



Public Health



2004 Tribal Leader Health Summit Status Report

Key Accomplishments

- Tribal emergency preparedness needs assessment and planning funds
- Public health position paper drafted for 2004 Tribal Leader Health Summit

Priority Activities

Priority	Status	Next Steps
Work to ensure tribes have funding for community health assessments	As a result of outreach and follow-up between AIHC, DOH, the University of Washington, and the Northwest Portland Area Indian Health Board, DOH allocated \$650,352 of its federal Health Resources and Services Administration grant to facilitate tribal public health needs assessments and participation in regional planning activities.	<p>AIHC will work with tribes, the EpiCenter, and DOH to ensure that continued funding is available and to implement any recommendations identified through the needs assessments.</p> <p><i>Challenges:</i></p> <p><i>One challenge is the fact that tribes, due to a lack of initial resources, were not included in the initial stages of the regional planning process.</i></p> <p><i>Additional funding is contingent upon federal appropriations and policy priorities.</i></p>
Renew discussions with DOH to develop a strategy to define public health jurisdiction	<p>This issue was raised at a 2003 AIHC meeting with U-WA School of Public Health staff, who expressed an interest in working with AIHC on this issue.</p> <p>NIHB also recently launched a national tribal</p>	AIHC will hold follow-up meetings with the U-WA School of Public Health and the State Board of Health to pursue this issue. It also will seek support and technical assistance from NIHB and the Turning Point Project in moving this issue forward.

Priority	Status	Next Steps
	<p>public health resource center.</p> <p>AIHC staff attended a briefing by the national Turning Point Project, which is seeking public health law reforms in states. The model law has tribal provisions and may provide an opportunity to address this issue in Washington State.</p> <p>AIHC has prepared a draft position paper for consideration at the 2004 Tribal Leader Health Summit.</p>	<p><i>Challenge:</i></p> <p><i>It will take a statutory change to implement this recommendation.</i></p>
Develop model environmental health agreements for tribal/local health departments	This activity has not begun, outside of some preliminary research.	AIHC will continue to research the availability of model agreements for posting on its website.
Develop model tribal codes for environmental health and communicable diseases	The AIHC website contains a link to the National Tribal Justice Resource Center's searchable model code database.	AIHC staff is available to provide technical assistance to tribes in locating model codes on an ongoing basis.
Request that WA actively include tribes in electronic public health discussion groups and other communications	AIHC and EpiCenter staff met with DOH officials in February 2004 to discuss communications issues. The State is willing to include tribes in electronic public health discussion groups and other communications.	EpiCenter staff was asked to survey WA tribal clinical directors to determine which electronic communications they would like to receive. This information was to be provided to the appropriate DOH staff for follow-up.
Work to provide state resources for tribal telecommunications connectivity at a comparable level to local health departments and other health agencies	The Affiliated Tribes of Northwest Indians EDC and the Tribal Connections Project at the U-WA are the lead organizations on this issue. AIHC has had initial discussions with both entities on how they might be able to partner together.	ATNI will continue outreach to both entities and will work in 2005 with ATNI-EDC to identify state resources to improve tribal connectivity.