



Global to Local ~
American Indian Health Commission
Digital Health Promotion Platform
Final Case Study Report

**DIGITAL AND MOBILE TOOLS TO SUPPORT COMMUNITY HEALTH
EDUCATION AND PROMOTION.
AMERICAN INDIAN HEALTH COMMISSION CASE STUDY
WASHINGTON STATE DEPARTMENT OF HEALTH**

1. PROJECT OVERVIEW

Project title	GLOBAL TO LOCAL DIGITAL COLLABORATION
Name of Grantee	AMERICAN INDIAN HEALTH COMMISSION
Project timeframe (Start-End)	APRIL 1, 2026 TO JUNE 30, 2026
Primary digital focus area(s):	1. IMPROVE USABILITY, ACCESSIBILITY, AND REACH OF HEALTH INFORMATION RELEVANT TO TRIBES, THROUGH DIGITAL INFORMATION SHARING PLATFORM; AND 2. EXTEND LANGUAGE ACCESS AND CULTURAL TAILORING OF DIGITAL RESOURCES TO BETTER SERVE TRIBAL COMMUNITIES IN WASHINGTON
Primary population(s) served:	29 FEDERALLY RECOGNIZED TRIBES, URBAN INDIAN HEALTH PROGRAMS, AND INDIAN HEALTH CARE PROVIDERS IN WASHINGTON STATE, TRIBAL/NATIVE SERVING ORGANIZATIONS AND THEIR COMMUNITIES

2. PRE-PROJECT CONTEXT AND LOCAL NEED

2.1 Local Context

AIHC provides a forum of WA State Tribes, UIHPs, IHCPs and Tribal Organizations to work on common issues for Tribal Health. Between 1994 and 2012, this was done through in person meetings, mailed and emailed documents. In 2012, AIHC implemented virtual meetings through Go To Meetings/Webinar. Since then, we are able to offer hybrid meetings to make sure Tribes/Organizations with smaller travel budgets can still attend and be part of the conversations. Being able to work on common issues helps shift power.

- The biggest challenge to moving to virtually meetings have been the inability to have quick side bar conversations during a meeting to

ensure people are on the same page, understanding the issues or check in with others about issues not covered during the meeting. Tribal staff have been requesting a message board type tool since before COVID.

- Each Tribe has its own separate IT and communications systems, so it has been difficult to find one product that works for all. There are always firewalls and licensing issues. AIHC has tested a couple of products, one was specifically for medical providers and the other was Microsoft based so many Tribes that weren't on Microsoft had technical difficulties. Several Tribes did mention using "Slack" during the COVID-19 pandemic and had success communicating within their own organization and community.

2.2 Problem Statement

- Because we now have hybrid and virtual only meetings, people don't have the opportunity to network, as they had been able to do during in-person meetings. Our delegates want an opportunity to discuss common issues without using emails- like a message board. We also lack one place where all of the Tribal Health events are tracked, which causes a problem when trying to schedule important government to government meetings without conflicting with other Tribal health meetings.
- All of the Tribes, Urban Indian Health Programs and Indian Health Care providers as well as Tribal Organizations and State Agency Tribal Relations staff are affected with Small Tribes and Organizations affected the most.

3. PROJECT RATIONALE

3.1 Rationale for Selected Approach

- We selected a digital solution as the goal of our efforts is to provide a communication portal for Tribes across the state to utilize for discussing public health efforts and issues, share best practices and events, and have AIHC staff and consultants available to assist.
- Our decision was based primarily around finding a tool that did not require hardware implementation or software development. We chose Slack due to the availability of features that aligned with our objectives, primarily:

- Collaboration both within your organization and with people outside your organization
- Communication channels with social media like functions for familiarity and usability
- Direct messages
- File sharing
- 3rd party app integration (e.g. Zoom)
- Searchable
- Mobile-first digital information sharing through a mobile app, plus desktop and web-based apps
 - Slack operates on many browsers and both the mobile and desktop applications are available on multiple operating systems.

4. PROJECT DESIGN

4.1 Description of the Intervention

- AIHC created an account with Slack and established a workspace within the tool as a base for different channels, private messaging, and document sharing.
- Slack is an existing tool that AIHC has added into our application ecosystem and shared with a subset of potential users for testing prior to full roll-out. As an existing tool managed by an external software company, this did not require any software development; we configured our workspace to meet our needs and were able to ask our testing group to download the existing application, available both as a desktop and mobile app.

4.2 Intended Users

Our primary user group was public health staff at each of the 29 Tribes, 2 Urban Indian Health Organizations, and the American Indian Community Center. This was supplemented with staff and consultants from AIHC, as well as potential to add state agency Tribal liaison staff to the communication tool for additional support.

4.3 Roles and Responsibilities

- AIHC Communications Consultant for managing users and any necessary system upgrades
- AIHC Tribal Public Health Administration staff as discussion post moderators and Tribal public health SMEs

- General user roles for all Tribal users and potential state staff

4.4 User-Centered Design and Engagement

The following user requirements were prioritized when researching potential solutions:

- Digital communication and info sharing platform
- Centralized, mobile-first
 - Low-bandwidth web app option
 - User-friendly
- Integration of:
 - Health education materials
 - Tribal health events calendar
 - Other info relevant to Tribal health
 - Searchable single location

Initial test phase: We have a subset of potential users set up to test our initial implementation of this new communication tools – 5 of the AIHC Tribal Delegates (our executive committee), plus AIHC staff and consultants all have access and are testing out using the tool, including accessing through both the mobile and desktop app or through the web UI, posting and replying to messages, interacting with polls, utilizing file-sharing functions, and providing event updates through a Tribal calendar channel.

Current phase: We have expanded our user base to include engaged contacts at a few select Tribes and continue to test features and work through best practices for communication.

Remaining phase: In our first July Current Issues in Public Health and Emergency Response meeting we introduced slack to the remaining set of anticipated Tribal users through a brief presentation and then onboard the remaining to slack.

We started testing this in the week of 5/25. User input was positive, no issues accessing and sending messages. By the week of 6/25, we had expanded this to users for testing and continued to have no issues identified. We got limited but all positive feedback

4.5 Equity, Trust and Community Considerations:

As outlined in the first bullet point under section 4.4, user requirements were

used to assess potential tools, and we have selected the one that most aligns with user needs.

- We needed a safe, secure, private method of communication
- We needed to ensure we could add users across multiple different organizations, agencies, corporations, and Tribes without having to purchase additional licenses or create a complex login process.
- Low-band accessibility was required.

We selected a tool with secure communication channels.

5. IMPLEMENTATION PROCESS

5.1 Implementation Timeline

Summary of key implementation phases.

All setup for the initial phase to start testing has been completed. No additional work should be required beyond adding in new users as we go. Slack has been rolled out to AIHC staff, some consultants, and a small test group of our Tribal Delegates. We will continue to onboard new users as we work through testing. We have also expanded our users for testing and will plan to roll out to at least one public health contact at each Tribe after July 16, 2026.

6. EARLY RESULTS – MONITORING AND LEARNING

6.1 Indicators or Signals Tracked

As we have rolled these out to the test users, we have not heard about the access issues we have seen with other platforms. Users were able to enter the platform, with no firewall issues, no issues viewing and editing information across Microsoft and Google based platforms. We usually have a lot of issues sharing online information with state agency state because of all their stringent security measures. Tribal Liaisons who have accessed the platform have not had any issues accessing the calendar we are using to coordinate events. Especially for Government-to-Government meetings, we have previously experienced many difficulties coordinating dates. Through our new online collaboration, we have already saved many hours in not having to reschedule meetings

6.2 Use of Data and Feedback

We took direct feedback from users but since there weren't any issues and people are slowly learning to use the application, we haven't needed to make any changes. We will address if issues do come up, as they are reported.

6.3 What Worked Well: Describe aspects of the project that functioned as intended or exceeded expectations.

We expected to have to work through more technology issues once we selected a platform. Instead, we have had access to the platform without license issues, no issues with opening and editing documents

6.4 Challenges Encountered

- The biggest challenge experienced was that our delegates have busy schedules and adding one more log in for them is a hinderance. Once they do log in, they are able to move to the platform when they receive an email notification about activity in the platform.
- Technical- We did not experience any technical issues
- Workforce or capacity-related: Again, just the time it takes to create a new login in and learn a new platform. Slack is similar enough to other platforms, so it is not hard to use.
- Community engagement or trust-related-mostly with our delegates being.

6.5 Unexpected Outcomes

Finally finding a place to collaborate across Governor's Indian Health Advisory Council (GIHAC) when our original focus was collaboration across the Tribes and Indian Health Care Providers. Moving conversations out of email makes it easier to track.

7. FEASIBILITY AND SUSTAINABILITY REFLECTIONS

- Technical feasibility – Fairly feasible, no new skills needed.
- Workforce burden and capacity- Reduced for our work with state agency staff but still not known for the AIHC delegates and Indian Health Care Providers.
- Costs (including ongoing or hidden costs)- No cost through Tech Soup for our non-profit
- Data privacy, security, or responsible data use
- Data policies from Slack:
 - Data Encryption: The Slack services and GovSlack services use industry-accepted encryption products to protect Customer Data (1) during transmissions between a customer's network and the Slack services and GovSlack services; and (2) when at rest. The Slack services and GovSlack services support the latest recommended secure cypher suites and protocols to encrypt all traffic in transit. We monitor the changing cryptographic landscape closely and work promptly to upgrade the service to respond to new cryptographic weaknesses as they are discovered and implement best practices as they evolve. For

encryption in transit, we do this while also balancing the need for compatibility with older clients.

- Additional policies related to data privacy, security, encryption, and deletion can be found here: https://slack.com/security-practices?_gl=1%2A1ynfafo%2A_gcl_au%2AMTIwMzA0ODQyMC4xNzc4NTk3MDQ4LjYxMjQyMjQ1OC4xNzc5NDY0ODQzLjE3Nzk0NjQ4NDM.%2A_ga%2AMTA1NDAwODk0Ny4xNzc4NTk3MDQ4%2A_ga_QTJQME5M5D%2AczE3ODI0MjI5NzckbzlyJGcwJHQxNzgyNDIyOTgwJGo1NyRsMCRoMA
- Long-term ownership or stewardship: Subscription-based model with application managed by AIHC staff/consultants for Tribes to use
- Key lessons learned
 1. Research existing software availability before starting to develop your own software application.
 2. User acceptance testing - engage testers willing to participate and utilize different aspects of the tool/software to get a good feel for how useful it will be.

8. LOOKING AHEAD

We will continue working to encourage delegates and Indian Health Care providers to use Slack to communicate with each other.

9. CONTACT INFORMATION

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