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
Women, Infant, Children (WIC)
Pregnancy Risk Assessment Monitoring System (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

- Developed presentation on Evidence-based and promising practice.
- Presentation of Healthy Communities Framework to Director of Office of Healthy Communities and key staff
- Attended CDC’s Community Transformation Conference; attended meeting with Tribal Grantees across the country.
- Developed comprehensive matrix as a tool to support the framework.
- Successfully negotiated contract for 2013-14.
- Established linkages and partnerships in cross over work.
- Identified trainers for September workshop.
- Presented framework at Food Sovereignty Conference.

### Next Steps

- Present to AIHC for approval -September 13, 2013.
- Leadership Advisory Committee Meeting, September 2013 at Spokane NATIVE project: naming the framework, resolutions, sustainability planning, messaging,
- Enhance Tribal and Urban Indian Engagement plan.
- Establish information gather and publications workgroup.
- Seek funding to pilot Framework.
- Utilize components of framework
- Resolutions to support the framework, supporting framework, smokefree meeting places, and breastfeeding friendly policy presented at December meeting.

Contact: Jan Ward Olmstead
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**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**

Report and recommendations complete.
Distributed report to T-C MIECHV Coalition for feedback.
Presented to key staff at DEL approved for presentation to Bette Hyde.

**Next Steps**

- Present to AIHC – September 13, 2013 for approval.
- Oct 8th Present recommendations to Bette Hyde, Director of Department of Early Learning and Key Stakeholders
- Oct 8th Hosting Webinar with Family Spirit in partnership with MIH workgroup. Continue monthly and quarterly meetings.
- Implement Report Recommendations
- Develop engagement plan.

Contact: Jan Ward Olmstead
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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 convenes at least quarterly to discuss and develop strategies to meet MIH Strategic Plan 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 is assisting with the Home Visiting program as a MIH project. They are reviewing Home Visiting programs and will help to provide input, outreach, and education related to a Tribally driven Maternal and Child Health Home Visiting program
- The MIH consultant provides outreach, and technical assistance for any WA Tribe or Urban Indian organization wishing to commit time and effort to implementation of the MIH Strategic Plan

**Accomplishments/Key Findings**

- MIH Work Group met and discussed Maternal and Child Health Home Visiting. Jan Olmstead provided overview of work to date.
- Work Group reviewed Home Visiting models and provided valuable input regarding how the various models met or did not meet Tribal goals, customs, and culture
- Three more Tribal site visits have been made.
- MIH Consultants to participate in Tribal Health Fairs at Tribe’s request and as time allows to provide MIH outreach and education

**Next Steps**

- New MIH contract is effective as of October 1, 2013
- Final 2013 MIH contract reports will be submitted to DOH by September 30, 2013
- MIH Work Group will reconvene in October and continue to meet at least quarterly
- The MIH Work Group will participate in a webinar on a Native American Maternal and Child Health Home Visiting program “Family Spirit” in Early October, date and time to be announced
- The MIH Work Group will collaborate and provide additional support activities related to MCH Home Visiting
- The MIH consultant will continue to proved outreach to Tribes and UIO’s, convene the MIH Work Group meetings, and provide current MIH Information for the AIHC website and the Work Group
**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 7 Tribes/Tribal Organizations to date. All are interested in next steps to obtain approvals in order to participate.
- Attended the National Indian and Native American WIC Coalition [NINAW] Biennial meeting in Tulsa, OK. Hosted an informational table to share the MIH Strategic Plan, MIH Dear Provider cards and information on the American Indian Health Commission for Washington State. Networked with the NINAC President, the National WIC.

**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.

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

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

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

Thank you all for your support—now let’s get those posters and postcards 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

Strategies/Activities
- Reconvened 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

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.

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 have access to technical support and information to strengthen their communities’ preparedness to respond to public health emergencies.
* Tribes have access to technical support in completing and documenting activities related to DOH PHEPR contracts.
* Regional activities designed to support Tribes’ PHEPR efforts will be delivered in coordination with DOH Public Health Emergency Preparedness and Response Program, the University of Washington Northwest Center for Public Health Practice, the Northwest Portland Area Indian Health Board, the Northwest Tribal Emergency Management Council, Local Health Jurisdictions, and others.

Strategies/Activities
* Facilitate connectivity and information sharing regarding public health and medical emergency preparedness exercises, training opportunities, regional and health care coalition meetings, and other emergency preparedness response activities with tribal partners.
* Develop, publish, and maintain a Web presence for sharing emergency preparedness and response information.
* Coordinate activities with DOH PHEPR Program, the UW Northwest Center for Public Health Practice, the NPAIHB, the NWTEMC, Local Health Jurisdictions, and others.
* Assist in identifying needs to better prepare Tribal and Urban Indian communities
* Update emergency contact lists

Accomplishments
* Provided technical support to one Tribe in completing final report for 2012-2013 reporting.
* Participated in the Planning Committee for the 2013 Tribal Public Health Emergency Preparedness Conference
* Attended 2013 Tribal Public Health Emergency Preparedness Conference and Presented Conference Breakout Session: Strategies for Effective Vaccine Distribution to Tribes During Public Health Emergencies
* Attended 2013 10th Annual NWTEMC Emergency Management Conference and Presented at Breakout Session on: Lessons Learned Using Videoconferencing Technology
* Coordinated purchase of emergency vaccine distribution supplies for Tribes and Urban Indian Organizations

Next Steps
* Finalize 2013 – 2014 Contract with DOH
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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