American Indian Health Commission

AIHC Mission: Improve the Overall Health of Indian People of WA State

Strategy: Advocacy, Policy and Programs to Advance Best Practices

HEALTHY TRIBAL AND URBAN INDIAN COMMUNITIES

Healthy Communities
Maternal Infant Health
Home Visiting
Woman, Infant, Children (WIC)
Pregnancy Risk Assessment Monitoring Systems (PRAMS)
Immunizations
Public Health Emergency Preparedness Response (PHEPR)

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health and Early Learning

Health Risk Factors
AIAN Health Disparities
Adverse Childhood Experiences
Historical and Intergenerational Trauma

Tribally and Urban Indian Driven
Culturally Appropriate and Community Specific

Leadership
Engagement
### Mission: Improve the Overall Health of Indian People

**Strategy:** Advocacy, Policy and Programs to Advance Best Practices

**Project:** Healthy Tribal/Urban Indian Communities

### Benefits/Goals
- Provides a culturally appropriate healthy communities framework for Tribal and Urban Indian Communities to take action to prevent and reduce chronic disease, and ultimately reduce health disparities
- Provides a framework that can be adapted to meet the needs of specific Tribal and Urban Indian Communities
- Builds capacity and competencies to prepare Tribes and Urban Indian Communities to be able to develop healthy communities initiatives using a policy, environment, and systems approach
- Builds capacity and competencies to be able apply for and access healthy communities funding within the state, private, and federal funding landscape

### Strategies/Activities
- T-U Leadership Advisory guides development of definition, vision, values, and framework
- Developed Competencies in Policy, Environmental and System (PES) Changes
- Provided webinars on Healthy Communities, Heal Eating and Active Living and Preventive Services in Patient-Centered Health Homes, Community and Clinical Linkages
- Identified promising practices and best practices from Indian Country
- Assessed readiness for PES; results to inform development
- Attended Evidence-based Public Health Institute; incorporate tools into framework
- Incorporate youth participation in planning

### Accomplishments/Key Findings
**Survey Report Key Findings:**
- 71% urgency to reduce chronic disease rates
- 83% fair to high knowledge of risk factors
- 90% indicate lack of PES training
- Needs include cultural framework, community change
- Many Tribes/Urban

**Accomplishments:**
- Framework-integrated model
- June 13 TLAC meeting w/ youth participation
- Matrix identifying goals, indicators, strategies
- Workshop on Healthy Eating Active Living-MIH Focus

### Next Steps
- Plan for 2013-2014 funding
- Plan for unveiling framework and providing training – September, 2013
- Seek funding to pilot Framework

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AIHC Mission: Improve the Overall Health of Indian People of WA State
Strategy: Advocacy, Policy and Programs to Advance Best Practices
Project: Tribal/Urban Indian MIC Home Visiting Project

Benefits/Goals
• Identify the needs and capacity in Tribal and Urban Indian communities for home visiting and other critical early learning services to support healthy development of American Indian and Alaska Native children and families.
• Develop culturally appropriate strategies and recommendations for developing and/or expanding quality or capacity of home visiting systems and local interventions; and
• Identify development priorities, funding and leveraging opportunities.

Strategies/Activities
• On going monthly T/U home visiting coalition meetings
• On going quarterly meeting with partners (state, federal and program partners and advocates)
• Tribal/Urban Indian forums to identify needs, gaps, barriers of program services and adaptations to current evidence-based models
• Develop a Q&A as an education tool
• Develop a questionnaire to gather basic information regarding status of program and needs
• Readiness Model

Accomplishments/Key Findings
Forums complete
Questionnaire complete
Convened day conference: a Day of Learning about Home Visiting-cultural resilience to historical, intergenerational trauma and adverse childhood experiences-May 29th

Next Steps
• Prepare report with recommendations for review by T-U Coalition and approval by AIHC at June 14 meeting
• Present recommendations to Bette Hyde, Director of Department of Early Learning
• Work with Thrive by Five; explore use of readiness model
• Collaborative Home Visiting work with MIH efforts
• Explore Family Spirit model

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**Benefits/Goals**
The overarching goal of this project is to decrease the severe maternal and infant health (MIH) disparities in American Indian and Alaska Native people in Washington State by fully implementing the AIHC “Healthy Communities-Tribal Maternal and Infant Health Strategic Plan” through MIH outreach and education with Tribes and UIO’s and collaboration and coordination with other AIHC initiatives and key partnerships.

**Strategies**
• The Maternal and Infant Health Work Group meets at least quarterly to discuss and develop strategies to meet MIH goals; the work group is comprised of Tribal and Urban Indian representatives, WA DOH and other partners, such as the NPAIHB, NAWDIM, SIHB, and the March of Dimes
• The MIH Work Group (Tribal and Urban Indian group) selected a project to help implement and sustain Tribal and UIO’s approaches to reduce MIH disparities. The project was approved by the AIHC delegates. The choice for 2013 was for Maternity Home Visiting
• The groundwork for this project has begun with meetings of AIHC consultants identifying common goals and activities and establishing the “crosswalks” between and among AIHC Public Health Projects

**Accomplishments/Key Findings**
• MIH Work Group selected a group project for 2013-Maternity Home Visiting, as a key strategy selected from the MIH Strategic Plan to reduce MIH disparities, working with, and supporting the current Home Visiting Committee

• Tribes and UIO’s are currently selecting and working on developing programs to reduce MIH disparities through a variety of strategies: Home Visiting, Healthy Communities work and community needs assessments, Immunization improvements, developing their own individual Tribal MIH Strategic Plan, improving Behavioral Health Services within their organization to address the needs of pregnant women, smoking cessation programs, breastfeeding education and support, WIC, and more.

**Next Steps**
• MIH Work Group to convene and commence work on selected work project-meeting to be scheduled mid June with presentation on “Home Visiting “ by Jan Olmstead
• Continue working with at least 7 Tribes to implement MIH strategies to reduce disparities, by providing outreach and education including data, clinical, and technical assistance as requested.
• Continue to research new and promising practices to reduce MIH disparities and share this information with membership through AIHC web site
**Benefits/Goals**

- Improve American Indian/Alaska Native (AI/AN) access to WIC services through a tribally-driven process to determine barriers and concerns.
- To further the goals of the WIC Program in the areas of food access, breastfeeding, health education and information & referral to other programs & services for the AI/AN population.
- To determine and advocate for culturally relevant and Tribal Community accessible programs and services.

**Strategies**

- Invite 5 – 10 representative Tribes to participate in the WIC Project.
- Schedule 3 visits per Tribe: an initial visit to meet with Tribal representatives to introduce the project and invite participation; a 2nd visit to conduct key informant interviews and focus groups with Tribal Leaders, Health Directors and Tribal WIC Coordinators, staff and clients; and a final visit to share the findings with Tribal Leaders & participants.
- Review outcomes and determine common themes/issues to present to AIHC and DOH leadership for prioritization.

**Accomplishments**

- Initial visits have been made to five Tribes and Tribal Organizations. All are interested in next steps to obtain approvals in order to participate.
- As a consultant to the American Indian Health Commission, I was one of 25 out of 200 nation-wide applicants selected to attend a Maternal Child Health Epidemiology training May 28 – June 1.

**Next Steps**

- Continue to schedule initial visits with Tribes.
- Finalize key informant survey and focus group questions.
- Conduct the 2nd visits with the Tribes who agree to participate.
- Continue to coordinate and collaborate with other AIHC initiatives such as MIH, Healthy Communities, Immunizations and Home Visiting.
- Analyze data.
- Present data.
Benefits/Goals
The goals for this project were: to increase PRAMS survey response from American Indian and Alaska Native women; to draft and carry out an outreach and education plan to improve pregnant AI/AN women’s flu immunization rates; to improve provider support and understanding of the importance of flu immunization for AI/AN pregnant women; to educate Tribes regarding the benefits of PRAMS data for program development and grant applications; and ultimately, to reduce morbidity and mortality rates from flu in pregnant AI/AN women and their infants.

Strategies-PRAMS Steering Committee
• Developed tribally driven, culturally appropriate outreach and education materials to improve flu immunization of pregnant AI/AN women.
• Work Group from the Steering Committee met and developed a postcard for pregnant women to take to their Providers advising them they need a flu shot, a poster for display in clinics to empower women to obtain the flu immunization, and a Provider Letter advising Providers why they should immunize pregnant AI/AN women.
• During MIH Tribal site visits, information provided for Tribes to utilize PRAMS data for grant applications to further MIH Strategic goals.

Accomplishments/Key Findings
• Tribal Outreach and Education Plan developed from identified WA Tribal “best practices”
• Joint Letter of Support from NPAIHB, SIHB, and AIHC developed and distributed with PRAMS surveys to increase PRAMS survey response rates from AI/AN women
• Tribes educated regarding the scope and importance of the PRAMS survey for grant applications and program development
• Culturally appropriate, tribally driven outreach materials developed and being distributed to increase flu immunization rates of pregnant women

Next Steps
• This grant successfully concluded on April 30, 2013.

Thank you all for your support—now let’s get those posters and post cards out to pregnant women and to Clinics to improve those flu immunization rates.
We must continue to advocate for women to respond to the PRAMS survey and continue to request access to our AI/AN WA PRAMS data.
Benefits/Goals

- Identify Tribally-driven strategies and best practices to address barriers and opportunities to improve Tribal/Urban Indian Clinic health care worker’s immunization rates
- Examine evidence based strategies to improve health care worker immunization rates
- Improve utilization of Tribal immunization information system such as RPMS and/or (previously Child Profile) Washington State Immunization Information System (WAIIS) to support Tribal healthcare worker vaccination
- Recommend policies and best practices for the future

Accomplishments/Key Findings

29% of the health care workers (respondents) never or sometimes do not get an annual flu shot:
  - 38% Concerned about side affects
  - 23% Employer did not require them to get vaccinated
22 health care workers of 87 did not get a flu shot last year.
12 of 13 have a health care worker immunization policy.
10 clinics have had staff decline recommended vaccines.
6 require signed proof of declined vaccine.
5 require health care staff to have proof of flu vaccine.
12 have a system to track health care worker vaccinations.
8 of 13 have a written policy of health care workers' immunizations procedure or practice.

Strategies/Activities

- Reconstituted Tribal Health Immunization Workgroup (THIW) to guide project
- Health Care Worker Hesitancy Project as issue in 2009-10
- Conducted survey, through Survey Monkey—September 18, 2012 to October 19, 2012
- 26 Clinics were asked to respond to the survey; 11 responded
- 89 Respondents to Part 1: Focus on Health Care Workers and Providers Individual Knowledge, Attitudes and Practices
- 13 Respondents to Part 2: Focus on Administrative Leadership Organizational Administrative Practices and Policies
- Input from AIHC delegates, tribal leaders, and THIW on project development and final recommendations

Next Steps

- Develop Report Presentation materials
  - Present to Tribes, Urbans, AIHC, NPAIHB and ATNI, etc.
- Identify funding to support recommendations
- Continue to convene THIW
- Establish a long-term work plan from the recommendations
- Develop a communication plan as part of the work plan
- Develop partnerships to support, plan and convene immunization summit
Benefits

* Tribes are able to self-determine their Scope of Work for the 2013 – 2014 PHEPR Contract with the Washington State Department of Health.

* Tribes have increased knowledge of the CDC and ASPR PHEPR Capabilities framework, and are better prepared to access CDC and ASPR funding.

* Tribes have the opportunity to contribute to the discussion on how DOH will distribute future funding for Public Health Emergency and Response.

Accomplishment

* Twenty-three (23) tribes have completed their self-determined scope of work for the 2013 – 2014 PHEPR contracts with DOH. Three more tribes have scheduled time to draft the SOWs by the end of June. This will be the first contract year when tribes self-determine their tribe-specific scopes of work.

Strategies/Activities

* Six regional workshops were held with groups of neighboring Tribes, October, November and December 2012.

* A report was provided on project progress and recommendations were documented at the Tribal Leaders Health Summit, December 21, 2012.

* A meeting was held on February 27, 2012, for Tribes and DOH to discuss recommendations and plan next steps.

* One individual site visit to a tribe was completed. An additional cluster meeting for 3 tribes is scheduled for 6/13/2013.

Summit Outcomes

* DOH and AIHC are developing a tool and process to assist Tribes in determining a vaccine distribution process for public health emergencies (such as epidemics) that is effective for each Tribe.

Next Steps

- Additional outreach and on-site visits to engage tribes that have not yet participated
- DOH-AIHC tool and process to develop effective vaccine distribution processes for public health emergencies (this process is independent of the Capabilities project)
- Seeking funding for vaccine and emergency supply distribution project
- Final Report for Tribally-Driven PHEPR Capabilities Planning Project
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Tribal and Urban Indian Driven

Engagement Plan Discussion

Initial Concept:
• Convene regional meetings
• Use a team approach
• Recruit AIHC delegates in each region to assist with coordination
• Present AIHC Public Health work, get feedback on projects, present findings, and reports
• Further link Tribal/Urban Indian needs and priorities to AIHC’s public health focus

• AIHC Website Update