

**2011-2012**  
**Centennial Accord Plan**  
**Update**

**June 2011**





# 2011-2012 Centennial Accord Plan Update

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For more information or additional copies of this report contact:

Office of the Secretary  
Policy, Legislative and Constituent Relations  
101 Israel Road S.E.  
P.O. Box 47890  
Olympia, Washington 98504-7890

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

Mary C. Selecky  
Secretary of Health



## **Introduction**

The 2011-2012 Department of Health Centennial Accord plan provides an update on priority public health issues being addressed among tribes and the agency. The department works with the American Indian Health Commission (AIHC), Northwest Portland Area Indian Health Board (NPAIHB) and Northwest Tribal Emergency Preparedness Council (NWTEMC), who provide advice, facilitate communication and coordinate efforts on issues identified.

## **Programs and Priorities**

### **I. Office of the Secretary**

#### **Policy, Legislative and Constituent Relations**

##### **Tribal Collaboration**

Tribal engagement is critical to ensuring effectiveness of public health services and Public Health Emergency Preparedness Response (PHEPR) efforts currently under way. Reductions in state and federal funding increasingly challenge efforts to engage tribes at a time when this input is essential. The American Indian Health Commission, Northwest Portland Area Indian Health Board and Northwest Tribal Emergency Preparedness Council continue to be vital resources and a key component of the government-to-government relationship. Member tribes of these organizations appoint a delegate to participate through tribal resolution.

- Department of Health continues to support the American Indian Health Commission budget request submitted during the 2009-2011 biennium. Resources are needed to address staffing and other infrastructure needs, and to facilitate tribal participation as an integral part of the public health delivery system in Washington. Funding resources would assure critical needs of the tribal population can be addressed in a planned, comprehensive way and facilitate tribal participation as an integral part of the public health delivery system in Washington. State budget constraints continue to prevent funding this request.
- The agency provides funding and supports NPAIHB and NWTEMC funding requests to further tribal public health and emergency response efforts.

##### **Tribal Health Summit & H1N1 “After Action” Recommendations**

During the 2010 AIHC Tribal Health Summit, top public health priority issues identified included improving tribal maternal-infant health (MIH), collaboration on public health systems efforts and tribal engagement in addressing public health threats and opportunities.

- MIH: Developed in collaboration and support from the Department of Health, the AIHC’s Maternal-Infant Health Strategic Plan was a priority focus of the 2010 Tribal Health Summit. The plan, developed to improve tribal maternal and infant health disparities, includes findings, recommendations and a two-year implementation strategy. The plan includes a comprehensive assessment of issues and efforts (tobacco effects, WIC access etc.) that affect MIH health. Best practices, strategies and implementation costs are identified. Strategies are developed to be implemented individually or cross-disciplinary as resources become available.

- **Public Health (PH) Collaboration:** The department has increased collaboration with NPAIHB and AIHC on public health systems issues. Efforts include identifying overlaps between NPAIHB and Department of Health PH infrastructure grants, addressing AIHC interest on Department of Health reshaping PH efforts, and improving tribal-local health relationships.
  - The agency Office of Performance and Accountability works with NPAIHB on coordination of public health infrastructure grant efforts to eliminate redundancy and to share resources where possible.
  - Tribal representatives recommended by AIHC are engaged in Department of Health Reshaping Public Health efforts to facilitate tribal input. AIHC members and staff are engaged in discussions to better understand the Washington State public health system.
  - Government to Government Training is available on site for PHEPR, Department of Health and local public health staff, Department of Health websites and orientation sessions now include tribal governmental and systems overview and discussion at Washington State Association of Local Public Health Officials (WSALPHO) leadership level has been initiated.

### **Public Health Threats & Opportunities**

Funding continues to be provided to tribes for PHEPR efforts. In addition, funding provided by the PHEPR program to AIHC supports continued discussions with tribes on issues identified in Department of Health H1N1 after-action and Tribal Health Summit discussions.

Issues include:

- Improving communications between the Department of Health and tribes before, during and after a pandemic.
- Identifying options for distribution of pandemic vaccines.
- Improving understanding of tribal sovereignty in policy and planning decisions.
- Recognition of American Indians as a priority population.

Additional efforts initiated include:

- Identification and verification of appropriate tribal emergency contacts for response efforts.
- Inclusion of designated tribal contacts in 24/7 response information provided to emergency responders.
- Initiation of regularly scheduled “high level” discussions among agency and tribal leadership.
- Video conferencing equipment purchases, installation and staff training.
- Identification of options for distribution of emergency vaccinations.
- Facilitation of on-site government-to-government training for PHEPR, Department of Health and local health staff.
- Connectivity between AIHC and Department of Health websites and enhancements to AIHC web site.

The department’s tribal liaison works with agency staff and tribal communities to build relationships and facilitate contract improvements and assistance, assessment and data gathering needs and respond to public health issues that include public health emergency preparedness and response, tobacco, WIC, licensing and certification and other issues included in this report.

For additional information contact:

Maria C. Gardipee, Tribal Liaison and Agency Multicultural Coordinator  
Policy, Legislative and Constituent Relations  
Office of the Secretary  
P.O. Box 47890  
Olympia, Washington 98504-7890  
360-236-4021 office  
360-586-7424 fax  
maria.gardipee@doh.wa.gov

## **Office of Performance and Accountability Infrastructure Grant Collaboration**

The Office of Performance and Accountability has received grant funds from CDC's National Public Health Improvement Initiative. The grant pays for improvements to performance management in public health that will lead to improved public health outcomes and help local entities achieve national accreditation. Grants were awarded to both Department of Health and NPAIHB.

Department of Health funding has been used to create Centers for Excellence in three regions of Washington. The centers provide training, consultation, and technical support for both tribes and local health agencies. Fourteen online and in-person trainings have been scheduled between January and September 2011. Tribal health officials are invited to participate. Representatives of NPAIHB and tribal health agencies have attended four out of five trainings that have been held (through April 2011). To facilitate participation by tribes, Department of Health staff presented to Tribal Health Directors at the NPAIHB quarterly meeting on January 24, 2011.

The Department of Health and NPAIHB collaborate on sharing of evaluation data, and support each others' efforts to leverage grant funding. The centers also reach out to assist tribes with performance management needs.

The Makah tribe received assistance from the Tacoma-Pierce Center for Excellence during May 2011.

For additional information contact:

Susan C. Ramsey, Director  
Performance and Accountability  
Office of the Secretary  
P.O. Box 47890  
Olympia, Washington 98504-7890  
360-236-4013 office  
360-586-7424 fax  
susan.ramsey@doh.wa.gov

## **Financial Services**

### **Office of Contracts and Procurement**

Personal service contracts between the Department of Health and the American Indian Health Commission (AIHC) and Northwest Emergency Management Tribal Council (NWEMTC) (the Organizations) were often delayed while the department complied with the formal competitive solicitation process set forth in state regulations. The delays presented serious challenges as the department sought to collaborate with the tribes to build and sustain effective emergency management and health systems.

In 2010, the department further aligned the state's contracting and government-to-government policies. It was inappropriate to ask our governmental tribal partners to compete for contracts to conduct their strategic work with the department. It was equally implausible for the department to formally survey the market to confirm the AIHC and NWEMTC were the only qualified sources. Both activities, while required by state regulation, fell short of recognizing the position and authority of the tribal government.

Working with the Office of Financial Management, the Department of Health reduced the obstacles by obtaining an exemption that allows the department to contract directly with these vital tribal partners. The exemption from the competitive requirements of law and policy establishes an unencumbered path for the Department of Health to quickly and seamlessly coordinate with key constituents and appointed leaders in tribal public health. It formally recognizes the unique and important role of the organizations, shows respect for the tribal partnership they provide to the state, and helps to ensure timely public health services to American Indian and Alaska Native (AI/AN) Washington residents.

For additional information contact:

Renaë L'Heureux, Contracts Unit Manager  
Office of Contracts and Procurement  
Financial Services  
P.O. Box 47905  
Olympia, WA 98504-7905  
360.236.3907 office  
360.586.2655 fax  
renae.l'heureux@doh.wa.gov

## **Public Health Emergency Preparedness and Response**

### **Public Health Emergency Preparedness and Response Program (PHEPR)**

The Washington tribes and the Washington State Department of Health continue to collaborate in efforts to prepare and respond to disasters and other public health emergencies. During the past eight years, the department has consulted with tribal representatives and organizations to seek advice on these efforts. The following is an overview of efforts initiated.

### **Contracts**

Department of Health has allocated \$1,540,500 for tribal activities focused on Public Health Emergency Preparedness and Response. Funding is provided in the following areas:

Twenty-nine federally recognized tribes – Emergency Preparedness	\$533,000
Northwest Portland Indian Health Board – Equipment and Conference	\$698,000
American Indian Health Commission – Advice and Collaboration	\$163,000
Northwest Tribal Emergency Management Council – Assessment and CERT	\$82,500
University of Washington-Northwest Center for Public Health Practice:	\$10,000
Region 2 Tribes – Full Scale Exercise and MAA	\$63,000

**Tribal Public Health Preparedness and Response (PHEPR) Conference**

The 2010 Joint Public Health Emergency Preparedness conference sponsored by the Department of Health highlighted the importance of increased collaboration in planning and response efforts. The conference brought together tribal, federal, state, regional, IHS, public health, emergency management staff and leadership from Washington, Oregon and Idaho and the Northwest Center for Public Health Practice. This conference combined two previously held conferences; a tribal public health and tribal emergency management conference. An informal gathering, among tribal representatives, Secretary of Health Mary Selecky and Major Gen. Timothy Lowenberg of the Washington National Guard provided an opportunity for candid dialogue on tribal emergency preparedness. Tribal and state organizational leaders met with the Aboriginal health physician advisor, Ministry of Health, in Victoria, British Columbia, to initiate discussions on cross-border (Washington-British Columbia) tribal-indigenous preparedness and response issues.

**Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement Full-Scale Exercise**

The Olympic Regional Tribal-Public Health Collaboration and Mutual Aid Agreement—the first of its kind in the nation—took effect in November 2010. The agreement includes the Lower Elwha Klallam, Makah, Jamestown S’Klallam, Quileute, Hoh, Port Gamble S’Klallam, and Suquamish tribes, along with Kitsap Clallam and Jefferson health districts.

The agreement provides for resource sharing on a voluntary basis on a broad range of public health services, including emergency and disaster response, isolation or quarantine, and day-to-day public health functions. The agreement establish a system of signatories to cooperate on responses to disease outbreaks that cross local boundaries and resolves issues that might otherwise become stumbling blocks to an effective and efficient community-wide response.

In partnership with Public Health Region 2 Tribes and health districts, the Department of Health conducted a full-scale exercise on the Mutual Aid Agreements (MAA) and surge capacity of clinical services during the Washington State Annual Bioterrorism Exercise (WASABE) Tree Frog 2011 exercise. The purpose was to exercise Strategic National Stockpile capabilities and to evaluate emergency response actions of participating local, regional, state, and federal plans to an intentional food borne contamination. The focus of the exercise was testing the Point of Distribution plan, which included; identification of the threat, testing ordering and delivery of Strategic National Stockpile resources. Several participants with updated emergency response plans and Mutual Aid Agreements also identified the need to validate and exercise these new procedures and policies.

The exercise included initiating a region-wide response and decision making process, and integration and coordination among all responders. Responders included public health, law enforcement, fire services, emergency medical services, HAZMAT, emergency management, hospitals, other health and medical systems partners, and public safety agencies.

Successful coordination for security, escort, transport, receipt, and transfer to the patient was accomplished within the time frame and provided valuable training. A major issue identified during the exercise was lack of staff and resources in attempting to maintain normal operations. Even with challenges, partners continued to participate and met exercise objectives.

### **Public Health Video Conference Network (PHVCN)**

During the H1N1 event, the need for improved communication capability among tribes, local health agencies, and the Department of Health was identified. To date, the Department of Health PHVCN project has installed equipment and provided training to 13 tribes. Additional tribes have expressed interest. There are plans to bring them on as additional funding becomes available. The video conference network allows participants to easily meet face-to-face while significantly reducing travel expense. The addition of this new communication tool allows for simultaneous video conference meetings with Department of Health senior management, Assessment Response Team, Incident Command and the Department of Health Emergency Operations Center. Tribes will also be able to communicate with other tribal and public health partners to facilitate a more efficient response to an emergency that affects the health of the people of Washington. In addition, the Department of Health, along with local and tribal health staff members, will be able to use the video conferencing resources for a variety of planning and training sessions throughout the year.

### **Government to Government Training**

Six Government to Government training sessions held in Tumwater, Spokane and Shoreline were attended by PHEPR, LHJ and other Department of Health staff. The training was conducted by Gordon James, Skokomish Tribal member, in concurrence with the Governor's Office of Indian Affairs. Trainings were held to improve understanding of tribal sovereignty, an issue identified by tribes in the H1N1 "after-action" report and Tribal Leaders Health Summit. Response to the training has been extremely positive.

For additional information contact:

John Erickson, Special Assistant  
Public Health Emergency Preparedness and Response  
Office of the Secretary  
P.O. Box 47890  
Olympia, Washington 98504-7890  
360-236-4033 office  
360-586-7424 fax  
jlerickson@doh.wa.gov

## **II. Epidemiology, Health Statistics, and Public Health Laboratories**

The division of Epidemiology, Health Statistics, and Public Health Laboratories provides high-quality health information, vital records, assessment services, and communicable disease investigations. Our laboratory provides a wide range of diagnostic and analytical services for the assessment and surveillance of infectious, communicable, genetic, and chronic diseases and environmental health concerns.

We support studies done at the Northwest Portland Area Indian Health Board Tribal Epidemiology Center by providing data. The Center for Health Statistics works with tribal enrollment officials in Washington State and throughout the county regarding birth and death certificates.

For additional information contact:

Pamela Lovinger, Senior Advisor for Policy and Business Practices  
Epidemiology, Health Statistics, and Public Health Laboratories  
P.O. Box 47811  
Olympia, Washington 98504-7811  
360-236-4225 office  
360-236-4245 fax  
pamela.lovinger@doh.wa.gov

### **III. Community and Family Health**

#### **Office of Infectious Disease and Reproductive Health**

##### **Tuberculosis Control**

Tuberculosis (TB) disproportionately affects American Indians throughout the U.S. and in Washington. The national rate of TB among American Indians in 2010 was 6.1 per 100,000, compared with 3.6 per 100,000 among all people for the same year. In 2010, the TB incidence rate in Washington was 9.0 per 100,000 cases among American Indians compared to 3.8 per 100,000 among all people in Washington.

The state health department works to reduce the TB incidence rate among American Indians because of the disproportionate effect. The goal is to reduce this rate for Washington's American Indian population from 18.4 per 100,000 to 4.0 per 100,000. With collaboration from multiple tribes across the state, the Department of Health TB Program is close to reaching this goal. The TB Program continues to help develop culturally competent educational materials to fit the needs of the American Indian population. Lack of resources combined with program cuts in the TB Program may reduce participation in meetings and special projects. However, the TB Program medical consultant, nurse consultants, and TB website are available for the most up-to-date TB information.

The department plans to continue working with the Northwest Portland Area Indian Health Board, American Indian Health Commission, Indian Health Services, tribal health centers, local public health agencies and others to reduce TB among American Indians. They will:

- Maintain established partnerships with Washington tribes.
- Ensure implementation of Centers for Disease Control and Prevention (CDC) guidelines for preventing and controlling TB.
- Identify the most effective methods of delivering and disseminating specific TB information to Indian Health Services, tribal, and urban health program practitioners.

For additional information contact:  
Sheanne Allen, TB Program Coordinator  
Tuberculosis Control Program  
Community and Family Health  
Post Office Box 47837  
Olympia, Washington 98504-7837  
360-236-3423 office  
360-236-3405 fax  
sheanne.allen@doh.wa.gov

## **Community Wellness and Prevention**

In 2009, “Healthy Communities Washington” was launched to improve the health of people at the community level. Chronic diseases such as cancer, heart disease, and diabetes are the leading cause of disability and death in Washington. Most can be prevented or controlled by supporting people where they live, learn, work and play.

A key component of this work is to pool money from across programs, and direct it to local health agencies and tribal health departments. Money was used to influence tobacco use, physical inactivity, and unhealthy eating by changing policies, environments, and systems. Healthy Communities projects throughout the state bring public health community partners together. These include government, businesses, unions, schools and health care.

The department funds Healthy Communities projects in about one-third of Washington’s counties. The Lummi Tribe is one of the funded projects. For more information about Healthy Communities projects, go to <http://here.doh.wa.gov/> and search for Healthy Communities. We will also continue to offer program and technical expertise on specific topics.

## **Chronic Disease Health Improvement**

The chronic disease and health promotion programs coordinate their work, such as the Diabetes and the Tobacco Prevention and Control programs. Together, these programs identify opportunities for behavioral change. Some of these opportunities include chronic disease self-management programs, support groups for physical activity, classes about eating well with high blood pressure, community gardening, support for weight management, tobacco cessation, and diabetes control.

Several projects within this unit focus on connecting Washington’s tribes to local resources to prevent and manage high blood pressure. The heart disease and stroke, and diabetes programs fund and promote the Chronic Disease Self-Management Program in Washington. This program is a proven, cost-effective intervention to improve health and reduce costs. American Indians and Alaska Natives (AI/AN) are at high risk of disability and death from heart disease, stroke, and diabetes.

For additional information contact:

Anne Shields, Unit Director  
Chronic Disease Health Improvement  
Office of Community Wellness and Prevention  
Community and Family Health  
P.O. Box 47855  
Olympia, Washington 98504-7855  
360-236-3686 office  
360-360-236-3717 fax  
anne.sheilds@doh.wa.gov

### **Asthma Program**

The Asthma Program recently received funding for a pilot project for Washington tribes. The Asthma Program hired a disparities project coordinator to provide outreach and technical assistance to tribes.

The department awarded a four-year grant to Port Gamble S'Klallam Tribe for a home visit project for people with asthma, aiming to reduce asthma health disparities in tribal communities. The program offers advice to other tribes that would like to develop a program

For additional information contact:

Reva Wittenberg, Manager  
Asthma Program  
Office of Community Wellness and Prevention  
Community and Family Health  
P.O. Box 47855  
Olympia, Washington 98504-7855  
360-236-3851 office  
360-236-3708 fax

### **Cancer Prevention and Control**

The state Department of Health works with a statewide partnership to reduce the burden of cancer. A grant from the Centers for Disease Control and Prevention (CDC) funds the program as part of its National Comprehensive Cancer Control Program. The Washington CARES About Cancer Partnership is a group of organizations and individuals working to address priorities within the Washington State Comprehensive Cancer Control Plan. The Washington State Cancer Registry provides incidence data to South Puget Intertribal Planning Agency's Comprehensive Cancer Control Program.

- The South Puget Intertribal Planning Agency Comprehensive Cancer Control Program manager is a standing member of the Washington CARES About Cancer Partnership's Steering Committee.
- The state health Comprehensive Cancer Control Program manager is on the planning agency's Comprehensive Cancer Control Project Advisory Board.
- The Cancer Prevention and Control Unit participates in the Northwest Portland Area Indian Health Board's Northwest Tribal Cancer Coalition quarterly meetings.

The Comprehensive Cancer Control Program worked with a native artist to design and print culturally appropriate awareness brochures and posters for Native Americans about prostate cancer and colorectal cancer screening. South Puget Intertribal Planning Agency, the Seattle Indian Health Board, and Northwest Portland Area Indian Health Board provided ideas for brochure and poster distribution.

The Washington Breast, Cervical, and Colon Health Program serves Native Americans through seven prime contractors. These contractors have formal agreements with tribal organizations to assure that qualifying women receive mammograms and Pap tests, and that qualifying women and men receive colon cancer screening. Limited tribal funding means less money is available to pay for diagnostic procedures. The South Puget Intertribal Planning Agency breast and cervical health program can refer women to the state breast and cervical health program for those services.

The Washington State Cancer Registry collects case information on all newly diagnosed cancers. The information collected includes patient demographics including residence at diagnosis, origin and type of cancer, degree of spread at diagnosis, and treatment information. The Cancer Registry performs linkages to other data files to update and correct case reports. The State Cancer Registry is uniquely able to provide valuable information for public health planning and for medical and scientific research. The registry publishes an annual statistical report that describes the trend of cancer incidence within Washington residents overall and by several variables such as county, gender, and race. It can also provide de-identified data to organizations and researchers to support their work to reduce the burden of cancer on Washington residents.

For additional information contact:

Pama Joyner, Unit Director  
Partnership, Planning, Policy and Operations Unit  
Office of Community Wellness and Prevention  
Community and Family Health  
P.O. Box 47859  
Olympia, Washington 98504-7859  
360-236-3589 office  
pama.joyner@doh.wa.gov

### **Tobacco Prevention and Control Program**

The agency Tobacco Prevention and Control Program contracted with 22 of 29 federally recognized tribes during state fiscal year 2010-2011. The Hoh, Muckleshoot, Quinalt, Shoalwater Bay, Skokomish, Snoqualmie, and Stillaguamish tribes did not apply for money. Tribes receiving funding focused on changing tribal policies and on continuing their outreach efforts to reduce tobacco use and secondhand smoke exposure in their communities.

During state fiscal year 2010-2011 the Tobacco Prevention and Control Program contracted with the American Indian Health Commission (AIHC) to host two Tribal Tobacco Policy Trainings (fall and spring). The trainings taught tribal tobacco coordinators how to advocate for policy, systems, and environmental changes in their communities. Discussions are under way with AIHC to design a “healthy communities” model for tribal communities in Washington. AIHC

has been meeting with tribal leaders and chronic disease programs to explore how the Department of Health's "healthy communities" approach (a community-driven, integrated approach to prevent and control chronic disease) might work in tribal communities. They have proposed developing tools and training, and conducting pilot projects to test the tribal-specific model during the next two years. With tribes embracing maternal and infant health issues as a priority, AIHC will ensure its healthy communities activities support this work.

The Seattle Indian Health Board (SIHB) has served as the Tobacco Prevention and Control Program's Urban Indian contractor since 2003. The past two years, its work has included:

- Developing a network of organizations to work on tobacco-related disparities in urban Indian communities in King, Pierce and Spokane counties.
- Conducting a community assessment.
- Advocating for public and private policy change related to tobacco use.
- Monitoring tobacco industry marketing and using the information to educate the urban Indian community.
- Helping organizations serving urban Native Americans develop their abilities to address tobacco-related disparities. They are working to increase access to cessation services and to link tobacco use with chronic disease through programs addressing heart disease and stroke, diabetes, asthma, and cancer. Seattle Indian Health Board continues its efforts to become a tobacco-free organization by 2012.
- Evaluating its activities.

Other than some limited youth prevention funds, state funding for the statewide Tobacco Prevention and Control Program will end June 30, 2011, without legislative action to replenish the state Tobacco Prevention and Control Account. Without state funding, tribal and other tobacco prevention contracts will end. County contracts ended December 2010. Through March 2012, the program will receive \$2.5 million in federal funds from the Centers for Disease Control. This money will be used to support:

- Healthy communities activities, including work with the American Indian Health Commission.
- Efforts to create smoke-free multiunit housing (apartments and public housing).
- Quitline promotion.
- Outreach to help health care and chemical dependency clinics to improve their treatment of nicotine addiction.
- Data gathering and evaluation activities.

For additional information contact:

David Harrelson, Tribal and Tobacco Disparities Specialist  
Tobacco Prevention and Control Program  
Office of Community Wellness and Prevention  
Community and Family Health  
P.O. Box 47859  
Olympia, Washington 98504-7859  
360-236-3589 office  
360-236-3646 fax  
david.harrelson@doh.wa.gov

## **Office of Nutrition Services**

The Office of Nutrition Services works to improve the life-long nutrition and health of low-income individuals and families through nutrition education, breastfeeding promotion and support, and increased access to healthy foods. Activities in the office center around (assuring Women Infants and Children (WIC) Nutrition Services are available throughout the state, and around supporting nutrition education projects through the Supplemental Nutrition Assistance Program (SNAP-Ed) in communities with high participation in the state's Basic Food or SNAP program.

### **Women, Infants, and Children (WIC) Nutrition Program**

The department shares the concerns of tribal leaders about health disparities among their members and in particular the concern about high infant mortality rates among native children. For more than 20 years, the Washington WIC Nutrition Program has worked to assure WIC Nutrition services are available to tribal members through their tribal organizations and/or where they live. It is our goal to support easy access to WIC and eliminate barriers for young Native American families to receive culturally appropriate WIC services and referrals for preventive health care.

- The WIC Nutrition Program contracts with 14 Washington tribes to provide WIC nutrition services to tribal members. Twenty-two tribes receive WIC services either through intergovernmental agreements with the Department of Health; through another tribe's intergovernmental agreement; through a local health jurisdiction; or through a tribally chartered intergovernmental agency. The department also contracts with Seattle Indian Health Board to provide WIC services to the urban American Indian population living in the Puget Sound area.
- The WIC Nutrition Program is collaborating with the American Indian Health Commission to identify barriers to participation in WIC among American Indian/Alaska Native pregnant women and their children. Together we are working to develop strategies to enhance services to the tribes and urban Indian health organizations. The collaboration effort is in direct response to concerns over high infant mortality and morbidity among American Indian/Alaska Native infants.
- In November 2010 at the Tribal Leader Health Summit, the American Indian Health Commission presented findings of its research on maternal health issues among tribal members and reviewed recommendations in its strategic plan: "Healthy Communities: Tribal Maternal and Infant Health Strategic Plan." Tribal leaders adopted the strategic plan in January 2011 and directed the commission to design and implement strategies to begin addressing maternal and infant health disparities in tribal communities. The value of increasing and supporting breastfeeding was of high interest to the leaders.
- Washington WIC participates in the U.S. Department of Agriculture Breastfeeding Peer Counseling (BFPC) Program, a research-based curriculum designed to improve breastfeeding rates nation-wide. The BFPC grant supports training former WIC participants who have experience breastfeeding on the "Loving Support" peer counseling model. These peer counselors work with local WIC clinics and are available to help newly breastfeeding moms start and maintain breastfeeding. Colville Confederated Tribes and Puyallup Tribal Health Authority were the first and second tribes respectively to receive funding to implement this program. Six tribal WIC programs are funded for BFPC.

- Washington WIC received a U.S. Department of Agriculture (USDA) Revitalizing Quality Nutrition Services grant to support community projects to increase consumption of fruits and vegetables. Suquamish Tribe’s WIC program was awarded more than \$8,600 from the grant to implement its fruit and vegetable project to help its WIC families increase fruits and vegetables in their diets.
- The WIC Nutrition Program continues to collaborate with the commission on its Maternal Health Strategic Plan recommendations. There are several examples of WIC’s commitment to this work:
  - The plan recommends AIHC be provided funding to hire WIC staff. With support from AIHC, WIC instead assigned a program staff person who participated in developing the strategic plan to work part time with AIHC on WIC program issues.
  - The staff hired in Breastfeeding Peer Counseling Program includes an individual with specific experience working with tribes.
  - A portion of WIC outreach funds is committed to support the commission’s work to identify improvements in tribal WIC services so that WIC services are more accessible and attractive to potential Native American clients.
  - Program staff actively participates and supports the AIHC Maternal-Infant Health Workgroup working on planning the implementation phase of the strategic plan’s recommendations.

**Supplemental Nutrition Assistance Program Education (SNAP-Ed)**

- SNAP-Ed provides nutrition education to communities serving recipients of the state’s Basic Food Program. Four Washington tribes have contracts for SNAP-Ed nutrition education work. These projects focus on three populations: children (Pre-K through middle school age), adults receiving commodities, and mothers participating in WIC. Projects are designed to help participants make healthy food choices on a limited budget.
- Tribal educators working with people who receive Basic Food benefits and Department of Health staff worked in partnership to create the “Circle of Change” training manual. The manual identifies successful programs to share among Washington tribes and is available to tribal communities on request. Circle of Change can be downloaded from the Health Education Resource Exchange (HERE) web site: <http://here.doh.wa.gov/>.

For additional information contact:

Janet Jackson Charles, Director  
 Office of Nutrition Services  
 Office of Community Wellness and Prevention  
 Community and Family Health  
 P.O. Box 47886  
 Olympia, Washington 98504-7886  
 360-236-3697 office  
 360-236-2345 fax  
[janet.charles@doh.wa.gov](mailto:janet.charles@doh.wa.gov)

## **Office of Maternal and Child Health**

### **Tribal Maternal and Infant Health Disparities**

Developed in collaboration with and financial support from the department, the American Indian Health Commissions (AIHC) Maternal-Infant Health (MIH) Strategic Plan was a priority focus of the 2010 Tribal Health Summit. The plan, developed to improve tribal maternal and infant health disparities, includes findings, recommendations, and a two- year implementation strategy. To ensure effective collaboration we designated staff to work directly with AIHC on these efforts.

The plan includes a comprehensive assessment of issues, risk factors, and efforts that both positively and negatively affect American Indian/Alaska Natives (AI/AN) pregnant women and their children's health. Best practices, models and promising programs, strategies, and implementation costs are identified. Strategies can be implemented individually or cross-disciplinary as resources become available.

- The department and AIHC initiated discussions about holding a tribal "MIH best practices" conference later this year. The conference would facilitate sharing the plan with tribal health leaders, promote use by tribes, and increase awareness of culturally effective programs, and other strategies. The conference would also provide an opportunity for AIHC to solicit financial support from state and federal policy makers, foundations, and other funders.
- The CDC awarded the Maternal and Child Health Assessment Program with a grant for a Pregnancy Risk Assessment Monitoring System (PRAMS) Tribal Flu Project. We will work with AIHC to use PRAMS data concerning pregnant Native American women to work with tribes on the percentage of women with the flu and immunization experience.

### **Maternal, Infant, Child and Adolescent Health**

Maternal, Infant, Child and Adolescent Health (MICAH) supported AIHC's development of its Tribal Maternal-Infant Health Strategic Plan by participating on the AIHC maternal and infant health workgroup and providing financial support to help with plan development. This workgroup includes representatives from various tribes, urban Indian health centers, and staff members from the Department of Social and Health Services (DSHS). The plan includes a comprehensive assessment of issues, risk factors, and efforts that both positively and negatively affect AI/AN pregnant women and their children's health. Best practices, models and promising programs, strategies, and implementation costs are identified. Strategies can be implemented individually or cross-disciplinary as resources become available. We are working with the commission to support and assist with plan implementation.

A number of grant-funded projects aimed at improving the health of pregnant women, new parents, and their children include AI/AN women and families in their target populations. These activities include:

- Improving the health of pregnant women and new mothers, including Native Americans, by connecting them to resources and information to support their health and their families' health. Some project outreach activities will be specifically targeted to AI/AN women.
- In Yakima County, new and expecting mothers, including Native Americans, participate in Parents as Teachers programs sponsored by Project Launch. These programs enhance parenting skills to prevent child abuse and improve child safety. We are working with the Yakama Tribes to increase participation in parenting skills classes to prevent abuse and unintentional injuries.

- Working with the Office of Superintendent of Public Instruction and local partners to improve and expand the Graduation, Reality and Dual Skills (GRADS) Program. This is a program for pregnant and parenting teens in 18 high schools around the state, including schools that serve Native American teens. The program includes high school classes, outside supports, and practicum experience for pregnant women and teen mothers and fathers. The program has been effective in increasing graduation rates for enrolled students, and improving positive health outcomes such as receipt of prenatal care, and delivery of infants with adequate birth weights.

In the central Puget Sound area a coalition is organizing a summit to address poor birth outcomes in Native American and African-American communities in the 4-county region of King, Pierce, Snohomish and Kitsap counties. The summit will provide an opportunity for community members, care providers, and decision-makers to work together on a regional action plan that addresses the root causes of racial disparities in birth outcomes—including inequities in housing, criminal justice, economic development, environmental justice, and education. Maternal, Infant, Child and Adolescent Health is supporting summit planning and participating on the summit planning committee, which includes representatives of a number of community-based organizations, local governments, and state agencies.

For additional information contact:

Marilyn Gisser, Maternal, Infant, Child and Adolescent Health Consultant  
 Maternal, Infant, Child and Adolescent Health Center  
 Office of Maternal and Child Health  
 Community and Family Health  
 P.O. Box 47889  
 Olympia, Washington 98504-7889  
 360-236-3503 office  
 Marilyn.gisser@doh.wa.gov

### **Pregnancy Risk Assessment Monitoring System (PRAMS)**

State health continues looking for ways to work with tribes to improve data collection and sharing. The Northwest Portland Area Indian Health Board and the Seattle Urban Indian Health Institute developed culturally appropriate brochures and posters about PRAMS participation to distribute to tribal communities. Ongoing communication and collaboration with tribal groups continues to increase response rates. The Northwest Portland Area Indian Health Board and the Seattle Urban Indian Health Institute have representatives on the PRAMS Coordinating Committee. Tribal representatives have participated throughout the PRAMS Phase 7 survey revision process beginning this year.

Tribal representatives continue to work with PRAMS analysts on additional projects and current data-sharing agreements continue.

The Centers for Disease Control and Prevention published findings showing American Indian/Alaska Natives had a 2009 H1N1 death rate four times higher than all races combined. Additionally, pregnant and postpartum women and infants are at increased risk of severe complications from both seasonal and H1N1 influenza. Given this significant increased risk for morbidity and mortality, it is imperative to understand pregnant American Indian women's access to and perceptions of vaccination for seasonal and H1N1 influenza.

A \$50,000 PRAMS grant was awarded to the Department of Health for “Tribal Flu Outreach Washington State PRAMS 2011. The grant provides resources for a partnership with the American Indian Health Commission (AIHC) and Tribal Epidemiology Centers in Washington to:

- Create a Tribal Flu Steering Committee (TSC) to address vaccination coverage, experience with influenza, and other maternal and child health priority issues for American Indian women in Washington.
- Work through the TSC to develop an analysis plan and dissemination plan to address Washington tribal priorities related to immunizations and pregnant women.
- Analyze 2009 and 2010 AI/AN PRAMS supplemental influenza data to examine H1N1 vaccination, experience with febrile illness, influenza diagnoses and hospitalizations during pregnancy, and other perceptions and experiences around the time of pregnancy.
- Work with the AIHC and TSC to disseminate results of analyses.
- Enhance PRAMS and tribal collaborations by identifying measures to improve response rates, and analyzing and presenting available weighted American Indian PRAMS data to the TSC to assist with addressing tribal maternal and child health priorities.

We are in the beginning phase of setting up contacts and will soon begin identifying activities.

For additional information contact:

Linda Lohdefinck, Health Services Consultant/PRAMS Coordinator  
Pregnancy Risk Assessment Monitoring System  
Office of Maternal and Child Health  
Community and Family Health  
P.O. Box 47835  
Olympia, Washington 98504-7835  
360-236-3497 office  
360-236-2323 fax  
TTY Relay: 711 or 1-800-833-6388  
linda.lohdefinck@doh.wa.gov

### **Immunization Program CHILD Profile**

Research identified a disproportionate negative health effect of H1N1 influenza to the American Native population. Immunizations are key to prevention and to improving health for the AI/communities in Washington State. The American Indian Health Commission of Washington has also recognized a need to improve rates for seasonal influenza and for routine adolescent immunizations. Addressing immunization needs of the American Indian/Alaska Native population in a culturally appropriate and effective way is critical.

The Centers for Disease Control and Prevention (CDC) awards funding to the Washington State Department of Health, Immunization Program CHILD Profile (IPCP) for overall statewide immunization program activities. In 2009, IPCP allocated program funds to work with the American Indian Health Commission to identify strategies to address barriers and identify activities to increase tribal immunization rates. Resulting recommendations from AIHC and tribes project reporting included:

- Establish a Tribal Health Immunization Workgroup as part of American Indian Health Commission tribal delegates, other tribal health partners, and department representatives to:
  - Provide technical assistance.
  - Help tribal communities plan, implement and evaluate immunization activities.
  - Identify resources to help increase tribal immunization rates in a culturally appropriate, community driven manner.

In 2010, the first AIHC Tribal Health Immunization Workgroup was established by the American Indian Health Commission, tribal leaders, and tribal health clinics to continue to partner and address tribal immunization health needs and strategies. Immunization Program CHILD Profile provided technical assistance and participated in tribal health immunization planning and H1N1 debrief and evaluation.

Collaborative efforts continue in 2011 to include:

- Provide technical assistance and collaborate on immunization activities with the American Indian Health Commission and tribes to develop tribal identified strategies to improve immunization rates for seasonal and pandemic influenza, and routine adolescent immunizations for American Indians/Alaska Natives in Washington.
- Work with the American Indian Health Commission and tribes to address immunizations as a priority health disparity through a tribally driven process that includes a culturally appropriate community-driven outreach effort.
- Participate in the AIHC Tribal Health Immunization Workgroup, providing technical assistance with planning, implementing and evaluation immunization promotion and capacity building activities.
- Partner with the tribal Maternal and Infant Health Workgroup to review and address identified immunization best practices for improving maternal and child health.

For additional information contact:

Wendy Stevens, MNPL, MSS  
 Adolescent Immunization Provider Outreach and Immunization Tribal Liaison  
 Immunization Program CHILD Profile  
 Community and Family Health  
 P.O. Box 47843  
 Olympia, Washington 98504-7843  
 360-236-3574 office  
 360-236-3590 fax  
[wendy.stevens@doh.wa.gov](mailto:wendy.stevens@doh.wa.gov)  
[www.childprofile.org](http://www.childprofile.org)  
[www.doh.wa.gov/cfh/immunize/](http://www.doh.wa.gov/cfh/immunize/)

## **IV. Environmental Health**

### **Shellfish Program**

The Shellfish Program continues to partner on a day-to-day basis 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. In 2010, we opened three new shellfish harvest areas in Puget Sound at the request of the tribes in Kitsap and Pierce counties. We also worked with tribes to restore water quality in several shellfish growing areas. We also began working with the Nisqually Tribe on a Puget Sound Scientific Studies grant awarded by Region 10 of the U.S. Environmental Protection Agency. This three-year effort will evaluate the potential for restoring shellfish harvest to a study area stretching from Sunset Beach (just north of Chambers Creek) south to the Sequelitchew Creek near the Nisqually Delta.

In 2010, we issued 50 tribal shellfish licenses, which included 14 tribes and 36 individual companies owned by tribal members. Tribes licensed as “harvesters” were the Lower Elwha Klallam, Muckleshoot, Nisqually, Port Gamble S’Klallam, Puyallup, Skokomish, Squaxin Island and the Tulalip. Those licensed as interstate “shellstock shippers” were the Jamestown S’Klallam Tribe, Lummi Indian Nation, Suquamish Tribe, Upper Skagit Indian Tribe and Swinomish Indian Tribal Community. Those licensed as interstate “shucker packers” were the Quinault Indian Nation and the Squaxin Island Tribe. Thirty-seven individual tribal operations, owned and operated by tribal members, received shellfish operation certificates of approval.

For additional information contact:

Jerrod Davis, Director  
Office of Shellfish and Water Protection  
Environmental Health  
P.O. Box 47824  
Olympia, Washington 98504-7824  
360-236-3391 office  
360-236-2257 fax  
jerrod.davis@doh.wa.gov

### **Site Assessments and Toxicology Programs**

The mission of the Site Assessments and Toxicology programs is to serve public health by protecting against overexposure to environmental contaminants. We achieve our mission by evaluating environmental data, conducting scientific analyses, developing health protective recommendations, and implementing protective strategies through education and outreach. Tribes emphasize that health assessments for fish and shellfish must consider tribal consumption rates and also pollution reduction to decrease or eliminate contaminants in fish. Our Toxicology program works with and supports initiatives of the state Department of Ecology and efforts by the Puget Sound Partnership to reduce or eliminate persistent contaminants that build up in fish and people. We work to increase collaboration with tribes to provide sound health advice on fish consumption and shellfish harvesting. Recent efforts include applying for a federal grant proposing to collect crab, shrimp and fish samples from Puget Sound with tribal partners to obtain data on contaminants for use in a human health assessment designed to fill data gaps in previous work.

Persistent bioaccumulative toxins (PBTs) such as mercury, arsenic, perfluorinated compounds (PFCs), polychlorinated biphenyls (PCBs), and flame retardant chemicals such as polybrominated diphenyl ethers (PBDEs), are global pollutants and are a national concern. These chemicals accumulate in fish and shellfish upon which humans can be exposed when consuming them. PBTs have been linked to a multitude of health problems including birth defects, reproductive failure, cancer, and learning and behavioral problems in young children. We assess exposure to PBTs through biomonitoring and fish consumption behavior patterns to provide health advice to the public to reduce exposure while retaining fish as part of a healthy diet. Our fish consumption advisories are important to Native Americans who historically eat more fish than other groups.

Our Site Assessments program has provided assistance to tribes in developing shellfish sampling plans and evaluating the results for health risks. We have also worked with Ecology and tribes to evaluate health concerns near hazardous waste sites (e.g., Lake Roosevelt) and for numerous Puget Sound contaminated sites near shellfish harvesting areas (e.g. Fidalgo Bay, Wyckoff Eagle Harbor, Richmond Beach, Port Gardner, Port Gamble, Nisqually/Chambers Creek). The results of these health assessment documents are important to tribes as the basis for developing health messages for tribal members who commercially and ceremonially harvest state fish and shellfish.

For additional information contact:

Nancy Napolilli, Director  
Office of Environmental Health, Safety and Toxicology  
Environmental Health  
P.O. Box 47846  
Olympia, Washington 98504-7846  
360-236-3325 office  
360-236-2261 fax  
nancy.napolilli@doh.wa.gov

## **Radiation Protection Programs**

### **Dawn Mining Company**

The Radiation Protection Programs hold routine meetings with the Spokane Tribe to exchange information about the Dawn Mining Company uranium mill facility that borders the Spokane Indian Reservation. Topics discussed at the meetings include environmental monitoring, ground water and water quality, and upcoming closure activities at the mill site. The meetings have been very successful. They provide a forum in which we can exchange information, and in which the tribe can ask questions and comment on proposals for the facility.

### **Commercial Low-Level Radioactive Waste Disposal Facility**

In an effort to discuss and receive input regarding the possibility of adding additional groundwater monitoring wells at the disposal facility, a committee was formed by Radiation Protection. The committee consisted of a representative from the Confederated Tribes of the Umatilla Indian Reservation and from the Nez Perce Tribe, as well as the Department of Ecology. The committee reviewed the current conditions at the facility as well as the groundwater monitoring network. The committee made recommendations that will be factored into the review for relicensing the facility.

Last year, the departments of Health and Ecology began meeting monthly with representatives from the Confederated Tribes of the Umatilla Indian Reservation, the Nez Perce Tribe, and the Yakama Nation to address tribal concerns about the commercial low-level radioactive waste disposal facility located near Richland, Washington. The tribes have concerns about the safety of the methods being used to evaluate closure options at the site. Topics discussed at the meetings include the Final Environmental Impact Statement (FEIS) for the closure of the facility, ground water, radiological dose modeling (including a Native American scenario pathway and doses), radiological source term, environmental sampling, and cover designs for dry environments. In response to tribal comments, Health asked the U.S. Nuclear Regulatory Commission (NRC) to conduct a technical review of the FEIS risk assessment. The NRC contacted the tribes to review the results of their evaluation of the technical request.

For additional information contact:

Terry Frazee, Director  
Office of Radiation Protection  
Environmental Health  
P.O. Box 47827  
Olympia, Washington 98504-7827  
360-236-3210 office  
360-236-2255 fax  
Terry.Frazee@doh.wa.gov

## **V. Health Systems Quality Assurance**

### **Office of Community Health Systems (Rural Health)**

#### **Health careers – Project HOPE (Health Occupations Preparatory Experience)**

The funding for Project HOPE was suspended by the legislature in 2010.

#### **American Indian Health Care Delivery Plan**

In April 2010 the 2010-2013 the American Indian Health Care Delivery Plan was published. The 2010-2013 plan describes initiatives that provide the potential for further reducing American Indian/Alaska Native (AI/AN) health disparities and developing policies that improve the ability of tribes to provide needed services in their communities. Department of Health will contract with the American Indian Health Commission for the 2011-2013 biennium to:

- Develop and carry out implementation strategies to improve health services for American Indians/Alaska Natives
- Support work on the American Indian Health Care Delivery Plan to achieve the goal identified above.
- Increase communication and problem-solving between Washington State and Tribal Leaders
- Bring together tribes and state representatives to improve health care for American Indians/Alaska Natives

## **Technical assistance**

### **Assistance in Recruiting Health Care Providers**

The Department of Health's Rural Health program works with tribes throughout the state to recruit primary health care providers for tribal clinics.

There has been a significant increase in the dollars available for the National Health Service Corps health professional loan repayment program. We worked with the Makah Nation - Sophie Trettevick Indian Health Center to become approved as a National Health Service Corps loan repayment site. In addition, we assisted the Makah Nation in recruiting a dentist to its clinic.

We've worked with a number of tribes in 2010-2011 to recruit health care providers. Currently we're recruiting for the Shoalwater Bay Tribe, Puyallup Tribe, Makah Nation, and the Muckleshoot Tribe. These tribes are looking for primary care physicians, physician assistants, nurse practitioners and dentists. Information on several candidates has been shared with the tribes. We hope some of these provider candidates will be selected.

## **Technical Assistance**

### **Assistance to Enhance Access to Health Care in Tribal Communities**

Technical assistance continues to be available to help tribes that are interested in becoming Section 330-funded Federally Qualified Health care Centers. We also support tribal clinics interested in participating with National Health Service Corps clinicians. The following are some of the projects that have been conducted with tribes in 2010-2011:

- The Colville Tribe experienced two leadership transitions in its health center. We:
  - Assisted one executive director in educating the Tribal Council on the Community Health Center Section 330 grant Program.
  - Supported and convened a Board of Pharmacy review of the clinic when the incumbent Pharmacist retired.
  - Responded to inquiries from the tribe on the requirements of the Community Health Center 330 grant Program.
- Provided technical assistance to the Makah Nation regarding National Health Service Corps compliance, including a site visit to the Sophie Trettevick Clinic with Federal Region X reviewers.
- Consulted with the Nooksack Tribe in its Community Health Center 330 grant Program application.
- Conducted site visits and involved the Lower Elwha, Makah, James Town S'Klallam, and Quileute tribes in health care access planning in Port Angeles.
- Provided technical assistance to the Tahoma Indian Center for urban Native Americans in Tacoma leading to the establishment of a monthly nutrition clinic and a quarterly dental clinic.

For additional information contact:

Kris Sparks, Rural Health  
Office of Community Health Systems  
Health Systems Quality Assurance  
P.O. Box 47834  
Olympia, Washington 98504-7834

360-236-2805 office  
kris.sparks@doh.wa.gov

## **Health Professions and Facilities**

The Office of Health Professions and Facilities protects the public's health in various settings. It does this by establishing and enforcing safety and care standards for state licensing and Medicare certification.

On request of the Port Gamble S'Klallam Tribe, representatives from the Department of Health, Department of Social and Health Services Health Resources Services Administration (DSHS HRSA), Region X Centers for Medicare and Medicaid Services (CMS) and the American Indian Health Commission met to discuss having the Department of Health certify a tribal home health program as meeting state licensing requirements.

The tribe currently has a Medicare-certified Federally Qualified Health Center and wants to provide home health care to tribal members on its reservation. Because of the sovereign status of the tribes, the Department of Health and the tribe are developing a process for Department of Health staff members to be invited to do a certification survey that will evaluate the program against state standards. The goal is for the tribe to develop a program that is consistent with existing federal and state regulations. It could then receive acknowledgement of state licensing equivalence and certification of compliance from the Centers for Medicare and Medicaid Services, so reimbursement by Medicare and Medicaid can occur for eligible beneficiaries. A draft memorandum of understanding has been developed by the Department of Health and presented to the Port Gamble S'Klallam Tribe, DSHS HRSA, and the Centers for Medicare and Medicaid Services for discussion and consideration.

For additional information contact:

Steven Saxe, Director  
Health Professions and Facilities  
Health Systems Quality Assurance  
P.O. Box 47852  
Olympia, WA 98504-7852  
360-236-2902 office  
360-236-2901 fax  
steven.saxe@doh.wa.gov

## **VI. 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, by regulating certain activities, and by providing a forum for public input. The governor appoints nine of the 10 members to fill three-year terms. Secretary of Health Mary Selecky or her designee is the 10th member of the board. The state Department of Health is required by statute to provide technical staff support, 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 board members “experienced in matters of health and sanitation” be a representative from a federally recognized tribe. In April 2011, Governor Chris Gregoire appointed Stephen Kutz of the Chehalis Indian Tribe to replace Mel Tonasket of the Colville Confederated Tribes.

One agency representative to the council is the director of the Governor’s Office of Indian Affairs or a designee. Craig Bill, Governor’s Office of Indian Affairs executive director, asked that the American Indian Health Commission designate a tribal representative. Sheryl Lowe, American Indian Health Commission executive director, currently serves as the tribal representative on the Council.

On October 18, 2010, the Governor appointed Emma Medicine White Crow, a consumer member of the council since its inception, council chair.

### **Communications Support for American Indian Health Commission**

The board has provided technical assistance to the American Indian Health Commission to support the development of its next generation website.

### **Academic Achievement Gap and Health Disparities**

The board continued a major policy initiative that explores the link between health disparities and the academic achievement gap for students of color, including American Indian/Alaskan Native children. A report issued in September 2009 with the board, the Department of Health and the Office of Superintendent of Public Instruction added Washington-specific findings to the body of research linking student health to academic performance. The report also described policies that could simultaneously address both problems. The focus for 2010-11 was on distributing a report and encouraging implementation of the policy recommendations.

### **State Action Plan for Health Disparities**

In June 2010, the council submitted its State Policy Action Plan to Eliminate Health Disparities, focusing on education, health insurance coverage, health care workforce diversity, obesity, and diabetes. The plan included policy recommendations submitted to the Governor and members of the Legislature aimed at reducing health disparities by race/ethnicity and gender, including health disparities for American Indian/Alaska Natives. In accordance with its authorizing legislation, the council is in the process of revising the plan to focus on a new set of priority health topics. It anticipates the updated plan will be submitted in 2012.

### **Outreach to Tribes**

In 2007, the council received a three-year grant award from the federal Office of Minority Health to increase outreach to tribes and communities of color. The grant provided money to hire a community outreach coordinator. The community outreach coordinator helped to support the

Tribal Leaders Health Summit in 2009, assisted the American Indian Health Commission with a needs assessment of tribes in Western Washington, and provided health education and outreach to 16 Tribes.

In 2010, the council received another three-year grant to continue community outreach work and to support specific partnership activities with the racial/ethnic commissions in the State, including the American Indian Health Commission. The current grant supports Yris Lance's work as a community relations liaison. She is assisting the American Indian Health Commission with ongoing outreach to the Tribes. In addition, Ms. Lance is coordinating grant activities that will directly support the development of the commission's strategic plan, including action steps to decrease disparities.

For additional information contact:

Craig McLaughlin, Executive Director  
Washington State Board of Health  
P.O. Box 47990  
Olympia, Washington 98504-7990  
360-236-4106 office  
360-236-4088 fax  
[craig.mclaughlin@doh.wa.gov](mailto:craig.mclaughlin@doh.wa.gov)