



Resources and Opportunities

Provided by the Urban Indian Health Institute
A Division of the Seattle Indian Health Board



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This e-mail is provided by the Urban Indian Health Institute, a division of the Seattle Indian Health Board. It contains opportunities for staff development, grant announcements and other relevant public health information. We hope you find these resources useful. If you have any questions about the information below, or you are unable to open any of the links, please contact info@uihi.org. If this e-mail was forwarded to you, you may sign up [here](#).

Announcement

Leadership in Data Use Award Recipient

We are excited to announce Robert Ironmaker, Site Manager and Health Data Specialist at the Indian Health Board of Billings (IHBB), as the recipient of the Urban Indian Health Institute's 2012 Leadership in Data Use Award! As part of the effort to promote leadership and capacity building among urban American Indian and Alaska Native communities, the UIHI recognizes Mr. Ironmaker's use of agency data to better inform clients, the public, and potential funders about their services and health priorities. To recognize Mr.

Ironmaker's outstanding contribution, he will receive \$2,000 to fund attendance at a training or conference for professional development.

Mr. Ironmaker is responsible for managing the Walk-in Health Clinic at IHBB where he has implemented a more refined and relevant data report. Data collected through this report has helped inform and prioritize health policy at IHBB as well as assist with the development of two new proposals for youth health activities. Mr. Ironmaker has also gathered together a think tank of staff to overcome challenges. These efforts in collecting, discussing, and presenting health data have helped identify health priorities at IHBB that have resulted in expanded partnership and funding opportunities.

In her nomination, Marjorie Bear Don't Walk, Executive Director of IHBB, shared, "Mr. Ironmaker has gone to great lengths to improve not only the lives of our urban Indian clients, but our community as a whole. He encourages the staff to work as a team to provide the best care possible for our clients."

The UIHI congratulates and thanks Robert for his hard work and outstanding use of data!

Fellowship

The Center for Social Inclusion Announces the Alston Bannerman Sabbatical Fellowship

The Center for Social Inclusion recognizes that working for social change usually means long hours at low pay with few tangible rewards and few escapes from the day-to-day pressures. Without time to rest and reenergize, the pressures can prove overwhelming and result in a loss of creative and critical leadership. Since 1988, the Alston Bannerman Fellowship has honored and supported longtime organizers of color by giving them the resources to take time out for reflection and renewal. Fellows receive a \$25,000 award to take sabbaticals for three months or more.

To qualify for an Alston Bannerman Sabbatical Fellowship, you must:

- be a person of color
- have more than 10 years of community organizing experience
- be committed to social change work in communities of color
- live in the United States, Puerto Rico, Guam, American Samoa or U.S. Virgin Islands

The deadline to apply for the 2012 Alston Bannerman Sabbatical Fellowship is **June 15, 2012**.

For more information, [click here](#).

Resources

Health Raiser: A Blog by Susette Schwartz, CEO of Hunter Health Clinic in Wichita, KS

Check out the blog hosted by Susette Schwartz, CEO of Hunter Health Clinic in Wichita,

Kansas. Susie says she is "blogging FOR THE HEALTH OF IT." Take a look to read Susie's posts on various health topics, clinic services, and follow the adventures of Navajo Joe: <http://gotohealth.us/healthraiser/>

Guiding Transformation: How Medical Practices Can Become Patient-Centered Medical Homes

The patient-centered medical home has been proposed as a model for transforming primary care and improving efficiency and effectiveness in the health care system. This report from the [Commonwealth Fund](#) outlines and describes the changes that most medical practices would need to make to become patient-centered medical homes. The broad "change concepts," as the report terms them, include: engaged leadership; a quality improvement strategy; empanelment or linking patients with specific providers to ensure the continuity of the patient-provider relationship; continuous and team-based healing relationships, including cross-training staff to allow team members to play various roles; organized, evidence-based care, including the use of decision support systems; patient-centered interactions to increase patients' involvement in their own care; enhanced access to ensure patients have access to care and their clinical information after office hours; and care coordination to reduce duplication of services.

For the full report, [click here](#).

More reports, resources and other information can be found on the UIHI website, www.uihi.org

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