

2015-2016 Centennial Accord Plan Update

October 2015



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John Wiesman, DrPH, MPH
Secretary of Health

Introduction

The 2015-2016 Department of Health Centennial Accord plan provides an opportunity for the Department of Health and tribes to share their efforts on public health priority issues. 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.

Department of Health Overview

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.

Strategy: Through collaborations and partnerships, we will 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), Seattle Indian Health Board (SIHB), 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, eliminates barriers, and facilitates relationship building.
- Participates in tribal forums and meetings, and visits tribal communities to build trust, understand tribal issues, and enhance communications.

Tribal Consultation

To strengthen relationships and improve service development, tribal leaders and administrators from the Department of Health held a Tribal Consultation on May 21, 2015, on the Nisqually Tribal Reservation. Tribes participated in person and via webinar.

The primary purpose of the meeting was to confer on proposed updates to the Department of Health's consultation procedures for implementing Chapter 43.376 RCW, the "Government-to-Government Relations" policy. Tribal representatives, American Indian Health Commission leadership and staff, and the department's tribal liaison collaborated in identifying initial updates needed.

Also at the meeting, tribal representatives learned about the Foundational Public Health Services and indicated their interest in leading a project which will define a new vision for Foundational Public Health Services in Washington State to meet 21st Century needs.

In addition, tribes requested an update on the Department of Health's role in the Healthier Washington initiative, which the department provided.

At the conclusion of the Consultation meeting, tribes recommended edits to be made and that an updated document be provided for comments to tribal leaders at the joint Northwest Portland Area Indian Health/California Rural Indian Health Board meeting held in June 2015. At the joint meeting tribes received a copy of the document with a request to make comments by August 7, 2015. No comments were received.

Secretary John Wiesman signed the finalized consultation document at the August 13, 2015, American Indian Health Commission meeting held at the Muckleshoot Tribe. The 29 tribes and 13 state, regional, and national Recognized American Indian Organizations received copies with original signature.

I. Washington State Department of Health Programs

<p>Protect everyone in Washington from communicable diseases and other health threats.</p>

Ensure effective communicable disease prevention, surveillance and response systems.

We focus our communicable disease capacity on the most effective elements of prevention, early detection, and swift responses to protect people from communicable diseases and other health threats.

Public Health Laboratories: 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.

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.

Prepare for, respond to, and recover 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 capability. We work with the AIHC, NPAIHB and NWTEMC to support comprehensive emergency preparedness planning. This partnership is nationally recognized for excellence. Recent activity includes:

- Participating in the 2015 Tribal Public Health Emergency Preparedness Conference June 9-10 in Ocean Shores where we continued to plan together to respond to an emergency event in Washington State.
- 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.
- Including tribal representation on the agency's newly-formed Public Health and Medical Disaster Advisory Committee.
- Making additional preparedness funding available to tribes for special project activities identified by tribal preparedness representatives.
- Making opportunities available to tribal members for agency-sponsored position-specific Incident Management Team training and Incident Leadership training.

Ensure the safety of our environment as it impacts human health.

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

- Restoration of shellfish harvest: In 2010, we received a Puget Sound Scientific Studies grant awarded by Region 10 of the U.S. Environmental Protection Agency. Partnering with the Nisqually Tribe and the Department of Ecology, the original scope of this four-year project was to evaluate the potential for restoring shellfish harvest in south Puget Sound, near wastewater treatment plant outfalls. Based on the finding from this study, approximately 366 acres of shellfish harvesting area were classified in March 2015. The Nisqually Tribe

estimates the potential geoduck harvest in the new area will be about 1.9 million pounds. An additional growing area is expected to be classified by the end of 2015, potentially opening an additional 84 acres to shellfish harvest. The Nisqually Tribe estimates the potential geoduck harvest around Ketron Island will be about 1.1 million pounds.

This grant was extended in 2014. We are currently working with the Puyallup Tribe to evaluate the impacts from nearby wastewater treatment plants on neighboring geoduck tracts. The study area is along the I-5 corridor near SeaTac. A portion of the study area could be classified for commercial shellfish harvest by the end of 2015.

We are also working with the Suquamish Tribe and King County on an environmental modeling and water quality study (using Brightwater Wastewater Treatment Plant mitigation funds) to evaluate the potential for restoring shellfish harvest in the Richmond Beach area near the Snohomish County line. These studies are expected to be completed in 2016.

- Shellfish licensing: We issued 48 tribal shellfish licenses to tribes and individual companies owned by tribal members in 2014.
- 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 Fisheries 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 Department 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

- 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 on-going 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 explored the possibility of inspecting the medical X-ray machines at the tribe's Camas Center for Community Wellness. We had been asked by the tribal representative to provide a cost estimate to the

Kalispel Tribal Business Council for consideration. The Health Center coordinator declined our offer after he found another service provider.

- Consultant selected to assist the Yakama Nation: Assisted by the Yakama Nation and the Department of Ecology, DOH selected Neptune & Co. to work with the Yakamas concerning the closure and cleanup efforts at the low-level radioactive waste disposal site operated by US Ecology on the Hanford Reservation. Health held a kick-off meeting in late February 2015. Supporting material has been provided to the contractor.

<p style="text-align: center;">Prevent illness and injury and promote ongoing wellness across the lifespan for everyone in Washington.</p>

Give all babies a planned, healthy start in life.

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, the Washington State Departments of Early Learning and Social and Health Services, and the nonprofit Thrive 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.
 - Department of Health's Breastfeeding workgroup begins collaboration with AIHC: To help coordinate our breastfeeding efforts, one of AIHC's consultants is a member of the agency's breastfeeding workgroup. This collaboration with AIHC will help to align our breastfeeding work with AIHC's "Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan" and their *Pulling Together for Wellness* framework.

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 to develop an action plan which will 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 in tribal and Urban Indian communities.

- The WIC program has intergovernmental agreements with 14 tribes and 2 health organizations to provide WIC nutrition services to members. We reach 22 tribes. 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 three 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:

Developing a direct vaccine distribution process: During the 2012-13 pertussis epidemic, the agency created a new process to recognize tribes and tribal clinics as separate jurisdictions for vaccine distribution. We reached out to tribal clinics to include them in an adult vaccine opportunity given to us by CDC. 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 supported the AIHC with evaluation tools and data collection in 2014.

Supporting efforts to improve vaccination rates for the AI/AN population: We provided support through the AIHC for the Tribal and State Health Leadership Summit in November 2014, and the Tribal and State Leaders' Summit on Maternal Infant and Youth in June 2015. We also provided support for the 2015 Tribal Health Immunization Summit and ongoing work of the Tribal Immunization Workgroup. As part of our CDC Prevention and Public Health Fund human papillomavirus (HPV) grant, we are partnering with AIHC to develop HPV vaccination education materials appropriate for the AI/AN population and to promote a healthcare provider training on communicating with parents about HPV vaccination.

Support healthy lifestyles.

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. We collaborate with the AIHC and Tribal programs to reduce chronic disease among AI/AN people in Washington.

Support commercial tobacco-free living and healthy eating/active living: The Tobacco Prevention and Control and Healthy Eating/Active Living programs provide funding and support to the commission to create and implement a Tribal and Urban Indian driven prevention 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 culturally-based framework to prevent chronic disease through the life course approach and can be adapted to meet the needs of specific Tribal and Urban Indian communities.
- Helps access Healthy Communities funding within the state, private, and federal funding landscape.

The *Pulling Together for Wellness* framework is being implemented by the Shoalwater Bay Tribe, which has embraced the policy, environment and systems work approach. Washington State Public Health Association recently recognized the Tribe's Pulling Together for Wellness Coalition as a "2015 Health Champion" for their work in this area. Elements of the framework have also been incorporated into the agency's current strategic plan.

Support healthy places and lifestyle change programs: Healthy Communities 1422 Community Lead Organizations (CLO) are partnering with tribes to support lifestyle change programs and increase the number of community environments that promote and reinforce healthful behaviors and practices related to obesity and diabetes prevention and cardiovascular health. Tribes partnering with CLOs and CLO subcontractors include Cowlitz Indian Tribe (with Healthy Living Collaborative of Southwest Washington), Spokane Tribe of Indians (with Better Health Together), and the Makah Tribe, Lower Elwha Klallam Tribe, Jamestown S' Klallam Tribe, Quileute Nation and Suquamish Tribe (with Olympic Health Action Network).

Support heart disease, stroke, and diabetes prevention: This work focuses on preventing Type 2 diabetes and high blood pressure, and provides support for managing high blood pressure, diabetes, and overall cardiovascular disease risk. The agency promotes the National Diabetes Prevention Program coordinated by the Centers for Disease Control and Prevention (CDC). This is an evidence-based, yearlong program for people with prediabetes that provides group facilitation and accountability for increasing physical activity and making dietary changes. Cowlitz Indian Tribe houses the first program in the state to achieve full recognition through CDC's Diabetes Prevention Recognition Program. Other Tribes offer similar programs that are connected with the Indian Health Services. The agency communicates with the CDC about the tribal challenges and needs for diabetes prevention, regardless of curriculum. The agency also:

- Supports the suite of programs offered by Stanford School of Medicine’s Patient Education Research Center known as Chronic Disease Self-Management Education (CDSME) by promoting their adoption and coverage by insurance. These include:
 - Chronic Pain Self-Management
 - Diabetes Self-Management
 - The Wisdom Warrior Initiative, which includes the CDSME and monthly elder meetings
- Supports statewide data collection so that rates of diabetes and heart disease risk factors can be communicated across populations. These data are used to communicate and highlight the disparities in diabetes rates and outcomes for AI/AN. The Diabetes Epidemic and Action Report also includes these data. When presenting this information, racial, ethnic and socioeconomic disparities are highlighted.
- Provides backbone support for the Diabetes Network Leadership Team (DNLTL), which welcomes increased representation from Tribes, and regional and statewide organizations that represent AI/AN. The DNLTL also addresses hypertension, and has recently expanded available member seats.

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.

Support 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.

Protect people from violence, injuries and illness in their homes, neighborhoods and communities.

Suicide Prevention: Suicide prevention efforts continue as the agency works closely with a diverse steering committee to develop the Statewide Suicide Prevention Plan required by ESHB 2315 (passed by the 2014 Legislature). Individuals and organizations representing a wide array of views, perspectives, and knowledge comprise the steering committee, including experts from:

- Suicide assessment, treatment, and management organizations

- Institutions of higher education
- American Indian/Alaska Natives (AI/AN)
- U.S. Military
- Suicide/attempt survivors
- Primary care, mental health and other health care providers
- Law enforcement
- Adult and juvenile corrections
- LGBTQI
- Young adults (under age 24)
- College students from across the state

The steering committee includes members of the Lummi Nation, whose suicide prevention program, *Witnessing Our Future*, is prominent in the state; the Makah Tribe; and the Confederated Tribes of the Chehalis Reservation. One of the first public presentations about the development of the Plan took place at the American Indian Health Commission/Tribal & State Leaders Health Summit, in November 2014.

Tribes are participating heavily in listening sessions across the state, both attending and co-hosting the meetings. The Cowlitz and Tulalip Tribes co-hosted listening sessions, and members of the Yakama Nation, Spokane Tribe, Colville Confederated Tribes, and the Nisqually, Puyallup and Tulalip Tribes have participated in sessions so far.

DOH collaborated with DSHS IPAC (Indian Policy Advisory Committee) and the AIHC Commission on the “*Juvenile Justice, Youth Suicide Conference*” held September 2014. DOH also supported the Tulalip Tribe in its healing process after the school shooting in Marysville, WA. Both the EMS and Trauma State Director and the Suicide Prevention Specialist participated in post-traumatic stress debriefings to lend support to the tribe in the aftermath of the shooting.

Prescription Drug Overdose Prevention: In the 2015 legislative session the department supported the passage of House Bill 1637 which became law July 24, 2015. The law allows law enforcement and prosecutorial officials of federally recognized tribes, access to the Prescription Monitoring Program. This bill improves public health by allowing the department to collaborate with federally recognized tribes who are important partners in addressing the issue of prescription drug misuse within their communities. We want to assist them with this critical health issue and provide their law enforcement and prosecutorial agencies the same level of access that local, state, and federal agencies have. We also continue to value tribal participation in providing data from their pharmacies into our Prescription Monitoring system to provide data to health care providers treating patients.

Improve access to quality, affordable, and integrated healthcare for everyone in Washington.

Increase access to affordable health care.

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, Chehalis, Cowlitz, Jamestown S’Klallam, Snoqualmie, and Tulalip tribal clinics to

ensure eligibility for National Health Service Corps (NHSC) placements and with direct recruitment of providers. NHSC is a loan repayment program for physicians and other healthcare providers willing to work in underserved communities.

During the coming year, we will continue to 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 have reached out to the American Indian Health Commission to help us to develop a better understanding 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:

- Reaching out to the Chehalis and Cowlitz tribe to explain DOH recruitment services and technical assistance capacity.
- Recruitment support for Urban Indian health care organizations like the Seattle Indian Health Board and the Spokane Native Project.
- An ongoing partnership with the University of Washington School Of Medicine Indian Health Pathway to expose graduating medical students to working with tribal veterans and elders in a traditional healing context.

Ensure patients experience safe, quality health care.

Technical assistance for trauma system development: The state's Emergency Medical Services and Trauma system provides a continuum of care 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 2015 include:

- Makah Tribal Council - Neah Bay Ambulance
- Yakima Nation-White Swan Ambulance
- Spokane Tribe of Indians Emergency Response

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 focused 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 brought state and tribal leaders together to address AI/AN health issues.

Governmental Public Health System Improvements

A combination of federal, state, regional, local and tribal efforts provides governmental public health services. The primary responsibility for that work resides at the local and tribal level. In addition, the Department of Health collaborates with tribal governments through negotiated government-to-government partnerships to help ensure that health is protected and improved for all residents.

Tribal members and members of the American Indian Health Commission (AIHC) partner through the Public Health Improvement Partnership (PHIP or the Partnership) coordinate to address public health issues. The Partnership includes representatives from:

- State Board of Health
- State Department of Health (DOH)
- Washington State Association of Local Public Health Officials
- Local Health Jurisdictions (LHJs)
- Local Boards of Health
- Tribal Nations, American Indian Health Commission
- Northwest Portland Area Indian Health Board
- Seattle Indian Health Board

The Partnership reshapes governmental public health to meet new challenges in a rapidly changing environment and to use existing resources wisely. Represented by the AIHC and the Northwest Portland Area Indian Health Board, tribes participated in the development of The Agenda for Change that was published in 2010. The document noted that the world is evolving with new preventable disease challenges, health care reform, and diminishing resources that all drive the need to rethink how public health services are provided. It identified three priority areas for public health focus:

- Enhancing our communicable disease capacity to address the most effective and important elements of prevention, early detection, and swift response to protect people from communicable diseases and other health threats.
- Fostering through policies and system changes communities and environments that promote healthy starts and ongoing wellness, prevent illness and injury, and better provide to all of us the opportunity for long, healthy lives.

- Partnering with and reforming health care systems to more effectively and strategically improve access to quality, affordable and integrated health care that incorporates routine clinical preventive services and is available in rural and urban communities alike.

The 2012 Agenda for Change Action Plan charted the next steps, including ensuring that foundational public health services can be accessed statewide. Foundational public health services consist of essential services that must be present everywhere in order for health systems to work anywhere, and that should be provided and funded by government. A workgroup developed definitions and estimated the cost of providing these services statewide.

Tribal members participated in the Foundational Public Health Services (FPHS) Policy Workgroup, convened in 2014 by Secretary Wiesman. He established the workgroup to create a vision and recommendations on how to ensure that a foundational set of public health services are available statewide, to all people in Washington. He recruited two co-chairs who represent different parts of the governmental public health network: Todd Mielke, Spokane County Commissioner, and Marilyn Scott, Vice Chairman, Upper Skagit Tribe. The workgroup's membership included representation of the key sectors or groups that influence the structure and funding of governmental public in Washington:

- Elected officials from municipal, county and tribal governments
- Representatives from the Governor's Health Policy Office
- The state Office of Financial Management
- Public health officials from county, state and tribes
- Key health associations

The workgroup briefed state government, legislative leaders, and federal partners as the work progressed.

Recommendations included that tribal public health, with support from DOH, should convene a process to define how the FPHS funding and delivery framework will apply to tribal public health and how tribal public health, DOH, and local health jurisdictions can work together to serve all people in Washington.

Currently, a workgroup lead by the AIHC and including tribal health leaders, with support from DOH, are discussing the recommendations from the FPHS Policy workgroup, published in the document *Foundational Public Health Services: A New Vision for Washington State, January 2015*. They are connecting with tribes to gauge interest in a tribally lead process to apply the FPHS framework to a tribal / urban Indian context. So far, tribes are requesting more information and education on the background, purpose and meaning of the FPHS framework and definitions. Future actions may include such elements as:

- Reviewing and amending the FPHS definitions
- Identifying which entities and funding sources currently deliver each service
- Researching various models for delivering the services in the future
- Estimating the costs for delivering these services for their defined service area and populations

DOH works with tribes, tribal health directors, and local public health agencies across nations and other boundaries to identify overlapping authorities and jurisdictions and to determine how to most appropriately, effectively, and efficiently provide and fund FPHS for all people in Washington.

The Public Health Improvement Partnership also partnered with the tribes and AIHC to create the first State Health Improvement Plan (SHIP). Last year representatives from state, tribal and local governments developed the Washington State Health Improvement Plan with input from professional associations, academia, tribes, educational organizations, hospitals, state agencies and many others. The plan captures, aligns and builds on many local, state, and national improvement plans and initiatives.

The SHIP includes two parts. The first focuses on the near term, recommending the public health system find concrete, measurable, near-term priorities to embrace during this unprecedented time of health reform. The second part addresses the longer term, and expands beyond the public health system. It builds a framework for improving health statewide and involves many partners to catalyze public health leaders and community partners to work together in improving health through targeted and innovative interventions.

The SHIP sets a tangible course for better health in Washington, recognizing that what we do now affects where we will be in the next ten years. It makes the case for working upstream with many partners to improve individual and community health as the way toward a culture of health for all.

II. Washington State Board of Health

The 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 9 of the 10 members to fill 3-year terms. Secretary of Health John Wiesman or his designee is the tenth member of the board. State statute requires that the state Department of Health 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. Since April 2011 Stephen Kutz of the Cowlitz Indian Tribe has filled that seat.

The council includes 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 represents the tribes on the council. Jan Olmstead with the AIHC serves as the alternate. Stephen Kutz, who also currently serves as the AIHC Chair, represents the Board of Health on the council.

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 2010 the council submitted its first *State Policy Action Plan to Eliminate Health Disparities* to the governor and legislature. That plan included recommendations related to education, health insurance coverage, healthcare workforce diversity, obesity, and diabetes. In December 2012 the council submitted an updated action plan, focusing on behavioral health, environmental exposures and hazards, and poverty.

Since the submission of the 2012 Action Plan, the council has submitted update reports twice a year. Recent updates have highlighted the council's work to promote adoption of the National Standards for Cultural and Linguistically Appropriate Services (CLAS standards), as well as its work on health impact reviews, which are analyses of legislative or budgetary proposals to determine potential impacts on health and health disparities. In addition, the June 2014 update included the council's recommendations to improve access to state information and services for people with limited English proficiency, and the December 2014 update included information on the council's partnership with the Healthiest Next Generation initiative.

Currently, the council's focus is on developing recommendations to reduce disparities in adverse birth outcomes. American Indians/Alaska Natives continue to experience disparities in infant mortality, low birthweight, premature birth, and other adverse outcomes. The council anticipates including its recommendations in its June 2015 update to the governor and legislature.

For additional information regarding the Board of Health and Governor's Council on Health Disparities, contact:

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III. Definitions

AIHC = American Indian Health Commission

NPAIHB = Northwest Portland Area Indian Health Board

HIS = Indian Health Service

NWTEMC = Northwest Tribal Emergency Management Council

RAIO = Recognized American Indian organizations

SIHB = Seattle Indian Health Board

PIC = Pollution Identification and Correction