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Supporting Government to Government Relationships	Centennial Accord of 1989, Millennial Agreement in 1999 and RCW 43.376 established the government-to-government relationship between Washington State Agencies and Tribal Governments.	Ensure the process to follow Centennial Accord agreement and RCW are institutionalized within the Agencies that work with the Tribes and UIHOs in the area of health		
Governor's Indian Health Advisory Council (GIHAC)	The GIHAC provides a forum for the Tribes and UIHOs to find resolution on issues that can't be resolved at the agency level, reaches across the agencies and develop legislation to address issues as needed.	Work with GIHAC members to develop the Biennial Indian Health Improvement Plan. Coordinate with the Tribes, UIHOs, State Agencies in Health and legislators to address issues that stretch across agencies and look at developing solutions, including legislation, to address them.	Lead: Vicki Lowe Partners: GOIA, HCA, DOH WAHBE, OIC	AIHC work funded through Group Health Foundations funds. HCA funded through legislature.
Uniform Washington State Consultation Policy Link to briefing paper: 2023-24 Uniform Tribal Consultation Briefing Paper	Create uniform consultation policies for Washington State Agencies in Health with: (1) clear expectations regarding when to consult; (2) proper tribal leader notification; (3) the opportunity for tribes to initiate consultation; (4) requirements for people with the authority to act to be present; (5) requirements to comply with the Centennial Accord of 1989 and R.C.W. 43.376	1. Review HHS uniform policy 2. Request Tribal Leader input on uniform Washington State Health Agency Consultation Policy. 3. Look to federal legislation for development of Urban Leader for a uniform Washington State Health Agency Confer Policy. 4. Work with each agency party to the Governor's Indian Health Advisory Council to update their policy to uniform standards.	Lead: Heather Erb Partners: GOIA, NPAIHB, HCA, WAHBE, DOH, OIC, EMD, Commerce, DCYF, OSPI	**Funded:** Group Health Foundation Funds/Medicaid Transformation
Support Urban Indian Health Programs confer status.	The federal government has moved away from using the term ITU (Indian Health Service, Tribal Clinics and Urban Indian Health Organizations) to Indian Health Care Provider (IHCP). All three provider types operate under different funding, rules and regulations. It is important that we continue to have UIHO involved when decisions are made at the state level about health (including public health) services and programs so changes are not made to inadvertently have negative impacts on the important services provided by the UIHO.	Create uniform Urban confer policies across state agencies to keep the confer policy from getting mixed up with Tribal consultation.	Lead: Heather Erb Partners: GOIA, HCA, WAHBE, DOH, OIC, EMD, Commerce, DCYF, OSPI	**Funded:** Group Health Foundation Funds

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Pulling Together for Wellness Framework to keep AIHC work Tribally/Urban Indian driven	AIHC facilitated development of this Tribal/Urban Indian-driven Healthy Communities framework through engagement with our Tribal and Urban Indian Leaders. This framework focuses on prevention strategies that integrate Native and Western knowledge and uses the policy, environment, and systems (PES) changes approach but is steep in the values and visions from our Tribal and Urban Indian Committees	AIHC will utilize the values and visions developed with the Pulling Together for Wellness to guide our work. By focusing on the indigenous values, we will be able to decolonize our work, move the state agency towards funding culturally appropriate work that is not assimilated to meet the needs of the state agency but rather the AI/AN population in Washington State	Lead: Vicki Lowe/ Jan Ward Olmstead Partners: GOIA, DOH, HCA, OIC, WAHBE,	**Funded:** Will be incorporated into current funding
Inclusion of Tribes working on federal recognition to AIHC delegation	There are Tribes in Washington State who lost federal recognition due to termination era policies, but have become 501c3, offering some level of services to Tribal members. As these Tribes go through the process to become federally recognized, they will become eligible for funding through Indian Health Services.	Work with these Tribe to assess if and how they are currently providing health and public health services to their communities, understand how those efforts can be supported by AIHC. Support them when they become eligible to receive I.H.S. funding.	Lead: Vicki Lowe Partners: Chinook Tribe, Duwamish Tribe, Snohomish Tribe, Snoqualmoo Tribe	**Funded:** Group Health Foundation Funding
American Indian Health Care Delivery Plan	The American Indian Health Care Delivery Plan (AIHCDP) is the historical beginning of the contracting relationship between AIHC and DOH. Since 1997, the AIHCDP has been the foundation of the work to address the health disparities of AI/AN in Washington State. The plan looks at the landscape of the Indian Health Delivery System, identify issues and barriers and offers goals and actionable items. The plan has not been updated since 2013	Update and continue implementing AIHCDP, continue convening partners. Pull together reports and resources from Medicaid Transformation, Governors Indian Health Advisory Council, Tribal Centric Behavioral Health Plan, Tribal FPHS. Make recommendations for coordination across systems, methods to address barriers to care, improve AI/AN specific health programming and creation of funding to address unmet needs. Enhance collaboration and raise awareness to identify and address AI/AN health disparities and inequities.	Lead: Vick Lowe/Jan Ward Olmstead Partners: Tribes/UIHOs, GOIA, PTW LAC, GHDC, NPAIHB, NWETC, UIHI, DOH, OIC, WAHBE,	**Funded through DOH -** connected to work on many other initiatives
Access to Care and Third-Party Revenues	Ensure state agencies uphold federal laws and regulations that do not interfere with the provision of care by Tribes and Urban	Ensure that the knowledge and expertise of the care provided by Indian Health Care Providers to Tribal member and community		

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	Indian Health Programs to the communities they serve.	members is honored. Remove barriers to care and payments from third party revenue sources.		
Maximizing 100% FMAP Savings into the Tribal Reinvestment Account **Link to briefing paper:** **2023-2 Maximizing 100% FMAP Savings**	Through passage of the Washington Indian Health Improvement Act (WIHIA), the state agreed to invest these new 100% FMAP savings into the Indian Health delivery system in the state. WIHIA established the Governor's Indian Health Advisory Council, the Tribal Reinvestment Account to capture new savings and the Tribal Reinvestment Committee to develop the plan for how the funds will be spent. Funding to the reinvestment account are dependent on Tribes executing care coordination agreements. NPAIHB worked with Hobbs and Strauss to develop templates that have been use in Oregon. AIHC has leveraged Medicaid Transformation funding to provide support to Tribes in their efforts to negotiate these agreements via a statewide workgroup that met virtually There are two types of agreements 1) Care Coordination Agreement (CCA) – contractor continues to bill Provider 1 and receive FFS payments 2) Tribal FQHC Agreement- contracted provider bills Tribe, which in turn, bills Provider 1, received encounter payments and pays contracted provider.	1. Restart workgroup to implement a process for 100% FMAP Received through a Tribe. The workgroup will include HCA Office of Tribal Affairs staff to ensure the process can work from the IHCP referral, billing and report of the FMAP savings. The workgroup will work to test three different processes: a. Care Coordination agreement with one Tribe and their local hospital b. Tribal FQHC agreement with one Tribe and one specialty provider c. Tribal FQHC agreement with one Tribe utilizing a Third-Party Administrator and working with a specialty provider. 2. Once processes are established, Tribes can chose to exercise Tribal FQHC agreements with specialty providers of their choice, either on their own or through a Third Party Administrator. 3. 3)Work with Washington State Hospital Association (WSHA) and major health systems in Washington State on implementing umbrella care coordination agreements that Tribes can sign on to, using the Oregon Model.	Lead: Vick Lowe with Jen Olson, Kathryn Akeah, Heather Erb, Partners: HCA, ACHs, NPAIHB, WISHA, Hospital Systems	**Funded:** through extension from CMS through December 2022 Tentatively looking at TCE funding Jan 2023-Dec. 2028
Tribal Sovereignty- The Power to Respond to Behavioral Health Crisis Link to briefing paper:	The crisis system in Washington State creates access issues for AI/ANs in crisis. The passage of the Indian Behavioral Health Act in 2020, creates coordination between Tribes/UIHOs and the State Crisis system when serving AI/AN patients.	Increase AI/AN access to state and tribal behavioral health services and strengthen the sovereignty of tribes to provide behavioral health services to their members through the following actions: 1. Publish Model Tribal Behavioral Health Codes that outline the Tribes' authority to respond to behavioral health crises;	Lead: Kathryn Akeah and Heather Erb Partners: Tribes, HCA, DOH, DCR	**FUNDED:** HCA funding for TCBHAB, GHF

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2023-24 Tribal Sovereignty- The Power to Respond to Behavioral Health Crisis	Development of infrastructure and codes serve to reduce unwanted interference by local, state, and federal actors on Tribal land. Tribal staff and programs can respond quicker and be more familiar with the Tribe's practices and customs, available Tribal resources, and the Tribal community. This will bring better outcomes for Tribal members/citizens.	2. Publish Mode Tribal Designated Crisis Responder Policies and Procedures for Tribes who wish to appoint their own Tribal Designated Crisis Responder; 3. Update and Improve the Tribal Crisis Coordination Protocols to provide better collaboration and coordination between Tribes, designated crisis responders, and managed care entities; and 4. Conduct Indian Health 101 trainings to non-Indian behavioral health providers, managed care entities, judges, and other state actors that impact AI/AN access to behavioral health care; and 5. Enact legislation that requires improved coordination between the state and Indian behavioral health system that includes, but is not limited to, behavioral health treatment facilities' acceptance of tribal court orders.	Association, Tribal and Superior Courts, Volunteers of America, DOH, WSHA	
Institutionalize trainings on Indian Health Care Delivery System in Washington State	Indian Health Care Providers -Tribal Clinics, Indian Health Service sites, and Urban Indian health programs (I/T/Us) -face many challenges in ensuring that health insurance issuers are properly complying with the (1) payment and referral process; and (2) provider and facility licensure exceptions in the Indian Health Care Improvement Act (IHCIA) and the Patient Protection and Affordable Care Act (ACA).	Formalize ongoing training on the Indian Health Delivery System, including federal laws regarding payment to and working with IHC. Establish clear guidance and understanding grievance. Partner with the OIC to provide ongoing training and education to issuers and providers regarding the specific American Indian and Alaska Native (AI/AN). Ensure both Indian health care providers and insurance issuers understand which state and federal agencies are responsible for enforcing these rules. Under Medicaid Transformation Tribal FQHC projects, AIHC is developing CME training for non-tribal providers to be trained on the Indian Health Care Delivery System, funded by CME fees.	Lead: Kathryn Akeah/Terra Horton Partners: OIC HCA WABHE UW, Providence	**FUNDED:** By non-Tribal providers thru CME fees.
Tribal Foundational Public Health Services	Washington State includes Sovereign Tribal Nations and Indian Health Programs as part of the Governmental Public Health			

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	system. This has allowed for FPHS funding, from state general funds, infrastructure building funds to go to Tribes and UIHOs for the first time ever.			
Tribal Foundational Public Health Services Support Link to briefing paper: 2023-23 Tribal Foundational Public Health Services	Foundational public health services (FPHS) are basic governmental capabilities and programs that must be present in every community to protect the safety and health of all citizens. As of July 1, 2022, Tribes and UIHOs are eligible to receive FPHS funding. Tribal FPHS funding will support innovation in tribal public health and begin to build a more equitable public health system across the state. This investment creates a system that is not just designed for crisis, but one that guarantees resources for foundational prevention-oriented programs.	• Assure execution of TFPHS funding contracts • Assure Tribe and UIHO staff participation in TFPHS technical assistance activities • Advocate for continued and increased funding through Tribal carve out of State FPHS funds. • Support Tribal Representation on local boards of health	Lead: Lou Schmitz Partners: DOH, AIHC, Tribes, UIHOs, WSALPHO LHJs, SBOH and other state agencies	**Funded:** Tribal FPHS
Tribal Data Sovereignty Link to briefing paper: 2023-23 Tribal Sovereignty-Power Over Data	Data Sovereignty is foundational to self-governance and self-determination. Investment in Tribal/UIHO information systems technology, infrastructure and workforce development is needed to strengthen Tribal/UIHO data management capabilities. Legal mechanisms and administrative policies and procedures are needed to assure protection of Tribal data ownership and data sharing, and protections for individuals and communities.	To increase investment in Tribal/UIHO information systems technology, infrastructure, and workforce development needed to strengthen Tribal/UIHO data management capabilities and establish legal mechanisms and administrative policies and procedures that assure protection of Tribal data ownership and data sharing and protections for individuals and communities. 1. Formally request regular and sufficient federal and state funding for Tribes to strengthen Tribal data infrastructure; 2. Activate the Tribal Data Sovereignty Committee (TDSC) as a forum for Tribes to exercise their tribal data sovereignty; 3. Ensure roundtables and Consultation and Confer are held on the Umbrella Tribal Data Sharing Agreement with a reasonable amount of time for tribal and urban	Leads; Lou Schmitz and Heather Erb Partners: Tribes, UIHOs, NPAIHB, NWTEC, UIHI, DOH, HCA, DOC, DCYF, DSHS	**Funding:** DOH/FPHS HCA and other agencies- need to determine

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		input and participation; and 4. Implement the Tribal Data Sharing Agreement with DOH.		
Public Health	Public Health Services are virtually unfunded through the Federal government. A handful of Tribes have public health staff but the barrier of chronic underfunding and interacting with a federal-state-local public health system that does not understand Tribal sovereignty and the Indian Health system creates barriers in addressing health disparities for American Indians and Alaska Natives living throughout Washington State.	Ensure state policies for public health programs do not act as barriers for program funding to Tribal Government, Indian Health Care Providers and for services to American Indians and Alaska Natives in Washington State; work to ensure state policies and programs rules address AI/AN health disparities in a culturally appropriate, tribally driven manner.		
Healthy Communities: Pulling Together for Wellness (PTW) Framework	AIHC facilitated development of this Tribal/Urban Indian-driven Healthy Communities framework through engagement with our Tribal and Urban Indian Leaders. This framework focuses on prevention strategies integrate Native and Western knowledge to reduce risk factors for chronic disease among AI/AN in Washington State. and uses the policy, environment and systems (PSE) changes approach and incorporates culturally appropriate strategies design for Tribal and Urban Indian Communities.	Implement and support through technical assistance for Tribally driven and community centered strategies, interventions, and structures. Align public health work with PTW through use of strategic components and development to ensure tribal and community-driven and culturally grounded PSE are supported. Engage PTW Leadership Advisory Council members, leaders and community in ongoing development and integration of PTW strategies and components. .	Lead: Jan Ward Olmstead Partners: Tribes/UIHOs, DOH	**Partially funded** FPHS, DBHR Funding
Maternal and Infant Health Link to briefing paper: 2023-23 Maternal Infant Health Strategies	The AIHC Maternal and Infant Health (MIH) Strategic Plan was developed in 2010. The plan outlines a clear methodology, including evidence based and best practices, with a budget attached, to address the severe MIH disparities among American Indian women and infants in Washington State. It is a mutual goal of our state governor, in the "Results Washington" plan, and the AIHC, to reduce low birth weight and infant mortality.	Develop a comprehensive, long-term Maternal Infant Health (MIH) strategy which will rely on the wisdom and knowledge held by communities, integrate 7 Generation principles, and utilize Tribally driven approaches such as the Pulling Together for Wellness (PTW) policy, systems, and environmental change model. • Develop statewide Indigenous Quality of Life Measures impacting MIH. • Continue "Community Conversations About the Health of Native Pregnant, Birthing and Postpartum People" • Address historical inequities and create trust in health	Lead: Cindy Gamble/ Jan Ward Olmstead Partners: DOH, HCA, WIC, DSHS, MSS	**Partially Funded** by DOH Could be funded through Tribal FPHS funds through DOH

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		transformation system change through policy, inclusion, and appropriate allocation of funds. • Expand the MIH Workforce in Tribal and Urban Indian communities, including the development of a trusted team as defined by their community. • Continue working to secure funding for AIHC priorities such as Tribal PRAMS, access to (universal) Home Visiting, and promotion of the role of Midwives in Tribal Communities/training in workforce development training. • Implement AIHC's baseline survey of Providers, Programs, and Patients. • Evaluate the MIH Strategic Plan and update/document best practices from the communities. • Advocate for targeted universalism to support equitable funding allocations		
Maternal Infant Early Childhood Home Visiting	AIHC is working with the Department of Early Learning and Department of Health to ensure the promotion of health and the state home visiting structure includes Home Visiting programs is that are culturally appropriate and effective in tribal and urban Indian setting.	Support of cross-system indigenous-focused home visiting projects across the state. Participate in the Home Visiting Advisory Committees (HVAC). Planning and collaboration to convent the Tribal Home Visiting Conference.	Lead: Jan Ward Olmstead Partners: DCYF, DOH	**FPHS funding** **No funding from DCYF**
Tribal and Urban Indian Immunizations Coalition (TUIHIC) Link to briefing paper: 2023-24 Tribal and Urban Indian Health Immunizations Coalition	The TUIHIC is the first Tribal Immunization Coalition in the Nation. Evidence based research has identified that Immunization Coalitions play a key role in the fight against infectious disease. The TUIHIC is made up of dedicated partners and community members, health care providers, elders, and tribal leaders working together to increase immunization rates and prevent infectious disease. The TUIHIC ensures tribally driven, culturally grounded, and scientifically accurate work to address long	Monitor vaccine and infectious disease issues with TUIHIC members and collaborating with partners. Development of Tribally-driven strategies to meet Tribal and AI/AN community needs. Provide technical assistance to Tribes and Urban Indian Providers to help stop the spread of Infectious Disease, including COVID-19, increase equitable access to the vaccines by addressing barriers, build confidence in the vaccines and vaccination systems, and provide credible information via trusted messengers	Lead: Jan Ward Olmstead/ Wendy Stevens Partners: Tribes/UIHOs, DOH, UIHI, NPAIHB, I.H.S.,	**Funded:** Kaiser Permanente and Snoqualmie FPHS, GHF

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	standing health disparities with focus on American Indian and Alaska Native health equity through alignment with the Pulling Together for Wellness Framework (PTW). The PTW is a comprehensive, tribally driven, and culturally grounded prevention framework developed through the guidance of Washington State Tribal and Urban Indian Leaders. It integrates Native ways of thinking and western science, and is evidenced informed.	Enhance partnerships and raise awareness of unique needs and issues of AI/AN as a vulnerable health population. Develop and disseminate timely, accessible, and culturally relevant and community-tailored communications, information, and outreach during this COVID-19. Outreach, engagement, development, and dissemination of culturally relevant materials, messages, fact sheets in efforts to help alleviate potential stress on the health care system at a time when COVID-19 is expected to co-circulate.	WSU, GHF, ALA, WSPHA, Fred Hutch, Kaiser Permanente, Snoqualmie, and	
Nutritional Program for Women, Infant and Children (WIC) Link to briefing paper: 2023-24 Women, Infant, Children Briefing Paper	AIHC Maternal-Infant Health Strategic Plan identifies the WIC Nutrition Program as a program needing improved access for AI/AN patients and support for Tribal health programs providing this important service. Examples of barriers: *AI/AN WIC participants have the 2nd lowest redemption rates compared to other race/ethnicities at 42.5%. *The redemption rate for the WIC Farmers Market Nutrition Program is very low for the 13 out of 20 Tribal WIC Programs that participate. *AI/AN's have the lowest rates of "Ever Breastfeeding" in WA. *There is only 1 Tribe and 1 UIHO who participate in the Breastfeeding Peer Counseling Program. (10 % of Tribe/UIHOs, compared to 52% of other agencies). *Many Tribal and UIHO WIC Programs have to subsidize their WIC program or cannot offer WIC services. *As small agencies, providing WIC services places an inequitable administrative burden on underfunded and under resourced Tribal and Urban Indian Health Organization Clinics	●Continue Tribal WIC Listening Sessions in partnership with WA DOH ONS Director and staff (next scheduled listening session is November 14, 1-3 pm). ●Address historical inequities and create trust in health transformation system change through policy, inclusion, and allocation of funds. ●Address the undue administrative burden experienced by Tribes/UIHOs due to USDA FNS WIC policies. ●Continue to advocate and emphasize the need for Tribal led solutions in the WIC Projects: WIC participant recruitment and retention, breastfeeding outreach and engagement, Tribal WIC materials development. ●Look for creative methods to integrate WIC as part of a trusted MIH team in Tribal and Urban Indian communities ● Look for creative methods to integrate WIC in the First Foods and Food Sovereignty work. ● Evaluate the MIH Strategic Plan and update/document best practices from the Tribal/UIHO WIC programs.	Lead: Cindy Gamble/Jan Ward Olmstead Partners: Tribes, DOH/WIC	**Funded:** DOH WIC

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		● Continue to work with WIC as an important partner with maternal mortality and morbidity prevention. ● Advocate for targeted universalism to support equitable funding allocations.		
PTW Generational Clarity - Understanding Trauma as a public health issue	An understanding of Native American Generational Clarity, NEAR science promotes the understanding of how historical experiences of AI/AN connects to Intergenerational trauma, ongoing discrimination and adverse childhood experiences (ACES) is necessary to help Tribes/UIHPs and non-Tribal providers how to participate in healing these traumas	Provide Generational Clarity Training at multiple levels including tribal departments, programs, community, and organizations/ agencies that provide services to Tribes/Communities. Convene training to establish a Tribal/UIO Communities of Practice (COP) Training and support of trainers in Tribal and Urban Indian Communities.	Lead: Jan Ward Olmstead HCA DCYF DSHS	**Partially funded:** HCA funding for training
Youth Suicide Prevention	AIHC has collaborated with Tribes and UIHOs since 2016 to convene the annual Intertribal Youth Suicide Prevention Summit. The work was established based on requests from both Tribes and Tribal/Urban Indian youth and evaluations for summits. It is important for Tribes/UIHOs to have culturally appropriate trainings and tools to support community efforts in suicide prevention. Raise awareness and support for culturally appropriate prevention strategies and models.	Continue convening annual summit in collaboration with Tribes and UIHOs in the state. Convene an adult Suicide Prevention Conference. Support the development of Tribal/Urban Indian community toolkits for suicide prevention	Lead: Jan Ward Olmstead/Vicki Lowe Partners: DOH, Tribes/UIHOs NPAIHB	**UnFunded**
Marijuana Education and Prevention	Since the legalization of recreational marijuana AIHC has engaged with DOH to develop culturally appropriate strategies to reduce the initiation of marijuana use and for public health marijuana prevention and education services to youth, ages 12-20 and pregnant women within the American Indian and Alaska Native (AI/AN) populations through a team including public health experts, tribal leaders, educators, storytellers, youth, engagement coordinator and administrative coordinator. Integrated with the AIHC's Pulling Together for Wellness initiative. Raise awareness	Provide technical assistance to Tribes and Urban Indian Health Organizations to decrease the use of marijuana and e-vapor products by AI/AN adolescence and pregnant young women. Seek ways to improve data regarding Native youth attitudes and use of marijuana and other risk factors. Engage youth, elders, tribes, and communities in Youth Marijuana Prevention and Education activities. Develop and support tribal youth leadership (PEP-C model) and provide training and opportunities for public speaking, including participation on the biennial state and tribal leaders' health summit.	Lead: Jan Ward Olmstead Partners: Partners: Tribes/UIHPs DOH PTW LAC NWIC ALA Priority Pops	**Funded:** DOH

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	regarding Native perspective of historical trauma, ACE and cultural resilience as foundational to marijuana prevention work and development of culturally relevant policy, system and environmental change.	Partner with state, federal, and other partners in collaboration and development of PSEs for MPEP. Participate in the statewide YMPEP Prevention Collaborative. Develop and maintain a social media presents-Pulling Together for Wellness Facebook page and connecting with other Tribal/Urban social media. Develop and implement PTW Seven Generation Storytelling, Brain Science, and Indigenous Fitness virtual series.	Healthy Gen LHJs DOH OSPI TLCE	
Tobacco Prevention and Education	Smoking and tobacco use are still the leading causes of preventable death in the United States and Washington, including among AI/AN people. This work is connected to the PTW framework, with a focus a comprehensive approach to address chronic disease and commercial tobacco use- Tribal Leaders expressed: "it's not just about Tobacco, we have to address emotional wellness". The framework evolved from a response to Tribal leaders identifying the need to adapt CDC standard Commercial Tobacco and Chronic Disease prevention policy, system, and environmental change strategies strategy integrating Native and western knowledge to reduce risk factors for chronic disease among American Indians and Alaska Natives (AI/AN) in Washington State to address commercial tobacco prevention and control. We have to address root causes and emotional wellness in our effort in planning, implementing and evaluating commercial tobacco and vapor product prevention and control activities focused on the elimination of tobacco-related disparities among AI/AN.	Convene PTW Leadership Advisory Committee. Alignment of PTW framework through strategic project development to ensure tribal and community-driven and culturally grounded PSE. Develop and support tribal youth leadership (PEP-C model) and provide training and opportunities for public speaking, including participation on the biennial state and tribal leaders' health summit. Participate in and support Tribal and UIHP community and health events. Present and speak events, summits, and conferences-Tribal, State, regional, and National. Provide technical assistance to Tribes and UIHP in use of PTW framework to support commercial tobacco and vapor product prevention and control activities, including multisector team development; development and implementation of community health assessments; action planning; and implementation. Participate in statewide tobacco control and prevention sustainability leadership and statewide partnerships.	Lead: Jan Ward Olmstead Partners: Tribes/UIHPs DOH PTW LAC NWIC ALA Priority Pops Healthy Gen LHJs DOH OSPI TLCE	**Funded:** DOH ALA
Food Sovereignty	Supporting Tribal Sovereignty and Culture Values Relative to Traditional Foods, Nutrition, and Sustainability.	Assist the Washington State Department of Health is to support implementation of the State Physical Activity and Nutrition Program	Lead: Jan Ward Olmstead	**Funding**: DOH

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	AIHC has collaborated with Tribes and UIHOs to convene two food sovereignty summits. The first one was focused on communities sharing and learning from one another, the second was focused on policy as well as local work.	(SPAN) among Tribes and urban Indian communities with a focus is on access to healthy, nutritious foods. Convene planning team. Collaborate with Tribal/Urban Indian host for 2021 or 2022 gathering. Report on findings from summit and learnings.	Partner: NPAIHB DOH Tribes/UIHPs	Focused on coordination. Possible funding from MCOs and Tribes
Chronic Disease Support	Funding opportunities for focused disease prevention is often not enough to reason for Tribes and UIHPs to contract. Development of culturally appropriate curriculum for specific disease management is key to decreasing health disparities within specific diseases. Align ongoing efforts using components and strategies from the Pulling Together for Wellness Framework (PTW) AIHC will incorporate the PTW framework with the Train-the-Trainer disease specific curriculum for the purpose of increasing culturally appropriate and -sensitive programs for tribal members.	Develop and implement culturally appropriate delivery and structure of: 1) Accurate Self-Measurement of Blood Pressure (SMBP) to Tribal Communities. 2) Supports DOH's Washington Healthy and Active for Arthritis Management (WHAAM) Program funded by Centers for Disease Control and Prevention. 3) Outreach and engagement to implement culturally appropriate walking programs that support self-management arthritis strategies. 4) Development of a CHR survey to support the project in coordination with the ALTSA project.	Lead: Jan Olmstead Partners: DOH, UW-HPRC Wisdom Warriors, statewide collaborative	**Funded:** DOH SMBP and WHAAM
AI/AN Opioid Use Disorder Workgroup Link to briefing paper: 2023-23 American Indian and Alaska Native Opioid Response	The AIHC Opioid Response Workgroup (AI/AN ORW) ensures Tribally driven, culturally grounded, and scientifically accurate work to address long standing health disparities with focus on American Indian and Alaska Native health equity through alignment with the Pulling Together for Wellness Framework	Continued AIAN ORW meetings; purchasing and distributing naloxone and healing/wellness bundles; inform State Opioid Response Plan. As the Opioid Settlements from different lawsuits start coming into the state, this workgroup will help bring together subject matter expertise to give input to state spending on these funds.	Lead: Lisa Rey Thomas Partners: Tribes/UIHOs, HCA, DOH, NPAIHB	**Funded through 9/30/2022** HCA/DBHR
Supporting Elder Programs	The AIHC will partner with ALTSA to assist the Washington State No Wrong Door network to build statewide capacity to serve American Indian and Alaska Native (AI/AN) older adults and individuals with disabilities during the COVID-19 pandemic, including the increased needs that are anticipated during the recovery period. Report will be completed by Sept 30th, 2022.	Understand the effects of COVID-19 among AI/AN older adults and individuals with disabilities by outreach to 29 tribes and three Urban Indian Health Programs- gauge current understanding of and engagement with the local Area Agency on Aging (AAA) through Regional Planning and Information Gathering Sessions. Provide guidance, technical assistance, and professional development training to ALTSA, ADCRs, AAAs and Tribes to ensure the needs of the Tribal/Urban Indian communities are known and	Lead: Vicki Lowe with Jan Ward Olmstead and Cindy Gamble Partners: Tribes, UIHOs, ALTSA Regional AAAs	**Funded:** ALSTSA through September 2021

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		addressed Provide guidance and technical assistance to Tribes/UIHPs to ensure access to services and eligibility are known		
Public Health Emergency Preparedness				
Support COVID-19 After Action Reporting for Tribes and UIHOs in Washington State Link to brochure: COVID -19 After Action Reporting	Now that the COVID-19 pandemic is in a more controlled phase, federal, state, and local jurisdictions are documenting what happened and making changes to their response plans in preparation for future emergencies. It is essential that every Tribe and UIHO: 1. has a voice in recommendations for changes at the federal, state and local levels on responses to future emergencies, and 2. develops a workplan to strengthen its community's preparedness status.	AIHC will facilitate five hotwash meetings with Tribes and UIHOs in their regions. These meeting will result in: 1. Confidential report shared only with each individual Tribe/UIHO 2. Documents what Tribes/UIHOs considers went well for during the COVID-19 pandemic and what could have gone better 3. Outlines areas of emergency preparedness your Tribe/UIHO may wish to work on to strengthen your community's preparedness status for future emergencies 4. Serves as a valuable product to support future funding requests the Tribe or UIHO may make, tying your requests to experiences and lessons learned	Lead: Lou Schmitz Partners: Tribes, UIHOs, NPAIHB	**Funded through:** NPAIHB CDC Funds FPHS
Public Health Emergency Preparedness and Response – State CDC Funds Allocation	The first year that PHEPR funds were available to Washington State tribes (2003 – 2004), the Tribes, DOH, NPAIHB and AIHC agreed to use a funding methodology similar to that used for tribal tobacco cessation funds to distribute the PHEPR funds. DOH adopted this recommendation and the formula has been used since then to allocate available funds to Tribes.	Consider modifying the funding allocation formula Methodology Funding was split into 2 categories: #1) 75% of funds available to all 29 federally recognized Tribes; if those funds, 30% distributed equally, 75% distributed by I.H.S. User Population #2) 26% of funds additionally available for distribution to 26 tribally operated clinics. Of these funds 50% are distributed equally and 50% distributed based on the I.H.S. User Population.	Lead: Lou Schmitz Partners: DOH, AIHC, Tribes	**Funding not needed?**
Public Health Emergency Preparedness Response After Hours Notification	Public health emergencies and urgent incidents can happen outside of regular work hours. A specific directory of names and contact information is needed to assure that an individual at each Tribe and UIHP can be reached 24/7 to activate the Tribal jurisdiction's or UIHO's protocols for emergency response in a	Update and maintain a 24/7 after-hours emergency contact list for the 29 federally-recognized Tribes and the 2 UIHOs to assure access for urgent after-hours communications. Once per year, test the 24/7 after-hours emergency contacts to assure phone numbers are still valid and protocols are effective for reaching a contact that can	Lead: Lou Schmitz Partners: DOH, AIHC, Tribes, UIHOs	**Unfunded by DOH-How is DOH keeping up the list and testing the**

AIHC Priorities for
CY 2023 through 2024

Area/Domain	Background/Briefing Paper link	Goals	Leads/Partners	Status
	timely manner.	initiate a response. Assure 24/7 after-hours emergency contacts are up to date and functional. Assure that protocols in place at Tribes and UIHOs support a timely response.		**contacts?**

Turquoise highlight = updating briefing paper
Fuchsia highlight= Project complete or no longer a priority