

2013-2014
Centennial Accord Plan
Update

June 2013



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Introduction

The 2013-2014 Department of Health Centennial Accord plan provides an update on public health priority issues that the department and tribes are addressing.

The Department of Health works with individual tribes, the American Indian Health Commission (AIHC), the Northwest Portland Area Indian Health Board, the Indian Health Service, the Northwest Tribal Emergency Preparedness Council, and other recognized American Indian organizations to help people in Washington stay healthier and safer. Our programs and services help prevent illness and injury, promote healthy places to live and work, teach people to make good health decisions, and ensure our state is prepared for emergencies.

Programs and Priorities

I. Office of the Secretary

The Office of the Secretary provides statewide administration, policy development, and leadership on public health issues. The secretary of health leads the agency, which includes the divisions of Disease Control and Health Statistics; Prevention and Community Health; Environmental Public Health; Health Systems Quality Assurance; and Central Administrative Services. The secretary is committed to fostering government-to-government relationships, improved communication, and helping achieve mutual goals.

To accomplish these goals, the Office of the Secretary:

- Facilitates discussions among agency and tribal leaders.
- Participates in interagency and tribal leadership discussions and forums.
- Works to ensure understanding that a public health system includes tribal public health.
- Ensures that tribal options for meeting emergency and other community health needs are identified and implemented.

Policy, Legislative, and Constituent Relations

The Policy, Legislative, and Constituent Relations office is part of the Office of the Secretary. The office serves as liaison to tribal, local, state, and federal agencies; elected officials; and constituents to ensure that Department of Health positions and policies are accurately represented.

The agency's tribal liaison is part of this office and 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 contact person, coordinates training of agency staff, and facilitates contract and program improvements. The liaison works to ensure tribes maximize use of agency funding opportunities to facilitate relationship-building with agency staff and eliminate barriers. The liaison participates in tribal forums, meetings, and when needed, visits tribal communities. Participation builds trust and understanding of tribal issues while enhancing communication.

In consultation with tribal and agency representatives, the liaison has worked to implement Senate Bill 6175, "Establishing Government to Government Relationships between State

Government and Tribes.” The bill includes many of the duties already assigned to the liaison but required development of a more comprehensive agency consultation policy:

- Existing agency consultation protocol has been reviewed to assure compliance with the new law.
- An updated policy has been created; it will be reviewed and finalized with the assistance of AIHC and tribal representatives.
- The new policy includes definitions and guidelines to ensure effective communication and collaboration with tribes.

Reductions in state and federal funding continue to challenge efforts to engage tribes at a time when this input is essential. The American Indian Health Commission, Northwest Portland Area Indian Health Board, and Northwest Tribal Emergency Preparedness Council are vital resources and key to our government-to-government relationships. Member tribes of these organizations appoint delegates to participate through formal tribal resolution. Input from these representatives assures understanding of tribal needs and guide tribal consultation decisions.

Tribal and interagency collaboration is essential to effectively address tribal health issues and eliminate redundancy. Continued budget challenges require close interagency collaboration among state health agencies: the Department of Health, the Department of Social and Health Services, and the Health Care Authority. The primary tribal organizations that guide health agency initiatives are the American Indian Health Commission and the Indian Policy Advisory Committee. The agencies meet periodically to identify and address issues of mutual concern.

In the 2012-13 Accord, the Department of Health agreed to assess the feasibility of consolidated contracting with tribes. The assessment completed by the department concluded consolidating contracting was not feasible and would not address issues identified. Tribal organizations and tribes identified a need for methods to address several challenges that arose as contracting opportunities with department increase. Challenges include mechanism(s) to help tribes identify program and resource needs early in the process for inclusion in agency funding requests, monitoring of funds, elimination of redundancy, identifying possible multi-program resources to address administrative costs, etc.

The department will continue work with AIHC, tribal leaders and other Recognized American Indian Organizations to identify or create a tool and process to address these needs.

Public Health Systems

Washington’s Public Health Improvement Partnership is working to plan for, guide, and strengthen our public health network for the future. The partnership includes local and state public health leaders, local boards of health and tribal nations, the state Board of Health, the American Indian Health Commission, and the federal Department of Health and Human Services. Together, this group has produced the “Agenda for Change Action Plan.” The plan provides the guidance needed to ensure we continue to protect and improve the health of people in Washington state in spite of the many challenges.

The state Department of Health collaborates with a network of local public health agencies and tribes to protect every resident. The “Agenda for Change” is a strategic framework that responds to a rapidly changing environment, such as new preventable disease challenges, health care reform, and diminishing resources. It helps everyone in our state have a better chance for a long,

healthy, and economically productive life. A successful public health network keeps Washingtonians safer and healthier, reduces health care costs, and improves the productivity of our workforce so we can continue to be competitive now and in the future.

An important role of the public health network is to convene community groups to help define and address local health problems. This is especially vital with populations that endure disparities, including tribal communities. We work to help our partners understand the relationship of health to their agency's mission. An example of an action tribes and the American Indian Health Commission have undertaken includes increasing the capacity to use policies, systems, and environmental changes when addressing health issues in tribal communities.

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Office of Performance and Accountability

National Public Health Improvement Initiative Grant Collaboration

The Office of Performance and Accountability received grant funds from the federal Centers for Disease Control and Prevention's (CDC) National Public Health Improvement Initiative for a third year. The grant pays for work to improve public health outcomes and to help local entities achieve national accreditation. This funding was awarded to both the Department of Health and the Northwest Portland Area Indian Health Board.

Three regional Performance Management Centers for Excellence created during the grant's first year continue to provide training, consultation, and technical support to tribes and local health agencies. Representatives of the Northwest Portland Area Indian Health Board and tribal health agencies attended one of a series of online training sessions that began in October 2012 and continue through September 2013. Representatives of the centers met with tribal representatives at the October 2012 Joint Conference on Health in Wenatchee.

To build participation by tribes, staff from the Tacoma-Pierce County regional performance management centers for excellence attended the American Indian Health Commission Tribal Health Summit in December 2012. Centers staff attended a May 2013 quality improvement training for tribal entities, hosted by the Northwest Portland Area Indian Health Board.

Regional performance management centers for excellence staff and Northwest Portland Area Indian Health Board staff continue to hold regular phone calls to share information, share evaluation data, and support each others' efforts to leverage grant funding. The centers for excellence also assist tribes with performance management needs.

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Public Health Emergency Preparedness and Response

The Washington State Department of Health's Public Health Emergency Preparedness and Response program offers federal grant funding to the state's 29 federally recognized tribes. This funding is intended to help the tribes build health care and public health emergency response capabilities in their communities. The program works with the Northwest Portland Area Indian Health Board, the American Indian Health Commission, and the Northwest Tribal Emergency Management Council, to develop a comprehensive planning approach for the tribes. This partnership has led to work that is nationally recognized for excellence.

Regional Healthcare Coalition

Health care coalitions are regional partnerships that work to improve our ability to meet the expected dramatic increase in demand for medical care during a major health emergency. Health care coalitions include representatives of hospitals, public health agencies, tribal health clinics, health care providers, emergency medical services, home health care, long-term care, mental health, and emergency management. The Department of Health continues to promote tribal participation in regional coalition meetings.

Tribal Public Health Preparedness Conference

The 2013 Tribal Public Health Emergency Preparedness Conference will be held June 26-27 near Spokane, Washington. In the past couple of years the conference combined tribal emergency management and public health topics. Feedback from the previous conference indicated a desire to focus specifically on public health emergency preparedness issues, in light of the fact that many emergency management-related trainings and conferences already exist.

Most presentations and sessions will be conducted by tribes; the popular fireside chat with state health leaders from Washington and Oregon will again kick-off the conference. The planning committee is an example of strong multi-agency coordination and includes representatives from the Northwest Portland Area Indian Health Board, the American Indian Health Commission, the Northwest Center for Public Health Practice, various tribes, and the Department of Health.

Strategic National Stockpile Workgroup

During the 2011 Strategic National Stockpile (SNS) Summit, it was determined that a workgroup is needed to provide a means of direct contact between tribes and the CDC. The workgroup consists of tribal members, state and local public health planners, Association of State and Territorial Health Officers, and the CDC Divisions of Strategic National Stockpile and the Division of State and Local Readiness. The workgroup provides another means of contact between CDC and the tribes, enhances communication and collaboration between tribes, provides a forum for guidance and input, and strengthens tribal-state-local relationships to improve public health preparedness; this includes planning for a medical countermeasure response. Although Washington state is not a member of this group, we are monitoring progress to track valuable gains in addressing SNS supply issues that surfaced during the H1N1 event.

Public Health Video Conferencing Network

The need for improved communication capability among tribes, local health agencies, and the Department of Health was identified during the H1N1 (swine flu) pandemic. The agency's Public Health Video Conferencing Network project continues to grow in training and use among tribes. In March 2013 the Department of Health collaborated with the American Indian Health

Commission to facilitate a video conference that connected 20 of the 29 tribes within Washington's borders – the largest tribal participation on the system yet.

Video conferences enable participants to easily, virtually meet face-to-face and significantly reduce travel expenses. This new communication tool allows for simultaneous video conference meetings with agency senior management, the Assessment Response Team, Incident Command, and the state health department's Agency Coordination Center. Tribes are able to communicate with other tribal and public health partners more efficiently in an emergency that affects the health of tribal members and the people of Washington. Department of Health staff and local and tribal health staff members can use the video conferencing resources for planning and training sessions throughout the year, and the Department of Health provides technical assistance with the network.

WASABE Exercise

The Department of Health conducted the Washington State Annual Biological Exercise (WASABE) 2013 with Public Health Emergency Preparedness and Response Region IV. The exercise tested local, regional, state, and federal response to a bioterrorism incident in Southwest Washington and the Portland metro area. The Cowlitz Tribe, which serves on the Region 4 Public Health Governing Council, participated and supported many of the exercise activities. Region 4 covers Clark, Cowlitz, Skamania, and Wahkiakum counties; the Cowlitz Tribe has facilities in both Clark and Cowlitz counties.

American Indian Health Commission Contract Work – “Cluster Meetings”

The state Department of Health has worked with tribes in the past to develop a standard scope of work for all 29 tribes within Washington's borders. The scope of work identifies preparedness activities that tribes can use the federal preparedness investment for, without being so specific as to limit their priority work. This grant year we contracted with the American Indian Health Commission to conduct a series of “cluster” meetings around the state, with groups of 3-6 tribes. This project looked at each tribe as unique, at different stages in health care and public health emergency preparedness planning, and was designed with three primary objectives:

1. An overview to inform tribes of health care and public health emergency preparedness capabilities; show them how their priorities align; and help them access federal funding;
2. To give tribes and the state a chance to review emergency fund allocation formulas;
3. To establish each tribe's unique needs and develop community-specific statements of work for 2013-14 Public Health Emergency Preparedness and Response contract.

Next year's contracts are in development, using information tribes provided at these meetings about their preparedness gaps and priorities.

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II. Division of Disease Control and Health Statistics

The Disease Control and Health Statistics Division provides high-quality health information, vital records, assessment services, infectious disease prevention, HIV client services, and communicable disease investigations. The division's Public Health Laboratories provide diagnostic and analytical services for assessment and monitoring of infectious, communicable, genetic, and chronic diseases, as well as environmental health concerns.

The division provides data to support studies done at the Northwest Portland Area Indian Health Board Tribal Epidemiology Center. The Center for Health Statistics works with tribal enrollment officials in Washington and throughout the country regarding birth and death certificates.

Tuberculosis Control

In the past, tuberculosis (TB) disproportionately affected American Indians throughout the United States. Preliminary data places the national rate of TB among American Indians at 5.3 cases per 100,000, compared with 3.4 cases per 100,000 among all people for the same year. The data also showed the TB incidence rate in Washington was 3.4 per 100,000 cases among American Indians compared to 3.0 per 100,000 among all people in Washington.

The state health department set a goal of reducing the TB incidence rate among Washington's American Indian population from 18.4 cases per 100,000 to 4.0 per 100,000 between 2004 and 2009. With collaboration from tribes across the state, the TB Program achieved this goal.

The TB program continues to help develop culturally competent educational materials to fit the needs of the American Indian population. The program's medical consultants, nurse consultants, health educators, and TB website are available for up-to-date tuberculosis information.

Working with the Northwest Portland Area Indian Health Board, American Indian Health Commission, Indian Health Services, tribal health centers, local public health agencies, and others, the agency will:

- Maintain established partnerships with Washington tribes.
- Ensure that Centers for Disease Control and Prevention guidelines for preventing and controlling TB are implemented.
- Identify the most effective methods of delivering and distributing TB information to Indian Health Services, tribal, and urban health program practitioners.

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III. Division of Prevention and Community Health

Office of Healthy Communities

The Office of Healthy Communities was formed in July 2011 prompted by a governor’s directive, health care reform, and increased focus on preventing disease at earlier stages of life through the life course approach. The goal of the office is to “increase the number of people who are healthy at every stage of life.”

Many factors contribute to chronic disease, and may start early in life. These include being overweight before and during pregnancy, choosing not to breastfeed, and childhood obesity. Chronic diseases such as cancer, heart disease, and diabetes are the leading cause of disability and death in Washington. Most can be prevented or managed by supporting people where they live, learn, work, and play.

Our strategy to achieve this is the “Healthy Communities Washington – Healthy People in Healthy Places” initiative. To improve the health of people, the office uses a set of key comprehensive tactics across the life course; these tactics reinforce each other. We work to affect the health care system and community-based prevention strategies to assure communities make the healthy choice the easy choice.

We use creative funding strategies by pooling money from various programs and directing it to:

- Local health agencies.
- The American Indian Health Commission.
- South Puget Intertribal Planning Agency.
- Northwest Portland Area Indian Health Board.
- Seattle Indian Health Board.
- Direct services to tribal clinics either operated or subcontracted by a tribe.

These resources are used to deter tobacco use, physical inactivity, unhealthy eating, and to promote clinical preventive care by changing policies, environments, and systems. Healthy Communities projects throughout the state bring together government, businesses, unions, schools, and health care agencies. Currently, there are Healthy Communities projects in all but two counties in the state. In addition, we fund the American Indian Health Commission to help address maternal and infant health, poor health outcomes, and prevent chronic disease on behalf of the 29 tribes in Washington.

The commission is a member of the Community Transformation Grant statewide leadership team and represents Washington tribes and Urban Indian programs.

Access, Systems and Coordination

Maternal and Child Health

We work with the American Indian Health Commission for Washington to improve Native American maternal and infant health and reduce infant mortality. The commission’s Tribal Maternal Infant Health Strategic Plan documents poor infant health outcomes and identifies proven and promising strategies to improve them. The commission created this plan with support from the Office of Maternal and Child Health; the Women, Infants, and Children Program; and

others. Since that time we have supported the commission's work to put this plan into action. This work has increased awareness of infant mortality among tribes and Native American organizations; as a result, more tribes seek information and assistance.

A former tribal health director leads this work at the commission. She understands the work of tribal health programs, the tools available to them, and the challenges they face. Her work includes researching and identifying strategies and resources, sharing information with tribal health staff and other partners, and leading a maternal-infant health workgroup for information sharing and collective work. She has already completed site visits to about half of the state's tribes. Participants learn about strategies tribes can adopt to improve infant health. Tribal health leaders have been enthusiastic about these visits and receptive to the message.

Other access, systems, and coordination projects try to help improve the health of pregnant women, new parents, and children. American Indian/Alaska Native women and families have participated in programs designed for them to:

- Improve the health of pregnant women and new mothers by connecting them to resources and information like an ad campaign on public buses and text4baby, a free mobile information service that sends health text-messages to pregnant women and new moms for up to a year. In communities with higher Native American populations, the bus ads used images created for and tested with Native Americans.
- Enhance parenting skills to prevent child abuse and improve child safety. Yakama Tribal child care centers' staff attended a Project LAUNCH (Linking Actions of Unmet Needs in Children's Health) child development workshop. This training helped improve care and increase awareness of developmental delays.
- Improve services for pregnant and parenting teens and reduce domestic violence toward pregnant and newly parenting teens and women. In some communities, tribal representatives provided input for support services for pregnant and parenting teens. They also consulted on projects to pilot guidelines for legal, social, and health service professionals dealing with reproductive coercion.
- Develop an evidence-based home visiting system. We continue to partner with the Washington Departments of Early Learning and Social and Health Services and the non-profit Thrive by Five Washington to implement home visits to improve services in select at-risk communities. Some of these communities include tribal members.
- We are creating a new an infant safe sleep campaign targeted to a number of specific audiences including Native Americans/Alaska Natives.

Breast, Cervical and Colon Health Program

The Breast, Cervical, and Colon Health Program's prime contractors subcontract with tribal organizations to ensure that qualifying Native American/Alaska Native clients receive screening and diagnostic services for breast, cervical, and colon cancers. One of our challenges remains reaching people in these groups and getting them enrolled and screened. Our upcoming 10th Annual Partner Training Institute scheduled for September 2013 has sessions planned to focus on reaching Native American women for preventive screenings. Native American/Alaska Native partners will be invited to attend.

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Community Based Prevention

We work with the American Indian Health Commission to reduce chronic disease among American Indians/Alaska Natives in Washington. The Tobacco Prevention and Control and Healthy Eating Active Living programs fund this work, which supports the American Indian Health Commission's Maternal and Infant Health Strategic Plan.

The commission is creating a tribal/urban Indian healthy communities framework that is culturally appropriate. It focuses on access to healthy foods, physical activity, emotional wellness, and commercial tobacco-free environments. This framework can be adapted to meet the needs of tribes and urban Indian communities. The commission will provide tools and training for this framework. It will pilot the framework with interested tribes/urban Indian communities over the next year.

This work will help tribes and urban Indian communities build capacity to improve the health of Native Americans and Alaska Natives through policy, environment, and systems change. The commission will provide technical assistance for all tribes and urban Indian health programs working to create healthier communities. It will also be a consultant to the department.

We are also working with four tribal health clinics to support breastfeeding. These clinics are developing policies and systems to improve breastfeeding success for mothers and babies after they leave the hospital. The health clinics are training staff to promote breastfeeding.

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Practice Improvement

The department coordinates programs that build and support partnerships across health care delivery systems, public health, and health financing. The intention is to improve quality care, patient outcomes, and affordable health care. These programs look for opportunities for behavioral change and chronic disease self-management programs.

Asthma Program

The Asthma Program's tribal home visiting work uses tribal health care structures to promote home visits, reinforce disease management skills and address environmental triggers. The goal is for the level of asthma control and quality of life for patients to improve, while the number of hospitalizations, emergency room, and clinic visits goes down.

The current program with the Seattle Indian Health Board is for patients diagnosed with moderate to severe asthma. Three visits are performed in the home by trained clinical staff over two to three months to help identify and remove asthma triggers and provide expanded chronic disease self-management education for asthma patients and their families. Training and technical assistance on a wide variety of asthma related topics are available to all Washington Tribes and American Indian-based health clinics at no cost.

Heart Disease, Stroke and Diabetes Program

American Indians are at high risk of disability and death from heart disease, stroke, and diabetes. Our program focuses on preventing type 2 diabetes and high blood pressure. It also helps manage high blood pressure, diabetes, and overall cardiovascular disease risk. The program provides staffing and funding to promote projects that connect Washington's tribes to local resources. One of these programs is the Diabetes Prevention Program. Another is the Chronic Disease Self-Management Program — a proven, cost-effective way to improve health and reduce costs.

The Department of Health and the Department of Social and Health Services work together to promote community-based Chronic Disease Self-Management Programming. Our current grant funds the Wisdom Warrior Initiative for tribal and non-tribal staff members. This incorporates Chronic Disease Self-Management Programming into a culturally appropriate context. After completing the programming, elders from tribes continue to meet on a monthly basis. The goal is to spread Wisdom Warriors beyond the current seven tribes in Northwest Washington that have implemented the initiative to date.

The majority of funding now goes to Area Agencies on Aging, including the Colville Confederated Tribes and Yakama Nation. Training specifically for lay leaders serving tribes statewide took place in early April. Non-tribal Olympia Area Agencies on Aging staff recently met with providers and staff members from the Wellness Center at the Makah Tribal Center and discussed opportunities to enhance current Chronic Disease Self-Management Programming offerings and to promote the Wisdom Warriors Initiative. A Yakama Nation Area Agencies on Aging nurse is the first Master Trainer for the Yakama Nation.

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Partnership, Planning, Policy, and Operations

The Department of Health works with the Washington CARES (Community Action, Research, and Evidence-based Systems) About Cancer Partnership to reduce the burden of cancer. This work receives funding from the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program.

The partnership is a group of organizations and individuals working to address priorities within the Washington State Comprehensive Cancer Control Plan.

We collaborate with Washington Tribes in several ways:

- The Washington State Cancer Registry provides incidence data to the South Puget Intertribal Planning Agency's Comprehensive Cancer Control Program.
- The state Comprehensive Cancer Control Program manager is on the South Puget Intertribal Planning Agency's Comprehensive Cancer Control Project Advisory Board.
- Staff from the Cancer Prevention and Control Program participate in the Northwest Portland Area Indian Health Board's Northwest Tribal Cancer Coalition quarterly meetings.
- Staff from South Puget Intertribal Planning Agency participates in the Survivorship Taskforce of the state's Comprehensive Cancer Control Program.

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Surveillance and Evaluation

Pregnancy Risk Assessment Monitoring System (PRAMS)

We continue looking for ways to improve data collection and sharing with tribes. The Northwest Portland Area Indian Health Board and the Seattle Urban Indian Health Institute have developed culturally appropriate brochures and posters about Pregnancy Risk Assessment Monitoring System (PRAMS) participation to distribute to tribal communities. Ongoing communication and collaboration with tribal groups continues to look for ways to increase response rates. The board and the institute have representatives on the Pregnancy Risk Assessment Monitoring System Coordinating Committee.

Tribal representatives continue to work with agency analysts on additional projects and current data-sharing agreements.

The Centers for Disease Control and Prevention published findings showing American Indian/Alaska Natives had a 2009 H1N1 influenza death rate four times higher than all races combined. Pregnant and postpartum women and infants are at increased risk of severe complications from both seasonal and H1N1 influenza. Given this significant increased risk, it is

imperative to understand pregnant American Indian/Alaska Native women's access to and perceptions of vaccination for seasonal and H1N1 influenza.

The Pregnancy Risk Assessment Monitoring System program received a federal grant enhancement in May 2011 that provides resources for a partnership with the American Indian Health Commission and Tribal Epidemiology Centers in Washington. Activities have included:

- Creation of a Tribal Flu Steering Committee.
- Working with the American Indian Health Commission and Tribal Flu Steering Committee on analysis and distribution of plans to address Washington tribal priorities for immunizations and pregnant women.
- Identifying measures to improve response rates and analyzing and presenting available weighted American Indian Pregnancy Risk Assessment Monitoring System data to the Tribal Flu Steering Committee to help address maternal and child health priorities.
- Developing a joint letter sent through the Northwest Portland Area Indian Health Board and Urban Indian Health Institute encouraging American Indian/Alaska Native women to return the Pregnancy Risk Assessment Monitoring System survey to help communities plan for maternal and child health programs.
- The second year of the Pregnancy Risk Assessment Monitoring System Tribal Flu Outreach grant began in May 2012.

Although the grant that supports this work ended on April 30, 2013, we have applied for a two-year fellowship to continue this work.

The Maternal and Infant Health Strategic Plan calls for a data coordinating committee co-hosted by the American Indian Health Commission and department staff. This need goes beyond maternal and infant issues. The Surveillance and Evaluation Section works with the commission, board, institute, and tribal staff on joint data analysis projects ranging from maternal and infant health to healthy communities.

Cancer Registry

The Washington State Cancer Registry collects case information on all newly diagnosed cancers. The information collected includes patient demographics such as residence at diagnosis, origin and type of cancer, degree of spread at diagnosis, and treatment information. The Cancer Registry links to other data files to update and correct case reports, including with data from the Indian Health Service, Northwest Portland Area Indian Health Board, and the South Puget Intertribal Planning Agency. The registry is uniquely able to provide valuable information for public health planning and for medical and scientific research. It publishes an annual statistical report that describes the trend of cancer incidence within Washington residents overall and by several variables that include county, gender, and race. It can also provide data to organizations and researchers to support their work to reduce the burden of cancer on Washington residents.

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Office of Nutrition Services

The Office of Nutrition Services creates opportunities for people with limited resources to make healthy nutrition choices. Programs work to improve the life-long nutrition and health of low-income individuals and families through nutrition education, breastfeeding promotion and support, and increased access to healthy foods.

Women, Infants, and Children (WIC) Nutrition Program

The department shares the concerns of tribal leaders about health disparities among members and in particular, the high infant mortality rates among American Indian/Alaska Native children. For more than 20 years, we have worked to ensure WIC nutrition services are available to tribal members through tribal organizations and/or where they live. Our goal is to eliminate barriers for young families by providing culturally appropriate WIC nutrition services and referrals for preventive health care.

- The WIC Nutrition Program contracts with 14 Washington tribes to provide WIC nutrition services to tribal members. Twenty-two tribes receive services through intergovernmental agreements with the Department of Health, through another tribe's intergovernmental agreement, through a local health agency, or through a tribally-chartered intergovernmental agency. The department also contracts with the Seattle Indian Health Board to provide WIC services to the urban American Indian population living in the Puget Sound area.
- The WIC Nutrition Program collaborates with the American Indian Health Commission to identify barriers to WIC participation among American Indian/Alaska Native (AI/AN) pregnant women and their children. Together we are working to develop tribally-driven strategies to enhance WIC services to the tribes and urban Indian health organizations. The tribally-driven process is crucial to this work because it provides a safe environment for tribes to create their own solutions and ensure success. This collaboration is in direct response to concerns over high infant mortality and morbidity among American Indian/Alaska Native infants.
- In 2011, tribal leaders adopted the American Indian Health Commission's "Healthy Communities: A Tribal Maternal and Infant Health Strategic Plan." They directed the commission to design and implement strategies to begin addressing maternal and infant health disparities in tribal communities. The value of increasing and supporting breastfeeding was of high interest to the leaders. Washington WIC uses a grant from the U.S. Department of Agriculture Breastfeeding Peer Counseling Program to train former WIC participants who have experience breastfeeding on the "Loving Support" peer-counseling model. These peer counselors work with local WIC clinics and are available to help new breastfeeding moms start and maintain breastfeeding. Colville Confederated Tribes and Puyallup Tribal Health Authority were the first tribes to receive funding to implement this program. Four tribal WIC programs have funding for the Breastfeeding Peer Counseling Program. Many of the tribal WIC programs do not participate in the program because of limited staff and/or access to resources to meet the program's

requirements. We will work with the tribes to develop tribally-driven strategies to help breastfeeding promotion and Breastfeeding Peer Counseling Program work in tribal communities.

- The WIC Nutrition Program continues to collaborate with the American Indian Health Commission on its Maternal Health Strategic Plan recommendations. There are several examples of WIC's continued commitment to this work:
 - The plan recommended the commission receive funding to hire WIC staff. Instead, with consensus of the commission, WIC assigned a program staff person who had helped develop the strategic plan to work part time with the commission on WIC program issues.
 - The agency's Breastfeeding Peer Counseling Program staff includes an individual with specific experience working with tribes.
 - Program staff actively supports the American Indian Health Commission's Maternal-Infant Health Workgroup in planning the implementation phase of the strategic plan's recommendations.
 - A program staff is a member of the commission's Tribal Pregnancy Risk Assessment Management System (PRAMS) Flu Steering Committee. With WIC's participation in the steering committee, we can offer our perspective and technical assistance on outreach and serving pregnant women. In addition, WIC will partner with the commission to help with the distribution of the commission-developed flu postcard for American Indian/Alaska Native pregnant women to share with their health care provider on getting the flu shot.
- Washington WIC received a U.S. Department of Agriculture Revitalizing Quality Nutrition Services grant to support community projects to increase consumption of fruits and vegetables. The Suquamish Tribe's WIC program received more than \$8,600 from the grant to implement a project to help WIC families increase fruits and vegetables in their diets. Suquamish Tribal WIC Program staff shared that the most important outcome of their project was introducing WIC families to fresh produce, cooking skills, and improved nutrition. They found in the final project evaluation that WIC families increased their intake of fresh fruits and vegetables after attending the classes and used the recipes from the classes at home. They discovered from the project that clients learn a great deal from each other, and providing childcare helps clients who otherwise may not have participated.

Supplemental Nutrition Assistance Program Education (SNAP-Ed)

- SNAP-Ed's goal is to improve the likelihood that persons eligible for SNAP (in Washington called "Basic Food") will make healthy food choices within a limited budget and choose physically active lifestyles consistent with the current *Dietary Guidelines for Americans*. The Department of Health provides SNAP-Ed by working with local communities, agencies, and tribes to develop nutrition and physical activity projects that will create behavior change.
- No tribes provided SNAP-Ed services this year. This is due to many reasons including a federal funding cap that limits funding to local communities and increased federal reporting requirements. These requirements have proven to be burdensome to most tribes.
- To improve the likelihood that more tribes will provide SNAP-Ed in the future, we are working to resolve some of these issues. First, we purchased and implemented a new electronic software system that we hope will alleviate the burden of program reporting. Second, we're talking with tribes to understand better what kind of projects would be most

cost effective for them to provide and be most beneficial to their tribal members. Based on initial conversations, we have found some tribes interested in providing SNAP-Ed services again. One tribe plans to develop a project in 2014 that will include working with their tribal medical clinic.

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Office of Immunization and Child Profile

The American Indian Health Commission and tribal partners want to improve immunization rates for tribal communities. Addressing immunization needs of the American Indian/Alaska Native population in a culturally appropriate and effective way is a crucial tribal health strategy. In 2012, the American Indian Health Commission reconvened its Tribal Health Immunization Workgroup to continue addressing tribal immunization health needs and strategies. Our Office of Immunization and Child Profile provided technical assistance to the workgroup and participated in tribal health immunization planning, assessment of tribal health care workers beliefs and practices, and tribal health clinics health care worker immunization policies.

The Tribal Health Immunization Workgroup activities were compiled into a Ten Year Continuum presented at the Tribal Leaders Health Summit December 2012 as a model for tribal-state collaboration work addressing immunizations as a priority health disparity through a tribally driven process. Studies continue to show that American Indians and Alaska Natives are among populations most affected by illnesses that are prevented by immunizations. The current collaborative work of addressing the needs of health care worker immunization will address health disparities by focusing on the workgroup recommendations identified from the THIW Ten Year Continuum body of work, which includes vaccine hesitancy among tribal healthcare workers.

The Immunization and Child Profile staff partnered with tribes to provide technical assistance and served on the Tribal Maternal-Infant Health workgroup addressing the tribal maternal-infant health strategic plan, which includes a section on tribal immunization. Program staff also served on a tribal/urban steering committee working on increasing American Indian /Alaska Native response rates to the Pregnancy Risk Assessment Monitoring System.

We will work with American Indian Health Commission to provide technical assistance to tribes and tribal health clinics on addressing immunization barriers, increasing the availability of vaccines for tribal health care workers, and improving use of a tribal immunization information system and/or Washington State Immunization Information System to support health care worker vaccination.

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IV. Environmental Public Health

Shellfish Program

The Shellfish Program partners with the treaty tribes on shellfish sanitation issues. Tribes routinely work with the Shellfish Program to monitor shellfish growing areas and to share water quality and pollution source information.

We're working with the Nisqually Tribe on a Puget Sound Scientific Studies grant awarded by Region 10 of the U.S. Environmental Protection Agency. This three-year project will evaluate the potential for restoring shellfish harvest to a study area stretching from Sunset Beach (just north of Chambers Creek) south to the Sequelitchew Creek near the Nisqually Delta. In 2012 we performed a dye study at the Chambers Creek Wastewater Treatment Plant to determine the direction and dispersion rates of outfall flows. Interpretation and modeling of the results are ongoing. Another dye study is planned for Joint Base Lewis McChord plant in 2013.

In 2012 we issued 48 tribal shellfish licenses to tribes and individual companies owned by tribal members. Tribes licensed as "harvesters" were the Lower Elwha Klallam, Muckleshoot, Nisqually, Port Gamble S'Klallam, Puyallup, Squaxin Island, and Tulalip Tribes. Those licensed as interstate "shellstock shippers" were the Jamestown S'Klallam Tribe, Lummi Indian Business Council, Skokomish Tribe, Suquamish Tribe, Swinomish Indian Tribal Community, and Upper Skagit Indian Tribe. The Quinault Indian Nation was licensed as a "shucker-packer." Thirty-four individual tribal operations, owned and operated by tribal members, received shellfish operation certificates of approval.

The federal National Estuary Program provides grant funds to our Office of Shellfish and Water Protection to manage pathogen sources, protect and restore shellfish beds, and reduce disease in Puget Sound. In 2012, we awarded funds to help local communities set up and implement Pollution Identification and Correction (PIC) programs in several areas of Puget Sound. We worked with the Northwest Indian Fishery Commission to identify how to structure PIC programs to protect tribal shellfish resources and used input from Tribes in development of our pathogen grant work plans. Tribes participate directly in the following PIC programs:

- Skokomish and Port Gamble S'Klallam Tribes participate in a multi-agency planning group for developing a PIC program in Hood Canal.
- The Squaxin Tribe conducts water quality monitoring and participates on the steering committee for PIC work in Mason County.
- The Lummi and Nooksack Tribes participate on the Whatcom Clean Water steering committee, which oversees PIC programs in the lower Nooksack and Drayton Harbor drainages.

- The Puyallup and Squaxin Tribes participated with Pierce County to develop a strategic PIC plan for the Key Peninsula.

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Site Assessments and Toxicology Programs

The Site Assessments and Toxicology Programs work to protect Washington residents from overexposure to environmental contaminants. We evaluate environmental data, conduct scientific analyses, develop recommendations for protecting public health, and implement protective strategies through education and outreach.

Tribes emphasize the need to consider tribal fish and shellfish consumption rates in health assessments for fish and shellfish. They also want to decrease or eliminate contaminants in fish by reducing pollution sources. Our Toxicology Program supports initiatives of the state Department of Ecology and work by the Puget Sound Partnership to reduce or eliminate persistent contaminants that build up in fish and people. We work to increase collaboration with tribes to provide sound health advice on fish consumption and shellfish harvesting.

Persistent bioaccumulative toxins such as mercury, arsenic, perfluorinated compounds, polychlorinated biphenyls, and flame-retardant chemicals such as polybrominated diphenyl ethers are global pollutants and are a national concern. These chemicals accumulate in fish and shellfish; people can be exposed to these chemicals when eating fish and shellfish. Persistent bioaccumulative toxins have been linked to many health problems, including birth defects, reproductive failure, cancer, and learning and behavioral problems in young children. We assess exposure to these toxic compounds to provide advice to the public on how to minimize exposure while retaining fish as part of a healthy diet.

Our fish consumption advisories are important to Native Americans who historically eat more fish than other groups. Last year we updated two advisories: the Upper Columbia and the Pend Oreille Rivers. These water bodies are important to tribal fisheries.

We continue to support Ecology's development of statewide fish consumption rates. The new fish consumption rates will be used to establish revised wastewater discharge standards that meet the requirements defined under the Federal Clean Water Act. This support builds on the work done by our toxicology staff with the Oregon Department of Environmental Quality, the U.S. Environmental Protection Agency, and the Confederated Tribes of the Umatilla Indian Reservation to change Oregon's fish consumption rate guidance. The new fish consumption rates, based in large part on tribal consumption surveys conducted in Washington will result in improved health benefits for tribal communities that rely on fish as part of their diet.

The Site Assessments Program continues to provide assistance to tribes in developing shellfish sampling plans and evaluating the results for potential health risks. We also work with Ecology and tribes to evaluate potential health concerns from nearby hazardous waste sites near Puget Sound shellfish harvesting areas (e.g. Port Gamble, Chambers Creek, McNeil Island, Burley Lagoon, and Penn Cove). The tribes use these health assessment results to provide health messages for tribal members who commercially and ceremonially harvest shellfish at or near these areas.

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Office of Radiation Protection

Dawn Mining Company

The Office of Radiation Protection holds regular meetings 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 upcoming closure activities at the mill site. The meetings offer a forum for tribal members to ask questions and comment on proposals for the facility.

Commercial Low-Level Radioactive Waste Disposal Facility

A committee was established to explore adding more groundwater monitoring wells at the Commercial Low-Level Radioactive Waste Disposal Facility near Richland. Our staff is joined on the committee by representatives of the Confederated Tribes of the Umatilla Indian Reservation, the Nez Perce Tribe, and the Department of Ecology. The committee reviewed current conditions at the facility and the existing groundwater monitoring network, and then made recommendations that will be factored-in to the review of the application to relicense the facility. Based upon these recommendations, the facility operator will install three new groundwater monitoring wells in the second quarter of 2013.

Japan Tsunami Debris

Office of Radiation Protection staff participated in meetings led by the states Emergency Management Division with tribal council members and staff from the Makah, Quileute, Quinault, Lower Elwha Klallam, Hoh, and Shoalwater Bay tribes about the expected arrival of the Japan tsunami debris. Discussions included monitoring we conducted immediately after the earthquake and tsunami in Japan.

The Makah and Quileute tribes asked us about installing air-monitoring equipment on tribal lands. We assured them that we can quickly support tribal communities during an emergency with air sampling. There wasn't a need to do that for this event.

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V. Health Systems Quality Assurance

Office of Community Health Systems (Rural Health)

American Indian Health Care Delivery Plan/American Indian Health Commission

The Department of Health contract with the American Indian Health Commission for the 2013-2015 biennium focuses on:

- Developing and carrying out implementation strategies to improve health services for American Indians/Alaska Natives.
- Increasing communication and problem-solving between Washington and tribal leaders.
- Bringing together tribes and state representatives to improve health care for American Indians/Alaska Natives.
- Supporting efforts of the American Indian Health Commission to become self-sustaining.

Funding to the commission will help support the Tribal Leaders Health Summit in the fall of 2014. The summit will bring together state and tribal leaders to address American Indian/Alaska Native health issues.

Technical Assistance in Recruiting Health Care Providers

Our program works with tribes throughout the state to recruit primary health care providers for tribal clinics. We've worked with the Snoqualmie and Tulalip tribal clinics to assure eligibility for National Health Service Corps placements. The National Health Service Corps is a loan repayment program for physicians and other health care providers willing to work in underserved communities.

Assistance in recruiting health care providers is provided throughout the year. Information about candidates such as primary care physicians, physician assistants, nurse practitioners, and dentists are shared when we know tribes are recruiting. In 2011 a family medicine physician was placed with the Puyallup Tribe and in 2013 a physician's assistant is being placed with the Seattle Indian Health Board. During 2013-2015, we will work with tribal human resource or recruitment staff to increase their understanding of health care recruitment and help tribes be more successful in meeting health care provider staffing needs.

Technical Assistance to Enhance Access to Health Care in Tribal Communities

We continue providing assistance to tribes in a number of areas. Tribes seeking to become federally qualified health care centers or that already have that status work closely with the

Primary Care Office. We also support tribal clinics interested in participating with National Health Service Corps clinicians. All training sponsored by the Office of Rural Health and the Primary Care Office are available to tribes. Projects that have been conducted with tribes in 2012-2013 include:

- Technical assistance to the Makah Nation regarding National Health Service Corps compliance, reimbursement issues, and recruitment for various professions, including medical, behavioral health, alternative practitioners, and leadership support.
- Lower Elwha Klallam and Jamestown S’Klallam involvement in a town hall meeting concerning health care access in Port Angeles.
- Technical assistance to the Tahoma Indian Center for urban American Indians in Tacoma. The center has produced a wellness video and provides services through its wellness clinic.
- Recruitment support for the Seattle Indian Health Board.
- Supporting tribal liaisons from other state agencies in networking with tribal leaders.

Emergency Medical Services and Trauma System

Technical Assistance for Trauma System Development

The state’s Emergency Medical Services and Trauma system is a continuum of care ranging 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 that received trauma fund grants in state fiscal year 2013 include:

- Neah Bay Ambulance.
- Spokane Tribal Ambulance Department.
- White Salmon Ambulance.

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VI. Washington State Board of Health

The state 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 nine of the 10 members to fill three-year terms. Secretary of Health John Wiesman or his designee is the tenth member of the board. The state Department of Health is required by statute to provide technical staff support. The department 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 a statewide action plan 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. In April 2011 Governor Chris Gregoire appointed Stephen Kutz of the Chehalis Indian Tribe to serve on the board.

One agency representative to the Interagency Council is 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 the American Indian Health Commission designate a tribal representative. William Frank, III, Vice Chair of the Nisqually Tribal Council, currently serves as the Tribal representative on the council. Jan Olmstead with the American Indian Health Commission serves as the alternate.

On September 22, 2011, Emma Medicine White Crow was reappointed as Council Chair.

State Action Plan for Health Disparities

In December 2012 the council submitted its updated State Policy Action Plan to Eliminate Health Disparities, focusing on behavioral health, environmental exposures and hazards, and poverty. The plan includes recommendations aimed at reducing health disparities by race/ethnicity and gender that state agencies can begin to implement within existing resources; American Indian/Alaska Natives are included. The plan updates a previous plan submitted in 2010 that focused on health care workforce diversity, health insurance coverage, education, obesity, and diabetes.

Outreach to Tribes

Since 2007 the Governor's Interagency Council on Health Disparities has managed a grant award from the federal Office of Minority Health to increase outreach to populations affected by health disparities. Over the years grant funds and activities have been used to support the Tribal Leaders Health Summit and to support the American Indian Health Commission with its work to create a strategic plan, including action steps to decrease disparities.

With the passage of Senate Bill 6175, "Establishing a Government-to-Government Relationship Between State Government and Federally Recognized Indian Tribes," the state Board of Health designated Christy Hoff, Health Policy Advisor for the Governor's Interagency Council on Health Disparities, to serve as the tribal liaison. Government-to-Government training will continue to be a requirement for all board staff and is included in the board's strategic plan. Hoff will work closely with Maria Gardipee, the Department of Health's Tribal Liaison and Multicultural Coordinator, to ensure the board implements policies to promote effective communication and collaboration with Tribal governments.

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