
- Recruitment support for urban Indian healthcare organizations, like the Seattle Indian Health Board and the Spokane Native Project.
- An ongoing partnership with University of Washington School of Medicine Indian Health Pathway to expose graduating medical students to working with tribal veterans and elders in a traditional healing context.

Ensure patients experience safe, quality health care.

- Technical assistance for trauma system development. The state’s Emergency Medical Services and Trauma system provides a continuum of care from injury prevention to pre-hospital, hospital, and rehabilitation care.

Tribal emergency medical services (EMS) is an important segment of the state system. The office provides technical assistance to tribal EMS agencies on obtaining ambulance licensure and certifying emergency responders. Tribal EMS agencies that are licensed to respond to trauma calls are eligible to receive trauma funding. Tribal EMS agencies receiving trauma fund grants in state fiscal year 2015 include:

- Makah Tribal Council - Neah Bay Ambulance
- Yakima Nation-White Swan Ambulance
- Spokane Tribe of Indians Emergency Response
- Health system planning and development. For many years, DOH has contracted with AIHC to support development and implementation of the American Indian Health Care Delivery Plan and address health disparities experienced by AI/ANs. The contract for the 2013-2015 biennium focused on:
 - Developing and carrying out implementation strategies to improve health services for AI/AN people.
 - Increasing communication and problem-solving between Washington and tribal leaders.
 - Bringing together tribes and state representatives to improve healthcare for AI/AN people.
 - Supporting efforts of the AIHC to become self-sustaining.
 - Convening a Tribal Health Leader Summit Fall 2014. The summit brought state and tribal leaders together to address AI/AN health issues.

Governmental Public Health System Improvements

A combination of federal, state, regional, local, and tribal efforts provides governmental public health services. In addition, DOH collaborates with tribal governments through negotiated government-to-government partnerships to help ensure health is protected and improved for all residents.

For many years, DOH has partnered with tribal members, AIHC, urban Indian health organizations, and other partners through the Public Health Improvement Partnership (PHIP) to coordinate and address system-wide public health issues. At the May 21, 2015, tribal consultation meeting with DOH, tribes emphasized the importance of early engagement in

developing policy changes that have potential impacts to tribes and urban Indian health organizations and approved the department's Tribal Consultation and Collaboration Procedure.

Currently, together we are leading the nation in efforts to develop and implement a new framework for governmental public health called Foundational Public Health Services (FPHS)—services that must be everywhere in order for them to work anywhere and that provide a foundation from which to provide additional important services that are more tailored to individual community needs.

In 2014, tribal members participated in the FPHS Policy Workgroup, convened by Secretary Wiesman. He established the workgroup to create a vision and recommendations on how to ensure that a foundational set of public health services are available statewide, to all people in Washington. He recruited two co-chairs who represent different parts of the governmental public health network: Marilyn Scott, Vice Chairman, Upper Skagit Tribem and Todd Mielke, Spokane County Commissioner. The workgroup's membership included representation of the key sectors or groups that influence the structure and funding of governmental public in Washington, including tribal representatives.

One of the policy recommendations was that tribal public health, with support from DOH, should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health and how tribal public health, DOH, and local health jurisdictions can work together to serve all people in Washington. In accordance with the Tribal Consultation and Collaboration Procedure, DOH is supporting a tribally-led process to develop an FPHS framework specific to tribes. We are working with the AIHC to facilitate a tribally-driven process to define how the FPHS funding and delivery framework will apply to tribal public health.

The AIHC formed a FPHS Tribal Technical Workgroup in early 2016 to:

- Explore FPHS definitions, if these services are currently provided for tribes, and, if so, how/
- Consider how the FPHS definitions could benefit and apply to tribal public health and recommend revisions if needed for tribes.
- Identify current expenditures and funding sources for FPHS provided for tribes.
- Estimate cost and funding gaps for providing FPHS for tribes and incorporate this into the FPHS cost model.

Secretary Wiesman is committed to creating a new vision for public health in Washington State. As part of that vision he is committed to a governmental public health system that includes the department, State Board of Health, tribes, and local health jurisdictions working together to protect and improve the health of all people in our state. DOH will continue to work with tribes, tribal health directors, and local public health agencies across nations and other boundaries to determine how to most appropriately, effectively, and efficiently provide and fund FPHS for all people in Washington.

The Public Health Improvement Partnership also partnered with tribes and AIHC to create the first State Health Improvement Plan (SHIP). Last year, representatives from state, tribal, and local governments developed the Washington SHIP with input from professional associations, academia, tribes, educational organizations, hospitals, state agencies, and many others. The plan captures, aligns, and builds on many local, state, and national improvement plans and initiatives.

The SHIP includes two parts. The first focuses on the near term, recommending the public health system find concrete, measurable, near-term priorities to embrace during this unprecedented time of health reform. The second part addresses the longer term, and expands beyond the public health system. It builds a framework for improving health statewide and involves many partners to catalyze public health leaders and community partners to work together in improving health through targeted and innovative interventions.

The SHIP sets a tangible course for better health in Washington, recognizing that what we do now affects where we will be in the next ten years. It makes the case for working upstream with many partners to improve individual and community health as the way toward a culture of health for all.

II. Washington State Board of Health

The Board of Health serves the people of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the state constitution, the board provides leadership by suggesting public health policies and actions, regulating certain activities, and providing a forum for public input.

The governor appoints 9 of the 10 members to fill 3-year terms. Secretary of Health John Wiesman or his designee is the 10th member of the board. State law requires DOH to provide technical staff support. The agency also leases space to the board and provides administrative support under an interagency memorandum of understanding.

The board provides staff support to the Governor's Interagency Council on Health Disparities, which is charged with developing recommendations to eliminate health disparities based on race/ethnicity and gender.

Tribal representation

The Sue Crystal Memorial Act of 2006 requires that one of four state Board of Health members "experienced in matters of health and sanitation" be a representative from a federally-recognized tribe. Since April 2011, Stephen Kutz of the Cowlitz Indian Tribe has filled that seat.

The council includes the director of the Governor's Office of Indian Affairs or a designee. Craig Bill, Executive Director of the Governor's Office of Indian Affairs, asked that AIHC designate a tribal representative. William Frank III, Vice Chair of the Nisqually Tribal Council, currently represents the tribes on the council. Jan Olmstead, staff to AIHC, serves as the alternate. Stephen Kutz, who also currently serves as AIHC Chair, represents the Board of Health on the council.

Emma Medicine White Crow has served as council chair since September 2011; prior to that, she served the council as a consumer representative and council vice chair.

State Action Plan for Health Disparities

In 2010 the council submitted its first *State Policy Action Plan to Eliminate Health Disparities* to the governor and legislature. That plan included recommendations related to education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes. In December 2012 the council submitted an updated action plan, focusing on behavioral health, environmental exposures and hazards, and poverty.

Since the submission of the 2012 Action Plan, the council has submitted update reports twice a year. Recent updates have highlighted the council's work to promote adoption of the National Standards for Cultural and Linguistically Appropriate Services (CLAS standards), as well as its work on health impact reviews, which are analyses of legislative or budgetary proposals to determine potential impacts on health and health disparities. In addition, the June 2014 update included the council's recommendations to improve access to state information and services for people with limited English proficiency, and the December 2014 update included information on the council's partnership with the Healthiest Next Generation initiative.

Throughout 2015, the council focused on developing recommendations to reduce disparities in adverse birth outcomes. American Indians/Alaska Natives continue to experience disparities in infant mortality, low birthweight, premature birth, and other adverse outcomes. The council's June 2015 and December 2015 reports included those recommendations, including a recommendation for the Legislature to support the American Indian Health Commission's Maternal-Infant Health Strategic Plan in the December 2015 report.

For additional information regarding the Board of Health and Governor's Council on Health Disparities, contact:

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III. Tribal Funding

During state fiscal year 2016, the Department of Health has committed over \$2.8 million directly to tribes and tribal organizations.

• Office of Nutrition Services	\$1.6M
• Office of Emergency Preparedness and Response	\$0.5M
• Office of Healthy Communities	\$0.4M
• Environmental Public Health	\$0.2M
• Office of Immunization & Child Profile	\$0.1M
• Community Health Systems	\$0.1M
Total Funding	\$2.8M

Definitions

AIHC = American Indian Health Commission

NPAIHB = Northwest Portland Area Indian Health Board

IHS = Indian Health Service

NWTEMC = Northwest Tribal Emergency Management Council

RAIO = Recognized American Indian organizations

SIHB = Seattle Indian Health Board

PIC = Pollution Identification and Correction