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

Tribally and Urban Indian Driven
Culturally Appropriate and Community Specific

Maternal Infant Health Strategic Plan

In Partnership with WA State Departments of Health and Early Learning

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

6/12/2014
American Indian Health Commission

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Engagement Plan

Components

- Outreach/Education
- AIHC Brochure - DRAFT
- Expanded Use of Technology: Webinars, Conference Call and other options
- Link Tribal/Urban Indian Needs and Priorities to AIHC’s Public Health Focus
- Team Approach
- Contact AIHC Delegates as First Connection
- Present Public Health Work
- Feedback on Projects
- Present Results/Reports
- Site Visits/Regional Meetings/Summits

Website development

Partnership Northwest Indian College

- Institutional Review Board (Tobacco Assessment, etc.)
  - High Standard of Individual and Tribal Community Protection
- Discussion regarding support of Healthy Tribal and Urban Indian Communities Competencies
- Establish Data/Knowledge and Publications Workgroup (recruitment)

11-Dec-14
Mission: Improve the Overall Health of Indian People
Strategy: Advocacy, Policy and Programs to Advance Best Practices
Project: Healthy Communities: Pulling Together for Wellness (PTW)

Benefits/Goals
To provide a Tribally-Urban Indian driven, comprehensive and integrated prevention strategy to improve health status of AI/ANs
- It provides a culturally-based Healthy Communities framework to prevent and reduce chronic disease.
- It provides a framework that can be adapted to meet the needs of specific Tribal and Urban Indian Communities.
- It helps build the capacity and competencies to develop Healthy Communities’ initiatives using a policy, environment, and systems (PES) change approach.
- It helps to access Healthy Communities funding within the state, private, and federal funding landscape.

Next Steps
- Convene Leadership Advisory Committee; recruit youth membership--meeting in January.
- Provide technical assistance to Shoalwater Bay Tribe’s PTW team.
- Convene Digital Story training—Youth and Elders.
- Research federal grant funding opportunities for comprehensive PTW demonstration project.
- Finalize AIHC Brochure.
- Complete Tobacco Assessment.
- Further develop Pulling Together for Wellness Matrix (Outcome Indicators and Strategies) with a focus on moms and babies as a starting place.

Accomplishments/Key Findings
- Summit Youth Panel: Hearing our Future—the Voices of Youth.
- Pulling Together for Wellness Case Study.
- 2 federal grants were approved—not funded.
- Shoalwater Bay Tribe Multi-sector team; Community Assessment and Gathering.
- Presentation at National Conference on Immunizations and Health Coalitions.
- Included PTW in TESC Tribal MPA Health Policy curriculum.
- Included PTW in State DOH planning.
- Presented the PTW framework at DOH leadership retreat.
- Passed Resolutions to framework and grant application.
- Passed Resolution to Promoting Breastfeeding.
- Report Distributed at the Centennial Accord meeting.

Sustainability Strategies
- Continue to integrate PTW framework in current work.
- Mobilize support at the Tribal and State levels.
- Implement key components of PTW framework.
- Explore policy options specific to Commercial Tobacco.
- Implement strategies focused on commercial tobacco use, healthy eating, active living, emotional wellness, and prevention linkages.
- Engage Tribal leadership and youth in an advisory committee.
- Develop cultural resources with Tribal elders/traditional healers.
- Provide training and technical assistance in PTW and PES.
- Maintain DOH support for capacity building, engagement and technical assistance.
- Further develop the Pulling Together for Wellness Matrix (Outcome Indicators and Strategies).
- Enhanced partnership with NWIC Center for Health Excellence.
- Engagement with Tribes, Urban Programs, State and other partners.
- Seek opportunities to share framework in Tribal, State, Regional and National Forums.

Contact: Jan Ward Olmstead
Janolmstead@gmail.com
**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 women and infants in Washington State. We are working with Tribes and Urban Indian Organizations in WA to fully implement the AIHC “Healthy Communities-Tribal Maternal and Infant Health Strategic Plan” through AIHC and WA State DOH, DEL, and HCA collaborations and MIH outreach, technical assistance, and education. The success of this work depends on continued close collaboration and coordination with our other AIHC initiatives and key partnerships including Immunizations, Home Visiting, WIC, Emergency Preparedness, and Healthy Communities.

The benefit to Tribes is the reduction of AI/AN maternal and infant health disparities—promoting the health and wellbeing of current and future generations.

**Strategies/Activities**

- Convene Maternal and Infant Health Work Group quarterly, or meet jointly with the Home Visiting Work Group or Immunizations Work Group with a goal of at least 1-2 in person meetings
- Provide outreach and education on AI/AN Maternal and Infant Health Disparities related to the AIHC MIH Strategic Plan implementation
- Research emerging issues, best practices, and promising practices related to AI/AN Maternal and Infant Health Disparities
- Participate in meetings related to the MIH goals and strategies as requested by AIHC: Essentials for Childhood, CoIIN, etc
- Assist Tribes in planning strategies and programs addressing MIH disparities, ie, Home Visiting, Immunizations, developing their own MIH Strategic Plans, Teen Pregnancy Prevention, MIH assessments and more

**Accomplishments/Key Findings**

- Developed and submitted Position Papers on MIH, PRAMS, and Hepatitis C for AIHC Tribal and State Leaders Health Summit
- Participated in planning meetings for AIHC Summit
- Developed co-presentation on Healthy Communities/MIH work for Summit
- Assisted in development of AIHC Brochure highlighting public health disparities work
- Convened first quarterly MIH meeting for 2014-2015 -December 8th
- Participated in WA State CoIIN, Essentials for Childhood, and the Pregnancy Care Advisory Group for Safe Deliveries Road Map
- Submitted posts for AIHC website related to maternal and infant health disparities
- Collaborating with NPAIHB on AI/AN Teen Pregnancy education issues of mutual concern

**Next Steps**

- Continue to recruit new AI/AN members to MIH Work Group
- Continue to provide MIH technical support, outreach and education to Tribes and UIHO’s for projects that reduce MIH disparities
- Continue representation for AIHC addressing Results WA goal of decreasing low birth weight in AI/AN infants
- Continue to advocate for improved AI/AN MIH data and access to that data, including PRAMS and State Medicaid data
- Work with WA Hospital Association on Pre Term Birth prevention
- Identify MIH Work Group project recommendations for 2014-2015 for approval by AIHC delegates
- Plan for quarterly MIH Work Group meetings
- Develop MCH Block Grant recommendations to submit to DOH

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**AIHC Mission:** Improve the Overall Health of Indian People of Washington State

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

**Project:** Maternal and Infant Health

**Contact:** Marsha Crane  marsha.crane@yahoo.com  (360) 942-3300
Benefits/Goals

VISION: All Native Children Live Happy, Healthy Lives for Generations to Come.
MISSION: To promote the health and well-being of Native American families and children through culturally appropriate home visiting services.
• 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.
• Continue to work with Department of Early Learning to develop culturally appropriate Maternal Infant Early Childhood Home Visiting options for Tribal/Urbn Indian Communities in the state system.
• Add to the national collective pool of home visiting knowledge regarding Tribal/Urbn Home Visiting Practices.

Accomplishments/Key Findings

• Draft 2015 contract references the MIH Strategic Plan and MIH infrastructure building—assessment, planning and policy development.
• Summary included in Tribal and State Leaders Summit.
• 2015 Summit Planning underway. This year a planning committee will be established.
• Conducted a focus groups at Seattle Indian Health Board, Colville Tribe and Kalispel Tribe.
• Tribal-Urbn Indian HV project—$350,000 for 2-years, resulted from the AIHC Home Visiting Report and Recommendations.
• Presented at the Tribal Early Learning Conference.
• 1-day Home Visiting Summit in 2013 and 2014.
• Training for Resiliency to Historical and Intergeneration Trauma and protective factors that address Adverse Childhood Experiences.

Strategies/Activities

• Outreach to Tribes, Urban Programs and Early Learning Policy group.
• Collaborate with agencies and partners (state, federal and program partners and advocates) to support culturally appropriate home visiting.
• Convene meetings and webinars for training, sharing home visiting information and networking.
• Provide training opportunities to increase knowledge regarding resiliency to Historical and Intergeneration Trauma and strategies to address Adverse Childhood Experiences.
• Conduct focus groups to developing Tribal/Urbn Indian Inventory of practices, challenges, and culturally appropriate strategies.
• Plan one-day summit in collaboration with MIH Workgroup.
• Assist DEL in planning for culturally appropriate Tribal-Urbn Indian Home Visiting in state planning at state and regional level.

Next Steps

• Finalize 2015 Contract
• Recruit Tribal representatives to volunteer for the 2015 Summit planning committee-first meeting to be scheduled in January.
• 2015 Maternal Infant Health and Home Visiting Summit Planning. Partners include DEL and DOH.
• Outreach to Tribes and Urban Indian Programs for information sharing, networking, and training.
• Recruit tribes to schedule a home visiting focus groups.

Contact Pam James at Pam@nativestrategies.org
• Provide support for the Home Visiting Demonstration Project.
**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.

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**Strategies**

- Invite 15-20 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.

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**Accomplishments**

- Initial visits/contacts have been made with 19 Tribes/Tribal Organizations to date. Contacts are interested in next steps to obtain approvals in order to participate.
- Conducted store survey of 8 stores where Tribal WIC participants shop.
- Conducted an initial survey to determine video conference capabilities among Washington State Tribes.
- Key Informant and Focus Group Questionnaires update: Will add youth K.I. questions
- Met with State WIC staff to discuss future projects and role of the public health consultant.
- Met with State WIC staff regarding discussing Tribal breastfeeding poster needs during phase 2 visits.
- Invited to join the Breastfeeding Support Workgroup.

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**Next Steps**

- Finalize initial visits with Tribes by 11/30/14.
- Finalize key informant survey and focus group questions. Send to IRB.
- Begin the 2nd visits with participating Tribes 1/15.
- Continue to coordinate and collaborate with other AIHC initiatives such as MIH, Healthy Communities, Immunizations and Home Visiting.
- Analyze data.
- Present data.

6/12/2014
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

• Established three priorities identified in final report.
• Presented to National Conference on Immunization and Health Coalition, Presenters: Kim Zillyet-Harris and Jan Olmstead, co-presenters.
• Developed presentation materials.
• Secured funding to begin next steps recommended in the report; estimated start date: March 24, 2014.
• Seven Meetings with Immunizations staff from Jun to Feb.
• Recruited and reconvened THIW.

Strategies/Activities

• Reconvene the THIW to Review and Prioritize the Report Recommendations
• Develop a communication plan to disseminate the survey information
• Develop a presentation materials to be presented at Regional and Local Tribal/Urban Indian meetings.
• Raise Awareness by Immunization Report and Engaging Tribes and Urban Indian Programs in Efforts to Improve Immunizations through Policy, Practice, and System changes.
• Develop long-term work plan on how to move forward on the prioritized items Using a PES Approach and Evidence-based Considerations. Implement work plan as budget allows.
• Identify Tribes or Urban Programs interested in implementation (depending on funding).

Next Steps

• Finalize the proposed project paper with funding needed to be included in the AIHC strategic work plan for 2015 and 2016.
• Schedule follow-up meeting with DOH Office of Immunizations after first of the year to discuss proposal and funding needs.
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
* Attended monthly DOH OEPR Program Update calls
* Attended National Tribal Emergency Management Council Conference
* Updated Tribal PHEPR Emergency Contacts list
* Tested Accuracy of Tribal PHEPR Emergency Contacts List and After-Hours Emergency Telephone List
* Distributed emerging public health emergency information with Tribal public health emergency preparedness contacts via email and website postings
* Prepared 3 briefing papers for Tribal Leaders on: 1) Preserving Unspent PHEPR Contract Funds to Benefit Tribes, 2) Reassess Funding Formula, 3) Need for Comprehensive Resource Mapping and Gap Analysis of Tribal Communities’ PHEPR Readiness and Capacity
* Presented briefing papers at AIHC Executive Committee meetings and AIHC Delegates meeting
* Distributed daily Ebola updates to tribes
* Developed funding request to conduct 8 regional tabletop exercises with the 29 tribes – DOH did not approve funding
* Attended Ebola conference calls and webinars
* Met with DOH PHEPR Contracts Coordinator and Tribal Liaison to plan for 2014 - 2015

Next Steps
* Continue to update Tribal Contacts list
* Provide outreach to Tribes
* Follow up on briefing papers and Summit
* Identify funding for regional tribal PHEPR meetings
* Identify funding for regional tabletop exercises
* Identify funding for project to conduct comprehensive resource mapping and gap analysis for all 29 tribes regarding their PHEPR readiness and capacity
Benefits/Goals
This project is a Quality Improvement Project, in partnership with the DOH Office of Immunizations and Child Profile(OICP) to develop recommendations to improve and sustain vaccination coverage among AI/AN adolescents. Three Tribes/UIHOs have been selected to participate in this Adolescent Immunizations QI project. A priority is those T/U within King, Pierce, or Snohomish Counties. The focus is on utilizing best or evidence based for a clinic-based coverage assessment and reminder/recall pilot project.

There are two other organizations participating in this CDC project with DOH: Best Start Washington and Washington Alliance for School Health Care.

Key Findings
Best Practice Recommendations to Reach and Sustain High Adolescent Immunization Rates in Tribal and Urban Indian Health Clinics
- Have immunizations policies and procedures in place and train all clinic staff on the policies.
- Tribal administrator and tribal council support is necessary to implement these policies.
- Clinics also need support from AIHC to promote immunization policy to Tribal Leaders.
- Establish immunization backups in clinic to maintain current and up-to-date patient immunizations. Need to have more than one person trained.
- Use the IIS - it is a helpful tool to maintain accurate data.

Strategies/Activities
- Reconvene the THIW
- Submit pre-assessment survey for IRB review.
- Develop work plan
- Initial meeting with clinic staff for overview of project.
- Clinic staff will participate in meetings/conference calls.
- Clinics Complete the Pre-Assessment Survey.
- Clinics choose evidenced-based reminder/call-back strategy
- Trainings provided by AIHC and OICP.
- Implement strategies with midway evaluation of progress.
- Coverage Rate Assessment Reports and discussion of lessons learned facilitated by AIHC.
- Report findings, including identified potential policy, environment and/or systems changes.

Next Steps
- Share the QI Project results.
  - Post Final Report on Website.
  - Final Report for the Tribal Leaders’ Health Summit.
- Strategize with DOH and the Tribal Health Immunizations Workgroup (THIW) for plans to continue QI activities and start new activities.
- Strategize with DOH and THIW for campaign on HPV with an emphasis on males.
- Strategize with DOH to promote policy, environment and system changes to increase immunization rates of American Indian/Alaska Native youth or adolescents served by tribal and urban Indian health clinics.