

Memorandum of Understanding:

Community Environmental Health Assessment and Community Environmental Health Improvement
Plan Project
between

Northwest Portland Area Indian Health Board and **Tribe**

Parties: The parties to this Memorandum of Agreement (MOU) include the **Tribe** and the Northwest Portland Area Indian Health Board (NPAIHB).

Purpose: This MOU aims to establish a collaborative partnership between **Tribe** and NPAIHB to further the project objectives of the NPAIHB Environmental Public Health Program.

Background:

The Northwest Portland Area Indian Health Board (NPAIHB) is developing Community Environmental Health Profiles (CEHP) for Pacific Northwest Tribes through the NPAIHB Environmental Public Health Program. The CEHPs are comprehensive written reports that describe a tribal community's environmental health status, needs, and resources and are developed by conducting Community Environmental Health Assessments (CEHA) and Community Environmental Health Improvement Plans (CEHIP). The CEHAs will include collecting, analyzing, and interpreting a system of integrated health effect, exposure, intervention, and hazard data to characterize the community's environmental health status, needs, and issues. The process will also include collecting and incorporating tribal input and traditional ecological knowledge through interviews and surveys. The CEHIPs will map community assets, engage community members, and incorporate each tribe's cultural and organizational strengths into action plans to improve the community's environmental health status and determine how and where resources should be allocated to best meet and address the community needs identified through the CEHA. These efforts will be done in partnership with the tribes and will be tribal and community-led; for the community by the community.

I. Project Overview:

We will utilize the Social-Ecological Model (SEM) as a systems-level approach to understand the dynamic interrelations among various personal, social, and environmental factors. The SEM describes a conceptual framework that can be used to understand the multilevel factors that influence the health status of individuals and populations and the components that address these influences. The SEM is used in public health as an analytical method to systematically and comprehensively assess and analyze social and environmental determinants of health by identifying and understanding how individual, interpersonal, organizational, community, and policy level factors influence individual and population health status and outcomes. Understanding the many factors that affect a population's environmental health status can help reveal risk and protective factors and help identify effective interventions.

Our method is rooted in the public health approach to problem-solving, which utilizes a systematic, scientific approach to understanding and preventing disease. There are multiple steps in the public health approach, with each phase informing the next, engaging a wide variety of stakeholders with diverse perspectives and experiences. The first step is to define

and monitor the problem by asking a question(s), doing background research, and constructing a hypothesis. This might involve utilizing data from various existing resources and databases and collecting information from the public. The second step is to identify risk and protective factors and gather more data, which often entails conducting a comprehensive community health assessment. The third step is to develop and test prevention and intervention strategies (the hypothesis), which requires a multi-stakeholder approach that seeks to engage a variety of individuals representing a vast sector of the population. The final step is to analyze the data, draw a conclusion, and communicate the results to assure widespread adoption through outreach, education, and policy changes. CEHAs are essential to achieving steps one and two, while the CEHIs help accomplish step three. The CEHP is the product for communicating the results.

We use the 10 Essential Services of Public Health as our core guiding principles and foundational elements of public health practice. The CDC describes the 10 Essential Services of Public Health as public health activities that all communities should undertake to actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. This CEHA and CEHI effort addresses the first two essential services of public health: "assess and monitor population health" and "investigate, diagnose, and address health hazards and root causes."

II. Objectives & Outcomes

Each tribal community will be provided a Community Environmental Health Assessment report that summarizes the data collection process and findings, as well as a Community Environmental Health Improvement Plan that identifies and prioritizes long-term goals and action items to elevate the status of and better serve the public health of their community members. The CEHA and CEHI will be compiled into a final report: The Community Environmental Health Profile (CEHP). The CEHP, or sub-parts, may be used for getting funding, developing other projects, implementing policies, or requesting assistance or action from other federal, state, or local agencies. Anticipated long-term outcomes and benefits include the following:

- Improved community environmental health (EH) status results in improved population health.
- Improved organizational and community coordination and collaboration
- Enhanced credibility with stakeholders, improved customer accessibility to health services and information, and a better educated and aware customer base.
- Improved government public health infrastructure to deliver essential environmental public health services through an increased number of public health policies, codes, and programs at the tribal level
- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within the federal, tribal, state, and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

Under the terms of this MOU, the TRIBE will: Assist and guide NPAIHB in completing the CEHA and CEHIP Project. TRIBE will be involved with all stages of the project; Pre-Planning, Planning, and Implementation Phases I-IV that are laid out in the CEHP Proposal_V1.1.

Under the terms of this MOU, NPAIHB EPH Program will: Lead the CEHA and CEHIP Project with the guidance of TRIBE. NPAIHB will be a part of all stages of the project: Pre-Planning, Planning, and Implementation Phases I-IV, which are laid out in the CEHP Proposal_V1.1.

Period of MOU:

The MOA will be effective upon the last date of signature by all parties and extend through 08/31/2022, or the project period (through 08/31/25), or with extensions each project period (09/01/22 – 08/31/23-24-25).

Termination: Either party may terminate this MOA with 30 days' written notice to the Authorized Official contact below.

Other Provisions: This project is being initiated with funds through the Centers for Disease Control and Prevention (CDC), National Center for Environmental Health, Cooperative Agreement CDC-EH20-2005 "Strengthening Environmental Health Capacity to Detect, Prevent, and Control Environmental Health Hazards through Data-Driven, Evidence-Based Approaches." This effort will become a fundamental part of our service delivery program and will be supported long-term through environmental health program funds.

Funding: NPAIHB will spend up to \$5K to help support the effort in the Tribal community for 2022. These funds may be used to cover staff time, provide incentives or honorariums for key informants or community members to provide input into the process, host community meetings to get input/buy-in, print resources, or other expenses directly related to the CEHA and CEHIP process. The NPAIHB will provide more funds as CDC resources continue or funds are received through other sources.

NPAIHB Authorized Official Name: Celeste Davis

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Date:

Tribe

Authorized Official:

Email:

Date: