



STATE OF OREGON

Tribal Public Health Modernization Assessment Process Summary

July 2018



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EXECUTIVE SUMMARY

Oregon's 2016 public health modernization assessment was adapted for relevance to Oregon tribes, in an effort to establish a common public health modernization framework, identify strengths and gaps in tribal public health services, and facilitate collaboration between local public health authorities, Oregon Health Authority, and tribal public health authorities. The following items were produced as part of this work:

- A common set of tribal public health definitions
- Tribal public health assessment report for each participating tribe, with an automatically updating Excel-based assessment tool for future use
- Tribal public health profiles
- Templates for future assessments, assessment analysis, assessment reports, and tribal profiles for use in future tribal assessments

Oregon Health Authority retains copies of the above products, with the exception of data and results from participating tribes' assessments. This summary report memorializes the tribal assessment process and presents high-level findings.

Key Findings

- Tribal public health entities play an integral role in population health, providing service to members residing on and outside of tribal lands and among the broader Oregon population, and to non-member Oregon residents living on tribal lands.
- There is an opportunity for more positive and collaborative relationships between local public health authority staff and tribal public health entities.
- Overall, tribal public health entities have the experienced, knowledgeable staff they need to do their work, but lack the time and resources to fulfill public health roles.
- Governmental public health definitions were not always relevant to tribes and were edited for the tribal context. When looking for opportunities to collaborate, PHD, tribes and local public health authorities should understand how these differences work toward a common goal.

Next Steps

- Engage more of Oregon's federally recognized tribes in the assessment process, using the materials provided.
- Tribes may choose to share their assessment data and results with each other, local public authorities, and/or OHA to reveal opportunities for collaboration or service delivery model changes.
- Tribal public authorities may identify common priority areas, based on their assessment results, and use these common priority areas as a basis for future funding requests.

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INTRODUCTION

This report summarizes results of the 2017 tribal public health modernization effort. Oregon Health Authority (OHA) partnered with BERK Consulting to adapt its 2016 public health modernization assessment for relevance to Oregon's nine federally recognized tribes and the Northwest Portland Area Indian Health Board (NPAIHB), and facilitate tribal participation. The results from these tribal public health assessments are complementary to results for Oregon's local public health authorities, and can be used in conversation with state, local, and tribal public health entities to assess and promote population health for all Oregonians, including tribal members.

In July 2015, the Oregon legislature passed House Bill 3100. House Bill 3100 implements the recommendations made by the Task Force on the Future of Public Health Services in the September 2014 report titled, "Modernizing Oregon's Public Health System." House Bill 3100 sets forth a path to modernize Oregon's public health system so that it can more proactively meet the needs of Oregonians. The law adopted foundational capabilities and programs for governmental public health as a framework for public health reform in Oregon. House Bill 3100 also directed Oregon's state and local public health authorities to implement a public health modernization assessment to answer two key questions about the governmental public health system in Oregon:

1. To what extent are the activities of public health modernization being provided today?
2. What resources are needed to fully implement the roles and responsibilities identified in the Oregon Modernization Manual?

To answer these questions, each state and local public health authority completed a comprehensive public health modernization assessment between January and April 2016. The data from each state and local public health authority's modernization assessment was analyzed and findings from the analysis were compiled into a summary report.

The assessment found gaps between the current public health services provided and what would be available in a fully modernized system. Gaps were found at the state level and among all local public health authorities. Further, gaps within the foundational programs and capabilities varied widely and there were no particular patterns or any consistency among public health authorities as to where additional capacity is needed to meet the requirements of HB 3100.

While much was learned in the 2016 assessment, there is an important component of governmental public health that has not been fully incorporated yet into the modernization effort. Tribes, as sovereign nations, define their own service populations and are not obligated by state statute to provide public health services. Each of Oregon's tribes likely have their own unique blend of public health services that are directly provided to their tribal members and services that their members may receive from OHA and or local public health authorities.

To understand this important part of Oregon's governmental public health landscape, Oregon Health Authority Public Health Division (PHD) in partnership with BERK Consulting, developed a self-assessment designed to help Oregon's nine federally-recognized tribes and the NPAIHB Tribal Epidemiology Center, assess their level of implementation of public health modernization.

It is important to identify the ways in which the state and local public health systems currently intersect and how tribal members' needs are being met through the combined resources of state, local and tribal public health authorities.

OHA Public Health Division participated in an OHA Tribal Consultation on June 20, 2016 to present on public health modernization. All federally-recognized tribes were invited to attend, including:

- Burns Paiute Tribe
- Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians
- Confederated Tribes of the Grand Ronde Community of Oregon
- Confederated Tribes of Siletz Indians
- Confederated Tribes of the Umatilla Indian Reservation
- Confederated Tribes of Warm Springs
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Klamath Tribes

During this meeting, there was a brief presentation about public health modernization, followed by discussion and opportunities for questions and a process was outlined for initiating consultation with interested tribes. Some tribes indicated interest in assessing current and desired future tribal roles in the governmental public health system based on the public health modernization framework, and identifying how the work of tribes and state and local public health authorities can best align.

To support this goal, BERK Consulting was engaged by the state public health authority, Oregon Health Authority Public Health Division (PHD), to work with interested tribes on an assessment process designed to explore the relationship between the Oregon public health modernization effort and tribal health services in the state.

APPROACH AND METHODOLOGY

The goal of the assessment process is to identify areas of strength for tribal public health entities, as well as areas where more resources are needed to increase levels of implementation. Awareness of these strengths and gaps may facilitate collaboration among tribes, local public health authorities, and PHD.

Tribal Self-Assessments

The below tribes and tribal entities participated in the assessment process:

- Confederated Tribes of the Umatilla Indian Reservation
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Tribe of Indians
- Northwest Portland Area Indian Health Board (NPAIHB)

These tribes completed self-assessments and received profiles and results summaries from BERK Consulting describing trends in their self-assessment data, and overall level of implementation for foundational capabilities and programs. BERK has conveyed to tribes their profiles and summary results, and has provided PHD with the introductory information, templates, and analytic materials needed to facilitate future Tribal self-assessments.

Schedule and Process

During Fall/Winter 2017 BERK Consulting and PHD traveled to meet with tribal public health administrators and staff, and were available to provide technical assistance throughout the self-assessment process. Each tribe worked through the tribal public health definitions and made unique changes; BERK has compiled these changes and provided PHD a final set of tribal public health definitions (see Appendix A: Full Tribal Public Health Definitions).

In addition, each tribe was provided an Excel self-assessment tool with their unique definitions, self-assessment scores, and results, as well as a blank final tribal public health definitions self-assessment with

results formatted to appear when scores are entered. This allows future tribal participants to update, share, and compare results across a unified set of definitions.

Self-Assessment Instructions

Tribal public health definitions are organized to support maximum alignment with state and local public health definitions, as outlined in the *Public Health Modernization Manual (September 2016)*. Definitions exist at three levels. For example, in the following table, the blue heading is a foundational capability or program, the teal heading is a functional area, and the normal text is a role or deliverable.

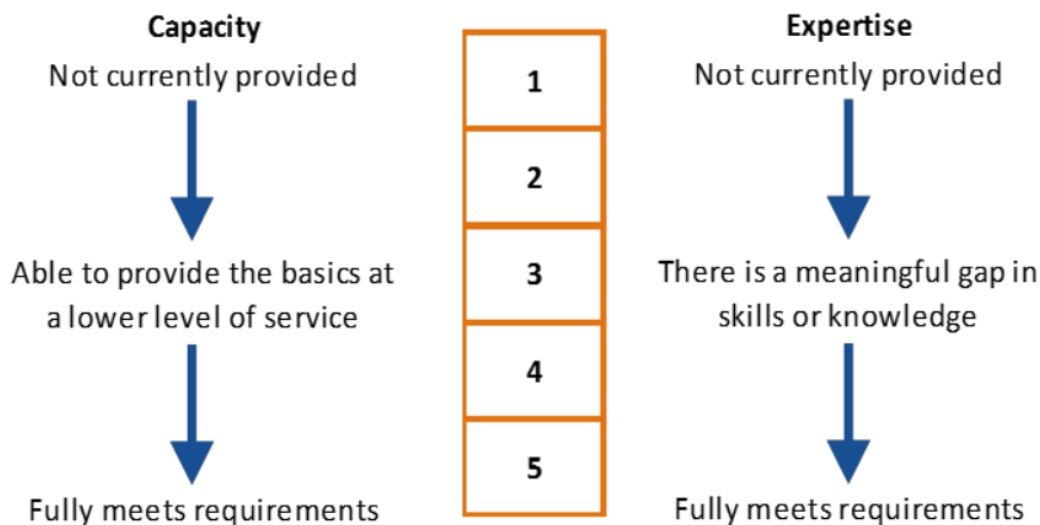
	Capacity	Expertise
Assessment and Epidemiology		
Data Collection and Electronic Information Systems		
Access statewide information and surveillance systems and report into these systems in a timely manner.		

Scoring

The self-assessment allowed tribes to assess their current capacity and expertise to meet the existing tribal public health definitions. Said another way, it was designed to help tribes identify the degree to which they are already executing the public health modernization activities and the expertise with which they are providing the activities. The tool included two scales:

- **Capacity.** The degree to which the organization currently has the staffing and resources necessary to provide the activity.
- **Expertise.** The degree to which the organization’s current capacity aligns with the appropriate knowledge to implement the activities.

For each public health modernization activity in the tables below, tribal representatives identified a score of one to five, as illustrated below, that represented their best judgement of the degree to which the tribal organization has the capacity and expertise required to implement it.



The assessment was not a performance evaluation. The scores were used to understand the degree to which the tribal organization has implemented public health modernization activities.

KEY FINDINGS

Tribal Public Health as Governmental Public Health in Oregon

Tribes deliver health services differently depending on membership, eligibility, and physical location. In addition to serving tribal members on tribal lands, tribal public health entities are:

- serving Oregon residents who are not tribal members, but are on tribal lands.
- serving tribal members living outside of tribal lands.
- committed to the health of the broader communities that overlap with their service areas.

Because of the fluidity of travel and residency for tribal members and non-members, tribal public health entities provide a public health service for Oregon in maintaining population health. When members reside outside of tribal lands but receive culturally appropriate services from tribal public health entities, Oregon LPHAs rely on those tribal public health entities to secure public health. Similarly, when non-members reside on tribal lands, they may be eligible for and receive a suite of public health services from tribal public health entities. Tribal public health entities are an important component of Oregon's overall governmental public health system in assuring access to foundational public health services and maintaining population health.

Opportunities for Integration of Tribal Public Health into Governmental Public Health

With tribal public health administrators and staff, we identified three main opportunities for integrating tribal public health to Governmental public health:

- Relationships with local health departments: Positive and mutually reinforcing relationships between tribal public health administrators and local public health authority staff can result in partnership; challenging relationships can stymie efforts to collaborate.
- Capacity of staff: the capacity of tribal public health administrators and staff are constrained by resources. Though individual tribes identified areas where expertise of staff was a barrier, capacity of staff was the far more common constraint. For example, in Emergency Preparedness and Response, a tribal public health entity reported a five in expertise and a one in capacity for the role "Maintain continuity of operations plans for the authority," meaning that though the staff assigned that role had the necessary knowledge and skill to maintain continuity of operations plans, the staff did not have the capacity, or time and resources, needed to fulfill the role. Frequently, these low-capacity results were due to highly qualified staff tasked with more roles than they could fulfill in the work week.
- Relevance of public health modernization roles and deliverables: Oregon's governmental public health definitions are not always relevant to how tribes accomplish their public health work in the same areas. In this effort, tribes edited the governmental public health definitions for relevance, sometimes substantively changing the nature of the activity or how it is implemented. When looking for opportunities to collaborate, PHD, tribes and local public health authorities should understand how these differences work toward a common goal.

NEXT STEPS

Opportunities to Support Integration of Tribal Public Health into Governmental Public Health

Tribes, local public health authorities and OHA can use the information in this report, and information from tribal assessments as those data are shared, to support integrating tribal public health into governmental public health. Below, PHD and BERK have identified several immediate opportunities:

- PHD, local public health authorities, and some tribal public health entities have completed comparable self-assessments, allowing for comparison of strengths and gaps between entities that may reveal opportunities for new service delivery models for individual foundational programs or capabilities.
- Conversations among PHD, local public health authorities, and tribal public health entities will be more powerful as more tribes participate. PHD should conduct outreach to federally recognized tribes in Oregon that have not completed the assessment to identify interest.
- OHA may provide support, as requested, to facilitate strengthening of relationships between tribes and local public health authorities, and sharing of assessment data should local public health authorities and tribes choose to do so.
- Tribal public health authorities may identify for PHD and local public health authorities priorities within the public health modernization framework, given their assessment results.
- Tribes' self-assessments, including future self-assessments undertaken with facilitation from PHD, can be used to identify common areas where additional resources are needed to increase implementation. Together, tribes may wish to use these common areas as a basis for future funding requests, but any such work needs to be guided by tribes, individually and/or collectively, should they choose.

APPENDIX A: FULL TRIBAL PUBLIC HEALTH DEFINITIONS

Foundational Capabilities

	Capacity	Expertise
Assessment and Epidemiology		
Data Collection and Electronic Information Systems		
Access statewide information and surveillance systems and report into these systems in a timely manner.		
Provide tribal public health informatics capability.		
Use applied research and evaluation techniques to assure that interventions meet the needs of the community to be served.		
Evaluate the efficacy of public health policies, strategies and interventions.		
Data Access, Analysis, and Use		
Collect, process and analyze data to assess population health priorities, patterns and needs in the tribal population.		
Collect, maintain, analyze and report on vital records.		
Respond to Data Requests and Translate Data for Intended Audiences		
Support the appropriate use and timely communication of the data to support community health and resiliency.		
Produce tribal summaries of disease occurrence, outbreaks and epidemics.		
Produce tribal summaries describing the impact of public health policies, programs and strategies on health outcomes, including economic analyses when appropriate.		
Produce tribal summaries on key indicators of community health, which include information about upstream or root causes of health.		
Produce tribal summaries on leading causes of disease, injury, disability and death, which include information about health disparities.		
Produce tribal summaries with analyses of statewide surveys on health attitudes, beliefs, behaviors and practices.		

	Capacity	Expertise
Conduct and Use Basic Community and Statewide Health Assessments		
Ensure collaboration between state, local, and tribal public health authorities when conducting assessment and epidemiological efforts.		
Conduct a community health assessment and identify priorities arising from that assessment.		
Community health assessment conducted at least every five years.		
Tribal data used to inform annual updates on community health improvement plan.		
Infectious Disease-Related Assessment		
Ensure tribal public health capacity to respond to emerging threats to health by maintaining flexibility related to staffing and information systems.		
Maintain the capacity and staff to provide laboratory services including diagnostic and screening tests, and follow protocols established by the OHA Public Health Division.		
Promptly identify outbreak investigations that initiate or primarily occur in the tribal community. Actively participate in outbreak investigations that cross multiple authorities.		
Capacity to interact with OHA and/or the NPaiHB EpiCenter on a 24/7 basis.		
Emergency Preparedness and Response		
Prepare for Emergencies		
Conduct tribal assessment of risk, resources, and priority of public health preparedness capabilities.		
Maintain continuity of operations plan for the authority.		
Maintain public health surveillance and response plans inclusive of disaster epidemiology and an active epidemiological surveillance plan.		
Maintain public health preparedness plans in accordance with core public health capabilities including but not limited to public health surveillance and disaster epidemiology, identifying and initiating medical countermeasures dispensing strategies, communications with public and partners, outlining tribal public health's role in fatality management, and monitoring mass care/population health.		
Maintain a public health preparedness training and exercise plan, including but not limited to the coordination of public health staff training to support		

	Capacity	Expertise
the system in public health /medical surge events and community empowerment and engagement in preparedness efforts.		
Develop public health short term and long-term goals for recovery operations.		
Build community partnerships to support health preparedness, recovery and resilience efforts, including training and exercising with community partners, and the ongoing training and support provided by tribal public health authorities (e.g. schools, hospitals, emergency medical, community organizations, organizations serving priority/focal populations, etc.)		
Maintain pharmaceutical access.		
Produce continuity of operations plan for the tribal health authority.		
Plan emergency preparedness exercise.		
Document emergency preparedness exercises.		
Prepare public health emergency preparedness plans in accordance with established guidelines.		
Plan for the distribution of pharmaceuticals in the event of an emergency.		
Respond to Emergencies		
Provide efficient and appropriate situation assessment, determine objectives to address the health needs of those affected, allocating resources to address those needs, and return to routine operations.		
Produce disaster epidemiology reports.		
Document participation in emergency response efforts.		
Document enforcement of emergency public health orders.		
Develop situational assessments and resulting operational plans, including objectives, resources needed and how to resume routine operations.		
Coordinate and Communicate Before and During an Emergency		
Act as the administrator of public health notification systems (e.g. alert networks, hospital capacity programs, etc.)		
Maintain a portfolio of community partnerships to support preparedness and recovery efforts.		
Deliver health alerts and preparedness communications to partners and tribal community.		

	Capacity	Expertise
Communications		
Regular Communications		
Tribal public health shall develop and implement a strategic communication plan that articulates the tribal public health authority's mission, value, role, and responsibilities. Tribal public health authorities shall develop and disseminate communications on emerging public health issues. The strategic communications plan should include high priority issues that require proactive communications with the tribe.		
Tribal public health authorities shall develop and disseminate print and media materials in accordance with the strategic communications plan and risk communication needs. Tribal public health authorities can also adopt or customize statewide print and media materials provided by the OHA Public Health Division. Communications shall be tailored for specific audience and use appropriate communication format(s) and language(s). Communications shall be culturally responsive, shall incorporate health literacy principles, and shall address the needs of tribes.		
Tribal public health authorities shall be a reputable source of health information, through public health branding, by disseminating news releases and public meeting notices in a timely and transparent fashion. Tribal public health authorities shall support ongoing interaction with the tribe by offering and inviting two-way communications with the tribe; (e.g. contact information, surveys, comment boxes, etc.)		
Tribal public health authorities shall maintain a public-facing website with updates made to content no less than annually.		
Tribal public health authorities shall regularly evaluate the effectiveness of communications efforts using tools such as web analytics, surveys, panel surveys and polls. Tribal public health authorities shall use evaluation findings to adjust communications and communications strategies accordingly.		
Policy briefs and other policy-related communications.		
Evidence of two-way communications with tribal community members.		
Emergency Communications		
Tribal public health authorities informs OHA Public Health Division or NPAIHB when an outbreak or significant public health risk is identified to determine the scope of the health risk and all potential populations impacted (i.e.,		

	Capacity	Expertise
neighborhood or county-level risk versus statewide risk). Based on this risk assessment, tribal public health authorities, NPAIHB, and the OHA Public Health Division will inform which agency shall take the lead role in coordinating communications to the public.		
Educational Communications		
Policy and Planning		
Develop and Implement Policy		
Use information from the community health assessment to develop and revise the community health improvement plan (CHIP) at least every five years in alignment with accreditation. The CHIP may be built around components of the state health improvement plan (SHIP), but also may include health issues that are of specific concern to an authority. The local public health authorities may partner to develop the CHIP in collaboration with the local Coordinated Care Organization(s) or hospital(s).		
Develop policy, systems, and environmental change strategies to improve health outcomes, using an established policy change framework that includes problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation, and policy evaluation.		
Develop a strategic policy plan(s) or documents for the tribal public health authority that includes specific strategies to reduce or eliminate health disparities. A strategic policy plan is a document that identifies and guides the strategic policy priorities and policy goals for the authority and can align with other local public health plans (e.g. CHIP or strategic plan), but can also include policy goals not related to other plans, if appropriate. This plan must be reviewed and updated at least once a year.		
Develop policy concepts, as appropriate, for public health issues to be addressed by the tribe.		
Assume a leadership role and coordinate with the tribe on policy initiatives.		
Monitor and respond to tribal public health issues that impact tribal authorities and, upon request, participate in policy initiatives that include multiple authorities.		
Develop and amend as needed rules to implement tribal ordinances.		
Develop, implement, monitor, evaluate, and modify a community health improvement plan at least every five years that is built on the community health assessment and considers the state health improvement plan where appropriate.		

	Capacity	Expertise
Improve Policy with Evidence Based Practice		
Understand Policy Results		
Assume a leadership role for communicating with the tribal community about how policy changes may impact health.		
Make information and community health data readily available to tribal community members.		
Engage traditional and nontraditional partners in conversations about efforts to improve health outcomes.		
Identify and convene strategic partners, as needed.		
Make intentional efforts to engage priority/focal populations and partner organizations.		
Share information with the governing body (e.g. Tribal Council) to whom the tribal health department is accountable about progress on the community health improvement plan at least twice a year.		
Make information about the community health improvement plan available to the tribe at least annually. This may include updating information on the tribal public health authority's website.		
Leadership and Organizational Competencies		
Leadership and Governance		
Set the strategic direction for tribal public health. Develop and complete a tribal public health strategic plan to guide resource allocation.		
Convene local and tribal public health and tribal authorities to create opportunities to work together to improve the health of the community.		
Collaborate with organizations in developing a vision for a healthy community.		
Develop and implement a strategic plan for tribal public health.		
Work with the state and other local and tribal authorities to improve the health of the community.		
Performance Management, Quality Improvement, and Accountability		
Implementation of a performance management system to monitor achievement of and accountability for public health objectives using		

	Capacity	Expertise
nationally recognized quality improvement tools. Use tools to identify opportunities for quality improvement.		
Ensure the management of organizational change (e.g., refocusing a program or an entire organization, etc.)		
Use performance management, quality improvement tools and coaching to promote and monitor organizational objectives and sustain a cultural of quality.		
Human Resources		
Collaborate and share workforce development planning resources with the state, tribal and other local entities.		
Coordinate, or convene when necessary, efforts to assess leadership and organizational capabilities within their tribal authority to understand capacity and to identify gaps.		
Ensure a high quality public health workforce by promoting workforce development and capacity building and assure a future public health workforce by building relationships with public health programs in higher education.		
Develop and implement a workforce development plan that identifies needed technical and/or informatics skills, competencies and/or positions. The plan should include strategies for recruiting, hiring and/or developing existing staff to meet the needs.		
Ensure nimble human resources support for public health work, including composition and maintenance of up-to-date job classifications suitable for the above listed roles and activities, use of temporary staffing and other methods to expand and contract staff to meet immediate public health demands.		
Information Technology		
Use and disseminate best practices to ensure privacy and protection of personally identifiable and/or confidential health information in data systems and information technology.		
Conduct an assessment at appropriate intervals to describe tribal public health information assets and needs. Assessment should also address needs to support improved data exchange with internal and external partners. In collaboration with partners, use the information assets/needs assessment to develop and implement a vision and strategic plan. The strategic plan should include a funding strategy and appropriate governance processes to address information management and supportive information systems.		
Operation and maintenance of interoperable technology that meets current and future public health practice needs.		

	Capacity	Expertise
Training and technical support plan for users of tribal public health system-wide technology resources.		
Staff training in informatics.		
Policies and procedures in place to protect personally identifiable and/or confidential health information.		
Develop and maintain tribal public health technology and resources to support current and emerging public health practice needs. Document that information technology supports public health and administrative functions of the department.		
Financial Management, Facility Operations, and Contracts and Procurement Services		
Ensure use of financial analysis methods to make decisions about policies, programs and services, and ensure that all are managed within current and projected budgets.		
Work with partners to seek and sustain funding for additional public health priority work.		
Health Equity and Cultural Responsiveness		
Collect and maintain data that reveal inequities in the distribution of disease. Focus on information that characterizes the social conditions (including strengths, assets, and protective factors) under which people live that influence health.		
Make data and reports available to tribal public health authorities, partners and stakeholders and other groups.		
Compile comprehensive data on health resources and health threats (e.g., schools, parks, housing, transportation, employment, economic wellbeing, environmental quality) through relationships or partnerships with relevant tribal, state, and local agencies.		
Identify specific population subgroups or specific geographic areas characterized by (i) either an excess burden of adverse health or socioeconomic outcomes; (ii) an excess burden of environmental health threats; and ((iii) inadequacies in health resources that affect human health (e.g., quality parks and schools).		
Develop and promote shared understanding of the determinants of health, health equity, and lifelong health.		
Promote a common understanding of cultural responsiveness.		

	Capacity	Expertise
Promote understanding of the extent and consequence of systems of oppression.		
Make the case for health equity, including the value of investment in cultural responsiveness.		
Develop or support mass media educational efforts that uncover the fundamental social, economic, and environmental causes of health inequities.		
Make available to people data and information on health status and conditions that influence health status by race, ethnicity, language, geography, disability, and income.		
Consider health literacy, preferred languages, cultural health beliefs and practices and other communication needs when issuing data and information.		
Provide technical assistance to communities with respect to analyzing data, setting priorities, identifying levers of power, and developing policies, programs, and strategies.		
Enhance people's capacity to conduct their own research and participate in health impact assessments based on the principles of Community-Based Participatory Research, CDC 's Community Engagement Principles and the National Environmental Justice Advisory Council's community collaboration principles.		
Promote the community's analysis of and advocacy for policies and activities that will lead to the elimination of health inequities.		
Routinely invite and involve community members and representatives from community-based organizations in public health agency planning, procedures, evaluation, and policies. Offer means of engagement that respond to unique cultures of community members.		
Learn about the culture, values, needs, major concerns, and resources of the community. Respect tribal community knowledge and seek to understand it.		
Provide public health services that are effective, equitable, understandable, respectful, and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		
Work in tandem with partners when working with tribal communities. Leverage and engage partnerships in health equity solutions.		
Support, implement, and evaluate strategies that tackle the root causes of health inequities, in strategic, lasting partnerships with public and private organizations and social movements.		

	Capacity	Expertise
Engage in dialogue with people, governing bodies, and elected officials regarding governmental policies responsible for health inequities, improvements being made in those policies, planning, and priority health issues related to conditions not yet being adequately addressed.		
Partner to enhance multi-disciplinary and multi-sector capacity to address health equity. Support health equity in all policies.		
Work collaboratively with local public health authorities on state and local policies, programs and strategies intended to assure health equity.		
Advocate for health equity in health system reform.		
Provide clear mechanisms and invitations for community contributions to public health planning, procedures, and policies.		
Play a leadership role in reducing or mitigating existing social and economic inequities and conditions that lead to inequities in the distribution of disease, premature death, and illness.		
Use existing evidence-based measures or develop public health measures of neighborhood conditions, institutional power, and social inequalities that lead to prevention strategies focused on the social and environmental determinants of health.		
Advocate for comprehensive policies that improve physical, environmental, social, and economic conditions in the community that affect the tribe's health.		
Monitor relevant issues under discussion by governing and legislative bodies.		
Leverage health reform funding for health equity and to build cultural responsiveness into health care delivery.		
Leverage health reform funding for health equity and to build cultural responsiveness into funding mechanisms.		
Monitor funding allocations that ensure sustainable impacts on health equity.		
Promote public and private investments in community infrastructure that sustain and improve community health, such as education, childhood development, mass transit, employment, healthy design in the built environment, and neighborhood grocery stores.		
Advocate for policies to require focus on health equity and cultural responsiveness in all funding opportunities.		
Develop an ongoing process of continuous learning, training, and structured dialogue for all staff across departments and divisions that (i) explores the evidence of health inequity and its sources; (ii) explains the nature of the root causes of health inequities and the ways in which practice may be changed to		

	Capacity	Expertise
address those root causes; (iii) examines the values and needs of the community; (iv) assists in providing core competencies and skills that build the ability to do what is necessary to achieve health equity; and (v) increases staff capacity to modify and improve program implementation and service delivery in response to cultural practices, values and beliefs to assure health benefit; (vi) strengthens staff knowledge and skills in the methods of collecting, analyzing, interpreting and applying health inequity data.		
Develop mechanisms for drawing on the skills and knowledge of members of communities most affected by inequities.		
Develop and implement an assessment of and training to improve staff knowledge and capabilities about health inequity. Make these tools available to tribal authorities.		
Develop and implement anti-discrimination training as part of building a competent workforce.		
Commit and invest existing and additional resources in recruitment, retention and advancement efforts to improve workplace equity.		
Establish parity goals and create specific metrics with benchmarks to track progress.		
Increase awareness and practice of health equity among hiring managers and supervisors so that sensitivities to and understanding of root causes of health inequities are part of hiring, including willingness to learn, cultural humility, creativity, and listening skills to address cultural dominance.		
Hire staff with the skills, knowledge, and abilities to take part in community organizing, negotiation, and power dynamics and the ability to mobilize people, particularly those from communities served.		
Develop an ongoing community engagement process for recruitment.		
Establish greater flexibility in job classifications to tackle the root causes of health inequity.		
Develop relations with high schools and colleges to ensure that diverse groups of youth will strive towards joining the public health workforce.		
Stay current with the literature on health equity, synthesize research, and disseminate findings as they are applicable to staff and community.		
Support research that explores the social processes and decisions through which inequalities of race, class, gender, disability, and national origin generate and maintain health inequities.		

	Capacity	Expertise
Conduct and disseminate research that supports and honors the value of community actions to address the fundamental environmental, social, and economic causes of health inequities.		
Foster Health Equity		
Provide public health services that are effective, equitable, understandable, respectful, and responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.		
Ensure health equity and cultural responsiveness are fully integrated in tribal strategic priorities and plans, including community health improvement plans.		
Conduct an internal assessment of tribal public health authority's overall capacity to act on the root causes of health inequities, including its organizational structure and culture and its capacity to respond to culture; apply a health equity lens to programs and services; overall capacity to provide culturally responsive programming and services; and status of health department's organizational structure and culture as a barrier or facilitator for achieving health equity.		
Ensure all tribal programs integrate achieving health equity as a measurable outcome through cultural responsiveness of staff and program delivery.		
Develop an action plan resulting from the internal assessment to ensure an equity lens to policies, programs, and strategies and capacity to provide culturally responsive programming and services. Include internal organizational changes that may be needed to better support a health equity lens and cultural responsiveness.		
Develop and implement annual training plan to increase tribal public health authority staff capacity to address the causes of health inequities, promote health equity, and implement culturally responsive programs.		
Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of public health policies, programs, and strategies on health equity, health outcomes and to inform public health action moving forward.		
Communicate and Engage Inclusively		
Develop, implement and monitor a community health improvement plan, in collaboration with community members and partner organizations.		
Community Partnership Development		
Seek and sustain collaborative interventions involving multiple stakeholders (including individual tribal members and grassroots organizations).		

	Capacity	Expertise
Identify and Develop Partnerships		
Support and maintain cross-sector partnerships with health-related organizations; organizations representing priority/focal populations; private businesses; and tribal agencies and tribal officials.		
Coordinate programmatic activities with those of partner organizations to advance cross-cutting, strategic goals.		
Promote the use of promising practices or evidence-based strategies to improve population health by providing training, technical assistance, and other forms of support to partners.		
The portfolio of cross-sector partnerships should include a description of partnering organizations and how the partnership supports population health. Specifically describe, if at all, how the partnership addresses health disparities.		
List all community partners involved in tribal health needs, health impact, and health hazard vulnerability assessments; include descriptions of partners involved, their roles, and contributions to the effort.		
List all key regional health-related organizations with whom the tribal health department has developed relationships about public health issues of mutual interest. Document these efforts, resulting areas of collaboration, and benefits to the public's health resulting from the collaboration in relevant grant progress reports and other summaries of activities.		
List all community groups or organizations representing priority/focal populations, including private businesses, healthcare organizations; and relevant tribal, regional, and local government agencies the tribal public health authority has developed relationships with so that public health goals are effectively and efficiently attainable for all populations. As part of program evaluation efforts, address successes, lessons learned, recognized barriers to such collaboration, and strategies to overcome these barriers.		
Document training, technical assistance, and other forms of support provided to partners, along with evaluation of the effectiveness of this support in promoting population health.		
Evaluate reports on the effectiveness of partnerships.		
Engage Partners in Policy		
Earn and maintain the trust of community residents by engaging them at the grassroots level.		
Ensure that community partners can participate fully in tribal public health planning efforts.		

	Capacity	Expertise
Join with partners in health assessments, using their input to develop a community health improvement plan to guide implementation work with partners and to coordinate activities and use of resources.		
Specifically engage priority/focal populations so they can actively participate in planning and funding opportunities to address their communities' needs.		
Document engagement through meetings, communications or other means with communities disproportionately affected by health issues so they can actively participate in planning and funding opportunities to address their communities' needs.		

Foundational Programs

	Capacity	Expertise
Communicable Disease Control		
Investigate and control disease outbreaks, in conjunction with partners.		
Maintain protocols and systems to ensure confidentiality of case information throughout investigation, reporting and maintenance of data.		
Communicate clearly with the members of the tribe about identified health risks.		
Collect, analyze, summarize and share data about acute and communicable diseases.		
Coordinate with environmental health and other partners to assure appropriate infectious waste disposal practices.		
Monitor the occurrence of and take steps to mitigate health care-associated infections.		
Maintain historical records of reportable disease occurrence and causes in tribal members to discern trends.		
Collect, analyze and share proportions of tribal members immunized and differences in immunized proportions by region, and by social and demographic characteristics.		
Use information about immunization proportions to increase overall immunization in the tribe.		
Lead disease prevention and control initiatives such as policy development, antibiotic resistance education, sexually transmitted disease prevention messaging, infection control protocols, hand hygiene, and field investigations of outbreaks and epidemics.		

	Capacity	Expertise
Evaluate disease control investigations and interventions and use findings to improve these efforts.		
Provide subject matter expertise to inform program design, policies and communications that inform providers, tribal members, and stakeholders about tribal public health risks.		
Provide guidance for the care of rare diseases and conditions of public health importance.		
Maintain capacity to distribute pharmaceutical and non-pharmaceutical prophylaxis in the event of an emergency or outbreak.		
Respond to emerging infectious diseases (e.g., SARS, MERS, Ebola).		
Communicable Disease Surveillance		
Tribal summaries of acute and communicable disease occurrence, causes, distinguishing characteristics and changes over time.		
Summaries of disease outbreaks, including magnitude, populations affected, microbiologic causes, means of transmission, and means of control.		
Maintain information systems.		
Maintain portfolio of strategic partnerships.		
Publish summaries of vaccine-related adverse events.		
Publish summaries of gaps in immunization coverage.		
Maintain public-facing communication channels that allow access timely information about disease trends and outbreak investigation summaries.		
Ensure timely and accurate reporting of reportable diseases and educate tribal providers on reportable disease requirements.		
Monitor occurrence and distinguishing characteristics of infectious diseases and outbreaks.		
Produce timely reports of notifiable diseases.		
Communicable Disease Investigation		
Develop tools for outbreak investigation.		
Develop electronic reporting tools that are convenient and remotely accessible.		
Maintain security of personally identifiable data collected through audits, review, update and verification.		

	Capacity	Expertise
Maintain protocols for proper preparation, packaging and shipment of samples of public health importance.		
Collaborate with partners on disease prevention and control initiatives such as antibiotic resistance, sexually transmitted disease prevention messaging, infection control protocols, hand hygiene, field investigations of outbreaks and epidemics, and tribal health policies.		
Document implementation of investigative guidelines appropriately.		
Communicable Disease Intervention and Control		
Appropriate screening and treatment for HIV, STD and TB cases, including pre- and post-exposure prophylaxis for HIV.		
Health education resources for tribal members regarding vaccine-preventable diseases, healthcare associated infections, antibiotic resistance and other issues.		
Electronic transmission of health information between clinical settings and other information sharing tools for communication between providers in order to reduce disease transmission.		
Plans for the allocation of medical countermeasures in the event of a public health emergency.		
Reports of acute and communicable disease gaps and mitigation of identified risks.		
Provide interventions with communities that are disproportionately non-immunized.		
Use information about immunization proportions to increase immunization overall for tribal members.		
Develop, engage, and maintain local strategic partnerships with hospitals, health systems, schools, day care centers and others to prevent and control communicable diseases. Ensure engagement of tribal members in efforts to prevent and control communicable diseases.		
Provide disease-specific and technical expertise regarding epidemiologic and clinical characteristics to health care professionals and others. Advise health care practitioners about promising practices for communicable disease diagnosis, control and prevention.		
Develop plans for the allocation of scarce resources in the event of an emergency or outbreak.		

	Capacity	Expertise
Ensure equitable access to immunizations among people of all ages. Implement culturally responsive strategies to improve access to immunizations.		
Provide input into what diseases should be reportable to the state and subsequent disease investigation and control guidelines.		
Assure the availability of partner notification services for newly diagnosed cases of syphilis, gonorrhea, and HIV.		
Work with partners to enforce public health laws, including isolation and quarantine.		
Communicable Disease Response Evaluation		
Acute and communicable disease measures, analyses and statistics.		
Outbreak summaries.		
Assessment reports of outbreak investigation and response efforts conducted by tribal public health.		
Evaluation presentations and publications.		
Document results of quality and process improvement initiatives.		
Environmental Public Health		
Ensure consistent application of health regulations and policies.		
Adopt drinking water quality standards.		
Develop regulations related to the registration and operation of radiation sources including the use of X-ray machines.		
Conduct ongoing occupational health surveillance and coordinate with stakeholders on occupational health issues.		
Anticipate and project changes in health resulting from changes to the built and natural environment through the collection, analysis, and interpretation of health and environmental data.		
Provide evidence-based assessments of the health impacts of environmental hazards or conditions.		
Measure the impact of environmental hazards on the health outcomes of tribal populations. Analyze and communicate environmental justice concerns and disparities.		
Provide decision support on environmental health issues of tribal importance.		
Inform state-level policy decision-making on environmental health impacts.		

	Capacity	Expertise
Ensure comprehensive emergency medical services and trauma systems and programs.		
Coordinate with organizations and stakeholders on environmental health issues.		
Report projected changes in health resulting from changes to the built and natural environment.		
Assess the health impacts of environmental hazards or conditions.		
Communicate related to environmental justice concerns and disparities.		
Approve tribal ambulance service area plans.		
Produce annual foodborne illness program plan.		
Produce policy briefs and other communications on environmental health impacts.		
Consult on the assessment and mitigation of environmental health hazards to tribal health staff, the food service industry and the tribal community.		
Recommend to other tribal organizations approaches to ensure healthy and sustainable built and natural environments.		
Produce environmental health data reports pertaining to natural and built environment (i.e. air quality, water quality, pesticide use).		
Identify and Prevent Environmental Health Hazards		
Develop, adopt, implement and enforce environmental health regulations.		
Ensure consistent application of health regulations and policies.		
Implement state-mandated programs where appropriate (e.g., small drinking water systems, septic oversight).		
Provide evidence based assessment of the health impacts of environmental hazards or conditions.		
Ensure that environmental health is included in the community health assessment every five years.		
Measure the impact of environmental hazards on the health outcomes of tribal populations. Analyze and communicate environmental justice concerns and disparities.		
Assure the development and maintenance of the ambulance service area plan.		

	Capacity	Expertise
Monitor, investigate, and control infectious and noninfectious vector nuisances and diseases.		
Maintain expertise in relevant environmental health topics.		
Provide consultation and technical assistance including establishing best practices related to vector control.		
Inform tribal decision makers of the impacts to environmental public health based on program, project and policy decisions.		
Use environmental health expertise to address accident and disease prevention in tribal environments (longer-term care, assisted living, child care, etc.).		
Use environmental health expertise to reduce hazardous exposures from air, land, water, and other exposure pathways.		
Deliver effective and timely outreach on environmental health hazards and protection recommendations to tribal members and stakeholder organizations.		
Ensure meaningful participation of communities experiencing environmental health threats and inequities in programs and policies designed to serve them.		
Produce policy briefs and other communications on the impacts to environmental public health.		
Document communications on environmental health hazards and protection recommendations to the tribal community.		
Conduct Mandated Inspections		
Perform and assist with outbreak investigations that have an environmental component.		
Conduct ongoing environmental and occupational health surveillance.		
Promote Land Use Planning		
Understand and participate in tribal land use and transportation planning processes.		
Produce tribal health assessments that includes environmental health produced at least every five years.		
Write best practices related to vector control.		
Document integration of standard environmental public health practices into facilities that present high risk for harmful environmental exposures or disease transmission.		

	Capacity	Expertise
Prevention and Health Promotion		
Assess health status across the lifespan.		
Monitor knowledge, attitudes, behaviors and health outcomes related to tobacco; nutrition, oral health, prenatal, natal, and postnatal care, and childhood and maternal health, physical activity, and intentional and unintentional injuries.		
Measure differences and trends in risk factors and burden of disease among tribal populations.		
Educate consumers about the impacts of unhealthy products like tobacco or sugary drinks or health- protective products like car seats.		
Demonstrate to communities, partners, tribal leaders and others the connection between early prevention and educational achievement, health outcomes, intergenerational outcomes and other outcomes (i.e. social determinants of health).		
Develop strategic, cross-sector partnerships and collaborations across systems and settings.		
Work with partners and stakeholders to develop and advance a common set of priorities, strategies and outcome measures, employing coalition building, community organizing, capacity building and providing technical assistance to partners.		
Work with partners and stakeholders to identify tribal assets and understand needs related to improving health.		
Maintain subject matter expertise and make training opportunities available.		
Collaborate with partners to identify and seek funding for prevention and health promotion programs and interventions.		
Develop policy, systems and environmental change strategies to improve health outcomes using problem identification, policy analysis, strategy and policy development, policy enactment, policy implementation and policy evaluation.		
With stakeholders, develop and implement an evaluation plan. Use and disseminate innovative, emerging, and promising best practices.		
Document strategies employed to educate consumers about the impact of marketing strategies on health.		
Maintain portfolio of partners and stakeholders.		
Document shared priorities and strategies with partners and stakeholders.		

	Capacity	Expertise
Document participation in tribal coalitions.		
Document trainings and other learning opportunities made available to partners and stakeholders, and the community.		
Use tribal health assessment data and other relevant data sources to inform or identify priorities and develop planning documents.		
Build relationships with community partners who work with priority/focal populations.		
Work with communities to build community capacity, community empowerment and community organizing. Support community action to assure policies that promote health and protection from unhealthy influences.		
Develop and implement tribal health improvement plan priorities for prevention and health promotion, revised at least every five years with updates made annually.		
Develop and implement strategies in the plan intended to reduce the burden of health disparities. Include equity indicators to monitor the impact of interventions designed to improve health equity.		
Align prevention and health promotion priorities across the plan, the local public health authority's strategic plan, and other relevant internal and community planning documents.		
Develop multi-faceted strategies designed to address social determinants of health.		
Document strategies employed to share data, summaries and reports with communities, partners, policy makers and others.		
Document work with community to build capacity and support community organizing efforts.		
Publish tribal public health plan priorities.		
Implement, monitor and revise the tribal health improvement plan at least every five years with updates annually.		
Tribal health prioritized prevention plan includes strategies intended to reduce the burden of health disparities.		
Document implementation and coordination of policies, programs and strategies.		
Evaluate plans developed and implemented, and share results.		

	Capacity	Expertise
Prevention of Tobacco Use		
Improving Nutrition and Increasing Physical Activity		
Improving Oral Health		
Improving Maternal and Child Health		
Reducing Unintentional and Intentional Injury Rates		
Clinical Preventive Services		
Ensure access to all vaccines required by Oregon law for school attendance. This includes ensuring that vaccines are provided at convenient times and locations, and that no child is denied immunizations due to inability to pay. (ORS 433.269)		
Ensure access to all immunization-related services necessary to protect the public and prevent the spread of vaccine preventable disease.		
Specify priorities for vaccination during shortages.		
Ensure that TB cases are diagnosed and treated using directly observed therapy.		
Ensure diagnosis and treatment of those with latent TB infection (including contacts of people with TB disease, new immigrants, other high-risk populations).		
Provide medical consultation and training to local public health authorities on TB diagnosis and treatment and provide on-site assistance with outbreaks or large contact investigations.		
Maintain a centralized database to identify clusters and outbreaks using genotyping.		
Assure that funds are available for housing assistance and other patient related costs.		
Provide access to TB medications.		
Document meetings with partners to recommend strategies for improving access to clinical preventive services.		
Plan for and document implementation of improved access to clinical preventive services.		
Evaluate reports of policies implemented to improve access to clinical preventive services.		

	Capacity	Expertise
Ensure Access to Effective Vaccination Programs		
Work with local providers and tribal agencies to ensure access to immunization services.		
Ensure Access to Effective Preventable Disease Screening Programs		
Quality standard or recommendation: USPSTF recommendations, or other national guidelines or recommendations provided by the state.		
Ensure Access to Effective STD Screening Programs		
Quality standard or recommendation: Currently-- "2015 CDC Sexually Transmitted Disease Treatment Guidelines" for HIV, syphilis, gonorrhea, chlamydia and hepatitis B and C.		
Ensure access to treatment for sexually transmitted infections either as a component of primary care or as specialty care.		
Ensure Access to Effective TB Treatment Programs		
Ensure Access to Cost Effective Clinical Care		
Engage with regional stakeholders to identify and address barriers to access to clinical preventive care.		
Evaluate the impact of local policies, activities and programs on access to clinical preventive services.		
Create and support local policies that increase access to evidence-based, high quality and effective clinical health services.		
Support policy solutions that increase access to culturally responsive clinical preventive services.		
Provide guidance and best practices related to the provision of clinical preventive services to local organizations, including those that serve tribal community members with lower access to care.		
Produce reports on access to clinical preventive services.		
Provide resources for clinical and community partners on evidence-based guidelines for the delivery of clinical preventive services.		
Plan for improved access to clinical preventive services for tribal members.		
Document implementation of these plans.		

APENDIX B: TRIBAL PUBLIC HEALTH PROFILES FROM PARTICIPATING TRIBES

Tribal public health services and models vary among the tribes. Because the tribal service population is not bounded by geography (tribal members may be living outside of tribal lands) nor by membership (non-members may be living on tribal lands and receiving services from tribal public health organizations), each tribe develops its own set of services and eligibility requirements as appropriate. Tribal public health assessments are specific to the services and models of that tribe, and tribal profiles are included here to provide context for interpreting tribal results.

The below tribal profiles have been sent for review to each of the participating tribes. These profiles are a point-in-time representation of complex tribal laws, policies, and context. PHD should look to tribes for updated health services information as those factors evolve.

Confederated Tribes of the Umatilla Indian Reservation

Overview

The Confederated Tribes of the Umatilla Indian Reservation (CTUIR) consists of three tribes – Cayuse, Umatilla, and Walla Walla. The three tribes signed a treaty with the federal government in 1855, ceding more than six million acres to the U.S., in exchange for reserved rights to fish, hunt, and gather in the ceded land.

Today, the CTUIR has more than 3,100 tribal members, with nearly half of the members living on or near the Umatilla Indian Reservation. The Umatilla Indian Reservation is about 275 square miles in northeastern Oregon, primarily in Umatilla County. Around 300 Indians of other tribes live on the reservation, as do around 1,500 non-Indians.

The CTUIR has several tribal enterprises and businesses. The Tribe’s economy includes agriculture, livestock, forestry, recreation, and commercial development. The CTUIR owns and operates the Wildhorse Casino and Resort, as well as Cayuse Technologies, a business solutions and delivery center for Accenture, LLC. These two enterprises alone employ more than 1,000 people.

Tribal government administration and operations employs nearly 500 people as well, with nearly half the staff being tribal members.

Membership and Eligibility

To be eligible for enrollment in the Confederated Tribes of the Umatilla Indian Reservation, one must: 1) Have one parent or grandparent who is an enrolled member of the CTUIR; and 2) Have a least one-fourth degree of Indian blood from any federally recognized Indian Tribe within the United States.

These criteria are listed in the CTUIR’s Constitution and By-Laws.

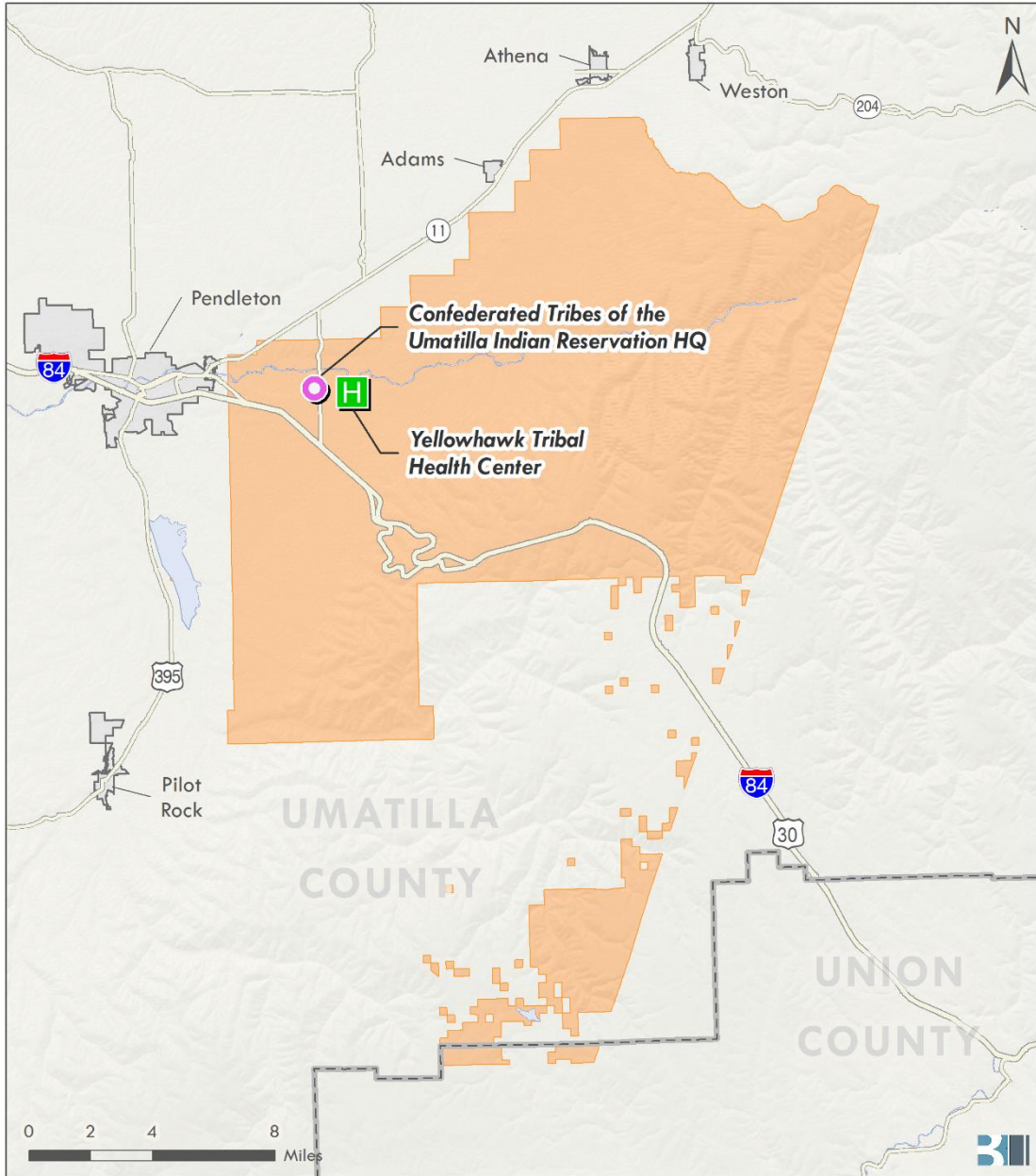
Health Services

The Confederated Tribes of the Umatilla Indian Reservation assumed ownership and leadership of its healthcare from Indian Health Services in 1996. Since then, the Tribal Health Commission provides oversight for all services and programs, which are offered by the Yellowhawk Tribal Health Center. The Yellowhawk Tribal Health Center is outside of Pendleton, and provides outpatient primary care to CTUIR and other American Indian Tribes. Services include:

- Medical
- Dental
- Mental health
- Alcohol/Drug treatment; DUI diversion
- Pharmacy services
- Medical laboratory
- Radiology

CTUIR’s Yellowhawk Community Health and Outreach programs include Public Health Nursing, Community Health Representative Services, WIC/Nutrition, Health Education, Senior Meals and Caregiver Services.

CONFEDERATED TRIBES OF THE UMATILLA INDIAN RESERVATION



- Reservation Lands
- Tribe Health Center
- Tribe Administrative Offices
- County Boundary
- City Boundary
- Highway
- Waterbody
- River



Coquille Indian Tribe

Overview

In 1954, as part of the Western [Oregon Indian Termination Act](#), the federal government terminated trust status with the Coquille Indian Tribe. In 1989, the Tribe was restored to federal recognition when Congress passed the [Coquille Indian Restoration Act](#).

Today, the Coquille Tribe numbers more than 1,100 members and manages more than 10,000 acres of its ancestral homeland in southwest Oregon. The Tribe employs around 600 people and provides education assistance, health care, elder services, library services, and housing assistance to its members.

Coquille Indian Tribal enterprises include the Mill Casino-Hotel & RV Park in North Bend, the Coquille Economic Development Corporation (CEDCO) in North Bend, the Bear Creek Golf Course in Medford, the Sek-wet-se Corporation (forestry management) in Curry County, Tribal One Broadband Technologies, and the Coquille Indian Housing Authority in Coos Bay.

Membership and Eligibility

To be a member of the Coquille Indian Tribe, you either must be named on the official Tribal membership roll established by the Coquille Indian Restoration Act or be a descendent of a Coquille Indian Tribe member. To apply for membership, applicants must provide at least one document establishing ancestry and parentage, and provide DNA testing to show kinship with current Tribal members.

Health Services

The Coquille Indian Tribe provides a range of health programs to its members, as well as the surrounding community. Community Health Services not only serves Coquille Tribal family members, but also:

- American Indians and Alaska Natives,
- Coquille Tribe and subsidiary entity employees, and
- General public.

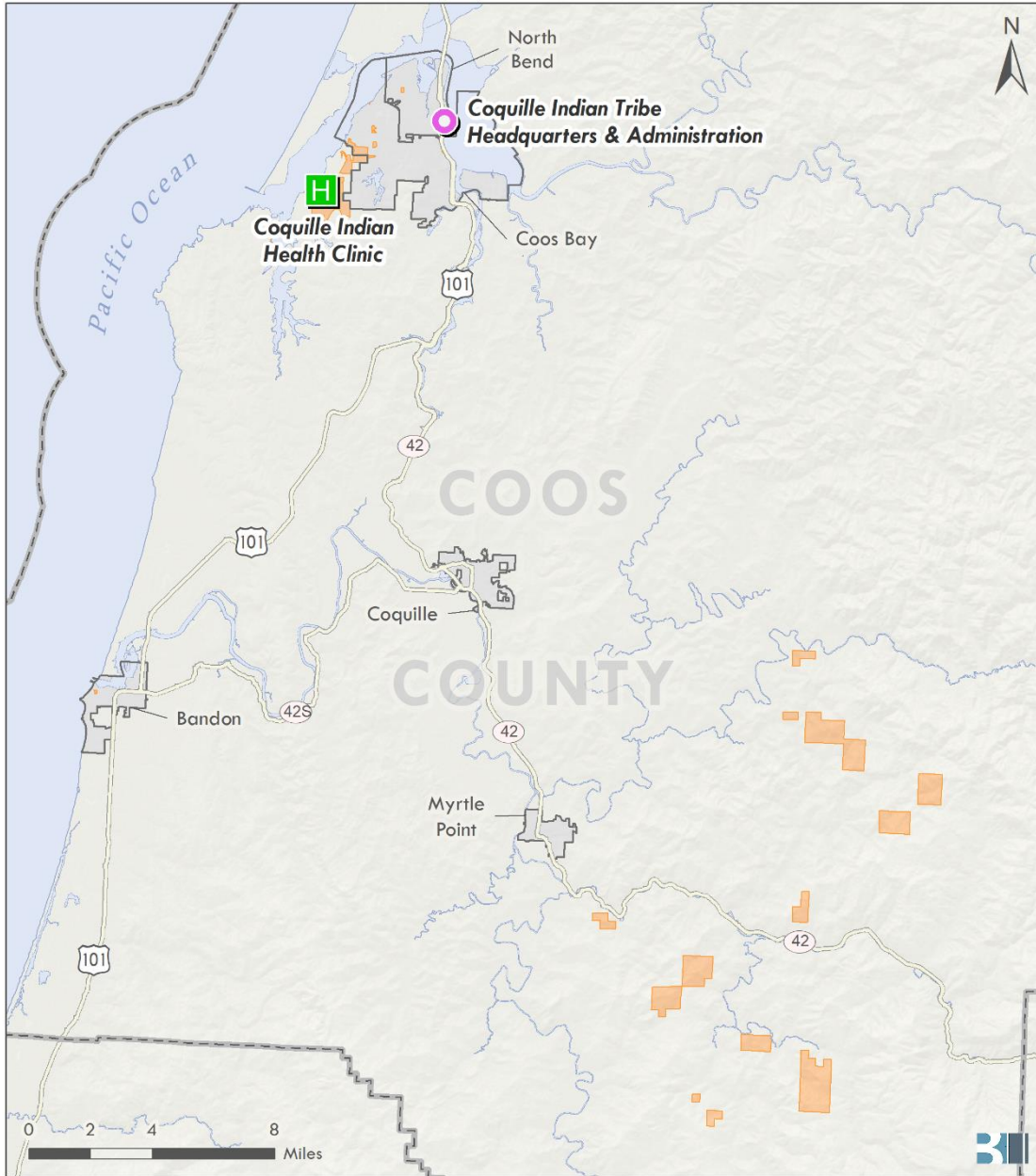
The Coquille Indian Tribe Community Health Center is an accredited health center in Coos Bay, and includes a primary care clinic. The Community Health Center’s mission centers on a “whole person” approach to wellness, health, and self-sufficiency within a “safe, traditional, and culturally meaningful environment.”

At the Community Health Center, clients and patients can:

- Receive assistance on enrolling in the Oregon Health Plan (Medicaid)
- Access a free, 24-hour medical help line
- Access community wellness programs, including Healthy Lifestyles and family support services

Health services are guided by the Coquille Indian Tribe’s Health Advisory Board, a six-member board with the purpose of allocating resources, providing advice to Tribal Council that is responsive to Tribal members’ needs, promoting health care in alignment with Tribal needs and values, and representing the interests of Tribal members and other eligible clients.

COQUILLE INDIAN TRIBE



- Coquille Indian Tribe Lands
- Tribe Health Center
- Tribe Administrative Offices
- County Boundary
- City Boundary
- Highway
- Waterbody
- River



Cow Creek Band of Umpqua Tribe of Indians

Overview

In 1954, as part of the Western [Oregon Indian Termination Act](#), the federal government terminated trust status with the Cow Creek Indian Tribe. However, because the Cow Creek Tribe received no prior notification of the Termination Act, they were able to take a land claims case to the U.S. Court of Claims in 1980. The Court of Claims case was settled for \$1.5 million. Although the Tribe never received reservation land as promised in its Treaty, the Tribe has worked to buy back its land and organize business enterprises, including the Seven Feathers Casino Resort, for community and economic development.

Located in southwestern Oregon, the Tribe numbers more than 1,500 members, and is governed by an elected council, the Tribal Board of Directors. The Tribal Government Office, located in Roseburg, Oregon houses the Tribal Government body and programs, as well as the Cow Creek Tribal Gaming Commission and the Cow Creek Health and Wellness Center.

In addition to health and wellness services, the Cow Creek Tribe offers a variety of programs and services to its members to uphold its Constitution and Mission. These departments, programs, and services include a cultural resources program, an education department, an elders program, an emergency management program, human services, a natural resources department, a tribal housing program, a veteran's program, burial assistance, a food pantry, and emergency assistance.

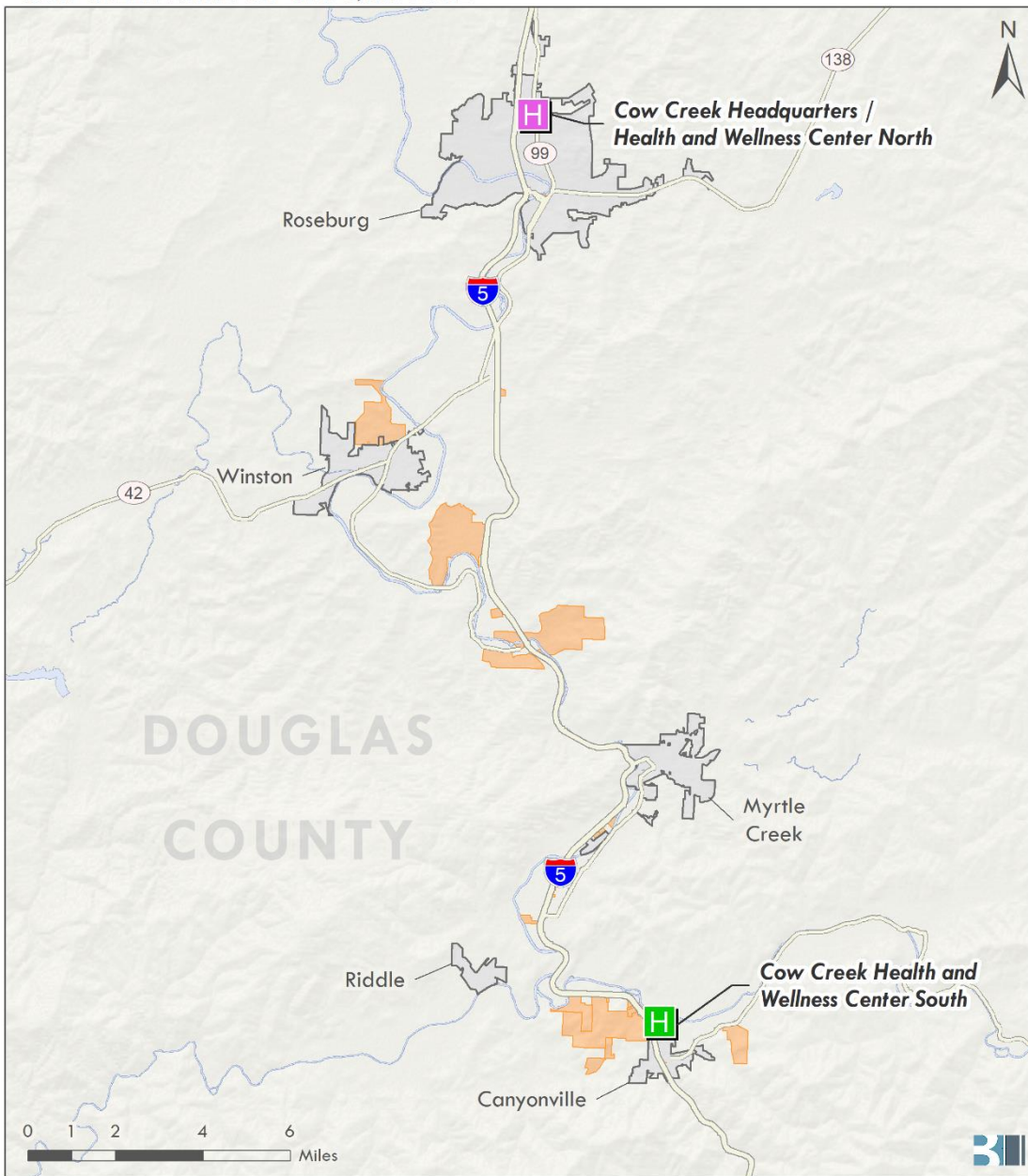
Membership and Eligibility

Cow Creek Indian Tribe does not publish its eligibility requirements online, however its application for enrollment requires information about maternal and paternal tribal membership.

Health Services

The Cow Creek Health and Wellness Center (North Clinic) is in Roseburg, Oregon, and provides comprehensive medical services for tribal members and their families, as well as Cow Creek Tribe employees and their families. The Tribe maintains a second health clinic in Canyonville (South Clinic). Both clinics offer physical, mental, and behavioral services to safeguard the health of tribal members and employees.

COW CREEK BAND OF UMPQUA TRIBE



- Cow Creek Band of Umpqua Tribe Lands
- Tribe Administrative Offices & Health Center
- Tribe Health Center
- County Boundary
- City Boundary
- Highway
- Waterbody
- River



Northwest Portland Area Indian Health Board (NPAIHB)

Overview

Founded in 1972 and incorporated in 1978, the Northwest Portland Area Indian Health Board (NPAIHB) is a non-profit tribal advisory organization serving 43 federally-recognized tribes in Idaho, Oregon, and Washington. Nearly 200,000 American Indians/Alaska Natives reside in these three states.

Tribal delegates direct and oversee all NPAIHB activities, which are organized in four functional areas:

- Health promotion and disease prevention
- Legislative and policy analysis
- Training and technical assistance
- Surveillance and research

NPAIHB collaborates and coordinates with the Indian Health Services (IHS), federal and state agencies, universities, and private organizations. NPAIHB also administers the EpiCenter, a tribal epidemiology center, many health promotion disease prevention projects, and the Portland Area IHS Institutional Review Board, which protects human subjects in Northwest Indian community research.

Health Programs and Services

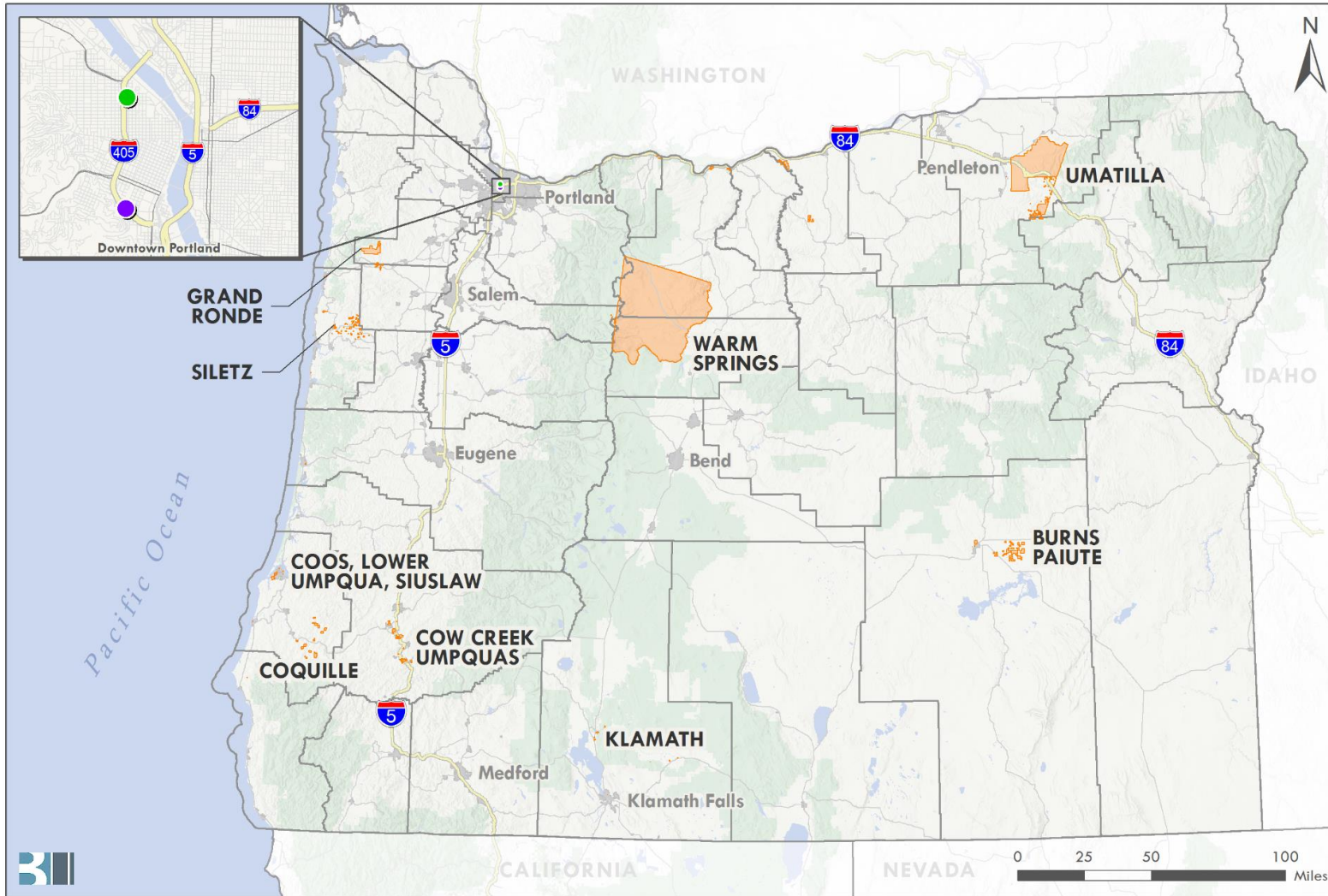
NPAIHB's mission is: "assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care." To fulfill this mission, NPAIHB provides a range of health programs and services, including social marketing and health promotion campaigns, technical, data quality efforts, and outreach.

EpiCenter

NPAIHB conducts and administers the Northwest Tribal Epidemiology Center (the EpiCenter) which provides health-related research, surveillance, training, and technical assistance in collaboration with Northwest American Indian Tribes. Established in 1997, following IHS downsizing in epidemiological functions, the EpiCenter's goal is to assist member tribes to improve their health status and quality of life.

Health Policy and Legislative Analysis

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD ASSOCIATED TRIBES



- | | | | |
|-------------------------------|-------------------------------------|------------|-----------|
| NPAIHB Associated Tribes | Health Department / County Boundary | Interstate | River |
| NPAIHB Offices | City Boundary | Highway | Waterbody |
| Indian Health Service Offices | National Forests | | |

