

2014-2015 Centennial Accord Plan Update

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For more information or additional copies of this report contact:

Office of the Secretary
Partnerships, Planning and Performance Office
P.O. Box 47890
Olympia, Washington 98504-7890

Phone: 360-236-4021
Fax: 360-586-7424

John Wiesman, Dr PH, MPH
Secretary of Health

Introduction

The 2014-2015 Department of Health Centennial Accord plan provides an update on public health priority issues that the agency and tribes are addressing. Our programs and services help prevent illness and injury, promote healthy places to live and work, create communities and environments where the healthy choice is the easy and affordable choice, and ensures an effective public health response in an emergency.

Agency Vision

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

Agency Mission

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

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

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

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

Key partners in our work include individual tribes, the American Indian Health Commission (AIHC), the Northwest Portland Area Indian Health Board (NPAIHB), the Indian Health Service (IHS), the Northwest Tribal Emergency Management Council (NWTEMC), and other Recognized American Indian Organizations (RAIOs).

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

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

I. Department of Health Programs

Protect people from communicable disease and other health threats
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Effective communicable disease prevention, surveillance and response system

The agency'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. We provide data to support studies at the Northwest Portland Area Indian Health Board Tribal Epidemiology Center.

Our work with tribes on communicable disease prevention includes:

Tuberculosis control: In the past, tuberculosis (TB) disproportionately affected American Indians throughout the United States. We work with the NPAIHB, AIHC, IHS, tribal health centers, and local public health agencies to:

- Ensure that Centers for Disease Control and Prevention (CDC) guidelines for preventing and controlling TB are implemented.
- Develop culturally competent TB educational materials to fit the needs of the American Indian population.
- Identify the most effective methods of delivering and distributing TB information to tribal members and tribal health officials.

Preparing for, responding to, and recovering from public health threats

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

- Supporting the Sauk-Suiattle Tribe in meeting health and medical access needs after the State Route 530 landslide in March 2014.
- Participating in the 2014 Tribal Public Health Emergency Preparedness Conference on June 17-18 in Portland, Oregon. We distributed emergency contact information to ensure tribal, state and local health leaders can quickly and easily communicate with each other during any public health emergency.
- Engaging tribal representatives in Regional Healthcare Coalition planning to improve our ability to meet the expected dramatic increase in demand for medical care during a major

health emergency.

- Inviting tribal participation in a full-scale emergency preparedness exercise planned for October 1-2, 2014.

Ensuring the safety of our environment

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

Safe shellfish: The agency partners with 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. Activities include:

- *Restoration of shellfish harvest in the Nisqually Delta.* We are working with the Nisqually Tribe on a Puget Sound Scientific Studies grant awarded by Region 10 of the U.S. Environmental Protection Agency.

The original scope of this four-year project was to evaluate the potential for restoring shellfish harvest in a study area stretching from Sunset Beach to Sequalitchew Creek. In 2013, the study area was expanded to include southeast McNeil Island. The first study findings were finalized in a March 2013 report, while interpreting and modeling continue.

We expect to be able to classify the southeast McNeil Island area in late 2014. The Nisqually Tribe estimates the potential geoduck harvest in the new area will be about 1.9 million pounds.

- *Shellfish licensing.* In 2013 we issued 48 tribal shellfish licenses to tribes and individual companies owned by tribal members.
- *Pollution identification and correction (PIC).* The agency has funding through the federal National Estuary Program to manage pathogen sources, protect and restore shellfish beds, and reduce disease in Puget Sound.

We have worked with the Northwest Indian Fishery Commission to identify how to structure PIC programs to protect tribal shellfish resources. We use input from tribes to develop our pathogen grant work plans. We are partnering with the Skokomish, Port Gamble S'Klallam, Squaxin Island, Lummi, Nooksack, and Puyallup tribes in this work.

- *Health risk assessments:* The agency continues to assist tribes in developing shellfish sampling plans and evaluating the results for potential health risks. We also work with the Agency of Ecology and tribes to evaluate potential health concerns from 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.

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

- *Coordination of Dawn Mining Company activities:* The agency regularly meets with the Spokane Tribe to exchange information about the Dawn Mining Company uranium mill facility, which borders the Spokane Indian Reservation.

Topics include environmental monitoring, groundwater and water quality, and 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.

- *X-ray inspection assistance:* At the request of the Kalispel Tribe, we are exploring the possibility of inspecting the medical X-ray machines at the tribe’s Camas Center for Community Wellness.

We have been asked by the tribal representative to provide a cost estimate for the Kalispel Tribal Business Council for consideration. If the Tribal Council accepts the estimate, a Memorandum of Understanding will be drawn up between the Kalispel Tribe and the Department of Health for conducting annual X-ray machine inspections.

Prevent illness and injury, and promote ongoing wellness

Giving all babies a planned, healthy start

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

Support for the AIHC’s “Healthy Communities: Tribal Maternal-Infant Health Strategic Plan”: The plan identifies the most significant problems where interventions can make the greatest difference in the next five years. The agency’s partnership efforts to support this plan include:

- *An ad campaign targeted toward American Indian/Alaska Native (AI/AN) people using social media.* A free mobile app called “text4baby” is being used in some communities to send health-related text messages to pregnant women and new moms for up to a year. It provides information to keep babies safe and healthy.
- *Violence prevention.* Services for pregnant and parenting teens designed to reduce domestic violence toward pregnant and newly parenting teens and women.

- *An evidence-based home visiting system.* We continue to partner with the AIHC, Washington Departments of Early Learning and Social and Health Services and the nonprofit Thrive by Five Washington to implement home visits to improve services in select at-risk communities.
- *A new infant safe sleep campaign.* The campaign is targeted to specific audiences including AI/AN people.

Healthy birth weight: Decreasing the percent of AI/AN infants born with low birth weight is a leading indicator in Results Washington, the governor’s strategic framework for improving state government. We are working with the AIHC, other state agencies, and partners to use a tribally driven process action plan to address this performance measure.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC): WIC continues its collaboration with the AIHC to develop strategies to enhance WIC services, and remove barriers to nutrition services and preventive healthcare for young families.

- The WIC program has contracts with 14 tribes to provide WIC nutrition services to members. We reach 22 tribes through additional intergovernmental agreements. We also have a contract with the Seattle Indian Health Board (SIHB) to provide WIC services to the urban AI/AN population in the Puget Sound region.
- The WIC program strongly supports the efforts of the AIHC and tribes to help new mothers start and maintain breastfeeding. Federal grant funds have been used to train former WIC participants as peer breastfeeding counselors, and four tribal WIC programs have funding to use these counselors.

Increase immunization rates

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

- *Development of a direct vaccine distribution process.* During the pertussis epidemic in 2012-13, the agency created a new process to recognize tribes and tribal clinics as separate jurisdictions for vaccine distribution.

To improve vaccine distribution in future emergency responses, we are working with the AIHC to gather information from tribal clinics on how to continue to improve the process. We are supporting the AIHC with evaluation tools and data collection in 2014.

- *Improving immunization rates for adolescents and healthcare workers.* This was a focus at tribal clinics in 2013-2014. The agency has contracted with the AIHC to improve clinical services and incorporate evidence-based interventions for adolescents.

A second contract covers surveying healthcare staff regarding immunization rates including their knowledge and attitudes, as well as administrative practices and policies. The results will be used in 2014 to develop a long-term plan to improve immunization rates for

healthcare staff in tribal clinics.

- *Influenza prevention during pregnancy.* Pregnant and postpartum women and infants are at increased risk of severe complications from both seasonal and H1N1 influenza. The agency received federal funding to help us understand pregnant AI/AN women's access to and beliefs about vaccination for seasonal and H1N1 influenza.

With this funding, the agency is implementing a work plan to increase flu immunization of pregnant AI/AN women. This work includes collaboration with the NPAIHB and the Seattle Urban Indian Health Institute, as well as outreach to tribes, tribal health centers, and other stakeholders.

Supporting healthy lifestyles

Community-based prevention: The agency collaborates with the AIHC to reduce chronic disease among AI/AN people in Washington. We provide funding and support to the commission to create and implement a prevention strategy framework, *Pulling Together for Wellness*. The commission provides tools and training for tribes and urban Indian programs interested in implementing this strategy. *Pulling Together for Wellness:*

- Is designed to create healthy tribal and urban Indian communities through policy, environment and systems changes.
- Is an innovative and culturally grounded approach that blends public health practice with native epistemology and uses a medicine wheel model.
- Focuses on commercial tobacco-free environments, access to healthy foods, physical activity, and emotional wellness.
- Includes a framework to implement a “healthy eating and active living” approach. We focus on preventing disease at earlier stages through the life course approach. Our goal is to increase the number of people who are healthy at every stage of life. We work to affect the healthcare system and use community-based prevention strategies to ensure communities make the healthy choice the easy choice.

Promote tobacco-free living: In 2015, the agency will support tobacco-free living as part of the *Pulling Together for Wellness* plan. The agency will also fund the AIHC to implement tobacco and e-cigarette prevention activities aimed at native youth. The AIHC will provide outreach and education to tribal and urban Indian leaders on the public health impact of tobacco use in tribal and urban Indian communities as a persistent health disparity.

Health across the life course: Many factors contribute to chronic disease and start early in life. Most can be prevented or managed by supporting people where they live, learn, work, and play.

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

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

Protect people from violence and injuries

Injury and violence prevention activities through emergency medical services (EMS) include the West Region EMS and Trauma Care Council (WREMS) awarding a \$3,000 grant to Shoalwater Bay Indian Tribe for culturally sensitive suicide prevention activities. In addition, WREMS participated in a “Tsunami/Health Walk” sponsored by the Shoalwater Bay Tribe, and shared information and educational materials on injury prevention. As a result, a partnership was facilitated to install a trail system on tribal land using the agency’s SAIL (Staying Active and Independent for Life) program, an evidence-based intervention of exercises for older adults to increase their strength and balance to reduce falls.

Suicide prevention efforts include establishment of a committee to lead development of a 2015 Statewide Plan for suicide prevention, required in ESHB 2315. Our goal is to identify a diverse group of individuals, with a wide array of views, perspectives, and knowledge, to work on this project. Participation on the committee will include: experts on suicide assessment, treatment, and management; institutions of higher education; American Indian/Alaska Natives (AI/AN); military members; suicide/attempt survivors; primary care and other health care providers; mental health professionals; EMS/emergency entities; law enforcement; adult and juvenile corrections; LGBTQI; young adults (under age 24) and college students from across the state. Our program will work with AIHC (American Indian Health Commission) to identify AI/AN representative(s) to participate on this committee.

DOH is also collaborating with DSHS IPAC (Indian Policy Advisory Committee) and the AIHC Commission on a “*Juvenile Justice, Youth Suicide Conference*” scheduled for September 2014.

Improve access to quality, affordable, integrated healthcare

Increase access to affordable healthcare

Technical assistance in recruiting healthcare providers: The agency works with tribes throughout the state to recruit primary healthcare providers for tribal clinics. We’ve worked with

the Makah, Sauk-Suiattle, Snoqualmie and Tulalip tribal clinics to ensure eligibility for National Health Service Corps placements and with direct recruitment of providers. The National Health Service Corps is a loan repayment program for physicians and other healthcare providers willing to work in underserved communities.

During the coming year, we will work with tribal human resource or recruitment staff to increase their understanding of healthcare recruitment and help tribes be more successful in meeting healthcare provider staffing needs. Additionally, we are reaching out to the commission to conceive a study of tribal needs regarding workforce so that we can better target our outreach and technical assistance.

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

- Technical assistance to the Makah Nation regarding National Health Service Corps compliance, reimbursement issues, and recruitment for a registered nurse and a physician.
- Recruitment support for the Seattle Indian Health Board.
- A partnership between the University Of Washington School Of Medicine Indian Health Pathway and the Veterans Administration to expose graduating medical students to working with tribal veterans in a traditional healing context.

Ensure patients experience safe, quality healthcare

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 receiving trauma fund grants in state fiscal year 2014 include:

- Makah Tribal Council-Neah Bay Ambulance.
- Yakima Nation-White Swan Ambulance.
- Spokane Tribal Emergency Response.
- Quinault Nation Ambulance.

Health system planning and development

For many years, the Department of Health has contracted with the AIHC to support development and implementation of the American Indian Health Care Delivery Plan. The contract for the 2013-2015 biennium focuses on:

- Developing and carrying out implementation strategies to improve health services for AI/AN people.
- Increasing communication and problem-solving between Washington and tribal leaders.
- Bringing together tribes and state representatives to improve healthcare for AI/AN people.
- Supporting efforts of the AIHC to become self-sustaining.
- Convening a Tribal Health Leader Summit in the fall of 2014. The summit will bring together state and tribal leaders to address AI/AN health issues.

Quality Improvement and Performance Management

System-wide quality and performance improvement efforts: The agency fosters relationships with many organizations, including tribes, to maintain and promote a system-wide view of the public health network, identifying opportunities for improvement so we can have a greater impact together in improving the health of people in Washington State. To achieve this, activities include:

- Liaison efforts with tribes and local health jurisdictions (includes technical assistance).
- System-wide quality and performance improvement efforts.
- Convening and staffing collaborative statewide workgroups through the Public Health Improvement Partnership (PHIP) and other vehicles to address identified system issues.

Federal funding supporting quality improvement initiatives to improve health outcomes:

The agency received grant funds for work to improve public health outcomes and to help local entities achieve national accreditation. In 2014, the Kalispel Tribe of Indians was awarded a contract under this grant to develop their Tribal Assistors program. Training, technical assistance and consulting were provided through a regional performance management center for excellence in Spokane.

Additional activities under the grant included creating two other regional performance management centers for excellence, which have been available to support tribal Lean, quality improvement, and national accreditation activities.

For additional information contact:

Maria Gardipee, Tribal Liaison
Washington State Board of Health
(Signature block)

II. 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 agency also leases space to the board and provides administrative support under an interagency memorandum of understanding.

The board provides staff support to the Governor's Interagency Council on Health Disparities, which is charged with developing 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, Stephen Kutz of the Cowlitz Indian Tribe was appointed to 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 AIHC 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 AIHC serves as the alternate.

Emma Medicine White Crow has served as Council Chair since September 2011—prior to that she served the council as a consumer representative and Council Vice Chair.

State Action Plan for Health Disparities

In 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 for communities of color and AI/AN people. The plan focuses on actions that state agencies can begin to implement within existing resources. Updates to the 2012 plan, which highlighted progress toward implementing the recommendations, were submitted in June and December 2013.

Currently the council's focus is on developing recommendations for the following priorities: language access, childhood obesity, and adverse birth outcomes. In addition, the council is

monitoring efforts in the state to understand and prevent Adverse Childhood Experiences (ACE) and is working with its member agencies to implement the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

For additional information contact:

Christy Hoff, Tribal Liaison and Health Policy Advisor
 Washington State Board of Health
 P.O. Box 47990
 Olympia, Washington 98504-7990
 360-236-4108 office
 360-236-4088 fax
Christy.hoff@sboh.wa.gov

III. Current Funding Distribution

During fiscal year July 2013 through May 2014 the Department of Health collaborated with tribes and tribal organizations to enhance efforts addressing health disparities, reduce chronic disease, improve maternal and infant nutrition, assist with public health emergency preparedness and response, and address other tribal public health concerns.

The Department of Health provided funding and other support to facilitate creation and implementation of a tribal-centric prevention strategy framework called *Pulling Together for Wellness*. This approach focuses on the use of culturally appropriate strategies, tribal wisdom, knowledge, and norms to ensure effectiveness within communities.

Funding for these efforts is provided through:

• Office of Nutrition Services	\$2,072,755
• Office of Emergency Preparedness and Response	\$ 508,592
• Office of Healthy Communities	\$ 749,788
○ Health Communities Program	\$ 482,579
○ Asthma Program	\$ 67,859
○ Breastfeeding Program	\$ 76,000
○ Cancer Prevention Program	\$ 30,006
○ Maternal Infant Health Program	\$ 50,000
○ Pregnancy Risk Assessment Program (PRAMS)	\$ 43,350
• Office of Community Health Systems	\$ 100,000
• Office of Immunizations & Child Profile	\$ 30,000
• <u>Environmental Public Health</u>	\$ 70,000
Total Funding – 2013-14	\$3,531,141

IV. Definitions

The American Indian Health Commission (AIHC)
 The Northwest Portland Area Indian Health Board (NPAIHB)
 The Indian Health Service (IHS)

The Northwest Tribal Emergency Management Council (NWTEMC)
Other recognized American Indian organizations (RAIOs)
PIC – Pollution Identification and Correction