

Background

The Pacific NorthWest Border Health Alliance (PNWBHA), established in 2009, is a cross border collation of: the states of Alaska, Idaho, Montana, Oregon and Washington; the provinces of British Columbia and Saskatchewan; and the Yukon Territory. The PNWBHA goal is to provide leadership in the integration of health sector preparedness and response initiatives at all levels of government, including Tribal and First Nations, throughout the Pacific Northwest. The creation of the Alliance has provided the framework for expansion of such inter-agency and interdisciplinary collaboration in the Pacific North West.

Who We Are

PNWBHA Indigenous Health Working Group is comprised of individuals and organizations committed to enhancing the working relationship among the Indigenous people of the Pacific Northwest.

Membership may include representatives from:

- PNWBHA local, regional, state, and provincial member jurisdictions
- Indigenous/Tribal health organization representatives
- Health Canada First Nations and Inuit Health (BC & YK Region)
- US tribes and tribal organizations
- US Department of Health and Human Services (Region X)
- US Centers for Disease Control and Prevention (Seattle Quarantine Station)
- USDA, FDA, CFIA and other agencies for regulation of food, feed, and biologics



**Indigenous Health
Working Group**

Purpose

The purpose of the Indigenous Health Working Group is to enhance the working relationship among the Indigenous people of the Pacific Northwest to ensure they are adequately equipped to prepare for, respond to and recover from a public health event or other emergencies/disasters

Tasks

Specific Working Group tasks may include:

- Developing and maintaining collaboration and communications between Tribal, First Nations, State and Provincial and Federal jurisdictions and agencies.
- Identifying, reviewing, and resolving potential issues during inter-jurisdictional communicable disease response and other public health events;
- Developing and maintaining plans and protocols for responding to inter-jurisdictional public health incidents and the ameliorating health impacts of other emergencies/disasters;
- Planning coordination, communication, and response for inter-jurisdictional communicable disease and other public health incidents;
- Planning for education, outreach, and dissemination of plans to Indigenous and local health partners



Scope

The Working Group will build on and incorporate existing knowledge, to identify, recommend and prioritize short and long-term goals for Indigenous health. Activities may involve, but are not be limited to, the following:

- **Jurisdictional issues** - jurisdictional barriers between services for Indigenous people living on- and off-reserve/tribal lands.
- **Increasing cultural competency** - lack of cultural competence of many care providers is a significant barrier for Indigenous people in their attempts to access health services.
- **Remote, rural and isolated regions** - geographic barriers for Indigenous people in rural, remote and isolated regions are significant with respect to the availability of health services for their people and many have to leave their communities to access basic health care.
- **Traditional practices** - promoting the recognition and coverage of traditional / non-medical interventions and alternative therapies
- **Resourcing** - resourcing of small, independent Indigenous communities may be inequitable, may not adequately address diseconomies of scale, and may be a significant barrier to provision of services.

Note: Indigenous is deemed inclusive of the American Indian, First Nations, Canadian Inuit and Native Alaskan and Metis people