Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

MINUTES

QUARTERLY BOARD MEETING

ZOOM MEETING

JULY 14 -15, 2020

Issue	Summary	Action	Follow -up
TUESDAY JULY 14, 2020			
APPROVAL OF AGENDA	1. Approve Agenda – **MOTION** by Shawna Gavin, Confederated Tribes of Umatilla; 2nd by Elese Washines, Yakama: **MOTION PASSES**	**MOTION**	**PASSED**
FUTURE BOARD MEETINGS	2. Future Board meetings – **MOTION** to go virtual for October 2020, by Cassie Sellards-Reck, Cowlitz Tribe; 2nd by Shawna Umatilla: **MOTION PASSES**	**MOTION**	**PASSED**
REVIEW AND APPROVE JUNE 2020 MINUTES	**3.** Review and Approve June 2020 Minutes – Approve with edits, **MOTION** by Shawna Gavin, Confederated Tribes of Umatilla, Second by Theresa Leman, Jamestown S'Klallam: **MOTION PASSES**	**MOTION**	**PASSED**
CHAIRMAN'S REPORT, NICKOLAUS LEWIS	I want to say how grateful I am for each and every one of the staff and leaders at NPAIHB and to all of you to keep our communities safe. My hands go up to each of my fellow Board members because I know that you are also working 24/7 for all of our people. Our lives and our communities will be forever changed by this crisis with so many losses and other impacts on our people and communities. Mine was...share about Lummi or you. I wasn't able to participate in the last board meeting because of a loss within our own community. The Black Lives Matter movement and protests were going strong at that time. Some Indian organizations are addressing this like the National Indian Health Board. They have established a committee on racism and I am the chair of that committee. I will be providing testimony on July 17thto the US Commission on Civil Rights. I'm looking forward to this board meeting. I'd ask Laura to get some Congressional representatives on our board calls and we have 2 this meeting. One with Rep. Kilmer today and one with Sen. Merkley's office tomorrow.		

	We hope to make participation by Congressional reps a regular part of our board meeting as well as any people running for Congress, like Rudy Soto, who may be joining our meeting. Lastly, I want to acknowledge all the hard work to our staff and delegates that went into getting the CHAP policy approved so that we can move forward on CHAP implementation for our area. Thank you.		

EXECUTIVE DIRECTOR'S REPORT, LAURA PLATERO, NPAIHB EXECUTIVE DIRECTOR	**Advocacy Alerts**
	• **FY 2021 Appropriations Timeline**
	  • House will take up first package of spending bills (includes Interior) 7/23 and 7/24, second package the following week, and then August recess
	  • Senate has not moved on appropriations yet.
	• **Next COVID-19 Package**
	  • House passed HEROES Act but won't pass Senate.
	  • Senate in session 7/20 to 8/8 and will introduce its own package.
	• **Thursday 7/16–** *Natural Resources Hearing on Native Youth Perspectives on Mental Health and Healing*
	  • 10am/1pm EST
	
	NPAIHB COVID-19 Survey
	1. Please complete the survey today so we can present preliminary results tomorrow for discussion**.**
	2. Purpose is to help direct our public health and policy work in the next 3 to 6 months.
	3. Request feedback on the work we've done thus far – March to July and guidance for future work.
	4. Asking for information on anticipated needs for your communities and clinic for the next 3 to 6 months.
	5. Thanks to our Epi Staff for working on this – Victoria, Tam, Jenine!
	
	Funding Update		

	NEW
	• DHHS – Public Health Service
	  • ***NW Opioid Collaboration to Strengthen Tribal Nations - $1,049,967.***
	  • 7/1/2020 – 6/3-/2021
	CONTINUATION
	• DHHS – National Institute on Drug Abuse
	  • ***Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response - $196,275***
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	• DHHS – CDC
	  • ***Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response - $316,646***
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	Office & Administration
	• Physical office closed on 3/16/20
	  • Closure of office anticipated through at least August.
	• Survey to Staff on Teleworking Now and into the Future
	• Security improvements almost complete
	  • Alarm installed
	  • New door with push bar to be installed
	• Finance
	  • Electronic purchase order software (Microix) in implementation phase
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	  • Working on FY 2021 operating budget
	
	Employee Telework Survey Highlights
	1. Nearly 100% response rate
	2. Majority of staff hold an optimistic view of teleworking (85%)
	3. Mostly positive about working from home through end of year, if needed (75%)		

	4. Majority of staff are optimistic about an open concept office design after COVID-19 (75%) 5. Major Concerns include: Missing colleagues and ergonomic set-up at home **Personnel/Human Resources** NEW HIRES • Reshell Livingston – Asthma Project Coordinator – 7-13-20 PROMOTIONS/Transfer • Mattie Tomeo-Palmanteer – Cancer Prevention Project Coordinator – 6-22-20 PROGRAM OPERATIONS MANUAL • Some changes will be proposed to Personnel Committee at October Board meeting **Looking Forward** • Plan COVID-19 responses for next 3 to 6 months • Policy consultant on board beginning 7/20 • Modification of program budgets in anticipation of unused travel funds • Organizational assessment as to structure – funded through an Epi Center grant • Revive work on strategic plan • Work on organizational budget for FY 2021 for October QBM		
FINANCE REPORT, EUGENE MOSTOFI, ACCOUNT MANAGER	**MOTION** to except Finance Report by Shawna Gavin, Confederated Tribes of Umatilla, 2nd by Cassie Sellards-Reck, Cowlitz: **MOTION PASSES**		
IHS AREA DIRECTOR REPORT, DEAN SEYLER, PORTLAND AREA IHS DIRECTOR	*Please see Attached Report*		
UPDATE FROM NATIONAL CONGRESS OF AMERICAN INDIANS, FAWN SHARPE, NCAI PRESIDENT	*Please see Attached Report*		

COMMITTEE MEETINGS:			
LEGISLATIVE AND POLICY UPDATE, SARAH SULLIVAN	**General News** • **HHS Region X Consultation** – HHS Region X Consultation is scheduled for August 18 from 9AM-2PM/PT and registration is open. • **U.S. Commission on Civil Rights Assessment of COVID-19 and the Broken Promises to Native Americans (COMMENTS DUE July 24)** – Requesting comments on how the pandemic has impacted Native American communities. – Virtual Briefing on July 17 at 7AM PT/10AM ET. • **IHS announces National Expansion of Community Health Aide Program (CHAP)** –IHS is taking a phased implementation approach, starting with tribal consultation on the $5 million from FY 2020 to support key components (i.e. establishment of certification boards, increasing community education, investing into training, and providing additional support). **FY 2021 IHS Appropriations House Bill Highlights** • In the bill, Title V would provide an additional $15 billion in FY 2021 emergency infrastructure investments, including an additional $1.5 billion for Indian Health Facilities. • Proposes increase for Purchased/Referred of $47.1 million over FY 2020, for a total of over $1 billion • Proposes funding for Tribal 105(l) Leases at $101 million, and indefinite appropriation for 2 years – through 9/30/22. • Rejects the proposed move and consolidation of the CHAP, CHR and Health Education to form a proposed Community Health Program, and proposed funding cuts to CHR, Health Education and Tribal Grants Management. • Proposes CHAP increase of $10 million ($15 million total) • Proposes funding for new programs to address specific priority areas and underlying health conditions, including:		

	– $5 million to address Alzheimer's Disease and related cognitive health conditions with funds going towards a new Alzheimer's Disease education campaign, training curriculum for primary care practitioners, and to launch five pilot projects for early disease detection and diagnosis; – $5 million to address HIV and Hepatitis C (HCV) in response to the President's Ending the HIV Epidemic: A Plan for America and Eliminating Hepatitis C in Indian Country initiative; – $5 million to address maternal health priorities, with language encouraging IHS to launch a pilot project to evaluate maternal mortality risk factors and provide support to breastfeeding mothers. *See PowerPoint for additional graphics* **FY 2021 HHS Appropriations House Bill Highlights** • SAMHSA Tribal Behavioral Health Grants each got a slight bump **($22 million** total for substance abuse/**$22 million** total for mental health) • SAMHSA Tribal set-aside for medication-assisted treatment for opioids to **$12 million** • SAMHSA Tribal Zero Suicide maintained at **$2.2 million** and AI/AN Suicide Prevention maintained at **$2.931 million** • CDC Good Health and Wellness increased to **$23 million** • CDC **$150 million** Tribal set aside for public health. • CDC Minority AIDS Initiative funds, **$3 million** Tribal set aside. **New Indian Health Legislation** • **H.R. 2 – INVEST in America Act** ((Rep. Peter DeFazio (D-OR)) – Provides $5 billion in total funding for FY 2021-2025 for planning, design, construction, modernization, and renovation of hospitals and outpatient health care facilities within the IHS. – Authorizes $2.7 billion for each year during FY 2020-2024 for construction,		

	modernization, improvement, and renovation of water, sewer, and solid waste sanitation facilities that are listed on the IHS Sanitation Facilities Deficiency List. – **Status:** 7/1/20 Passed in the House (233-188) • **S.3937 – Special Diabetes Program Reauthorization Act of 2020** ((Sen. McSally (R-AZ)) – Provides 5 years of funding for the SDPI; increases funded to $200 million annually; and authorizes tribes/tribal organizations to received SDPI awards through ISDEAA compacts and contracts. – **Status:** 6/10/20 Referred to the Senate Committee on Indian Affairs **GAO Report: COVID-19 Opportunities to Improve Federal Response and Recovery Efforts** • Six areas – Paycheck Protection Program (PPP); Economic Stabilization and Assistance to Distressed Sectors; unemployment insurance; economic impact payments; Public Health and Social Services Emergency Fund, and the Coronavirus Relief Fund account for 86% of the appropriations. • **GAO Identified Challenges:** 1. CDC reported incomplete and inconsistent data from state and jurisdictional health departments on the amount of viral testing occurring. 2. The nationwide need for critical supplies to respond to COVID-19 quickly exceeded the quantity of supplies contained in the Strategic National stockpile. 3. Confusion and questions about the SBA Paycheck Protection Program. • **GAO Legislative Action Recommendations:** 1. Require Department of Transportation to develop a national aviation-preparedness plan to ensure safeguards are in place. 2. Provide Treasury with access to Social Security Administration's full set of death records and require Treasury use it to reduce improper payments. 3. Utilize GAO recommended formula for any future changes to the FMAP during the current or any future economic downturn to help ensure that		

federal funding is targeted and timely.

Trump Administration COVID-19 Updates

- **June 30: Re-establishment of Ready Reserve Corps as part of the U.S. Public Health Service**
  – The CARES Act provides the authority to re-establish the Ready Reserve Corps, which will provide trained and ready personnel available on short notice to fill critical public health needs and provide compensation and benefits.
  – USPHS Commissioned Corps' deployments have increased more than 44% over the past six years and more than 4,500 of the 6,100 PHS officers have deployed during the COVID-19 pandemic.
  – USPHS Commissioned Corps will commission its first officers into the Ready Reserve Corps beginning in September 2021 and applications will be accepted beginning in Fall 2020.

- **HHS Extends COVID-19 Testing Public-Private Partnership with National Pharmacy and Grocery Retail Chains**
  –Extends its partnership with national pharmacy and grocery retail chains CVS, Rite-Aid, Walgreens, Quest (through Walmart), and True North (Kroger, Health Mart, and Walmart) to continue to provide convenient access to COVID-19 testing.

HHS Provider Relief Funds

April 10-17: General Distribution 1

- $30 billion distributed to Medicare FFS billing providers based on 2019 payments.
- **Allocation:** 2019 MFFS payments x $30 Billion
  $435 Billion (total MFFS 2019)

April 24: General Distribution 2

- $9.1 billion distributed to Medicare FFS billing providers based on revenues from CMS cost report data. The allocation equates to approximately 2% of net patient revenues per eligible provider.
- **Allocation:** (Most Recent Tax Year Annual Gross Receipts) x $50 Billion) – GD 1

Payment $2.5 Trillion

Starting April 24: General Distribution 2

- $10.9 billion available to Medicare FFS billing providers based on revenue submissions to the provider portal.

May 29: IHS/Tribal Targeted Distribution

- $500 million to approximately 300 IHS and Tribal programs.
- **Allocation:** IHS & Tribal Clinics: $187,000 + 5% (estimated service population x average cost per user.

July 20: Medicaid and CHIP Targeted Distribution Application Due Date

- $15 billion available to providers participating in state Medicaid and CHIP programs (who have not received funding from the General Distribution funds.
- **Allocation:** 2% (Gross revenues x Percent of Gross Revenues from Patient Care) for CY 2017, 2018, or 2019.

SAMHSA Adoption of Revised Rule- Confidentiality of SUD Patient Records 42 CFR Part 2

- **Changes under the New Part 2 Rule:**
  – Treatment records created by non-Part 2 providers based on their own patient encounter(s) are not covered by Part 2, unless any SUD records previously received from a Part 2 program are incorporated into such records.
  – When an SUD patient sends an incidental message to the personal device of an employee of a Part 2 program, the employee will be able to fulfill the Part 2 requirement for "sanitizing" the device by deleting the message.
  – An SUD patient may consent to disclosure of the patient's Part 2 treatment records to an entity without naming a specific person as the recipient for the disclosure.
  – Non-OTP and non-central registry treating providers are now eligible to query a central registry, in order to determine whether their patients are receiving opioid treatment through a member program.
  – Declared emergencies that disrupt treatment facilities and services are considered a bona fide medical emergency for the purpose of disclosing SUD records without

patient consent.

IHS Tribal Consultation: SDPI Offset/Prior Year Funds (COMMENTS DUE August 28)

- **July 2 DTLL:** Initiation of tribal consultation on the use of approximately $30 million in offset and prior-year funds from the Special Diabetes Program for Indians (SDPI).
- SDPI funds are available until expended, therefore prior-year (carryover) funds have accumulated over the years. There are 62 SDPI grants with large carryover balances relative to their annual grant amounts received an offset of 50-100% in FY 2020.
- Options for the use of the $30 million include, a new grant funding opportunity for $10 million per year for 3 years for eligible entities that do not currently have an SDPI grant, or open to all eligible entities to address diabetes-related risk factors.

CDC: Proposed Changes to National Diabetes Prevention Program (COMMENTS DUE August 14)

- **June 15 DTLL:** CDC is updating the Diabetes Prevention Program Standards and Operating Procedures (DPRP Standards) for the National Diabetes Prevention Program.
- CDC plans to revise the DPRP standards and associated information collection. Some of the key changes include:
  - –changes for those serving vulnerable populations
  - –optional collection of Hemoglobin A1C levels
  - –weight/physical activity minutes to be combined (new method)
  - –program enrollment motivation/enrollment source information

HRSA RFIs: HPSA Scoring Criteria and Maternity Care Health Professional Target Area Criteria (COMMENTS DUE September 18)

- **Request #1 - HPSA Scoring Criteria:** Requests input on changes that could be made to the Health Professional Shortage Area (HPSA) scoring criteria. These

	could include but are not limited to, new factors, components, or point weighting. • **Request #2 - Maternity Care Health Professional Target Area Criteria:** Seeks input on the establishment of criteria for Maternity Care Health Professional Target Areas to improve maternal health and maternity care delivery, including public health strategies. Target areas would identify geographic areas or certain facilities (I/T/Us) within HPSAs that have a shortage of maternity care health professionals. **Litigation: Texas v. United States** • Legal challenge focuses on the constitutionality of the ACA's individual mandate provision, while Texas and other parties to the litigation have asked the Court to invalidate the entire ACA, since the individual mandate was considered by Congress to be an essential component of the legislation. • **June 25:** The Department of Justice filed its brief arguing that the whole statute is invalid, but the relief granted by the Court should be more limited. o The brief ignores the federal responsibility to tribes by not even mentioning the Indian provisions of the ACA. • **Status:** Supreme Court could hear arguments as early as October, but likely will not issue a decision until after the November elections. **Litigation: Tribes & Tribal Schools Sue E-cigarette Makers** • **June 18:** A number of tribes have sued e-cigarette manufacturer JUUL and associated companies requesting relief to combat the vaping epidemic that has resulted from a deceptive marketing scheme that has targeted Native youth and cost these tribes millions to combat vaping. • Tribal complaints allege that JUUL has aggressively and deceptively marketed its products as a safe alternative to ordinary cigarettes, without disclosing the dangers they knew of addition and the vaping-related illnesses and knowing that they are more susceptible to addiction than non-Native Americans. • According to national youth tobacco survey data, 16.1% of AI/AN middle school students and 40.4% of AI/AN high school students currently use e-cigarettes compared to the general population rate of 10.5% of middle school students and 27.5% of high school students.		

	• **Status:** The lawsuits were filed in the U.S. District Court for the Northern District of California, which is in charge of the Multi-District Litigation coordination for the lawsuits already filed against JUUL. **Upcoming Important Federal Meeting Dates** • **July 22:** CMS Tribal Technical Advisory Group (TTAG) Virtual Meeting • **July 24:** IHS Tribal Self Governance Advisory Committee Virtual Meeting • **August 4 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Planning Session • **August 5-6:** IHS Direct Service Tribal Advisory Committee Virtual Meeting • **August 11 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Strategy Session • **August 18:** HHS Region X Virtual Consultation		
IHS CHAP National Expansion, Susan Steward	*Please see attached PowerPoint*		
Recess at 4:32 p.m.			
WEDNESDAY JULY 15, 2020			
DATA ON POLICE VIOLENCE IN NORTHWEST NATIVE COMMUNITIES, SUJATA JOSHI, MSPH, PROJECT DIRECTOR/EPIDEMIOLOGIST, IMPROVING DATA & ENHANCING ACCESS	*Please see attached PowerPoint*		
NWTEC COVID-19 RESPONSE AND TEC UPDATE, VICTORIA WARREN-MEARS, PHD, RDN,	*Please see attached PowerPoint*		

FAND DIRECTOR, NWTEC			
OR CONGRESSIONAL UPDATE, BEN WARD, LA INDIAN ISSUES SENATOR JEFF MERKLEY'S OFFICE (OR)	*Please see attach Report*		
COMMITTEE REPORT RECOMMENDATIONS RESOLUTIONS	***#20-04-01*** *Northwest Tribal Dental Preventive and Clinical Support Center HHS-2020-IHS-TDCP-0001* ***MOTION*** *by Nick Lewis, Lummi; Second by* Elese Washines, *Yakima:* ***MOTION PASSES*** ***#20-04-02*** *Support for Creation of a Portland Area Community Health Aide Program CHAP Certification Board* (EDITS) CHAP Area PACCB: acknowledges the approval of the IHS policy circular. Cassie-there should be some sort of reporting structure, once the certification board is implemented that reporting goes to the IHS Area Director so approval of the CHAP federal certifications is through the IHS Area Director. Once the Area certification board is stood but there will be a member on the national certification board and it will come back to our tribes. **MOTION** by Cassie Sellards-Reck, Cowlitz, Second from Nick Lewis, Lummi; **MOTION PASSES** ***#20-04-03*** *Native Dental Therapy Initiative – Funding Offered by the National Indian Health Board for Education/Outreach to Enhance Policies Supportive of Dental Therapy* **MOTION** by Cassie Sellards-Reck, Cowlitz, Second by Theresa Lehman, Jamestown S'Klallam Tribe; **MOTION PASSES** ***#20-04-04*** *Native Dental Therapy Initiative - Implementation of Dental Therapy Offered by the National Indian Health Board* ***MOTION*** *by* Cassie Sellards-Reck, Cowlitz, Second by Sharon Stanphill, Cow Creek;	**MOTION** **MOTION** **MOTION**	**PASSED** **PASSED** **PASSED**

	MOTION PASSES ***TABLED*** - *Direct Tribal Access to the Strategic National Stockpile (SNS) During National or State Public Health Emergencies* **MOTION TO TABLE** by Debra Jones, Samish, second by Cassie Sellards-Reck, Cowlitz Resolution tabled for further discussion: **TABLED**	**MOTION** **MOTION**	**PASSED** **TABLED**
ADJOURN	**ADJOURN: MOTION** by Cassie Sellards-Reck, Cowlitz; second by Nick Lewis, Lummi: **MOTION TO ADJOURN**	**MOTION**	**PASSED**

QUARTERLY BOARD MEETING

July 14 -15, 2000
Virtual Meeting
MINUTES

TUESDAY, JULY 14, 2020

Call to Order: Nick Lewis called the meeting to order 12:05 p.m.

Invocation: Harver Jim Yakama

Roll Call: Greg Abrahamson, Secretary, called roll:

Burns Paiute Tribe – **Present**	Nisqually Tribe – **Absent**
Chehalis Tribe – **Present**	Nooksack Tribe – **Absent**
Coeur d'Alene Tribe – **Absent**	NW Band of Shoshone – **Absent**
Colville Tribe – **Absent**	Port Gamble Tribe – **Present**
Grand Ronde Tribe – **Present**	Puyallup Tribe – **Absent**
Siletz Tribe – **Present**	Quileute Tribe – **Present**
Umatilla Tribe – **Present**	Quinault Nation – **Present**
Warm Springs Tribe – **Absent**	Samish Nation – **Present**
Coos, Lower Umpqua & Siuslaw Tribes – **Present**	Sauk Suiattle Tribe – **Absent**
Coquille Tribe – **Present**	Shoalwater Bay Tribe – **Present**
Cow Creek Tribe – **Present**	Shoshone-Bannock Tribe – **Present**
Cowlitz Tribe – **Present**	Skokomish Tribe – **Absent**
Hoh Tribe – **Absent**	Snoqualmie Tribe – **Absent**
Jamestown S'Klallam Tribe – **Present**	Spokane Tribe – **Present**
Kalispel Tribe – **Present**	Squaxin Island Tribe – **Absent**
Klamath Tribe – **Absent**	Stillaguamish Tribe – **Present**
Kootenai Tribe – **Present**	Suquamish Tribe – **Absent**
Lower Elwha Tribe – **Absent**	Swinomish Tribe – **Absent**
Lummi Nation – **Present**	Tulalip Tribe – **Present**
Makah Tribe – **Present**	Upper Skagit Tribe – **Present**
Muckleshoot Tribe – **Absent**	Yakama Nation – **Present**
Nez Perce Tribe – **Absent**	

There were 24 delegates present, a quorum is established.

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Personnel/Human Resources

NEW HIRES

- Reshell Livingston – Asthma Project Coordinator – 7-13-20

PROMOTIONS/Transfer

- Mattie Tomeo-Palmanteer – Cancer Prevention Project Coordinator – 6-22-20

PROGRAM OPERATIONS MANUAL

- Some changes will be proposed to Personnel Committee at October Board meeting

Looking Forward

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FINANCE REPORT, EUGENE MOSTOFI, ACCOUNT MANAGER

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IHS AREA DIRECTOR REPORT, DEAN SEYLER, PORTLAND AREA IHS DIRECTOR

Portland Area office to continue telework status until August 17, 2020. Then reevaluate Multnomah County status at that time. Also tracking COVID cases in zip codes where our staff live, seeing some high rates there as well that will impact decision to return to the office. Each Area Director has the authority to continue telework status There is no Area Office at full operation, there are several Area Offices at partial opening. But, many continue at 100% telework status. All district offices are back to Phase 1 primary telework to offer support to tribes in Sanitation Facilities Construction continues to be a focus through this time.

To date the Portland area has received $102.58 M in allotments to support IHS, Tribes, Tribal organizations and Urban organizations. Public Health response to pandemic: 8.7M is in the CARES Act funding, 44.8 M is Corona aid economic security act. A little over 45 M is COVID HHS IDEAA and little of 3M is Response Act and – COVID response fund all that equals approximately 102M that IHS pushed out to the tribes. The only set of funds that haven't been completely dispersed is the HHS IDEAA funds that require a bilateral agreement. The majority of tribes are in different phases of signing and we have returned the Title V Tribes signed agreements back up to Headquarters. They'll be processed for payment and get ready Title I agreements

There is COVID-19 funding guidance for I/T/Us on the IHS coronavirus resource page (PUT ON WEBSITE), as well as DTLL letters from RRL Admiral Weahkee. In those letters is the Agencies guidance of the funds, period of availability, and the statutory language of each on. Tribes and Tribal organizations, Urban Indian organizations are encouraged to contact their attorneys for specific guidance and use of funds. Some folks have reached out to us questioning the regulatory guidance but we have asked Tribes to contact their own attorneys to get their own interpretation.

Captain Roney Won has been the Logistic Officer since March been doing and outstanding job providing support to the Federal sites as well all Tribes. He has been able to procure large shipments of COVID related PPE supplies from the National Supply Center. For the most part these are being ship to each facility. However, if your site does not have an account with the National Supply Center we cannot ship PPE to that facility. Then due to large procurement – individual requests has been put on hold until the large procurements have shipped and completed. There haven't been any PPE provided for individual request. I know the Health Board did receive a large shipment from the VA, I was glad to be of assistance to the Health Board as well as Roney, who did most of the work. Amy Dossey went down and unpackaged everything are repackaged into smaller shipments to send out to the Tribes. Thank you, [Executive Director] Laura for that and I was glad to be of assistance to that.

All eligible tribes who have requested Abbott ID Now analyzers have received at least one, and there is a possibility for more. But, we need is contact made with Captain Won, if there is a demonstrated need we can take a look at that. What is most important for the Tribes is they provide their testing data for the Abbott ID Now machine that we have in place there. If you recall everyone was required to sign an agreement that they would provide the testing data. That is a requirement that came from the department that's not IHS requirement but, it is a requirement by HHS. But that also helps with burn rates and help with ordering more Abbott ID Now machines. Without that they are going to start cutting back, they have begun to start cutting back on supplies they will provide to IHS so it's very important to provide that information to us. Captain Won will continue to send out weekly reminders to request additional ID Now testing kits, that process will continue for the next few months.

Shift a bit towards our Health facilities for this mostly related to our Direct Service sites. They have been implementing facilities-wide CDC guidelines for dental. All our dental operatories have been on urgent or emergent case, we don't have any regular appointments in there yet. But, we are working on bring our dental units up to CDC recommend compliance such as, changing the air flow direction and installing barrier in between the operatories. All of you there have operatories with multiple chairs so we are going in an actually installing barriers. Then we are testing the facilities HVAC systems to verify the appropriate fresh air ventilation and overall operation. In addition to health facilities is purchasing biological safety cabinets to support the lab operations and the air flow measuring devices to support the facilities managers with operating their HVAC systems. There were some concerns with the Abbott ID machines manufacturing does indicate that it does not need ---- but we chose to take that extra step we will have other machines in our lab or Service Units that use them.

For our Environmental Health I'm happy to announce here that Commander Shawn Blackshare entered into an agreement and will be reporting to the Health Board on August 1st Commission core report. I did delay the deployment MOA for the sole purpose of when COVID-19 was occurring to have him focus on the entire area especially the federal sites. We did hire a new Environmental Health Officer with the residual amount we had funds that weren't contracted by the Health Board that Commander Chris Fish has reported. His first week, I believe he is up

in Yakama this week working with Shawn seeing all what work Shawn's done and set in motion for him to complete. Commander Fish will be doing the Site visit at all of our Direct Service sites so expect to see him out there.

As I mention the Sanitation Facilities Construction they have been able to maintain their reliable water system and waste water systems. We actually receive CARES funding for projects. We have funded 8 projects with CARES funding in total $421 thousand and documents are out to the tribes. One remaining will go out by the end of the week.

Shout out to [Executive Director] Laura and her team there for our partnership. I know Mrs. Asha Petoskey works closely with folks there to exchange data. As far as testing and positive numbers and we report up to Headquarters and that's been going well. I'd like to thank Laura and her team for that.

Q:) Patty Kinswa-Gaiser, Cowlitz: requesting an area consultation on the SDPI $30 million since comments are due August 28.

> A:) Dean Seyler, Portland Area IHS Director: What I can do is reach out to Cassie and Sharon and work on getting that set up.

Q:) Vicki Faciane, CTCLUSI: we are going to send you a letter requesting information and consultation on the user population data that is going to be coming up. With clinics being closed we are not sure what the effect will be. We are concerned about funding cuts because of closed clinic populations. Are you going to offer to install shields in all dental clinics in the Portland area?

> A:) Dean Seyler, Portland Area IHS Director: User Population is averaged on a three-year average. This one year of decreases will not have a big impact and I sure COVID-19 will be taken into consideration, like many other things the government has been doing hasn't been held against anybody one federal agency to another. Only Congress has authority to remove any type of funding. So, if there were any reduction in funds to a contract that would be a congressional act not something IHS would do. As far shields, you would need to take a look at your contract more than likely you contracted Health Facilities Engineering the funds we are using at our five Direct Service sites. We have six Federal sites of course those are funds we kept except, one site Warm Springs they contracted facilities. But we are working with them to install that. Only providing dental shields to the federal sites.

Q:) Rodney Cawston, Colville: since our clinics are closed is that going to impact our budget? Are there going to be any future cuts to IHS that we should be preparing for?

> A:) Dean Seyler, Portland Area IHS Director: there has been no discussion about potential budget cuts.

Q:) Rodney Cawston, Colville: For our public schools near Colville, Washington is holding all the CARES Act funding including funding that should go to the schools and the present administration wants children to return to public schools this fall. Will require face masks when they go back to school? We have been having a hard time getting masks to our reservation. Need to know if the masks are appropriate to protect their children. Request for the Board to weigh in on that issue for youth masks for an entire school year.

A:) Dean Seyler, Portland Area IHS Director: thank you for sharing. Warm Springs, community action team has received masks that they hand out to the community. You can contact them to see the have enough to donate to your Tribe.

Q:) Ann Jim, Shoshone-Bannock: we have been helping stream at our IHS clinic, they are short staffed. We wanted to get someone hired to help out there. Do you all have enough funding to get more people over there? What are the backup plans if a lot of people are taken out with COVID who are workers?

A:) Dean Seyler, Portland Area IHS Director: each service unit has received funding to hire people, we have done that for example Yakama. I have sent our CMO Terranella to Pocatello and he will be doing a site assessment and develop a corrective action plan to see what needs to happen from this day forward. I also sent Dr. Weiser was sent to Warm Springs doing the same site assessment and corrective action plan to assist them.

Q:) Ann Jim, Shoshone-Bannock: we are running into testing issues and if they are safe to go back to work after 14 days' isolation. We wanted them to have at least 2 negatives

UPDATE FROM NATIONAL CONGRESS OF AMERICAN INDIANS, FAWN SHARPE, NCAI PRESIDENT

Testified before Congressional Committee, there is a great deal of misinformation that tribes don't need resources at this time because of the unspent CARES Act funds.
I'm on record explicitly stating that there is a desperate need, the delay in getting those funds out to tribes three month after Congress appropriated those funds, still tied up in litigation, Treasury had a certain date to allocate those dollars that deadline came and went. We made it very clear that Indian Country dose have a need and should be included. In the advocacy efforts for June-July, July 20 through the first week in August it is going to be important for us to communicate that message. There is a concentrated effort to undermine the need in Indian County and capture us in hundreds of unspent money, so there is no need.

On Friday I will be testifying on the US Commission on Civil Rights and talking about the disproportionate with the HEROS Act.

BREAK

COMMITTEE MEETINGS: People ushered into committee virtual rooms.

LEGISLATIVE AND POLICY UPDATE, SARAH SULLIVAN

General News

- **HHS Region X Consultation**

– HHS Region X Consultation is scheduled for August 18 from 9AM-2PM/PT and registration is open.

- **U.S. Commission on Civil Rights Assessment of COVID-19 and the Broken Promises to Native Americans (COMMENTS DUE July 24)**
  – Requesting comments on how the pandemic has impacted Native American communities.
  – Virtual Briefing on July 17 at 7AM PT/10AM ET.
- **IHS announces National Expansion of Community Health Aide Program (CHAP)**
  –IHS is taking a phased implementation approach, starting with tribal consultation on the $5 million from FY 2020 to support key components (i.e. establishment of certification boards, increasing community education, investing into training, and providing additional support).

FY 2021 IHS Appropriations House Bill Highlights

- In the bill, Title V would provide an additional $15 billion in FY 2021 emergency infrastructure investments, including an additional $1.5 billion for Indian Health Facilities.
- Proposes increase for Purchased/Referred of $47.1 million over FY 2020, for a total of over $1 billion
- Proposes funding for Tribal 105(l) Leases at $101 million, and indefinite appropriation for 2 years – through 9/30/22.
- Rejects the proposed move and consolidation of the CHAP, CHR and Health Education to form a proposed Community Health Program, and proposed funding cuts to CHR, Health Education and Tribal Grants Management.
- Proposes CHAP increase of $10 million ($15 million total)
- Proposes funding for new programs to address specific priority areas and underlying health conditions, including:

– $5 million to address Alzheimer's Disease and related cognitive health conditions with funds going towards a new Alzheimer's Disease education campaign, training curriculum for primary care practitioners, and to launch five pilot projects for early disease detection and diagnosis;
– $5 million to address HIV and Hepatitis C (HCV) in response to the President's Ending the HIV Epidemic: A Plan for America and Eliminating Hepatitis C in Indian Country initiative;
– $5 million to address maternal health priorities, with language encouraging IHS to launch a pilot project to evaluate maternal mortality risk factors and provide support to breastfeeding mothers.

See PowerPoint for additional graphics

FY 2021 HHS Appropriations House Bill Highlights

- SAMHSA Tribal Behavioral Health Grants each got a slight bump **($22 million** total for substance abuse/**$22 million** total for mental health)
- SAMHSA Tribal set-aside for medication-assisted treatment for opioids to **$12 million**
- SAMHSA Tribal Zero Suicide maintained at **$2.2 million** and AI/AN Suicide Prevention maintained at **$2.931 million**
- CDC Good Health and Wellness increased to **$23 million**
- CDC **$150 million** Tribal set aside for public health.
- CDC Minority AIDS Initiative funds, **$3 million** Tribal set aside.

New Indian Health Legislation

- **H.R. 2 – INVEST in America Act** ((Rep. Peter DeFazio (D-OR))

– Provides $5 billion in total funding for FY 2021-2025 for planning, design, construction, modernization, and renovation of hospitals and outpatient health care facilities within the IHS.
– Authorizes $2.7 billion for each year during FY 2020-2024 for construction, modernization, improvement, and renovation of water, sewer, and solid waste sanitation facilities that are listed on the IHS Sanitation Facilities Deficiency List.
– **Status:** 7/1/20 Passed in the House (233-188)

- **S.3937 – Special Diabetes Program Reauthorization Act of 2020** ((Sen. McSally (R-AZ))

– Provides 5 years of funding for the SDPI; increases funded to $200 million annually; and authorizes tribes/tribal organizations to received SDPI awards through ISDEAA compacts and contracts.
– **Status:** 6/10/20 Referred to the Senate Committee on Indian Affairs

GAO Report: COVID-19 Opportunities to Improve Federal Response and Recovery Efforts

- Six areas – Paycheck Protection Program (PPP); Economic Stabilization and Assistance to Distressed Sectors; unemployment insurance; economic impact payments; Public Health and Social Services Emergency Fund, and the Coronavirus Relief Fund account for 86% of the appropriations.
- **GAO Identified Challenges:**
    1. CDC reported incomplete and inconsistent data from state and jurisdictional health departments on the amount of viral testing occurring.
    2. The nationwide need for critical supplies to respond to COVID-19 quickly exceeded the quantity of supplies contained in the Strategic National stockpile.
    3. Confusion and questions about the SBA Paycheck Protection Program.
- **GAO Legislative Action Recommendations:**
    1. Require Department of Transportation to develop a national aviation-preparedness plan to ensure safeguards are in place.
    2. Provide Treasury with access to Social Security Administration's full set of death records and require Treasury use it to reduce improper payments.

3. Utilize GAO recommended formula for any future changes to the FMAP during the current or any future economic downturn to help ensure that federal funding is targeted and timely.

Trump Administration COVID-19 Updates

- **June 30: Re-establishment of Ready Reserve Corps as part of the U.S. Public Health Service**
  – The CARES Act provides the authority to re-establish the Ready Reserve Corps, which will provide trained and ready personnel available on short notice to fill critical public health needs and provide compensation and benefits.
  – USPHS Commissioned Corps' deployments have increased more than 44% over the past six years and more than 4,500 of the 6,100 PHS officers have deployed during the COVID-19 pandemic.
  – USPHS Commissioned Corps will commission its first officers into the Ready Reserve Corps beginning in September 2021 and applications will be accepted beginning in Fall 2020.

- **HHS Extends COVID-19 Testing Public-Private Partnership with National Pharmacy and Grocery Retail Chains**
  –Extends its partnership with national pharmacy and grocery retail chains CVS, Rite-Aid, Walgreens, Quest (through Walmart), and True North (Kroger, Health Mart, and Walmart) to continue to provide convenient access to COVID-19 testing.

HHS Provider Relief Funds

April 10-17: General Distribution 1

- $30 billion distributed to Medicare FFS billing providers based on 2019 payments.
- **Allocation:** 2019 MFFS payments x $30 Billion
  $435 Billion (total MFFS 2019)

April 24: General Distribution 2

- $9.1 billion distributed to Medicare FFS billing providers based on revenues from CMS cost report data. The allocation equates to approximately 2% of net patient revenues per eligible provider.
- **Allocation:** (Most Recent Tax Year Annual Gross Receipts) x $50 Billion) – GD 1 Payment $2.5 Trillion

Starting April 24: General Distribution 2

- $10.9 billion available to Medicare FFS billing providers based on revenue submissions to the provider portal.

May 29: IHS/Tribal Targeted Distribution

- $500 million to approximately 300 IHS and Tribal programs.
- **Allocation:** IHS & Tribal Clinics: $187,000 + 5% (estimated service population x average cost per user.

July 20: Medicaid and CHIP Targeted Distribution Application Due Date

- $15 billion available to providers participating in state Medicaid and CHIP programs (who have not received funding from the General Distribution funds.

- **Allocation:** 2% (Gross revenues x Percent of Gross Revenues from Patient Care) for CY 2017, 2018, or 2019.

SAMHSA Adoption of Revised Rule- Confidentiality of SUD Patient Records 42 CFR Part 2

- **Changes under the New Part 2 Rule:**
  – Treatment records created by non-Part 2 providers based on their own patient encounter(s) are not covered by Part 2, unless any SUD records previously received from a Part 2 program are incorporated into such records.
  – When an SUD patient sends an incidental message to the personal device of an employee of a Part 2 program, the employee will be able to fulfill the Part 2 requirement for "sanitizing" the device by deleting the message.
  – An SUD patient may consent to disclosure of the patient's Part 2 treatment records to an entity without naming a specific person as the recipient for the disclosure.
  – Non-OTP and non-central registry treating providers are now eligible to query a central registry, in order to determine whether their patients are receiving opioid treatment through a member program.
  – Declared emergencies that disrupt treatment facilities and services are considered a bona fide medical emergency for the purpose of disclosing SUD records without patient consent.

IHS Tribal Consultation: SDPI Offset/Prior Year Funds (COMMENTS DUE August 28)

- **July 2 DTLL:** Initiation of tribal consultation on the use of approximately $30 million in offset and prior-year funds from the Special Diabetes Program for Indians (SDPI).
- SDPI funds are available until expended, therefore prior-year (carryover) funds have accumulated over the years. There are 62 SDPI grants with large carryover balances relative to their annual grant amounts received an offset of 50-100% in FY 2020.
- Options for the use of the $30 million include, a new grant funding opportunity for $10 million per year for 3 years for eligible entities that do not currently have an SDPI grant, or open to all eligible entities to address diabetes-related risk factors.

CDC: Proposed Changes to National Diabetes Prevention Program (COMMENTS DUE August 14)

- **June 15 DTLL:** CDC is updating the Diabetes Prevention Program Standards and Operating Procedures (DPRP Standards) for the National Diabetes Prevention Program.
- CDC plans to revise the DPRP standards and associated information collection. Some of the key changes include:
  - –changes for those serving vulnerable populations
  - –optional collection of Hemoglobin A1C levels
  - –weight/physical activity minutes to be combined (new method)
  - –program enrollment motivation/enrollment source information

HRSA RFIs: HPSA Scoring Criteria and Maternity Care Health Professional Target Area Criteria (COMMENTS DUE September 18)

- **Request #1 - HPSA Scoring Criteria:** Requests input on changes that could be made to the Health Professional Shortage Area (HPSA) scoring criteria. These could include but are not limited to, new factors, components, or point weighting.
- **Request #2 - Maternity Care Health Professional Target Area Criteria:** Seeks input on the establishment of criteria for Maternity Care Health Professional Target Areas to improve maternal health and maternity care delivery, including public health strategies. Target areas would identify geographic areas or certain facilities (I/T/Us) within HPSAs that have a shortage of maternity care health professionals.

Litigation: Texas v. United States

- Legal challenge focuses on the constitutionality of the ACA's individual mandate provision, while Texas and other parties to the litigation have asked the Court to invalidate the entire ACA, since the individual mandate was considered by Congress to be an essential component of the legislation.
- **June 25:** The Department of Justice filed its brief arguing that the whole statute is invalid, but the relief granted by the Court should be more limited.
    - The brief ignores the federal responsibility to tribes by not even mentioning the Indian provisions of the ACA.
- **Status:** Supreme Court could hear arguments as early as October, but likely will not issue a decision until after the November elections.

Litigation: Tribes & Tribal Schools Sue E-cigarette Makers

- **June 18:** A number of tribes have sued e-cigarette manufacturer JUUL and associated companies requesting relief to combat the vaping epidemic that has resulted from a deceptive marketing scheme that has targeted Native youth and cost these tribes millions to combat vaping.
- Tribal complaints allege that JUUL has aggressively and deceptively marketed its products as a safe alternative to ordinary cigarettes, without disclosing the dangers they knew of addition and the vaping-related illnesses and knowing that they are more susceptible to addiction than non-Native Americans.
- According to national youth tobacco survey data, 16.1% of AI/AN middle school students and 40.4% of AI/AN high school students currently use e-cigarettes compared to the general population rate of 10.5% of middle school students and 27.5% of high school students.
- **Status:** The lawsuits were filed in the U.S. District Court for the Northern District of California, which is in charge of the Multi-District Litigation coordination for the lawsuits already filed against JUUL.

Upcoming Important Federal Meeting Dates

- **July 22:** CMS Tribal Technical Advisory Group (TTAG) Virtual Meeting
- **July 24:** IHS Tribal Self Governance Advisory Committee Virtual Meeting
- **August 4 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Planning Session
- **August 5-6:** IHS Direct Service Tribal Advisory Committee Virtual Meeting
- **August 11 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Strategy Session

- **August 18:** HHS Region X Virtual Consultation

IHS CHAP National Expansion, Susan Steward

Portland Area CHAP Board/Certification Overview

Prior to 2010 – CHAP was unique to Alaska. The CHA and BHA model was created in Alaska. The DHAT program is a successful model created in 1918 in New Zealand and adapted by the CHAP program for use in Alaska Native communities.

2010 - IHCIA authorizing CHAP expansion outside of Alaska.

2016 - As a result of Tribal Consultation in 2016, where Tribes overwhelmingly supported CHAP expansion outside of Alaska, IHS began putting in motion the necessary step to implement CHAP.

2018 - CHAP Tribal Advisory Workgroup (TAG) was formed by IHS Circular 18-01.

2019 - The CHAP TAG in partnership with IHS released a draft interim National Policy on CHAP for Tribal Consultation

This policy development included Tribal and IHS representation
The CHAP TAG does not support eliminating or defunding the CHR program
Review and edits of the S & Ps for DTs practice

2020 – S & Ps review for BHAs with inclusion of MAT for OUD and NW tribal traditional edits
Recommendations for seating the CHAP Board finalized
Congress included $5M for CHAP expansion in the FY 20 appropriations
July 2nd IHS CHAP Nationalization Policy approved

IHS Circular 20-06

Conditions to be met before the policy becomes permanent in the Indian Health Manual.

1) Position Descriptions
2) Funding

The policy is written in the form of a circular. IHS employs a few different formats for policy depending on the circumstance. Generally speaking, Parts and Chapters in the Indian Health Manual reflect permanent policy. In instances where the agency needs to move expeditiously, but there are conditions in place that are temporary, IHS will utilize the format of a circular. A circular is still deemed policy. It just communicates that there are temporary components.

The CHAP policy is written in the form of a circular because there are two major conditions that are temporary. Those are: 1.) The position description for the CHA provider type (we now have a DHAT PD and that has been shared with the CHAP TAG and the IHS HR staff, it'll go on the website soon) and 2.) The component regarding funding. IHS is going to consult on the $5M from FY2020 soon, but since the decision hasn't been made in consultation with Tribes on the funding, the policy indicates that.

Ultimately, once the process with the PDs with OPM is completed and a plan for the funding is implemented, those two components will be removed and the policy will become a permanent chapter in the Indian Health Manual.

Next Steps
Portland Area CHAP Certification Board (PACCB) – To stand up the PACCB the following is needed: 1) To pass a resolution at the July QBM, 2) Affirm the 12- member implementation board, 3) Work with the IHS Area Director to appoint members to the board and a federal representative and 4) Seek approval of the PACCB implementation membership by the IHS Area Director.

The PACCB shall – 1) Develop and affirm acting bylaws, 2) Review and accept the PACCB Standards and Procedures for CHAP that the CHAP Workgroup drafted, and 3) Develop Behavioral Health Academic Review Committee (BHARC) and the Dental Health Academic Review Committee (DHARC) bylaws. The BHARC and DHARC conduct an independent review of the curriculum to ensure its alignment with the current health needs of American Indians and Alaska Natives.

BHA/Ps – Tribes choosing to include BHA/Ps in their clinics may include them by amending their ISDEAA. BHA's may be utilized in IHS-operated health care programs using existing OPM-approved description for mental health specialists, OPM Series 0181 Psychology Technician and/or GS 0186 Social Service Aid or other approved positions that may be established.

CHA/Ps – Tribes choosing to include CHA/Ps in their clinics may include them by amending their ISDEAA. Currently, no OPM-approved position description series exists. This means that direct service tribes may not utilize these providers. The IHS and OPM processes to create this job series could take two years. NPAIHB needs to explore reimbursement options for CHA/Ps.

DHA/Ts – Tribes choosing to include DHATs in their clinics must first determine whether the state in which the DHAT will practice has authorized the use of mid-level dental providers. Tribes may then include them by amending their ISDEAA agreements. DHATs may be utilized in IHS-operated health care programs using existing OPM-approved description for DHAT (GS-0640-09). Requirements for Dental Health Aide roles other than DHAT were not detailed in Circular No. 20-06; their specific roles and responsibilities will be specified in National CHAP Standards and Procedures and other applicable ACB requirements, this process could take two years.

Funding – HHS or IHS will initiate consultation on funding in the near future.

Timeline:
PACCB Implementation

- Implementation Membership – July to October 2020

- Create Bylaws – October 2020
- Approve PACCB Standards and Procedures – November
- First PACCB approval of applications – December 2020

IHS

- Consultation with tribes on the $5M – July to September 2020
- Appoint PACCB members – July to October 2020

BHARC, CHARC, DHARC

- Implementation Membership – October to December 2020
- Create Bylaws – December 2020

Recess at 4:32 p.m.

WEDNESDAY JULY 15, 2020

Meeting called to order by Greg Abrahamson at 9:02 a.m.

Invocation: Cheryle Kennedy, Grand Ronde Chairwoman

DATA ON POLICE VIOLENCE IN NORTHWEST NATIVE COMMUNITIES, SUJATA JOSHI, MSPH, PROJECT DIRECTOR/EPIDEMIOLOGIST, IMPROVING DATA & ENHANCING ACCESS

Background

- Police violence against communities of color has gained recognition as a matter of public health importance, and law enforcement policies and practices have been identified as a social determinant of health
- Despite the many limitations in available data, a small but growing number of published studies and media reports have documented large disparities in police violence experienced by Black and Indigenous communities
- As a follow-up to NPAIHB's statement in support of the Black Lives Matter movement, we used existing data to examine disparities in police violence experienced by Northwest AI/AN communities

"When it comes to reckoning the toll of racial inequality, accountability requires counting." (Krieger et al., 2015)

Methods

Mortality Data

- Utilized national and state mortality data
    - State data are corrected for AI/AN misclassification by NPAIHB's IDEA-NW project
- Identified deaths due to "legal intervention" using ICD-10 codes
- Examined demographic characteristics for AI/AN deaths
- Compared AI/AN rates to the non-Hispanic White (White) population to understand disparities

Police Use of Force Data

- Scanned publicly available Police Use of Force data in ID, OR, and WA
    - Police use of force includes using verbal, physical, chemical, impact, electronic, or firearm force to compel compliance or overcome resistance to an officer's command to protect life or property or to take a person into custody
- Identified two Northwest datasets with information available for AI/AN people – Portland and Seattle
- Analyzed police use of force incidents for AI/AN and White populations

Mortality Data

Please see PowerPoint for addition graphics

Data Limitations

Mortality data

- Misclassification of race and outcomes
- Changes in willingness to report "legal intervention" deaths over time

Police Use of Force Data

- Possible under-reporting of use of force by police
- Misclassification/missing information on AI/AN status based on race/ethnicity

"There is a shared history and lived experience of trauma between Black and Indigenous communities, and solidarity is essential in the fight for a more just and peaceful world…This shared collective trauma creates fertile ground for strong alliance building to transform policing in the United States and practice anti-racism." (Sonja Eiseman, Lakota People's Law Project, 2020)

NWTEC COVID-19 RESPONSE AND TEC UPDATE, VICTORIA WARREN-MEARS, PHD, RDN, FAND DIRECTOR, NWTEC

Overview

- Contact List for COVID-19 assistance
- Current situational overview
- Second Quarter Accomplishments

COVID-19 Contacts

- Web Site: www.npaihb.org/covid-19

See PowerPoint for additional graphics

AI/AN COVID-19 Deaths Reported to NPAIHB or Indian Health Service

- As of 7/13, 32 total deaths of AI/AN people in the Northwest have been reported to the NWTEC surveillance system or Indian Health Service
  - All 32 deaths reported in WA
  - 1 early SNF death of an AI/AN individual from a member tribe, not reported in our data
  - 33 total deaths from surveillance and anecdotal data

NWTEC Telework Overview and Accomplishments Second Quarter 2020

Other Major Accomplishments

- Dental
  - On-line CDE training
  - Assisted with foundation applications for COVID-19 Funding for Washington Tribes
- NARCH
  - Major grant submission
  - All Cancer Fellow Curriculum web based
- Data/Epidemiology
  - Leveraged existing DSAs with states to obtain COVID-19 data
  - On-line data dashboard developed
- Diabetes Program
  - On-line DMS training
  - 100% diabetes audit submission for the Area Thrive
- Thrive Annual Conference Converted to on-line format with youth attending
  - Public Health Modernization
  - OR kick off meetings held for all tribes on the data collection to for public health modernization
    - Washington working on development of public health communicable disease data report cards.
- WEAVE-NW
  - Grants issued to tribes
  - Food Sovereignty Coalition Leadership Meeting
  - Grants available for purchasing food during COVID-19
- Expanded Clinical Support
  - Supporting development new ECHO series focused on
    - Maternal Child Health
    - Contact Tracing Technical Assistance/Support
    - Developing program to deal with vaccine hesitancy and support "immunization catch up" among children.

- Working directly with CDC to get regional COVID-19 tracking data. This should be available weekly beginning this week or next.
- Thank you for advocacy.

OR CONGRESSIONAL UPDATE, BEN WARD, LA INDIAN ISSUES SENATOR JEFF MERKLEY'S OFFICE (OR)

COMMITTEE REPORT RECOMMENDATIONS RESOLUTIONS

#20-04-01 *Northwest Tribal Dental Preventive and Clinical Support Center HHS-2020-IHS-TDCP-0001*

MOTION *by Nick Lewis, Lummi; Second by* Elese Washines, *Yakima:* ***MOTION PASSES***

#20-04-02 *Support for Creation of a Portland Area Community Health Aide Program CHAP Certification Board*

(EDITS) CHAP Area PACCB: acknowledges the approval of the IHS policy circular. Cassie- there should be some sort of reporting structure, once the certification board is implemented that reporting goes to the IHS Area Director so approval of the CHAP federal certifications is through the IHS Area Director. Once the Area certification board is stood but there will be a member on the national certification board and it will come back to our tribes.

MOTION by Cassie Sellards-Reck, Cowlitz, Second from Nick Lewis, Lummi; **MOTION PASSES**

#20-04-03 *Native Dental Therapy Initiative – Funding Offered by the National Indian Health Board for Education/Outreach to Enhance Policies Supportive of Dental Therapy*

MOTION by Cassie Sellards-Reck, Cowlitz, Second by Theresa Lehman, Jamestown S'Klallam Tribe; **MOTION PASSES**

#20-04-04 *Native Dental Therapy Initiative - Implementation of Dental Therapy Offered by the National Indian Health Board*

MOTION *by* Cassie Sellards-Reck, Cowlitz, Second by Sharon Stanphill, Cow Creek; **MOTION PASSES**

TABLED - *Direct Tribal Access to the Strategic National Stockpile (SNS) During National or State Public Health Emergencies*

Direct tribal access to the strategic national stockpile during national/state public health emergencies: there has been legislation introduced in the HEROS act that would provide tribes have direct access. Language is needed specific for countermeasures. If a process is working now, we may want it as an option instead of a way it needs to happen through the federal government.

Andy Joseph, Colville: request a sample letter to make the request from congressional reps within the next week to have more detail.

Greg Abrahamson, Spokane: request for a sample resolution to be sent to the tribes.

MOTION TO TABLE by Debra Jones, Samish; Second by Cassie Sellards-Reck, Cowlitz Resolution tabled for further discussion: **TABLED**

ADJOURN: MOTION by Cassie Sellards-Reck, Cowlitz; Second by Nick Lewis, Lummi: **MOTION TO ADJOURN**

_____ _____

Prepared by Lisa Griggs, **Date**
Executive Administrative Assistant

_____ _____

Reviewed by Laura Platero, JD **Date**
NPAIHB Executive Director

_____ _____

Approved by Greg Abrahamson,
NPAIHB Secretary **Date**

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

QUARTERLY BOARD MEETING
ZOOM MEETING

July 14 -15, 2020

AGENDA

TUESDAY JULY 14, 2020

12:00 PM	Call to Order Honor Song/Prayer Welcome Roll Call	Nickolaus Lewis, NPAIHB Chairman Haver Jim, Yakama Shawna Gavin, NPAIHB Treasurer
12:15 PM	1. Approve Agenda 2. Future Board Meeting Dates/Sites • October 20 - 22, 2020 ~ TBD • January 2021 ~ Portland, OR • April 2021 ~ TBD 3. Review and Approve June QBM Minutes	
12:30 PM	Chairman's Report **(1)**	Nickolaus Lewis, NPAIHB Chairman
12:45 PM	Executive Director Report **(2)**	Laura Platero, NPAIHB Executive Director
1:00 PM	Financial Report **(3)**	Eugene Mostofi, Account Manager
1:30 PM	IHS Area Director Report **(4)**	Dean Seyler, Portland Area IHS Director
1:50 PM	BREAK	
2:00 PM	Committee Meetings 1. Elders 2. Veterans 3. Public Health 4. Behavioral Health 5. Personnel 6. Youth 7. Resolutions/Legislation	Virtual Rooms: Staff: Clarice Charging Staff: Don Head Staff: Victoria Warren-Mears Staff: Danica Brown Staff: Andra Wagner Staff: Paige Smith Staff: Sarah Sullivan
3:00pm	FY 2021 Appropriations	Rep. Derek Kilmer (WA) (confirmed)
3:30pm	Legislative and Policy Update **(5)**	Sarah Sullivan, Health Policy Analyst & Sue Steward, CHAP Project Director
4:00 PM	Recess	

July 14 -15, 2020

AGENDA

WEDNESDAY JULY 15, 2020

9:00 AM	Call to Order	Nickolaus Lewis, Chairman
9:10 AM	Data on police violence in Northwest Native communities **(6)**	Sujata Joshi, MSPH, Project Director/Epidemiologist Improving Data & Enhancing Access (IDEA-NW)
9:30 AM	Epi Center Update & COVID-19 Response **(7)**	Victoria Warren-Mears, Northwest Tribal Epidemiology Director
10:00 AM	COVID-19 Strategy Session	NPAIHB COVID-19 Leadership Team
11:00 AM	OR Congressional Update	Ben Ward, LA Indian Issues Senator Jeff Merkley's Office (OR)
11:30 AM	Committee Report Recommendations Resolutions	Laura Platero, Executive Director Nickolaus Lewis, Chairman
12:00 PM	Adjourn	

Northwest Portland Area Indian Health Board

Indian Leadership for Indian Health

EXECUTIVE DIRECTOR REPORT

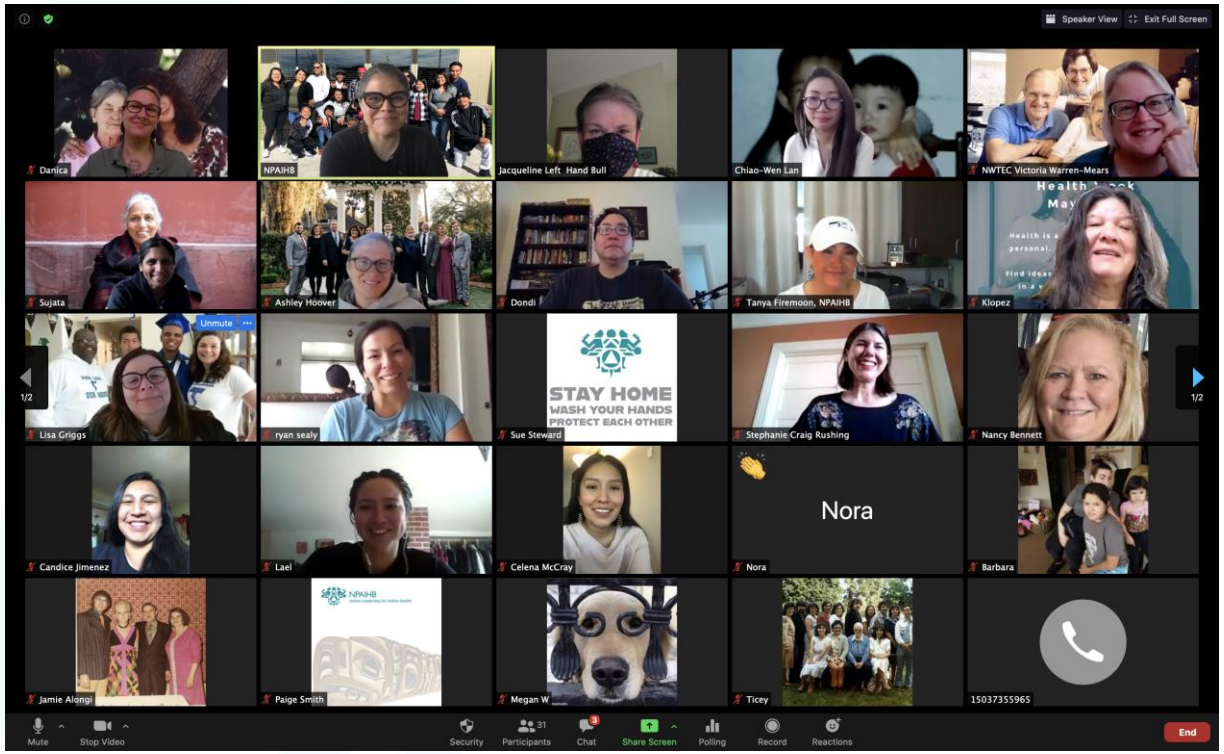
Virtual Quarterly Board Meeting

July 14, 2020

Laura Platero, JD

Report Topics

1. Advocacy Alerts
2. COVID-19 Survey
3. Funding Update
4. Office & Administration
5. Telework Survey Highlights
6. Personnel/HR
7. Looking Forward



NPAIHB Staff Daily Morning Check-In

Advocacy Alerts

- **FY 2021 Appropriations Timeline**
  - House will take up first package of spending bills (includes Interior) 7/23 and 7/24, second package the following week, and then August recess
  - Senate has not moved on appropriations yet.
- **Next COVID-19 Package**
  - House passed HEROES Act but won't pass Senate.
  - Senate in session 7/20 to 8/8 and will introduce it's own package.
- **Thursday 7/16–** *Natural Resources Hearing on Native Youth Perspectives on Mental Health and Healing*
  - 10am/1pm EST

NPAIHB COVID-19 Survey

1. **Please complete the survey today so we can present preliminary results tomorrow for discussion.**
2. Purpose is to help direct our public health and policy work in the next 3 to 6 months.
3. Request feedback on the work we've done thus far – March to July and guidance for future work.
4. Asking for information on anticipated needs for your communities and clinic for the next 3 to 6 months.
5. Thanks to our Epi Staff for working on this – Victoria, Tam, Jenine!

Funding Update

NEW

- DHHS – Public Health Service
  - ***NW Opioid Collaboration to Strengthen Tribal Nations - $1,049,967.***
  - 7/1/2020 – 6/3-/2021

CONTINUATION

- DHHS – National Institute on Drug Abuse
  - ***Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response - $196,275***
  - 8/2019 – 7/31/2021
- DHHS – CDC
  - ***Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response - $316,646***
  - 6/5/2020 – 5/09/2021

Office & Administration

- Physical office closed on 3/16/20
  - Closure of office anticipated through at least August.
- Survey to Staff on Teleworking Now and Into the Future
- Security improvements almost complete
  - Alarm installed
  - New door with push bar to be installed
- Finance
  - Electronic purchase order software (Microix) in implementation phase
  - Electronic payments to vendors – in process
  - Working on FY 2021 operating budget

Employee Telework Survey Highlights

1. Nearly 100% response rate
2. Majority of staff hold an optimistic view of teleworking (85%)
3. Mostly positive about working from home through end of year, if needed (75%)
4. Majority of staff are optimistic about an open concept office design after COVID-19 (75%)
5. Major Concerns include: Missing colleagues and ergonomic set-up at home

Personnel/Human Resources

NEW HIRES

- Reshell Livingston – Asthma Project Coordinator – 7-13-20

PROMOTIONS/TRANSFER

- Mattie Tomeo-Palmanteer – Cancer Prevention Project Coordinator – 6-22-20

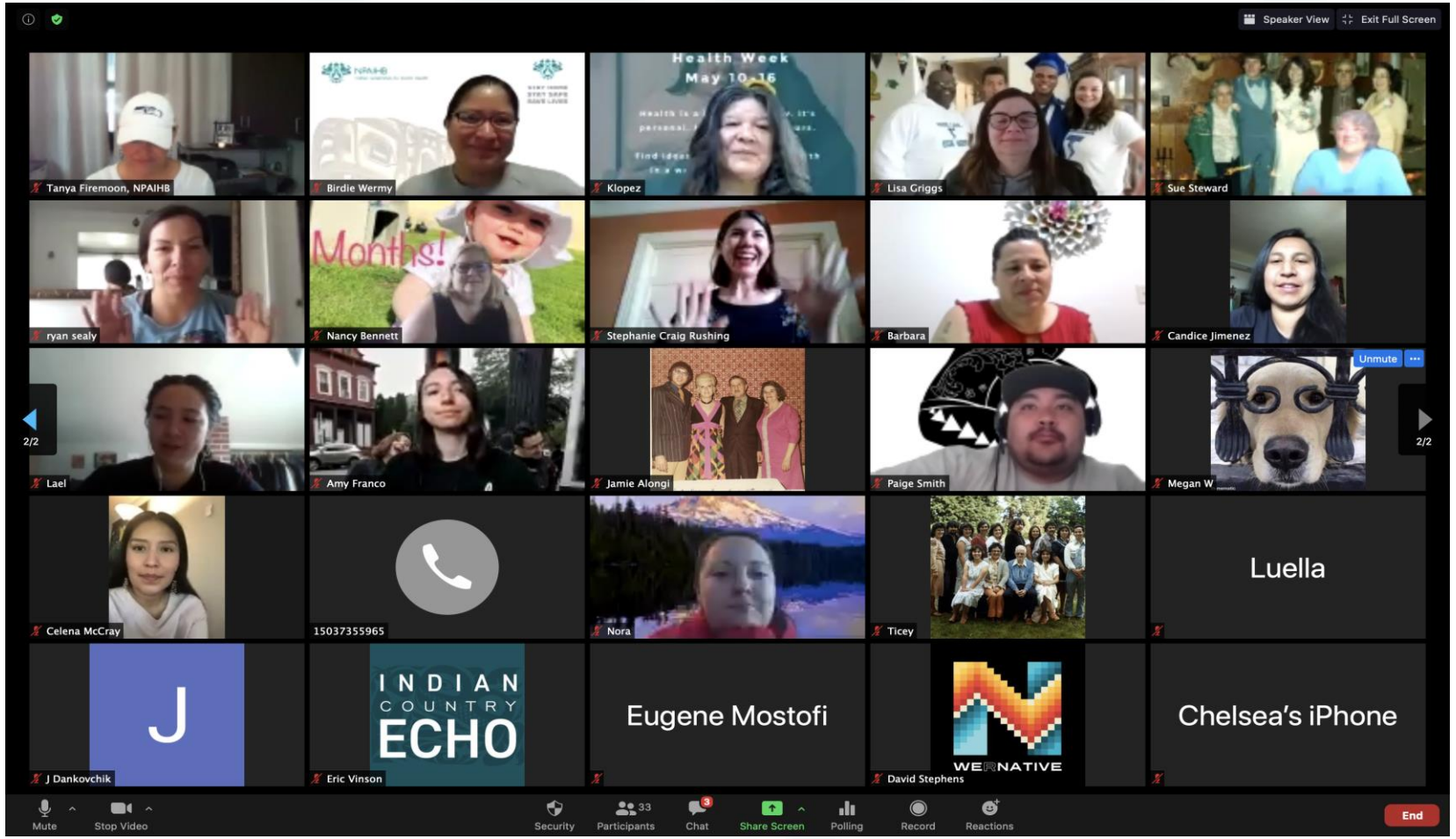
PROGRAM OPERATIONS MANUAL

- Some changes will be proposed to Personnel Committee at October Board meeting

Looking Forward

- Plan COVID-19 responses for next 3 to 6 months
- Policy consultant on board beginning 7/20
- Modification of program budgets in anticipation of unused travel funds
- Organizational assessment as to structure – funded through an Epi Center grant
- Revive work on strategic plan
- Work on organizational budget for FY 2021 for October QBM

Questions…?


Speaker View
Exit Full Screen
Tanya Firemoon, NPAIHB
Birdie Wermy
Health Week
May 10-16
Klopez
Lisa Griggs
Sue Steward
ryan sealy
Months!
Nancy Bennett
Stephanie Craig Rushing
Barbara
Candice Jimenez
2/2
Lael
Amy Franco
Jamie Alongi
Paige Smith
Unmute
Megan W
2/2
Celena McCray
15037355965
Nora
Ticey
Luella
J Dankovchik
INDIAN COUNTRY ECHO
Eric Vinson
Eugene Mostofi
WERNATIVE
David Stephens
Chelsea's iPhone
Mute
Stop Video
Security
Participants
33
Chat
Share Screen
Polling
Record
Reactions
End

Indian Health Service Portland Area

NPAIHB-QBM – ZOOM MEETING

DEAN M. SEYLER

DIRECTOR, PORTLAND AREA

JULY 14, 2020

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Legislative & Policy Update

Virtual NPAIHB Quarterly Board Meeting

July 14, 2020

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Highlights

1. General News
2. Appropriations & Budget Formulation
3. New Indian Health Legislation
4. New Federal Policies
5. Litigation Updates

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

General News

- **HHS Region X Consultation**
  - HHS Region X Consultation is scheduled for August 18 from 9AM-2PM/PT and registration is open.
- **U.S. Commission on Civil Rights Assessment of COVID-19 and the Broken Promises to Native Americans (COMMENTS DUE July 24)**
  - Requesting comments on how the pandemic has impacted Native American communities.
  - Virtual Briefing on July 17 at 7AM PT/10AM ET.
- **IHS announces National Expansion of Community Health Aide Program (CHAP)**
  - IHS is taking a phased implementation approach, starting with tribal consultation on the $5 million from FY 2020 to support key components (i.e. establishment of certification boards, increasing community education, investing into training, and providing additional support).

FY 2021 IHS Appropriations
House Bill Highlights

- In the bill, Title V would provide an additional $15 billion in FY 2021 emergency infrastructure investments, including an additional $1.5 billion for Indian Health Facilities.
- Proposes increase for Purchased/Referred of $47.1 million over FY 2020, for a total of over $1 billion
- Proposes funding for Tribal 105(l) Leases at $101 million, and indefinite appropriation for 2 years – through 9/30/22.
- Rejects the proposed move and consolidation of the CHAP, CHR and Health Education to form a proposed Community Health Program, and proposed funding cuts to CHR, Health Education and Tribal Grants Management.
- Proposes CHAP increase of $10 million ($15 million total)

FY 2021 IHS Appropriations House Bill Highlights- Cont'd

- Proposes funding for new programs to address specific priority areas and underlying health conditions, including:
  - $5 million to address Alzheimer's Disease and related cognitive health conditions with funds going towards a new Alzheimer's Disease education campaign, training curriculum for primary care practitioners, and to launch five pilot projects for early disease detection and diagnosis;
  - $5 million to address HIV and Hepatitis C (HCV) in response to the President's Ending the HIV Epidemic: A Plan for America and Eliminating Hepatitis C in Indian Country initiative;
  - $5 million to address maternal health priorities, with language encouraging IHS to launch a pilot project to evaluate maternal mortality risk factors and provide support to breastfeeding mothers.

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

FY 2021 Interior IHS Appropriations Summary

	FY 2020 Enacted	FY 2021 Pres Budget	FY 2021 House Bill	Diff FY 2020 & FY 2021 House
Clinical Svcs	$3,934,831	4,177,800	4,127,177	+192,346
Prev Health	177,567	141,627	182,383	+4,816
Other Svcs	202,807	187,686	230,637	+27,830
Total Services	**4,315,205**	**4,507,113**	**4,540,197**	**+224,992**
Facilities	911,889	769,455	934,994	+23,105
Total w/o CSC	**$5,227,094**	**5,276,568**	**5,576,191**	**+349,097**
CSC	820,000	855,000	916,000	+96,000
Total w/CSC	**$6,047,094**	**6,131,568**	**6,492,191**	**+445,097**

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

FY 2021 IHS Clinical Services

	FY 2020 Enacted	FY 2021 Pres Budget	FY 2021 House Bill	Diff FY 2020 & FY 2021 House
Hospitals & Health Clinics	$2,324,606	2,432,384	2,366089	+41,483
Electronic Health Records	8,000	125,000	61,000	+53,000
Dental	210,590	219,128	222,027	+11,437
Mental Health	108,933	128,228	132,740	+23,807
Alcohol/SA	245,603	235,745	259,937	+14,334
Purchased and Referred Care	964,819	964,783	1,011,933	+47,114
IHCIF	72,280	72,280	73,451	+1,171
Totals:	**$3,934.831**	**4,177,800**	**4,127,177**	**+192,346**

105(l) Lease Costs: The IHS Payments for Tribal 105(l) Leases account would be funded at $101 million – same as President's budget. However, it's $37 billion less than National Tribal Budget Formulation Workgroup's request. House bill also authorizes an indefinite appropriation for 105(l) leases for 2 years – through 9/30/22.

Dental: $2.5 million to expand Dental Support Centers across all 12 areas.

Electronic Health Records: $61 million for EHR/IT modernization.

Northwest Portland Area Indian Health Board
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FY 2021 IHS Preventative Health

	FY 2020 Enacted	FY 2021 Pres Budget	FY 2021 House Bill	Diff FY 2020 & FY 2021 House
PH Nursing	$91,984	95,353	96,251	+4,267
Health Educ	20,568	-	20,807	+20,807
CHRs	62,888	-	63,151	+63,151
Community Health	-	44,109	-	-
Immun AK	2,127	2,165	2,174	+47
Totals:	**$177,567**	**141,62*7**	**182,383**	***+40,756**

Community Health: This line item was proposed by the President and proposed to combine Health Education, CHRs and Community Health. This was rejected by the House!

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

FY 2021 IHS Other Services

	FY 2020 Enacted	FY 2021 Pres Budget	FY 2021 House Bill	Diff FY 2020 & FY 2021 House
Urban Health	$57,684	49,636	66,127	+8,443
IHP	$65,314	51,683	72,299	+6,985
Tribal Mngt	2,465	-	2,477	+12
Direct Ops	71,538	81,480	83,856	+2,376
Self Gov	5,806	4,887	5,878	+73
Totals:	**$202,807**	**187,686**	**230,637**	**+27,830**

Urban Health: $8,443 increase for urban health
IHP: $6,985 increase for Indian Health Professions

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

FY 2021 IHS Facilities

769,455	FY 2020 Enacted	FY 2021 Pres Budget	FY 2021 House Bill	Diff FY 2020 & FY 2021 House
M&I	$168,952	167,948	171,284	+2,332
Sanitation	193,577	192,931	196,265	+2,688
HC Fac Const	259,290	124,918	262,763	+3,473
Fac & Envir.	261,983	259,763	270,707	+8,724
Equipment	28,087	23,895	33,975	+5,888
Totals:	**$911,889**	**769,455**	**934,994**	**+23,105**

Facilities: $5m for energy efficient green infrastructure.

FY 2021 HHS Appropriations House Bill Highlights

- SAMHSA Tribal Behavioral Health Grants each got a slight bump **($22 million** total for substance abuse/**$22 million** total for mental health)
- SAMHSA Tribal set-aside for medication-assisted treatment for opioids to **$12 million**
- SAMHSA Tribal Zero Suicide maintained at **$2.2 million** and AI/AN Suicide Prevention maintained at **$2.931 million**
- CDC Good Health and Wellness increased to **$23 million**
- CDC **$150 million** Tribal set aside for public health.
- CDC Minority AIDS Initiative funds, **$3 million** Tribal set aside.

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

New Indian Health Legislation

- **H.R. 2 – INVEST in America Act** ((Rep. Peter DeFazio (D-OR))
  - Provides $5 billion in total funding for FY 2021-2025 for planning, design, construction, modernization, and renovation of hospitals and outpatient health care facilities within the IHS.
  - Authorizes $2.7 billion for each year during FY 2020-2024 for construction, modernization, improvement, and renovation of water, sewer, and solid waste sanitation facilities that are listed on the IHS Sanitation Facilities Deficiency List.
  - **Status:** 7/1/20 Passed in the House (233-188)
- **S.3937 – Special Diabetes Program Reauthorization Act of 2020** ((Sen. McSally (R-AZ))
  - Provides 5 years of funding for the SDPI; increases funded to $200 million annually; and authorizes tribes/tribal organizations to received SDPI awards through ISDEAA compacts and contracts.
  - **Status:** 6/10/20 Referred to the Senate Committee on Indian Affairs

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

GAO Report: COVID-19 Opportunities to Improve Federal Response and Recovery Efforts

- Six areas – Paycheck Protection Program (PPP); Economic Stabilization and Assistance to Distressed Sectors; unemployment insurance; economic impact payments; Public Health and Social Services Emergency Fund, and the Coronavirus Relief Fund account for 86% of the appropriations.
- **GAO Identified Challenges:**
  1. CDC reported incomplete and inconsistent data from state and jurisdictional health departments on the amount of viral testing occurring.
  2. The nationwide need for critical supplies to respond to COVID-19 quickly exceeded the quantity of supplies contained in the Strategic National stockpile.
  3. Confusion and questions about the SBA Paycheck Protection Program.
- **GAO Legislative Action Recommendations:**
  1. Require Department of Transportation to develop a national aviation-preparedness plan to ensure safeguards are in place.
  2. Provide Treasury with access to Social Security Administration's full set of death records and require Treasury use it to reduce improper payments.
  3. Utilize GAO recommended formula for any future changes to the FMAP during the current or any future economic downturn to help ensure that federal funding is targeted and timely.

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

Trump Administration COVID-19 Updates

- **June 30: Re-establishment of Ready Reserve Corps as part of the U.S. Public Health Service**
  - The CARES Act provides the authority to re-establish the Ready Reserve Corps, which will provide trained and ready personnel available on short notice to fill critical public health needs and provide compensation and benefits.
  - USPHS Commissioned Corps' deployments have increased more than 44% over the past six years and more than 4,500 of the 6,100 PHS officers have deployed during the COVID-19 pandemic.
  - USPHS Commissioned Corps will commission its first officers into the Ready Reserve Corps beginning in September 2021 and applications will be accepted beginning in Fall 2020.
- **HHS Extends COVID-19 Testing Public-Private Partnership with National Pharmacy and Grocery Retail Chains**
  - Extends its partnership with national pharmacy and grocery retail chains CVS, Rite-Aid, Walgreens, Quest (through Walmart), and eTrueNorth (Kroger, Health Mart, and Walmart) to continue to provide convenient access to COVID-19 testing.

Northwest Portland Area Indian Health Board
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HHS Provider Relief Funds

April 10-17: General Distribution 1

- $30 billion distributed to Medicare FFS billing providers based on 2019 payments.
- **Allocation:** $\frac{\text{2019 MFFS payments}}{\text{\$435 Billion (total MFFS 2019)}}$ x $30 Billion

April 24: General Distribution 2

- $9.1 billion distributed to Medicare FFS billing providers based on revenues from CMS cost report data. The allocation equates to approximately 2% of net patient revenues per eligible provider.
- **Allocation:** $\frac{\text{(Most Recent Tax Year Annual Gross Receipts) x \$50 Billion)}}{\text{\$2.5 Trillion}}$ – GD 1 Payment

Starting April 24: General Distribution 2

- $10.9 billion available to Medicare FFS billing providers based on revenue submissions to the provider portal.

May 29: IHS/Tribal Targeted Distribution

- $500 million to approximately 300 IHS and Tribal programs.
- **Allocation:** IHS & Tribal Clinics: $187,000 + 5% (estimated service population x average cost per user.

July 20: Medicaid and CHIP Targeted Distribution Application Due Date

- $15 billion available to providers participating in state Medicaid and CHIP programs (who have not received funding from the General Distribution funds.
- **Allocation:** 2% (Gross revenues x Percent of Gross Revenues from Patient Care) for CY 2017, 2018, or 2019.

Northwest Portland Area Indian Health Board
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SAMHSA Adoption of Revised Rule- Confidentiality of SUD Patient Records 42 CFR Part 2

- **Changes under the New Part 2 Rule:**
  - – Treatment records created by non-Part 2 providers based on their own patient encounter(s) are not covered by Part 2, unless any SUD records previously received from a Part 2 program are incorporated into such records.
  - – When an SUD patient sends an incidental message to the personal device of an employee of a Part 2 program, the employee will be able to fulfill the Part 2 requirement for “sanitizing” the device by deleting the message.
  - – An SUD patient may consent to disclosure of the patient’s Part 2 treatment records to an entity without naming a specific person as the recipient for the disclosure.
  - – Non-OTP and non-central registry treating providers are now eligible to query a central registry, in order to determine whether their patients are receiving opioid treatment through a member program.
  - – Declared emergencies that disrupt treatment faciltiies and services are considered a bona fide medical emergency for the purpose of disclosing SUD records without patient consent.

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

IHS Tribal Consultation: SDPI Offset/Prior Year Funds (COMMENTS DUE August 28)

- **July 2 DTLL:** Initiation of tribal consultation on the use of approximately $30 million in offset and prior-year funds from the Special Diabetes Program for Indians (SDPI).
- SDPI funds are available until expended, therefore prior-year (carryover) funds have accumulated over the years. There are 62 SDPI grants with large carryover balances relative to their annual grant amounts received an offset of 50-100% in FY 2020.
- Options for the use of the $30 million include, a new grant funding opportunity for $10 million per year for 3 years for eligible entities that do not currently have an SDPI grant, or open to all eligible entities to address diabetes-related risk factors.

Northwest Portland Area Indian Health Board
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CDC: Proposed Changes to National Diabetes Prevention Program (COMMENTS DUE August 14)

- **June 15 DTLL:** CDC is updating the Diabetes Prevention Program Standards and Operating Procedures (DPRP Standards) for the National Diabetes Prevention Program.
- CDC plans to revise the DPRP standards and associated information collection. Some of the key changes include:
  - changes for those serving vulnerable populations
  - optional collection of Hemoglobin A1C levels
  - weight/physical activity minutes to be combined (new method)
  - program enrollment motivation/enrollment source information

Northwest Portland Area Indian Health Board
Indian Leadership for Indian Health

HRSA RFIs: HPSA Scoring Criteria and Maternity Care Health Professional Target Area Criteria (COMMENTS DUE September 18)

- **Request #1 - HPSA Scoring Criteria:** Requests input on changes that could be made to the Health Professional Shortage Area (HPSA) scoring criteria. These could include but are not limited to, new factors, components, or point weighting.

- **Request #2 - Maternity Care Health Professional Target Area Criteria:** Seeks input on the establishment of criteria for Maternity Care Health Professional Target Areas to improve maternal health and maternity care delivery, including public health strategies. Target areas would identify geographic areas or certain facilities (I/T/Us) within HPSAs that have a shortage of maternity care health professionals.

Northwest Portland Area Indian Health Board
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Litigation: Texas v. United States

- Legal challenge focuses on the constitutionality of the ACA's individual mandate provision, while Texas and other parties to the litigation have asked the Court to invalidate the entire ACA, since the individual mandate was considered by Congress to be an essential component of the legislation.
- **June 25:** The Department of Justice filed its brief arguing that the whole statute is invalid, but the relief granted by the Court should be more limited.
  - The brief ignores the federal responsibility to tribes by not even mentioning the Indian provisions of the ACA.
- **Status:** Supreme Court could hear arguments as early as October, but likely will not issue a decision until after the November elections.

Northwest Portland Area Indian Health Board
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Litigation: Tribes & Tribal Schools Sue E-cigarette Makers

- **June 18:** A number of tribes have sued e-cigarette manufacturer JUUL and associated companies requesting relief to combat the vaping epidemic that has resulted from a deceptive marketing scheme that has targeted Native youth and cost these tribes millions to combat vaping.
- Tribal complaints allege that JUUL has aggressively and deceptively marketed its products as a safe alternative to ordinary cigarettes, without disclosing the dangers they knew of addition and the vaping-related illnesses and knowing that they are more susceptible to addiction than non-Native Americans.
- According to national youth tobacco survey data, 16.1% of AI/AN middle school students and 40.4% of AI/AN high school students currently use e-cigarettes compared to the general population rate of 10.5% of middle school students and 27.5% of high school students.
- **Status:** The lawsuits were filed in the U.S. District Court for the Northern District of California, which is in charge of the Multi-District Litigation coordination for the lawsuits already filed against JUUL.

Northwest Portland Area Indian Health Board
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Upcoming Important Federal Meeting Dates

- **July 22:** CMS Tribal Technical Advisory Group (TTAG) Virtual Meeting
- **July 24:** IHS Tribal Self Governance Advisory Committee Virtual Meeting
- **August 4 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Planning Session
- **August 5-6:** IHS Direct Service Tribal Advisory Committee Virtual Meeting
- **August 11 at 2PM PT:** NPAIHB Virtual HHS Region X Tribal Strategy Session
- **August 18:** HHS Region X Virtual Consultation

Northwest Portland Area Indian Health Board
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Discussion and Questions

NPAIHB QBM
IHS CHAP National Expansion

Christina Peters, TCHPP Director
Sue Steward, CHAP Project Director

July 14, 2020

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Portland Area CHAP Board/Certification Overview

2010
Indian Health Care Improvement Act opened the door for all disciplines of CHAP for Lower 48 Tribes.

2016
IHS initiated tribal consultation and tribes overwhelming wanted CHAP. Alaska agreed as long as their program and funding were not impacted

January 2018
IHS initiated CHAP TAG to inform IHS on the development of the National Expansion Policy.

March 2018
Northsound ACH grant awarded to fund the development of the PACCB

2019
Review and edits of Standards & Procedures for Portland Area tribes completed by CHAP Board Advisory Workgroup.

2020
$5 M for CHAP
7/2/20 National Policy approved

IHS Circular 20-06

Conditions to be met before the policy becomes permanent in the Indian Health Manual.

1) Position Descriptions
2) Funding

CHAP Nationalization Policy IHS Circular Summary

Tribes and Tribal Organizations outside of Alaska may carry out a CHAP, including those that include dental health aide therapists (DHAT), by amending their ISDEAA agreements.

Excludes Urban Indian Organizations.

Creates a National Certification Board (NCB) – the function of the NCB is to outline the minimum program standards for all CHAP provider types operating outside of Alaska, is chaired by the IHS CMO, and is made up of representatives of the ACBs.

Creates Area Certification Boards (ACB) - Their membership must include at least one federal representative appointed by the respective IHS Area Director. The ACB establishes board composition in its standards and procedures to certify individuals as their respective provider types.

IHS Areas may enter into a relationship with another IHS Area that has an ACB or with the Alaska CHAPCB for the purposes of certifying its CHAP providers.

NCB determines baseline requirements and scope of practice for ALL CHAP provider types.

Existing CHAP providers can submit their out of Area certification to the new ACB for consideration and approval in order to provide services in that new Area.

DHATs must meet the federal training requirements for certification. However, DHATs may only practice as part of a CHAP program in states that authorize the use of mid-level dental providers. This requirement only applies to Tribes and Tribal Organizations seeking to include a CHAP as a PSFA in an ISDEAA contract or compact.

Next Steps

Portland Area CHAP Certification Board (PACCB) – To stand up the PACCB the following is needed: 1) To pass a resolution at the July QBM, 2) Affirm the 12-member implementation board, 3) Work with the IHS Area Director to appoint members to the board and a federal representative and 4) Seek approval of the PACCB implementation membership by the IHS Area Director.

The PACCB shall – 1) Develop and affirm acting bylaws, 2) Review and accept the PACCB Standards and Procedures for CHAP that the CHAP Workgroup drafted, and 3) Develop Behavioral Health Academic Review Committee (BHARC) and the Dental Health Academic Review Committee (DHARC) bylaws. The BHARC and DHARC conduct an independent review of the curriculum to ensure its alignment with the current health needs of American Indians and Alaska Natives.

Next Steps (Con't)

BHA/Ps – Tribes choosing to include BHA/Ps in their clinics may include them by amending their ISDEAA. BHA's may be utilized in IHS-operated health care programs using existing OPM-approved description for mental health specialists, OPM Series 0181 Psychology Technician and/or GS 0186 Social Service Aid or other approved positions that may be established.

CHA/Ps – Tribes choosing to include CHA/Ps in their clinics may include them by amending their ISDEAA. Currently, no OPM-approved position description series exists. This means that direct service tribes may not utilize these providers. The IHS and OPM processes to create this job series could take two years. NPAIHB needs to explore reimbursement options for CHA/Ps.

Next Steps (Con't)

DHA/Ts – Tribes choosing to include DHATs in their clinics must first determine whether the state in which the DHAT will practice has authorized the use of mid-level dental providers. Tribes may then include them by amending their ISDEAA agreements. DHATs may be utilized in IHS-operated health care programs using existing OPM-approved description for DHAT (GS-0640-09). Requirements for Dental Health Aide roles other than DHAT were not detailed in Circular No. 20-06; their specific roles and responsibilities will be specified in National CHAP Standards and Procedures and other applicable ACB requirements, this process could take two years.

Funding – HHS or IHS will initiate consultation on funding in the near future.

Timeline

PACCB Implementation

Once the Resolution is approved

PACCB

Implementation Membership – July to October 2020
Create Bylaws – October 2020
Approve PACCB Standards and Procedures – November
First PACCB approval of applications – December 2020

IHS

Consultation with tribes on the $5M – July to September 2020
Appoint PACCB members – July to October 2020

BHARC, CHARC, DHARC

Implementation Membership – October to December 2020
Create Bylaws – December 2020

DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Resources and Services Administration

Rockville, MD 20857

June 18, 2020

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to seek your assistance in gathering feedback on two requests for information (RFIs) regarding issues that may affect health care services to Indian Country. I ask that you share both RFIs which are linked below with the health care facilities and organizations in your communities.

Request #1: Health Professional Shortage Area Scoring Criteria RFI
The Health Resources and Services Administration (HRSA) seeks public input and feedback to inform policy considerations related to changes to scoring criteria for Health Professional Shortage Areas (HPSA) and to solicit additional ideas and suggestions. The current scoring is found in a notice published in the Federal Register, 68 Fed. Reg. 32531 (May 30, 2003). We also seek stakeholder input on possible additions or alternative approaches to HPSA scoring, such as new factors, components, or point weighting. We will not accept proposals to expand National Health Service Corps eligibility to new provider types or proposals that otherwise go beyond the purview of HPSA scoring.

Request #2: Maternity Care Health Professional Target Area Criteria RFI
HRSA seeks public input and feedback to inform policy considerations related to the establishment of criteria for Maternity Care Health Professional Target Areas and to solicit additional ideas and suggestions from the public on this topic. The requirements of the Public Health Service Act, Section 332(k)(5); (42 USC §254e(k)(5)) define the term "full scope maternity care" as health services provided during labor care, birthing, prenatal care, and postpartum care.

While HRSA welcomes input from all stakeholders and parties with an interest in our mission, we specifically seek input from those with knowledge of public health strategies to improve maternal health and maternity care delivery. This includes, but is not limited to: relevant Indian health provider organizations; medical societies; organizations representing medical facilities in tribal communities; or other organizations with expertise in maternity care.

We are accepting feedback on both RFIs through **September 18, 2020**. If you have questions or need additional information, please contact your Bureau of Health Workforce regional points-of-contact or email RFIcomments@hrsa.gov.

Thank you in advance for your consideration and support.

Sincerely,

Thomas J. Engels
Administrator

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Indian Health Service
Rockville MD 20857

JUL -2 2020

Dear Tribal Leader:

I am writing to initiate Tribal Consultation on the use of approximately $30 million in offset and prior-year funds from the Special Diabetes Program for Indians (SDPI).

The SDPI has been funding diabetes treatment and prevention activities in Indian Health Service (IHS), Tribal, and Urban Indian health programs since fiscal year (FY) 1998. As SDPI funds are available until expended, prior-year (or "carryover") funds have accumulated over the years in many SDPI grants. As such, 62 SDPI grants with large carryover balances relative to their annual grant amounts received an offset of 50-100 percent in FY 2020. Offset grants received Notices of Grant Award for all of their FY 2020 annual grant amount, utilizing new funds and/or some of their carryover funds.

By letter dated March 4, 2020, I shared with you our plan to combine the FY 2020 offset funds with the unexpended funds that would be returned when the current SDPI grant cycle (FY 2016-FY 2020) was closed-out in 2021 to create a new SDPI funding opportunity.

However, now that the Department of Health and Human Services has determined that FY 2021 will be added as a sixth year to the current grant cycle (now FY 2016-FY 2021), the previously scheduled close-out will not occur until 2022. Accordingly, a new plan is needed for the FY 2020 offset funds. In addition, some carryover funds that are not impacted by the addition of a sixth year to the current grant cycle are also available. Taken together, approximately $30 million could be used for other purposes, which are consistent with the statutory language for the use of funds as grants.

Options for use of this $30 million in one-time funds include, but are not limited to, a new grant funding opportunity for $10 million per year for 3 years for eligible entities that do not currently have a SDPI grant, or one open to all eligible entities to apply to address diabetes-related risk factors (e.g., social determinants of health).

I invite Tribal Leaders to provide input on the use of this $30 million in SDPI funds. I encourage you to submit written comments to consultation@ihs.gov within the Consultation period, which concludes on **Friday, August 28, 2020**.

The next meeting of the Tribal Leaders Diabetes Committee (TLDC) is September 22, 2020. At that time, the TLDC will review the Tribal Consultation comments and provide their recommendations to me. A subsequent Tribal Leader letter with the final Agency decisions on the use of this $30 million of SDPI funds will follow.

Thank you for your partnership on the SDPI throughout the past 23 years. Tribal programs have helped make the SDPI's success possible. Together, we have improved diabetes prevention and treatment outcomes in our communities. To learn more about these efforts and activities throughout the country, I encourage you to visit the IHS Division of Diabetes Treatment and Prevention (DDTP) Web site at www.ihs.gov/diabetes.

Thank you in advance for your feedback and recommendations on this important Tribal Consultation. If you have any questions about the process, or the SDPI program in general, please contact the DDTP by e-mail at diabetesprogram@ihs.gov.

Sincerely,

/Michael D. Weahkee/

RADM Michael D. Weahkee, MBA, MHSA
Assistant Surgeon General, U.S. Public Health Service
Director

DATA ON POLICE VIOLENCE IN NORTHWEST NATIVE COMMUNITIES

July 2020 Quarterly Board Meeting

Sujata Joshi, MSPH
Chiao-Wen Lan, PhD
Natalie Roese, MPH
Ashley Hoover, MPH

Background

- Police violence against communities of color has gained recognition as a matter of public health importance, and law enforcement policies and practices have been identified as a social determinant of health
- Despite the many limitations in available data, a small but growing number of published studies and media reports have documented large disparities in police violence experienced by Black and Indigenous communities
- As a follow up to NPAIHB's statement in support of the Black Lives Matter movement, we used existing data to examine disparities in police violence experienced by Northwest AI/AN communities

"When it comes to reckoning the toll of racial inequality, accountability requires counting."
(Krieger et al., 2015)

Methods

Mortality Data

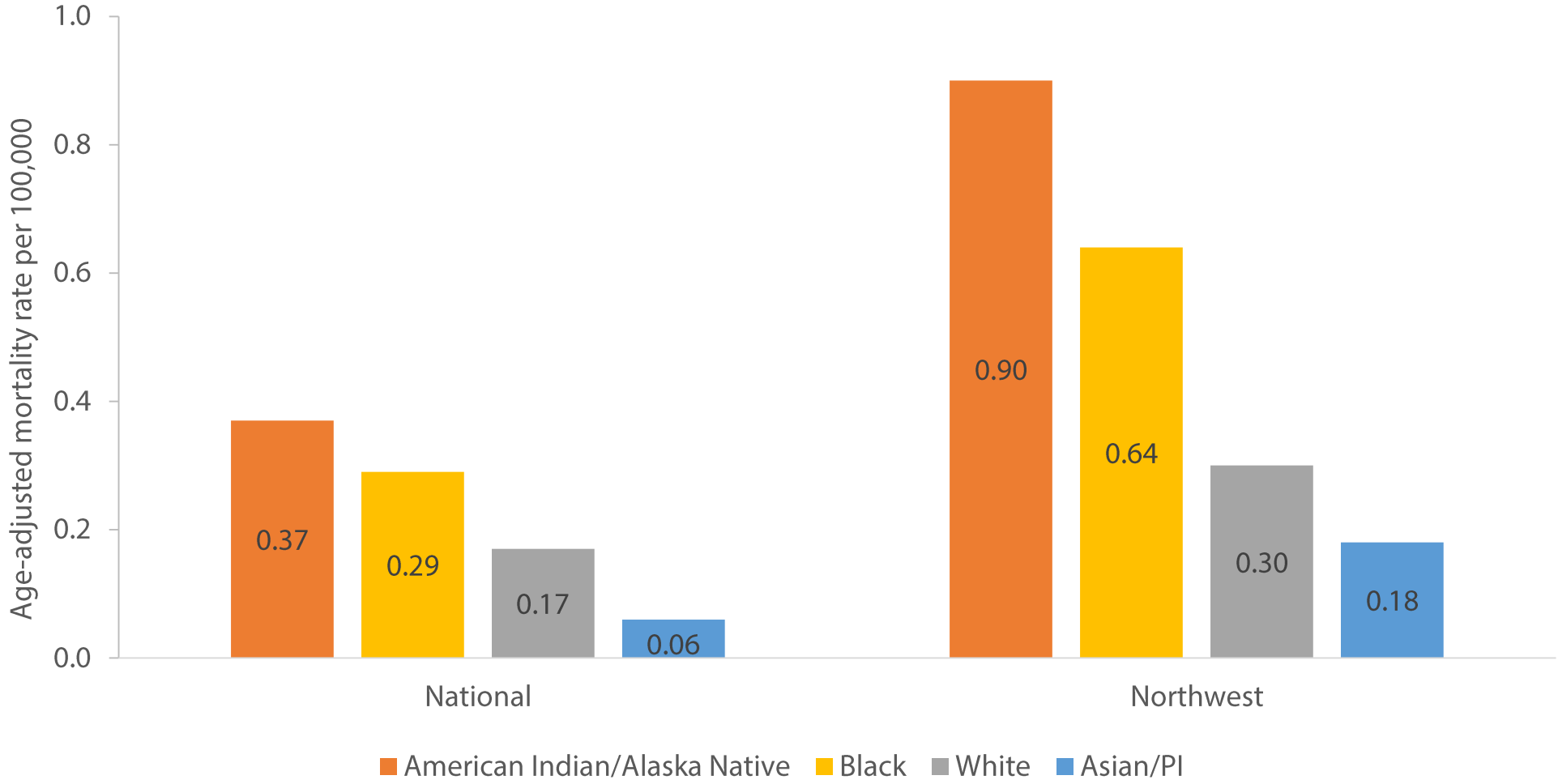
- Utilized national and state mortality data
  - State data are corrected for AI/AN misclassification by NPAIHB's IDEA-NW project
- Identified deaths due to "legal intervention" using ICD-10 codes
- Examined demographic characteristics for AI/AN deaths
- Compared AI/AN rates to the non-Hispanic White (White) population to understand disparities

Police Use of Force Data

- Scanned publicly available Police Use of Force data in ID, OR, and WA
  - Police use of force includes using verbal, physical, chemical, impact, electronic, or firearm force to compel compliance or overcome resistance to an officer's command to protect life or property or to take a person into custody
- Identified two Northwest datasets with information available for AI/AN people – Portland and Seattle
- Analyzed police use of force incidents for AI/AN and White populations

MORTALITY DATA

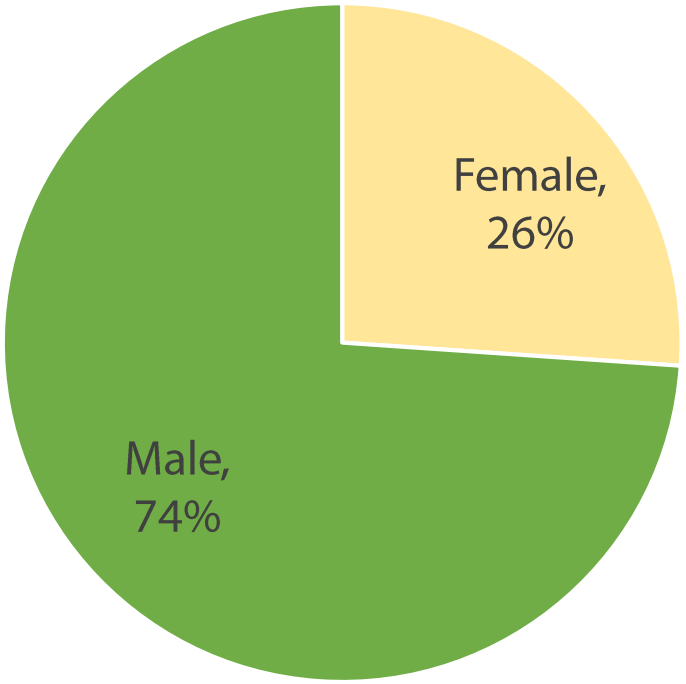
Nationally and in the Northwest, AI/AN people have the highest death rates from police violence compared to other race/ethnicity groups.



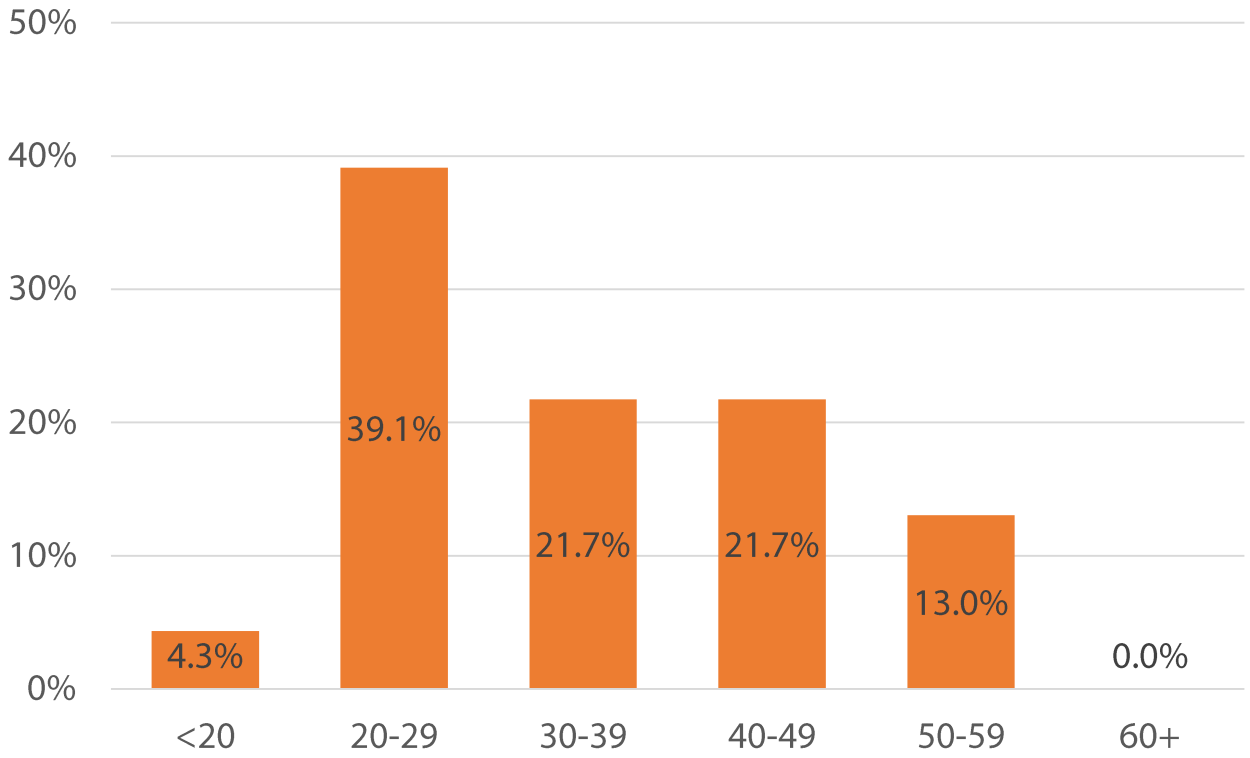
Data source: CDC WISQARS, 2014-2018.

During 2006-2016, there were 23 deaths from police violence among Northwest AI/AN people.

74% of AI/AN deaths from police violence occurred among males.

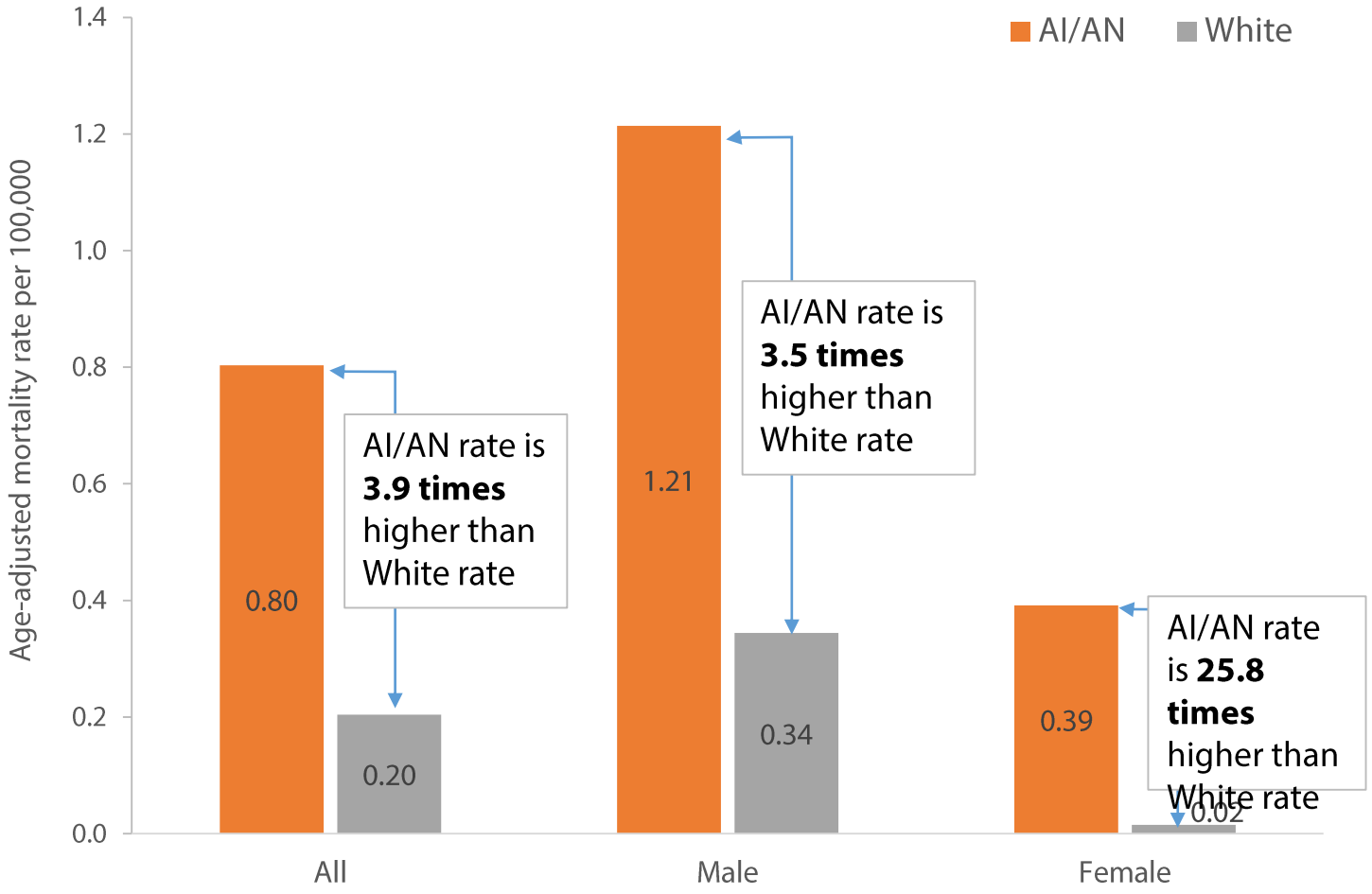


Almost 45% of AI/AN deaths from police violence occurred among those less than 30 years of age.



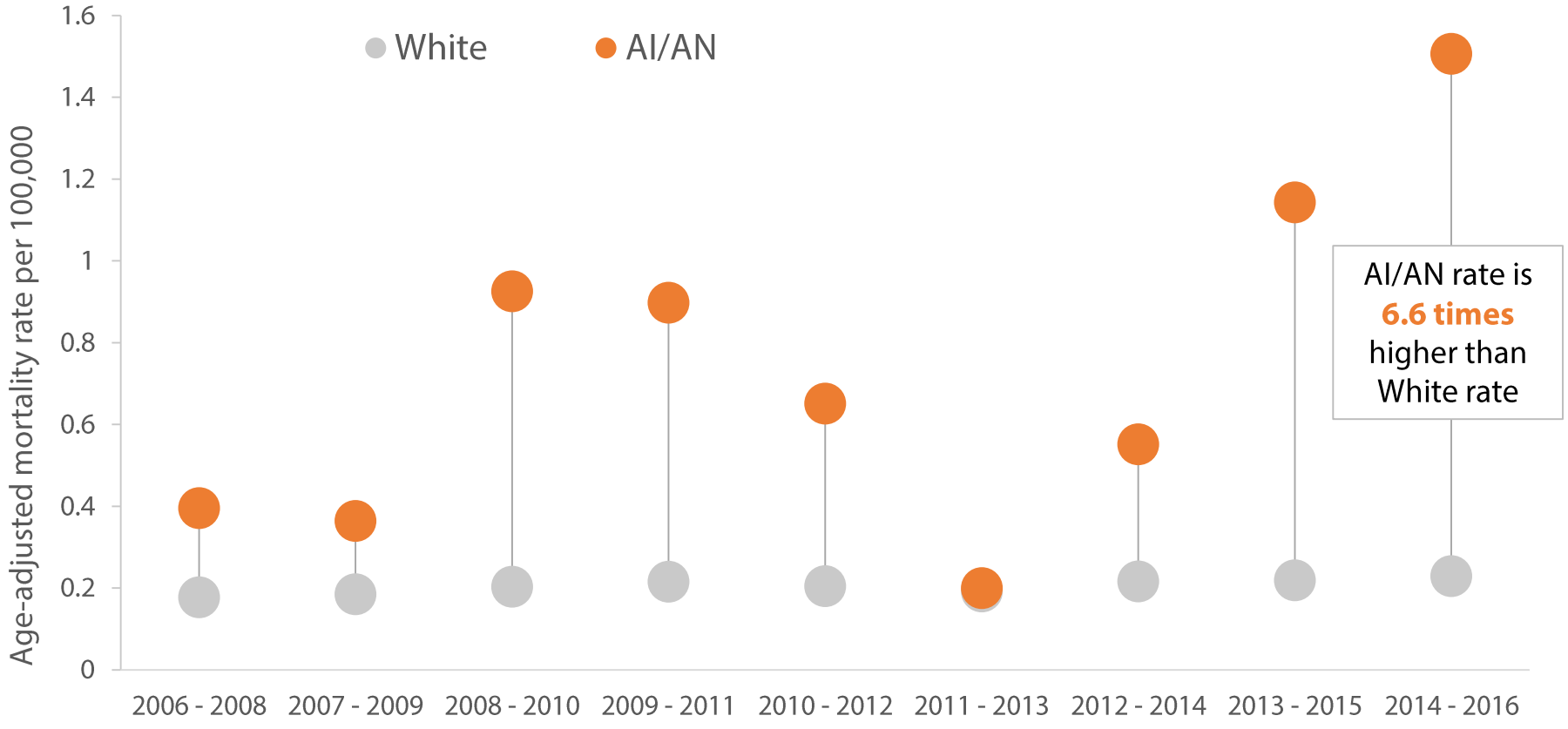
Data source: Death certificates from ID, OR, WA, corrected for AI/AN misclassification, 2006-2016.

During 2006-2016, Northwest AI/AN people died from police violence at nearly 4 times the rate of Whites.



Data source: Death certificates from ID, OR, WA, corrected for AI/AN misclassification, 2006-2016.

While trends for AI/AN people are unstable, the rate of police violence deaths appears to have increased in recent years.



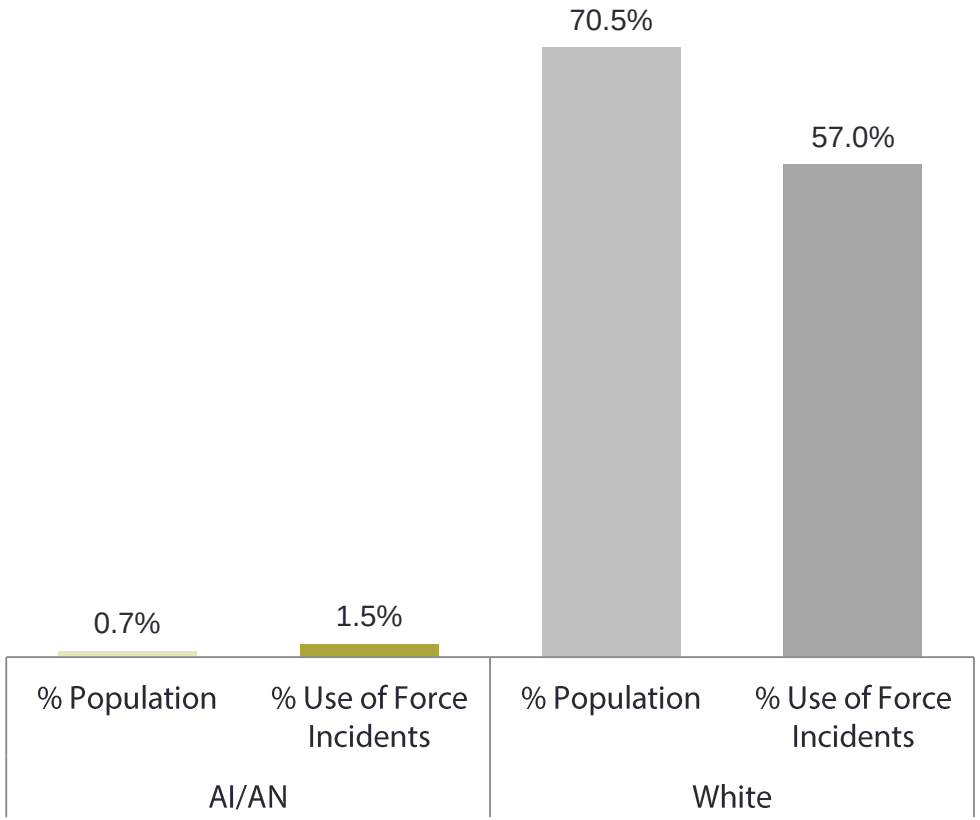
	2006 - 2008	2007 - 2009	2008 - 2010	2009 - 2011	2010 - 2012	2011 - 2013	2012 - 2014	2013 - 2015	2014 - 2016
# AI/AN deaths	<5	<5	8	8	6	<5	<5	8	11

Data source: Death certificates from ID, OR, WA, corrected for AI/AN misclassification, 2006-2016.

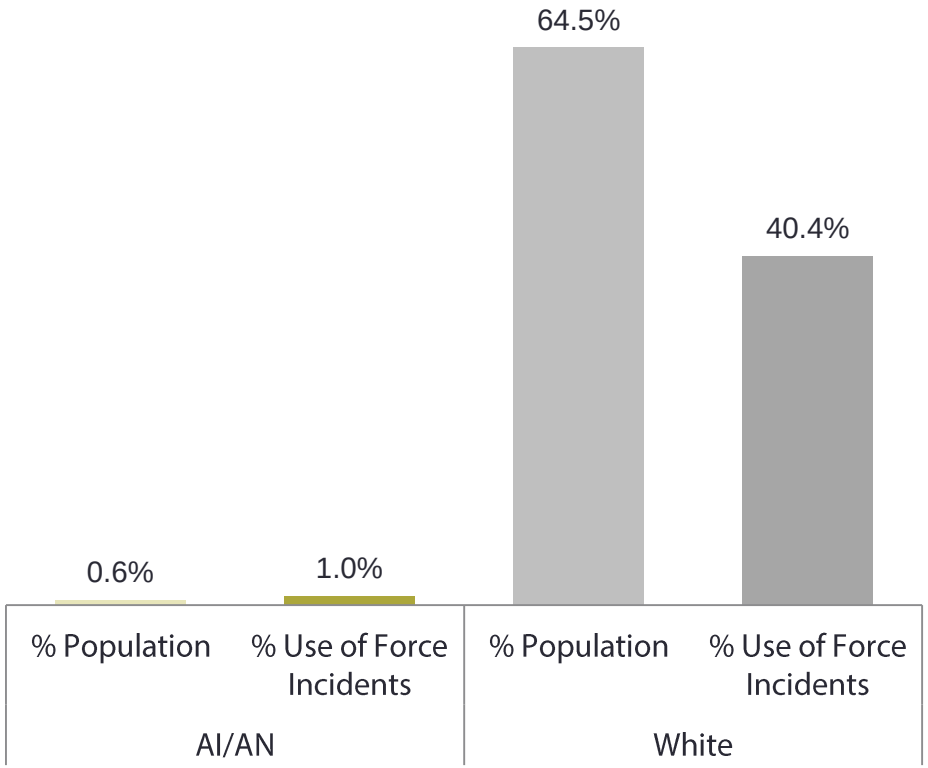
POLICE-REPORTED USE OF FORCE DATA FOR PORTLAND AND SEATTLE

Compared to their population size, AI/AN make up a higher proportion of use of force incidents than Whites.

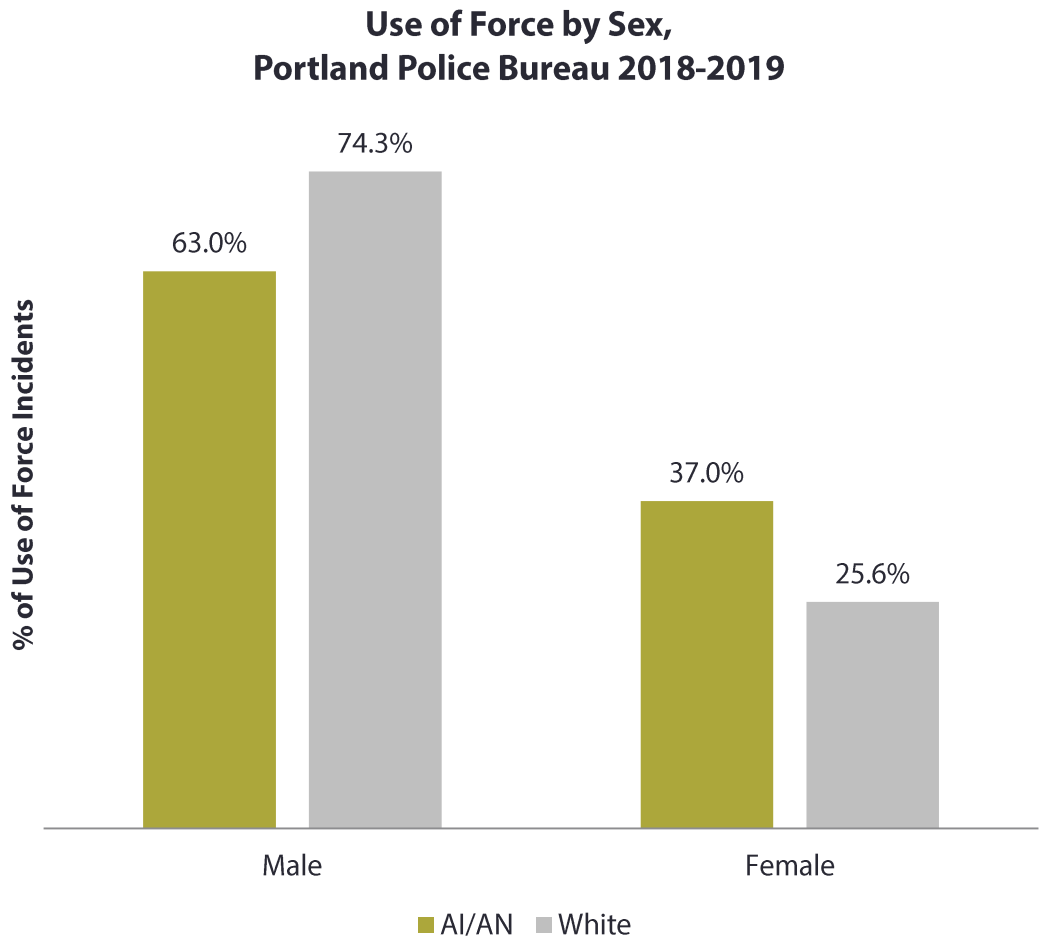
Use of Force and City Demographics, Portland Police Bureau Data 2018-2019

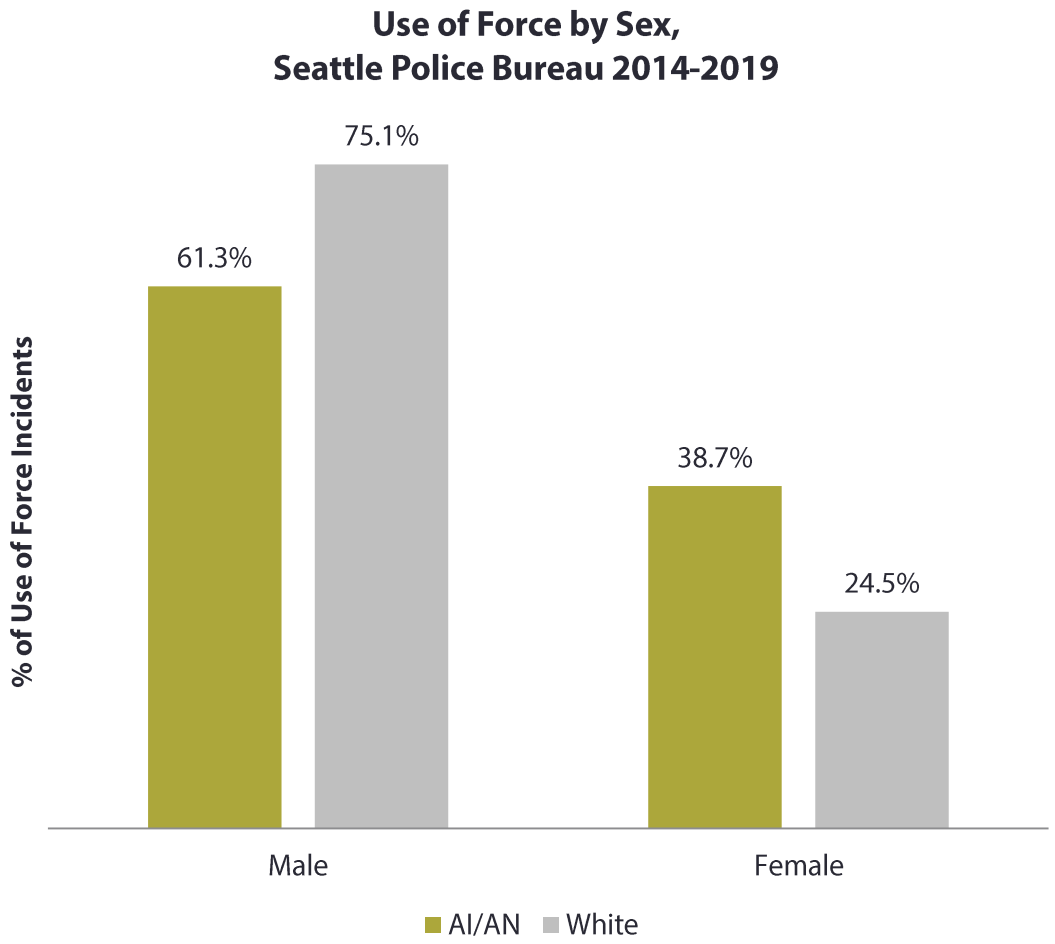


Use of Force and City Demographics, Seattle Police Bureau Data 2014-2019

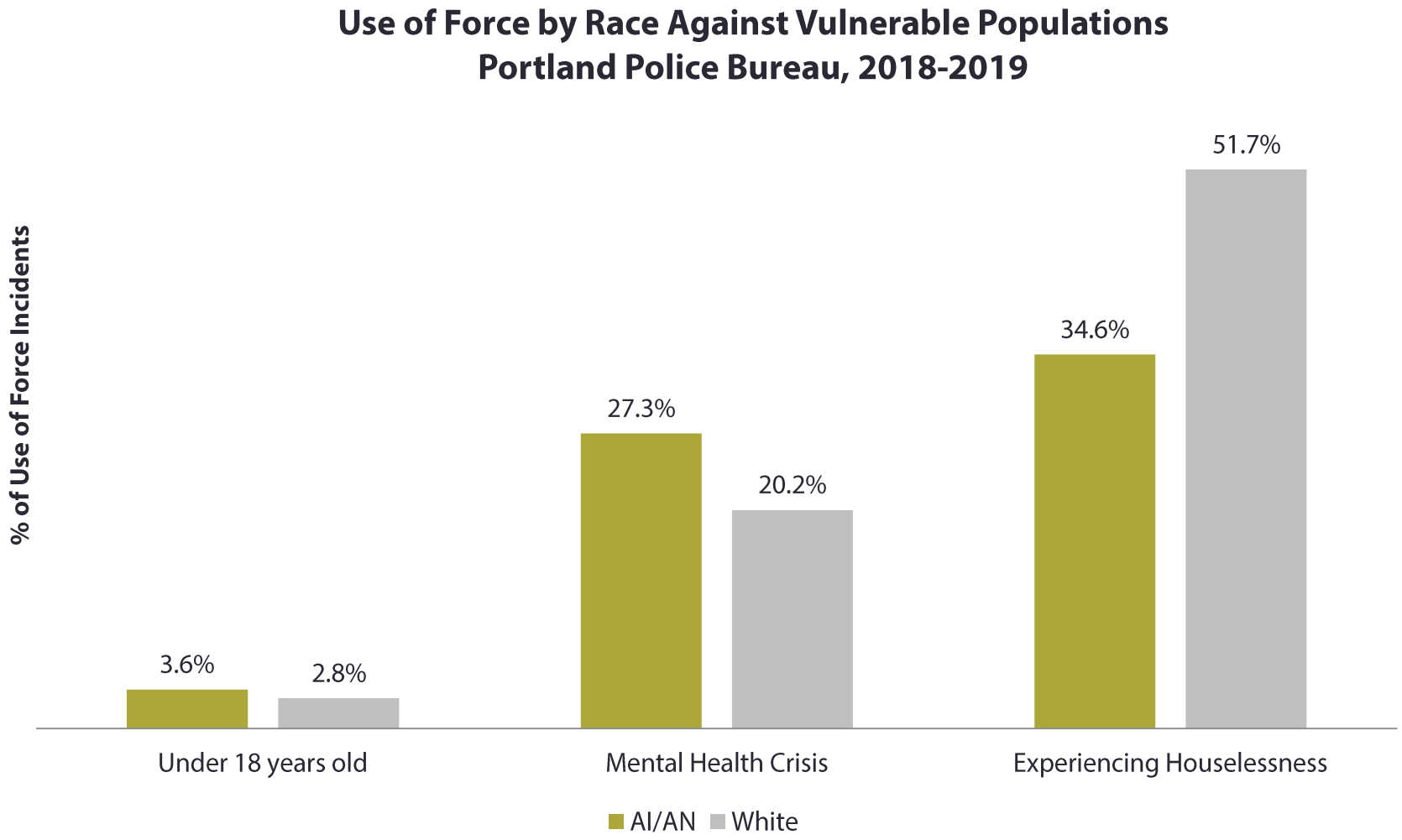


Women make up a larger proportion of use of force incidents among AI/AN than among Whites.





27% of AI/AN people involved with a use of force incident with Portland Police were perceived as experiencing a mental health crisis.



Data Limitations

- Mortality data
  - Misclassification of race and outcomes
  - Changes in willingness to report "legal intervention" deaths over time
- Police Use of Force Data
  - Possible under-reporting of use of force by police
  - Misclassification/missing information on AI/AN status based on race/ethnicity

"There is a shared history and lived experience of trauma between Black and Indigenous communities, and solidarity is essential in the fight for a more just and peaceful world. . . This shared collective trauma creates fertile ground for strong alliance building to transform policing in the United States and practice anti-racism." (Sonja Eiseman, Lakota People's Law Project, 2020)

THANK YOU

Contact:

Sujata Joshi

sjoshi@npaihb.org

Victoria Warren-Mears, PhD, RDN, FAND
Director, NWTEC
503-998-6063

NWTEC COVID-19 Response and TEC Update

Overview

- Contact List for COVID-19 assistance
- Current situational overview
- Second Quarter Accomplishments

COVID-19 Contacts

- Laura Platero lplatero@npaihb.org 503-407-4082
- Sarah Sullivan – Policy and Funding/Finance Questions ssullivan@npaihb.org 703-203-6460
- Thomas Weiser, MD – Indian Health Service Medical Questions thomas.weiser@ihs.gov
- Celeste Davis – Environmental Public Health Program (NWTEC), Contact Tracing and Infection Control cdavis@npaihb.org 505-670-8380
- Holly Thompson Duffy – PPE Questions and TA hthompsonduffy@gmail.com 312-342-1897
- David Stephens – Community Clinical Learning (NWTEC)/ ECHOs dstephens@npaihb.org
- Stephanie Craig Rushing – Social Media and Digital Expertise (NWTEC) scraig@napihb.org

COVID-19 Contacts

- Sujata Joshi – Epidemiology assistance/data sjoshi@npaihb.org
- Bridget Canniff – IHS Data Surveillance bcanniff@npaihb.org or tphep@npaihb.org
- Tam Lutz – Maternal Child Health and Immunizations tlutz@npaihb.org
- Ticey Mason – Dental Support Questions tmason@npaihb.org 503-734-0573
- Danica Brown – Trauma Informed Care/Presentations dbrown@npaihb.org
- Victoria Warren-Mears – NWTEC Director, General Assistance/Other topics vwarrenmears@napihb.org or 503-998-6063
- Web Site: www.npaihb.org/covid-19

Data are reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. Data reflect cases reported to the IHS through 11:59 pm on July 11, 2020.

IHS Area	Tested	Positive	Negative
Alaska	64,020	235	51,064
Albuquerque	23,904	1,254	15,722
Bemidji	18,276	416	16,401
Billings	28,255	466	23,567
California	5,371	233	4,301
Great Plains	26,007	1,177	24,231
Nashville	12,116	1,268	10,183
Navajo	52,897	9,190	38,709
Oklahoma City	66,748	2,114	60,162
Phoenix	34,041	6,276	26,848
Portland	13,711	1,061	11,889
Tucson	3,868	333	3,398
TOTAL	**349,214**	**24,023**	**286,475**

Highest Reported Rates by IHS Area:

1. Navajo
2. Phoenix
3. Oklahoma City*
4. Nashville
5. Albuquerque
6. Great Plains
7. Portland
8. Billings
9. Bemidji
10. Tucson
11. Alaska
12. California

First time over 1000 positives 7/9/2020

American Indian Cases by State

State	Total Cases Friday 7/10/2020	Increase	Total Cases Tuesday 7/13/2020
Idaho	102	+ 19	121
Oregon	155	+ 12	167
Washington	808	+ 20	828
NPAIHB Totals	1065	+51	1116
Total IHS national	1044	+ 44	1088

8.25 % of all AI/AN tests are coming back positive in the Portland Area
Up 1 % from last week.
The data is from the day prior to total case date at 11:59 PM

American Indian Cases as a Percentage of Total Cases by State

State	AI/AN Positive	State Positives	% of Cases AI/AN
Idaho	121	10,971	1.1 % of all positive tests
Oregon	167	12,170	1.4% of all positive tests
Washington	828	42,181	2.0% of all positive tests

AI/AN COVID-19 Deaths Reported to NPAIHB or Indian Health Service

- As of 7/13, 32 total deaths of AI/AN people in the Northwest have been reported to the NWTEC surveillance system or Indian Health Service
  - All 32 deaths reported in WA
  - 1 early SNF death of an AI/AN individual from a member tribe, not reported in our data
  - 33 total deaths from surveillance and anecdotal data

NWTEC Telework Overview and Accomplishments Second Quarter 2020

Other Major Accomplishments

- Dental
  - On-line CDE training
  - Assisted with foundation applications for COVID-19 Funding for Washington Tribes
- NARCH
  - Major grant submission
  - All Cancer Fellow Curriculum web based
- Data/Epidemiology
  - Leveraged existing DSAs with states to obtain COVID-19 data
  - On-line data dashboard developed
- Diabetes Program
  - On-line DMS training
  - 100% diabetes audit submission for the Area

Other Major Accomplishments

- Thrive
  - Thrive Annual Conference Converted to on-line format with youth attending
- Public Health Modernization
  - OR kick off meetings held for all tribes on the data collection to for public health modernization
  - Washington working on development of pubic health communicable disease data report cards.
- WEAVE-NW
  - Grants issued to tribes
  - Food Sovereignty Coalition Leadership Meeting
  - Grants available for purchasing food during COVID-19

Other Major Accomplishments

- Expanded Clinical Support
  - Supporting development new ECHO series focused on
    - Maternal Child Health
    - Contact Tracing Technical Assistance/Support
- Developing program to deal with vaccine hesitancy and support “immunization catch up” among children.
- Working directly with CDC to get regional COVID-19 tracking data. This should be available weekly beginning this week or next.
  - Thank you for advocacy.

Questions for NWTEC?

THRIVE 2020 Youth Artwork
The beauty of virtual design

Victoria Warren-Mears vwarrenmears@npaihb.org

April – June 2020 Quarterly Reports
Northwest Tribal Epidemiology Center (The EpiCenter) Projects Reports Include:

- **Adolescent Behavioral Health**
- **Enhancing Perspectives in Clinics and Communities Programs**
- **Dental Support Center**
- **Epicenter Director**
- **Epicenter National Evaluation Project**
- **IDEA- Northwest (Tribal Registry Project)**
- **Immunization and Portland Area IHS IRB**
- **Native CARS & PTOTS**
- **Northwest Tribal Comprehensive Cancer Project**
- **THRIVE**
- **WEAVE**
- **Western Tribal Diabetes Project**
- **Cancer Prevention and Control Research in AI/ANs**
- **Tribal Opioid Response (TOR)**
- **Enhancing Asthma Control for Children in AI/AN communities**
- **Northwest Native American Research Center for Health (NARCH)**
- **Response Circles**
- **Northwest Tribal Juvenile Justice Alliance**
- **ECHO**
- **Environmental Pubic Health**

Adolescent Behavioral Health

Stephanie Craig Rushing, PhD, MPH, Principal Investigator | Jessica Leston, MPH, PhD(c) Project Director
Colbie Caughlan, MPH, THRIVE Project Director | David Stephens, RN, ECHO Director
Danica Brown, MSW, PhD, Behavioral Health Manager | Michelle Singer, HNY Manager
Celena McCray, THRIVE Project Coordinator | Tommy Ghost Dog, WRN Project Coordinator
Paige Smith, Youth Engagement Coordinator + DVPI Coordinator
Corey Begay, Multimedia Specialist | Eric Vinson, ECHO Specialist | Roger Peterson, SMS Communication Specialist
Contractors: Amanda Gaston, MAT, Native IYG |
Nicole Trevino, Native STAND & We R Native Teacher's Guide | Jackie Johnson, TAM Research Assistant

Quarterly Report: April-June 2020

Technical Assistance and Training

Tribal Site Visits
- None

April Technical Assistance Requests
- 2 NW Tribal TA Requests = Port Gamble S'Klallam Tribe | Tulalip
- 3 non-Tribal TA Requests = NIDA | Notah Begay Foundation | Ontario Tech University

May Technical Assistance Requests
- 3 NW Tribal TA Requests = CTSI | Klamath | CTUIR
- 8 non-Tribal TA Requests = NIDA | PSU | Wyse Choices | G&G | OHSU |UofO | ITCA | NCUIH

June Technical Assistance Requests
- 2 NW Tribal TA Requests = Warm Springs | Nez Perce
- 5 non-Tribal TA Requests = Wyse Choices | OSU | SAMHSA | OMH | MHA

We R Native
During the quarter, our staff participated in ten partner calls, including:
- Call: Nicole Reed, Youth-Health-Tech Survey, April 1, 2020.
- Call: NIDA messaging partnership, May 8, 2020.
- Call: G&G Advertising – Next Legend Campaign, May 18, 2020.
- Call: MarketCast, WRN Youth MH Campaign Assessment, May 26, 2020.
- Call: w/ Headstream re: Springboard Lab, June 5, 2020.
- Call: MarketCast, WRN Youth MH Campaign Assessment, June 9, 2020.
- Call: mHealth Impact Lab, June 17, 2020.
- Call: BRAVE User Guide team check-in, June 19, 2020
- Meeting: VIRTUAL THRIVE Week, June 22-26, 2020.

Gen I / Bootcamps
- Scheduled for June, July, and August
- Zoom: Virtual Bootcamp, June 3-4, 2020. Youth Delegates: Topic: Healthy Relationships. With SkyBear Media.

Healthy Native Youth
During the quarter, Healthy Native Youth staff participated in eleven planning calls with study partners, and the following trainings/events:
- SMS Text Mentoring – Talking Is Power

- Total EMPOWER Subscribers: 142 participants

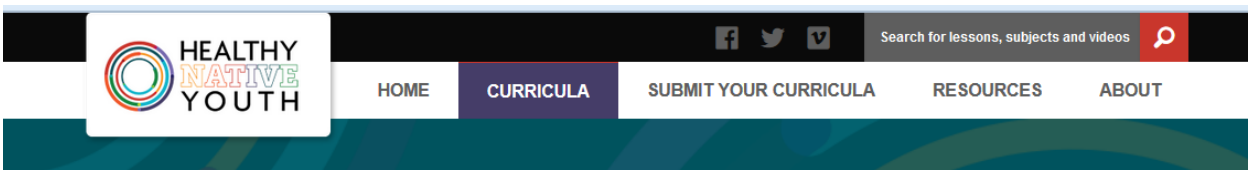
- E-Newsletter: April, May, June
- Interviews: iCHAMPS – 4 STAND facilitators, June 29, 2020.
- Bi-monthly Meeting: HNY Team Meeting, April 16, 2020.
- Bi-Monthly Meeting: Native iCHAMPS Team Meeting, April 22, 2020.
- Monthly Meeting: Native STAND 2.0 Mtg, June 26, 2020.
- Zoom Training: HNY CoP (*Prevention: Emerging Topics & Challenges Youth Face*), June 10, 2020. Approximately 40 participants in attendance.
- Zoom Training: HNY CoP (*Taking Care of Ourselves during the COVID-19 pandemic – Tips & Tools*), April 22, 2020. Approximately 35 participants in attendance.
- Zoom Training: HNY CoP (*Youth Identity and Healthy Relationships*), May 13, 2020. Approximately 52 participants in attendance.
- Zoom: HNY Adolescent Sexual Health Advisory Group, June 3, 2020.
- Zoom: HNY CoP (*Social Media Protective Factors Against Human Trafficking & Missing and Murdered Indigenous Relatives*), April 8, 2020. Approximately 65 participants in attendance.

ANA – I-LEAD

During the quarter, staff participated in three grantee call, six SMS text mentoring chats with 850 STEM and "healer" participants," and the following I-LEAD meetings and activities:

- SMS Text Mentoring
  - Total STEM + Healers Subscribers: 850 participants
  - STEM Messages: BRAVE Study control arm: 1,000 participants
  - 1-on1 Coaching: April 2, 2020. April 8, 2020. April 15, 2020. April 22, 2020.
  - 1-on1 Coaching: May 6, 2020. May 13, 2020. May 20, 2020. May 27, 2020.
- Zoom: Youth Delegate Monthly Check-in, May 17th
  - The 3rd cohort of Youth Delegates was selected; last year's cohort includes: http://www.npaihb.org/youth-delegate
- Call: ANA Grantees Meeting, April 28, 2020
- Call: ANA Grantees Meeting, June 23, 2020
- Call: ANA Grantees Meeting, May 26, 2020
- Call: ANA I-LEAD Meeting, April 23, 2020
- Call: ANA I-LEAD Youth Webinar, May 28 23, 2020
- Social Messaging for COVID-19 response: April 10th
- Social Messaging for MMIW content created: April 25th
- Zoom: NPAIHB Student Honoring, April 26, 2020.
- Zoom: Youth Delegate Monthly Check-in, April 5th
- Zoon: Virtual I-LEAD week, June 22-26, 2020.

Health Promotion and Disease Prevention



Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org

Last month, the **Healthy Native Youth** website received:

- Users = 461

- Pageviews = 1,592
- Avg. Time on Page = 2:31

Website: The We R Native website launched on September 28, 2012: www.weRnative.org

In June, the **We R Native** website received:
- Pageviews = 40,375
- Unique Pageviews = 36,334
- Avg. Time on Page = 6:29
- Top 10 Content Topics viewed: https://datastudio.google.com/u/0/reporting/1p_hyONt3fRun_AdSFPySDlTZI0tYsEvq/page/CO6g

Research and Surveillance

Technology and Adolescent Mental Health (TAM): The NPAIHB is partnering with the Social Media Adolescent Health Research Team and the mHealth Impact Lab to evaluate We R Native's mental health messaging impact and efficacy. The project testing the efficacy BRAVE and STEM messages.

Enhancing Perspectives in Clinics and Communities Programs

Jessica Leston, MPH, Clinical Programs Director – Tsimshian
David Stephens, RN ECHO Clinic Director
Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
Megan Woodbury – Opioid Program Coordinator
Danica Love Brown – Behavioral Health Manager – *Choctaw*
Morgan Thomas – CDC Presidential Fellow

Contractors: Brigg Reilley, MPH
Wendee Gardner, DPT, MPH – *Stockbridge-Munsee Band of Mohican Indians*

Quarterly Report: April - June 2020

Technical Assistance and Training

January Technical Assistance Requests
- Tribal TA Requests = 9 Jessica, 3 Brigg, 5 Megan, Danica, 1 Morgan
- Other Agency Requests = 4 (IHS, GPTCHB, ANTHC, USET, HHS)

May Technical Assistance Requests

- Tribal TA Requests = Jessica (10), Brigg (2), Megan, Danica, 3 Morgan
- Other Agency Requests = (IHS, GPTCHB, ANTHC, USET, HHS)

June Technical Assistance Requests

- Tribal TA Requests = Jessica (7), Brigg (2), Megan, Danica, 1 Morgan
- Other Agency Requests = (IHS, GPTCHB, ANTHC, USET, HHS)

During the quarter, project staff participated in 86 technical assistance calls and requests.

Health Promotion and Disease Prevention

HCV Overview: Hepatitis C Virus (HCV) is a common infection, with an estimated 3.5 million persons chronically infected in the United States. According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from hepatitis C of any race or ethnicity. But Hepatitis C can be cured and our Portland Area IHS, Tribal and Urban Indian primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and earning greatly deserved gratitude from the communities they serve.

Goals: HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken by mouth, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

It is estimated that as many as 120,000 AI/ANs are currently infected with HCV. Sadly, the vast majority of these people have not been treated. By treating at the primary care level, we can begin to eradicate this disease. Our aim is to provide resources and expertise to make successful treatment and cure of HCV infection a reality in Northwest IHS, Tribal and Urban Indian primary care clinics. More at www.npaihb.org/hcv

Currently, the program has strategic partnerships with: Alaska Native Tribal Health Consortium, University of New Mexico, Cherokee Nation, Norther Tier Initiative for Hepatitis C Elimination, Oklahoma IHS Area, United Southern and Eastern Tribes TEC, Rocky Mountain TEC, Great Plains Tribal CHairmans Health Board and TEC, Great Lakes Inter Tribal Council TEC, and IHS.

Text Message service/email marketing: To date, the project has sent 102,370 and received 3,197 messages from 1,034 text message subscribers.

HCV Print & Video Campaign: In 2017, the project disseminated the Hepatitis C is Everybody's Responsibility Campaign http://www.npaihb.org/hcv/#Community-Resources To date, 10,000 items (posters, rack cards, pamphlets) have been printed, and the campaign (print + video) has received 1,034 video views on YouTube, and reached 5,515 on Facebook.

Example of text message received in November 2018: "*Thank you. I don't know if I am able to respond to you but I'm responding anyway. I just want to express my sincere appreciation for all you do. My CIHA*

(Cherokee Indian Hospital Authority) colleagues and I are energized with the possibility that we can eradicate Hep C in our community. We are meeting weekly to discuss Hep C treatment, patients, issues, ideas and complaints. We are, or I am preparing a presentation for one of our private recovery centers. Our goal in this is to reach out to as many people as we can to educate and spread awareness on all things Hep C. I am preparing the presentation because I am the performance improvement person for our primary care. The nurses are busy caring for our patients. I am also creating a hep B lab guide for our nursing staff to try and eliminate confusion over the hep B labs. I am by education an CLS(clinical laboratory scientist) formerly known as an MT (medical technologist). I went to school to be a lab tech. Not just drawing blood but running the tests. So for once I am excited because the lab part of all this is right up my alley. My comfort zone, you could say."

Opioid Overview: NPAIHB's Northwest Tribal Epidemiology Center (TEC) has examined death certificate and hospital discharge data (corrected for AI/AN racial misclassification) to identify the burden and disparities in drug and opioid overdoses experienced by Northwest AI/AN. Since 1997, Northwest AI/AN people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the region. From 2006-2012, AI/AN age-adjusted death rates for drug and prescription opioid overdoses were nearly twice the rate for NHW in the region. A higher proportion of AI/AN drug and opioid overdose deaths occurred in younger age groups (less than 50 years of age) compared to NHW overdose deaths. A more recent analysis of Washington death certificates found that although AI/AN and NHW had similar overdose mortality rates from 1999–2001, AI/AN overdose rates subsequently increased at a faster rate. From 2013–2015 mortality rates that were 2.7 times higher than those of NHW for total drug and opioid overdoses and 4.1 times higher for heroin overdoses.

Goals: Opioids and OUD (Opioid Use Disorder) historically has been more prevalent in AI/AN populations. In recent years, research has shown that OUD is not just a medical issue, but is more effectively treated when approached holistically. This has led to an increased move towards integrated care and harm reduction approaches to treat the whole individual, not just the disease. Harm reduction is defined as a way of reducing/ mitigating the negative consequences associated with OUD/ opioid misuse through a variety of intervention strategies.

While there are many resources available to the public on harm reduction, they are scattered at best. To ensure that the Tribes are not only aware of current and promising harm reduction practices and strategies for opioid response, both regionally and nationally, the Indian Country Opioid Response Monthly Newsletter and Community of Learning webinar series were developed. The goal of these two tools is to not only use them as a way to cultivate a community of practice, but also to disseminate the strategies and promising practices currently being implemented to address OUD/ opioid misuse across Indian Country. More at http://www.npaihb.org/opioid/#communityresources.

Text Message service/email marketing: The project sent 6 constant contact surges and had a reach of 292 through constant contact through the month of June.

Opioid Print & Video Campaign: In 2019, the project is developing a number of campaigns for community. Electronic and print material for several new resources including "A Trickster Tale – Outsmarting Through Education and Action", "Words Matter When Providers Talk About Addiction", "Words Matter When We Talk About Addiction – For Patients", and "Supporting Someone with Opioid

Addiction", among others. More at https://www.indiancountryecho.org/substance-use-disorder/community-resources/.

Staff continued to collaborate with a media production team to develop three videos that address OUD. The first video (completed this month) is designed to provide tribal community members with basic, life-saving information about OUD, address common myths, and share information about effective treatments. The second video is geared toward healthcare providers. It provides recommendations for treating patients with OUD, encourages prescribing providers to obtain their DATA waiver, and offers insight into evidence-based and tribal community-tested methods for recovery from OUD. The third video (completed this month) highlights the model of care developed by didgʷálič Wellness Center – a tribal-based substance use treatment center that in one year helped cut tribal opioid overdose deaths in their community in half.

This month staff also worked with a media development firm in order to create a communications package for didgʷálič Wellness Center that shares the Center's story of success. Drafts for 3 short videos highlighting important aspects of didgʷálič's unique model of care were created, and staff wrote content for 2 fact sheets and began work on a PowerPoint about the Center's treatment model that will be housed online. Additionally, staff have commenced work with Swinomish Tribal IT department to revamp the Center's website.

e-Newsletter/ Community of Learning Reminders and Sessions: The monthly newsletter is released at the beginning of each month to those subscribed through the Constant Contact listserv (n=361).

LGBTQ & Two Spirit Overview: Increasingly, healthcare providers across the United States are realizing that European concepts of gender identity (as a male-female binary) and sexual orientation (as attraction to the opposite sex) are too limited. They cannot account for the range of gender identities and sexual orientations people experience.

People who are LGBTQ or Two Spirit have gender identities and/or sexual orientations that exist outside of this limited, European conception. LGBTQ is a general acronym, which stands for lesbian, gay, bisexual, transgender, and queer**.** Two spirit is a term for a Native person who expresses their gender identity or sexual orientation in indigenous, non-Western ways.

Native people who identify as LGBTQ and Two Spirit face barriers to healthcare, including discrimination in healthcare settings and lack of cultural competency among healthcare providers. Overall, they also face health disparities, including increased risk of anxiety, depression, sexual violence, and suicide. However, research suggests that when people who identify as LGBTQ or Two Spirit are accepted by their communities and healthcare providers, these health disparities disappear. When affirmed by relatives, friends, and clinics, Native people who identify as LGBTQ or Two Spirit thrive. Several Native clinics have already begun developing supportive, affirming relationships with their LGBTQ and Two Spirit clients, earning their trust and gratitude.

NPAIHB now has a live Two Spirit/LGBTQ health webpage: http://www.npaihb.org/2slgbtq

Goals: Native American and Alaska Native people who identify as LGBTQ or Two Spirit face widespread discrimination. Discrimination in healthcare settings causes many people who identify as LGBTQ or Two Spirit to avoid or postpone treatment. Others do not feel safe fully disclosing their identities to their healthcare providers, which can result in incomplete or ineffective care.

We know this experience of discrimination has not always been true for Native people who are LGBTQ or Two Spirit. Prior to colonization, people who identified as LGBTQ and Two Spirit were often vital, celebrated parts of their Native communities.

To create tribal communities and healthcare settings in which Native LGBTQ and Two Spirit people again feel acknowledged and affirmed, we are creating two documentary-style films celebrating Native LGBTQ and Two Spirit identities and providing recommendations for healthcare providers working with clients who are LGBTQ or Two Spirit.

LGBTQ 2-Spirit Print & Video Campaign: We have created and published two documentary-style films focused on destigmatizing LGBTQ and Two Spirit identities. Both films include participants from various tribes and regions in the USA, including Alaska, Washington, Oregon, Oklahoma, and North Dakota.

In addition to these films, a print campaign, including 3 posters, 3 rack cards, and 3 instructional pamphlets promotes and supports the campaign. These print materials direct people to the two documentaries and provide introductory guidance for people who identify as LGBTQ or Two Spirit; their relatives, friends, and allies; and their healthcare providers.

Video views: http://www.npaihb.org/2slgbtq/#film
"There's Heart Here" Documentary: 1208 views
"Becoming Jane Doe" Video: 123 views
"See me. Stand with me." Educational Video: 378 views

Print Materials disseminated:
Provider Educational Materials: 2414 print + 110 downloads
Ally Educational Materials: 2509 print + 97 downloads
2SLGBTQ Affirmational Materials: 2618 print + 96 downloads
Posters: 610 print + 7 downloads
Provider 101 Factsheets: 1004 print + 112 downloads

Print Materials Beginning Toolkits (120 pamphlets/rack cards, 2 Celebrating Our Magic Toolkits, 2 Posters, 30 Provider Fact Sheets, Pronoun Buttons, Pins) disseminated: 9

LGBTQ 2-Spirit Text Message Campaign: Three text message campaigns are available to improve health care for LGBTQ and Two Spirit individuals. These campaigns offer information for providers, LGBTQ and Two Spirit individuals, and their families, friends, and allies. They educate recipients about best practices when caring for Two Spirit or LGBTQ patients, self-advocacy in clinical settings, and advocating for or supporting LGBTQ and Two Spirit persons, respectively.

Umbrella Campaign: 289 subscriptions
Provider Text Campaign: 27 subscriptions
Ally Text Campaign: 34 subscriptions
2SLBGTQ Text Campaign: 29 subscriptions

Celebrating Our Magic: A Toolkit for Transgender and Two Spirit Youth who are Transitioning: Alessandra Angelino wrote a comprehensive toolkit with health and wellness information for Native youth, who are transitioning, their families, and their healthcare providers. Now available on the NPAIHB LGBTQ 2-Spirit webpage: www.npaihb.org/2slgbtq/#print.

Celebrating Our Magic Toolkit: 455 print + 707 downloads

"Our Stories" Journal – Six articles, telling the stories of the Two Spirit and LGBTQ Native Community, have been posted to the NPAIHB website under the "Journal" tab.

***Two Spirit Talks* Podcast** – The first podcast episode of the six-episode season for the Two Spirit Talks podcast was recorded February 8, 2019, at the Two Spirit powwow.

CDC Opioid Response Strategy: 49 Days of Ceremony: development of an innovative AI/AN community-based intervention to prevent or mitigate the effects of early adversity as a result of intergenerational/historical trauma and adverse childhood experiences (ACES) which includes opioid misuse and other health disparities with a focus on wellness.

Work Plan: The proposed 1-year plan is dedicated to the development of a comprehensive wellness intervention focusing on AI/AN TIK and adapting, or indigenizing, the frameworks of Information-Motivation-Behavioral Skills (IMB) model and a medicine wheel model, "49 Days of Ceremony". A Community Based Participatory Research (CBPR) process during the development phase will guide community and stakeholder involvement to ensure that the outcome is consistent with the needs of AI/AN communities as well as individuals for whom the project will be piloted.
Goal 1: Conduct Community Based Participatory planning with key stakeholders:

Objective 1.2: Resource and infrastructure assessment: Ongoing

> **Literature Review/Annotative Bibliography:** Identify and map existing curricula; Identify potential strengths and barriers to implementation; Identify the most appropriate strategy for referrals to trauma-informed counseling services.

Objective 2.1: Work with community stakeholders to develop 49 Days of Ceremony Intervention: Ongoing

> **Obtain Elder and stakeholder input:** Continue to meet with and consult with Tribal elders, Tribal stakeholders and consultants.

Surveillance and Research

STD/HIV/HCV Data Project: STD/HIV/HCV Data Project: The project is monitoring STD/HIV GPRA measures for IHS sites throughout Indian Country. National standardized indicators on HIV, HCV, and STD screening are included in the national health informatics platform. These data are then used to identify leading facilities to identify best practices that may have potential to replicate in policy and practice in other I/T/U facilities. In response to national data, a new measure, HIV diagnoses among men 25-45 was added, as this group had significantly higher rates of HIV diagnoses. As per the national screening technical assistance project, data monitoring found that HIV screening coverage of 13-64 year olds increased from from 52% to 55%, HIV screening of STI+ patients increased from 54% to 58%, and HCV screening of persons born 1945-1965 increased from 54% to 63%. The new measure, HIV screening coverage among men ages 25-45 is up from 44% to 48%.

PWID Study: To capture the heterogeneous experience of AI/AN PWID and PWHID, this project is being conducted in four geographically dispersed AI/AN communities in the United States using semi-structure interviews. The project is based on indigenous ways of knowing, community-based participatory research principles and implementation science.

Other Administrative Responsibilities

Publications

- AI/AN PWID Results Paper published to Journal of AI/AN Mental Health Research
- Prescription and State Medicaid Paper published to International Journal of Health and Equity
- ECHO and Prescription Paper submitted to Journal of Rural Health
- Injection Indicators Paper with CDC accepted to Public Health Reports

Reports/Grants Submitted

- Awarded for FY 2020 – FY 2022: IHS ETE – 343,000
- Awarded for FY 2019 – FY 2021: SAMHSA ECHO – 524,000
- Awarded for FY 2019– FY 2021: OMH ECHO – 349,000
- Awarded for FY 2019– FY 2021: CDC Opioid Response Strategy – 265,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million
- Awarded for FY 2020: North Sound Accountable Community of Health Grant – 34,000

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

Northwest Tribal Dental Support Center Quarterly Report (April - June 2020)

The Northwest Tribal Dental Support Center (NTDSC) is in their 20th year of funding and will be applying for another five-year grant in 2020. The overall goals of NTDSC are to provide training, quality improvement, and technical assistance to the IHS/Tribal Dental programs, and to ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people served in the Portland Area. NTDSC activities are listed in categories corresponding to the current grant objectives.

Ensure quality and efficient care is provided in Portland Area dental programs through standardization of care and implementation of public health principles to improve dental access and oral health outcomes.

- NTDSC staff and consultants met their grant objective for site visits for the 2019/2020 fiscal year. Due to COVID-19, all travel for site visits have been cancelled. There have been numerous updates and changes from CDC and the Division of Oral Health during the pandemic on dental operations. NTDSC served as a focal point for communication and disseminated updates to the dental programs and tribal leadership as requested.

Expand and support clinical and community-based oral health promotion/ disease prevention initiatives in high-risk groups to improve oral health.

- Due to COVID-19 and the reduction of patient visits within the dental programs, both the Baby Teeth Matter (BTM) and the Elder Initiative were closed out in May 2020. The work with ARCORA (The Foundation of Delta Dental of Washington) is continuing by developing a new Initiative, that will begin in fiscal year 2021.
- Key findings for the Baby Teeth Matter Initiative:

    - A total of 11,633 children under age 6 accessed care at IHS Tribal dental clinics that participated in BTM program in the last 6 years.
    - Overall, **only 8%** (913 out of 11,633) of children age 0-5 accessing care at IHS/Tribal Dental Clinics were **referred outside** for restorative care.
    - When compared to baseline, on average, **access to care increased 87%** after the first year of program participation and **105% by the end of the program.**
    - By the end of program, participating clinics in all 5 phases **more than doubled access to** dental care and **dropped referral rates to private pediatric dentists by more than half.**
- Key findings for the Elder Initiative:
    - Nearly 4,000 Native elders accessed care at IHS Tribal dental clinics that participated in Elders' Initiative program since 2018.
    - Overall, access to care increased by 16% after the first 6 months of program participation.
    - Three clinics more than doubled their Elders' access to dental care after one year of program participation.

Implement an Area-wide surveillance system to track oral health status.
Data from the surveillance system will be used to identify vulnerable populations and plan/evaluate clinical and community-based prevention programs.

- The screening of 0-5 year olds in medical and community settings is complete and survey results have been released. There is a documented decrease in dental caries and also in the number of children needing dental treatment.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

CDE: NTDSC tracks the number of participants and CDE credits provided through the Update on Prevention Course provided during site visits, the Baby Teeth Matter and Elders Initiatives, and the annual Portland Area Dental meeting. The 2020 Portland Area Dental meeting that was scheduled for June 2-4, 2020 in Suquamish, WA was cancelled due to COVID-19.

NOTE: Because the COVID-19 pandemic hit the Portland Area early (and hard) we took the sessions from our annual meeting and scheduled them via webinar. We provided the following sessions via zoom below:

- April 2020
    - Minimally Invasive Dentistry 4/14 and 4/15 (4 CDE provided - 57 participants)
    - Dental COVID-19 Indian Country Echo session focused on Teledentistry featuring the Lummi nation and NARA on 4/17 (1 CDE provided - 60 participants)
- May 2020
    - Historical Trauma and Oral Health by Dr. Darryl Tonemah, 5/19 (1.5 CDE- 77 participants)
    - Minimally Invasive Dentistry lecture through ARCORA, 5/26 (CDE provided)
    - Indian Country Echo-Resuming Dental Clinic Operations featuring the Puyallup tribe and Lummi nation, 5/29 (1 CDE provided – 36 participants)

During the 2018-2019 fiscal year, NTDSC provided 233 dental staff with 1,818 continuing dental education credits.

NTDSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

EpiCenter National Evaluation Project
2nd Quarter Activity Report
April – June 2020

Staff:
Birdie Wermy – Epicenter National Evaluation Project Specialist

Technical Assistance via telephone/email
April – June

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and evaluation technical assistance
- Email correspondence with the two to four regarding T.A., reporting and program implementation and their LDCP.
- Provided technical assistance to 21 Tribes during the months of April, May and June.

Reporting

- Portland Area MSPI call on 4.15 @ 9am
- Portland Area DVPI call on 4.16 @ 9am
- Portland Area MSPI call on 5.20 @ 9am
- Portland Area DVPI call on 5.27 @9am
- Portland Area MSPI call on 6.17 @ 9am
- Portland Area DVPI call on 6.18 @9am

Updates
Birdie provided technical assistance to 2 programs during April, 17 programs during the month of May and to 2 programs during the month June.

Challenges/Opportunities/Milestones
April

- Planning Spring MSPI/DVPI 2nd Annual Convening – agenda was finalized and sent out to all programs during mid-April.
- I received 145 surveys from LEKT and began data entry mid-April. There were 39 Adult/Elder surveys, 35 Youth surveys and 71 program evaluation surveys. I was able to analyze each survey using survey monkey and provided a written report on the findings for each survey. There were a total of 6 incomplete adult surveys as they were missing one section (entire back page) and 2 incomplete youth surveys, one person was a 7th grader while another did not list their age or grade. I have a scheduled call with the DVPI coordinator in May to go over the reports. I was able to provide feedback on how to track FB posts to Naomi and data entry for LEKT during April.
- All NPAIHB staff began teleworking on 3.16 until 5.31.
- Due to COVID-19 many Tribes have shut down and staff are teleworking, many of the clinics are still operating with different hours. I have been able to keep in contact with all MSPI/DVPI coordinators during this time.

May

- Hosted successful (virtual) Portland Area MSPI/DVPI 2nd Annual Convening on Thursday May 28th from 9am – 1pm.
- All NPAIHB staff began teleworking on 3.16 until 6.30.
- Due to COVID-19 many Tribes are being hit hard in later phases and are seeking virtual activities that promote social distancing.

June

- All NPAIHB staff began teleworking on 3.16 and will continue until September.
- Meeting with PGST was cancelled and re-scheduled for July 2nd.
- Successful meeting with Quileute on June 3rd – sent resources for online training.
- New project coordinator at Grand Ronde – zoom meeting scheduled for July.

Meetings/Trainings

April

- All staff meeting on 4.06 @ 10am
- NPAIHB morning check-in/zoom call @ 8:30am 4.06-4.10, 4.13-4.17, 4.20-4.24 & 4.27-4.30.
- NPAIHB COVID-19 Update call w/ Tribes on 4.07, 4.14, 4.21 and 4.28 @10am
- Telehealth Learning Series on 4.07 @ 1pm
- Wellness ZOOM meeting on 4.08 @ 10am
- Behavioral Health and COVID-19 response Webinar on 4.09 @ 9am
- Telehealth Learning Series on 4.09 @ 12pm
- Connecting Prevention Specialists to Native Communities Webinar on 4.10 @ 9am
- Veteran's Health Webinar on 4.10 @ 145pm
- MSPI call on 4.15 @ 9am
- CDC Grant call on 4.15@ 1pm
- DVPI call on 4.16 @ 9am
- Instilling Hope Webinar on 4.16 @ 10am
- CDC grant discussion w/ project team on 4.21 @ 3pm
- GoTo Webinar on 4.22 @ 9am
- Addressing Mental Health Distress on 4.22 @ 10am
- NPAIHB Silent Epidemic Training on 4.28 @ 9am – 3pm
- Telehealth Learning Series on 4.29 @ 1pm

May

- The Science of Happiness webinar on 5.01 @ 11am
- NPAIHB All-staff ZOOM Meeting on 5.04 @ 10am
- NPAIHB morning check-in/zoom call on 5.05-5.08, 5.11-5.15, 5.18-5.22, 5.25-5.29 @ 8:30am
- NPAIHB COVID-19 Update call w/ Tribes on 5.05, 5.12, 5.19, & 5.26 @ 10am
- Strategic Discussion webinar on 5.05 @11am
- NPAIHB MMIWP Webinar on 5.07 @ 10am
- Strategic Discussion Webinar on 5.07 @ 11am
- GoTo Webinar on 5.08 @ 9am
- NIHCM Webinar on 5.11 @ 11am
- GoTo webinar on 5.13 @ 12 – 2pm
- Someone You Love documentary on 5.13 @ 5pm
- Webinar on 5.14 @12 – 1:30pm
- GoTo webinar on 5.15 @ 11am
- Historical Trauma and Oral Health on 5.19 @12pm
- Wellness Committee meeting on 5.19 @ 2pm
- Grant project call on 5.19 @ 3pm
- Virtual SOAR to Health and Wellness on 5.20 @ 10 – 11:30am

- NIHB Intimate Partner Violence on 5.20 @ 12pm
- Virtual meeting planning w/ Sarah on 5.27 @ 7:30am
- DVPI call on 5.27 @ 9am
- MSPI/DVPI 2nd Annual Convening on 5.28 8am – 2pm (17 participants)
- Workplace Aggression on 5.29 @ 9am – 4pm

June

- June all staff virtual meeting on 6.01 @ 10am
- Retirement Investment meeting on 6.01 @ 11am
- NPAIHB COVID-19 update call w/ Tribes on 6.02, 6.09, 6.16, 6.23 and 6.29 @ 10am
- NPAIHB morning check-in zoom call on 6.02-6.05, 6.08-6.12, 6.15-6.19, 6.22-6.26 and 6.29, 6.30 @ 8:30am
- Portland Area MSPI/DVPI zoom call w/ Quileute DVPI (PA1) on 6.03 @ 9am
- GoTo Webinar on 6.03 @ 10am
- NWI Women's Support Circle on 6.04 @ 10am
- ECHO – SUD webinar on 6.04 @ 11am
- Mental Health Matters During COVID-19 training on 6.04 1pm – 3pm
- Research & Data on Violence webinar on 6.05 @ 11am – 12:30pm
- Virtual QBM on 6.05 12 – 3pm
- Understanding Global Climate webinar on 6.10 @ 8am
- SUD During a Pandemic on 6.11 @ 12pm
- Youth Suicide Resource Consortium Conference 6.11-6.12
- Quinault virtual 5k run completed on 6.14
- TIC & COVID-19 update on 6.15 @ 10am
- GoToWebinar on 6.16 @ 9am
- Virtual SOAR to Health and Wellness on 6.17 @ 10am
- GoToWebinar on 6.17 @ 12pm
- Wellness Committee Meeting on 6.17@ 2pm
- DVPI call on 6.18 @ 9am
- CDC Supplement meeting on 6.18 @ 10am
- NPAIHB ORN/PCSS meeting on 6.18 @ 12pm
- Virtual Youth Fest webinar on 6.18 @ 1pm
- CDC Supplement meeting on 6.22 @ 11:30am
- GoToWebinar on 6.24 @ 9am
- NWATTC Webinar on 6.24 @ 12pm
- Return to the Workplace Webinar on 6.25 @ 9am
- Reopening in person webinar on 6.25 @ 11am
- GoTo webinar on 6.26 @ 9:30am
- ORN/PCSS Project team meeting on 6.29@ 9am
- Intimate Partner Violence webinar on 6.30 @ 12pm

Virtual Site Visits

- Portland Area MSPI/DVPI 2nd Annual Convening on 5.28 w/ 17 programs
- Meeting with Quileute (MSPI/DVPI) on 6.03

Upcoming Calls/Meetings/Travel

- Critical Care for the COVID-19 Patient on 7.02 @ 7am
- NPAIHB morning check-in on 7.02 @ 8:30am
- PGST MSPI meeting on 7.02 @ 9am
- NPAIHB Brown Bag session on 7.02 @ 12pm

- Grand Ronde zoom meeting on 7.02 @ 1pm
- All staff meeting on 7.06 @ 10am
- NPAIHB COVID-19 update on 7.07 @ 10am
- Webinar on 7.07 @ 3pm
- Supporting Parents and Caregivers on 7.08 @ 9am
- Different Cultures, One Vision webinar on 7.08 @ 11am
- Social Determinants of Health on 7.09 @ 9am
- COVID-19 Contact Tracing webinar on 7.10 @ 12pm
- Virtual QBM 7.14 – 7.16
- Portland MSPI call on 7.15 @ 9am
- Portland DVPI call on 7.16 @ 9am
- Treating SUD on 7.23 @ 9am

Publications

- NONE

Improving Data & Enhancing Access (IDEA-NW)/ Northwest Tribal EpiCenter (NWTEC) Public Health Infrastructure

Quarterly Board Meeting Report – July 2020

Reporting period: April - June 2020

Victoria Warren-Mears, Principal Investigator
Sujata Joshi, Project Director
Chiao-Wen Lan, Epidemiologist
Heidi Lovejoy, Substance Use Epidemiologist
Ashley Hoover, Communicable Disease Epidemiologist
Joshua Smith, Health Communications/Evaluation Specialist
Karuna Tirumala, Project Biostatistician
Natalie Roese, MCH Consultant
Email: IdeaNW@npaihb.org

Data reports, fact sheets, and presentations are posted to our project website as they are completed:
http://www.npaihb.org/idea-nw/
Please feel free to contact us any time with specific data requests.
Email: sjoshi@npaihb.org or IdeaNW@npaihb.org
Phone: (503) 416-3261

Staff Updates

- Ashley Hoover joined NPAIHB as our new communicable disease epidemiologist in April. Ashley interned with NPAIHB in 2014 and is excited to rejoin the Board.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages & data acquisition

- Completed preparation of Northwest Tribal Registry v.15 file; prepared a short report describing preparation process and additional variables to request from IHS

Dataset Cleaning and Preparation

- Completed preparation of three datasets
  - Washington hospital discharge data (2010-2016)
  - Idaho birth records (2006-2017)
  - Revised and updated Washington STD dataset (2007-2016)
- Worked on preparing one dataset for analysis
  - Idaho, Oregon, and Washington cancer registry dataset

Data Analysis, Visualization, and Report Preparation Projects

- Data Projects in Progress
  - Maternal & Child Health Data Profiles and Analyses
    - Continued work on manuscript entitled "Disparities in Mental Health Disorders and Linkage to Services among American Indian and Alaska Women"
    - Continued work on manuscript describing rates and factors associated with smoking cessation during pregnancy
    - Continued analysis of Oregon and Washington PRAMS data and Oregon PRAMS 2 data
    - Created report template for Oregon MCH data profile report
    - Continued severe maternal morbidity analysis using Oregon hospital discharge data
    - Completed infant mortality analysis and fact sheet preparation for Oregon and Washington
    - Completed neonatal abstinence syndrome analysis and fact sheet preparation for Oregon and Washington
  - Tableau Dashboards
    - Created COVID-19 emergency department visit dashboards for Oregon and Washington
  - CVD and Tobacco analysis
    - Continued work on preliminary analysis on smoking's effect on CVD, Cancer, and all-cause mortality
    - Prepared results document with initial smoking-attributable mortality findings
    - Looked into potential journals for publication
  - Communicable Disease Profiles
    - Analyzed Washington HIV data for tribal report cards and began work on a draft of the report card.
    - Drafted data analysis plans for Washington communicable disease data, including Hepatitis B/C and STIs (gonorrhea, chlamydia, syphilis) which will be used to guide analyses for WA tribal communicable disease report cards
  - Other analysis projects
    - Police use of force/mortality data – analyzed regional deaths and Portland/Seattle police use of force datasets to understand disparities in police use of force for Northwest AI/AN. Generated figures for July QBM presentation.
  - COVID-19 Surveillance and Reporting
    - ESSENCE Syndromic Surveillance Data
      - Continued providing weekly reports (all ED visits and ED visits by race) to Victoria and Tom

        - Continued updating COVID-19 data dashboards for Oregon and Washington on a weekly basis
    - Tribal Survey Reporting
        - Created COVID-19 weekly summary reports for tribes; on average, eleven reports were created.
        - Worked with tribes to validate COVID-19 survey data
        - Began work on creating a monthly progress summary report for tribes
    - Other
        - Reviewed and provided comments on CDC-led MMWR analysis plan and preliminary results for COVID-19 infections among AI/AN in the US
        - Provided input on formulation of analysis approach for CSTE-coordinated MMWR analysis of COVID-19 deaths among AI/AN in the US

Suicide Surveillance Project

- Chehalis Tribe
    - Co-presented with Chehalis Tribe at American Association of Suicidology annual virtual conference, presentation titled "Increasing Capacity for Suicide Monitoring and Prevention in Tribal Communities"
    - Identified examples of MOUs and sent to Leah for review
    - Project calls to discuss (1) potential CDC supplement funding opportunity, (2) project activities and timeline, (3) MOU development, (4) webinar to engage Chehalis community members and behavioral health department staff on suicide-related data and data to action

Maternal & Child Health (MCH) Workgroup

- Continued meeting on a bi-weekly basis

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities

- BioStat Core Meetings
    - Continued bi-weekly meetings
    - Prepared and presented at the Biostat Core workgroup on hospital discharge data training Part 1: (1) Introduction of ICD-9 to ICD-10 code transition; (2) Similarities and differences between ICD-9 and ICD-10 codes; (3) impacts of code transition and mapping tool
- Health Communications/Evaluation Specialist
    - Worked on making a NW tribal map in Tableau
    - Developed first draft of COVID-19 Tableau Story
        - Made evaluation survey for Story
        - Made a COVID tracking map by county
    - Made handout describing the Northwest Tribal Registry
    - Drafted an idea of what the IDEA-NW webpage could look like
- TEC-PHI Workgroups and Meetings
    - Continued attending TEC-PHI community of practice meetings and webinars
- Other
    - Continued working with Bret Gilbert, Wy'East scholar, on a research project examining racial misclassification and effect on health outcomes

Data requests/Technical assistance

- Provided Amy Groom with COVID-19 ESSENCE syndrome definitions to share with IHS
- Provided Sue Steward with information for HRSA grant application
    - Idaho drug overdose deaths

    - Northwest region drug overdose deaths
    - Demographic information for Northwest AI/AN – data table and write-up
    - Map of Northwest Tribes
- Provided Melody Price-Yonts (NARA) with population estimates for AI/AN ages 5-11 and 17-24 in the Portland Metro Area, and Oregon/national youth unemployment rate data
- Helped Meena Patil (Motor Vehicle Data Project) troubleshoot Match*Pro for linking death certificate and FARS data
- Provided Meena Patil (Motor Vehicle Data Project) with reference for rate ratio confidence interval calculation
- Provided Alex Wu with information on linkage process and clerical review for manuscript
- Provided Jessica Leston with an AI/AN health disparities data point for inclusion in letter re: Health Equity and Accountability Act of 2020
- Met with Amy Franco (grants management specialist) about the uses of Smart Sheets and Tableau across the board
- Met with Antoinette and Ryan (Environmental Public Health program) about data viz for tribal survey
- Helped Rosa with evaluation resources for a grant she was applying for (BOLD)
    - Proof-read the BOLD grant
- Helped Jenine Dankovchik (WEAVE-NW) with pulling state-level SNAP usage data for AI/AN from data.census.gov
- Provided Alex Wu with comments on data ownership and protections for Standard Operating Procedures document for CDC staff deployed to tribal communities
- Helped Meena Patil (MV Data grant) with date variables in Washington deaths dataset
- Provided Laura Platero with population estimates of AI/AN (alone and alone/in combination) for Northwest region, states, and tribal reservations
- Provided Jessica Leston with population estimates of AI/AN for the state and region
- Provided CDC contacts with copies of IDEA-NW protocol and confidential data handling protocol in response to a request for assistance on securely handling contact tracing data from Navajo Nation
- Shared template of NPAIHB's generic data use agreement with Sarah Hatcher (CDC)
- Helped Bridget's team develop a COVID site report to help disseminate site data
- Created a Tableau data visualization for Ryan and Antoinette to help visualize survey data
    - Transformed data in excel
    - Made a few graphs in excel
- Helping TEC-PHI National Coordinating Center with the COVID TECPHI evaluation
    - Started drafting evaluation questions
    - Attended a meeting to help solidify idea for what the report would look like
- Reviewed and provided comments on results section write-up for cancer among AI/AN in Wisconsin report for Gifty Crabbe (Great Lakes TEC)
- Sent Tanya Firemoon and Sue Steward resource on supporting frontline and community health care providers during COVID-19
- Sent Sean Jackson (Great Plains TEC) examples of position descriptions for project director/epidemiologists
- Reviewed NIJ grant application (data sharing/management sections) and provided suggested language regarding sharing of tribal data sets with federal agencies to Danica (NPAIHB Behavioral Health Manager)
- Sent Jamie Ritchey NWTEC's Data Sharing Agreements with IHS

Presentations & Results Dissemination

- Presentation at American Association of Suicidology Annual Conference "Increasing Capacity for Suicide Monitoring and Prevention in Tribal Communities" (4/23)
- Presented on ESSENCE COVID-19 reporting during two (4/7, 4/14) NPAIHB COVID-19 tribal update calls
- Presented on ESSENCE COVID-19 reporting during 4/15 COVID-19 ECHO presentation
- Presented with Rosa Frutos during North American Association of Central Cancer Registries (NAACCR) on session focused on AI/AN cancer surveillance
- Oregon and Washington infant mortality and neonatal abstinence syndrome data briefs were sent to tribal leaders and other contacts, posted on website
- Manuscript "Gynecologic Cancer Incidence and Mortality among American Indian/Alaska Native Women in the Pacific Northwest, 1996-2016" published in journal Gynecologic Oncology

Trainings Provided to Tribes/Tribal Programs

- None

Institutional Review Board (IRB) applications and approvals/Protocol development

- Submitted final study/closure report to Oregon Public Health IRB for gynecologic cancers analysis
- Submitted continuation approval request and study amendment request for linkages with Washington CHARS and death records
- Submitted continuation approval request and study amendment request for linkages with Washington State Cancer Registry

Grant Administration and Reporting

- Completed TEC-PHI Base and Opioid Continuation applications
    - Year 3 TEC-PHI progress report and Year 4 proposed workplan
    - Year 2 Opioid Supplement progress report, Year 3 proposed workplan, Year 2 performance measures
    - TEC-PHI Base and Opioid Interim FFRs
- Submitted final report for TEC-PHI evaluation supplement
- Submitted application for and awarded NACCHO Native-Serving Organization to Identify Legal and Practical Strategies to Promote Public Health Data Sharing grant
- CDC 1803 (Tribal Best Practices) applications/reports
    - Worked with Bridget and Kim on 1803 supplemental funding grant for public health data modernization
    - Completed progress report for 1803 Data Linkage project
    - Assisted with developing project plan and budget for 1803 NCIPC Supplement funding (addressing suicide, IPV, ACES in tribal communities)

Collaborations with Other Programs/Other

- Coordinated COVID-19 community campaign with Jessica, Candice, and Celena
    - Received a total of 21 videos for the campaign and organized video content development plan
    - Two full length videos were released on 5/11 and 5/14
- Continued planning for AI/AN Mortality Database analysis training, now planned as a series of webinar trainings for winter 2020/2021
- Participated in the Task Force for the Elimination of Perinatal HIV Surveillance meeting
- Began discussing collaboration with Dr. Bruegl on assessing HPV vaccination/cervical cancer screening for AI/AN in Oregon

- Completed draft of request for proposals for organizational assessment, sent to Laura and Victoria for review

Travel

- None

TEC-PHI Opioid Supplement

Coordination and Partnership Activities

- Discussed available Oregon AI/AN substance use disorder (SUD) data with several state partners (Ashley Thirstrup at the OHA, Rebecca Knight at Alcohol and Drug Policy Commission, and Tatiana Dierwechter at the State Public Health Division). Provided presentation data slides and Oregon Opioid Data Brief. Also connected them with Colbie C. as both working on TOR grants.
- Provided NPAIHB project updates at the TEC-PHI CoP Data Practice Group Meeting
- Discussed overdose and mental health ED indicators with Tim at Alaska TEC and provided ESSENCE query text
- Discussed NAS/maternal substance use data with Chiao-Wen
- Connected King County DATA Waiver honorarium opportunity with ECHO team, forwarded to Seattle Cowlitz Clinic - at least one of their providers will take advantage of it
- Through attending the WA Joint Information Center (JIC) updates, found, requested, and obtained access to WA Health data dashboard on hospital capacity and medical equipment usage in WA
- Forwarded opioid funding opportunity to ECHO team to distribute, they have a few tribes in mind that may be able to use the opportunity
- Through discussions with WA DOH, found out about a thorough AI/AN COVID ED report that they create each week. They will now forward the reports to Victoria.
- Discussed available alcohol and drug data with Kelly Rowe at Grand Ronde, forwarded to Sujata for information on linkage process
- Forwarded new WA mental health resource to Colbie for inclusion in next mental health resource update
- Reviewed updated ODMAP system that includes COVID data, and discussed statistically significant increase in drug overdoses they have found since start of COVID
- Worked with NSSP staff and DOH on data quality matters in ED data – which laboratory data is included, how many labs submit, how to correctly select inpatient visits, what conditions are not presenting at the ED because most behavioral health related numbers have not lessened etc. Emailed team about ESSENCE lab data method changes.
- Coordinated with Jess Leston, NPAIHB, and Kathy Etz, Director, National Institute on Drug Abuse on presentation content for Collision of Public Health Crises: The intersecting impact of COVID19 and Opioids for American Indian and Alaska Native Communities
- Connected Jess's team with an abstract/paper opportunity on opioids in a Special Issue of New Solutions: A Journal of Environmental and Occupational Health Policy
- Connected team with an abstract opportunity for APHA 2020; brainstormed ideas for two abstracts
- Attended NSSP CoP Meetings to discuss and stay up-to-date with ESSENCE data and network with users/managers of the data

Data Analysis, Visualization, and Report Preparation

- Began developing CDC WONDER How-To Guide

- Added overdose and behavioral health indicators to NPAIHB COVID ED reports
- Finished NW AI/AN Drug & Alcohol Data Brief
- Analyzed alcohol ED data for AI/AN and non-AI/AN for 2018 – 2020 with interpretation of trends during COVID-19
    - Worked with WA DOH for recommendations on alcohol query, data quality, inclusion criteria and how to interpret ED data with the large decrease in visits
- Began analyses for accepted manuscript with the American Indian Culture and Research Journal (AICRJ) titled, *Urban and rural differences in emergency department visits for COVID-19, behavioral health, and drug overdose among American Indians & Alaska Natives in Washington and Oregon*
- Pulled ED data by county for WA and OR for all COVID indicators by both facility location and patient location. Discussed utility of the data with team
- Drafting Idaho AI/AN Drug Overdose Data Brief

Data Requests/Technical Assistance

- Provided ICD-10 coding scheme for all-drug and opioid-specific overdose deaths and instructions for pulling overdose deaths data in CDC WONDER to Eric V.
- Provided CDC WONDER tutorial for Eric V. via zoom
- Created/provided opioid slides and talking points to NPAIHB dental team for an opioid module for dentists
- Pulled ED mental health visits in WA and OR in 2020 and 2019 for comparison
- Began working on overdose data TA for Tulalip Tribe
- Provided drug overdose and opioid overdose visit counts and percent of ED visits for week 1-15 of 2020 and 2019 for comparison
- Provided stimulant data for TOR3 grant
- Provided a copy of the opioid presentation I gave at the 9 Tribes Quarterly Meeting in December to the OHA Manager of Community Policy, Systems, and Environmental Change
- Analyzed ED data and provided mental health report to Veronica Smith with the Lummi Indian Business Council per request
- Provided *COVID-19 Emergency Department Visit Report, Washington State, Weekly 12/22/2019 - 4/25/2020* to Kathy Etz, Director, Native American Program National Institute on Drug Abuse per request for types of COVID/Overdose data
- Began finding sources and compiling WA State data on recent (2018-2020) drug-related deaths per request from National Opioids and Synthetics Coordination Group (NOSCG)/White House Office of National Drug Control Policy (ONDCP) and VWM

Trainings Provided to Tribes/Tribal Programs

- Presented “Opioid & Substance Data among American Indians & Alaska Natives” at the Lummi Nation MAT Training, 1/6-1/7
- Presentation on drug and overdose data among AI/AN at the Didgwalic Immersion Training included clinical and leadership staff from the Suquamish tribe, Chehalis Tribe, Confederated Tribes of Grand Ronde, Southcentral Foundation Region, Cowlitz Indian Tribe, Squaxin Island Tribe, and the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians.

Presentations & Results Dissemination

- Distributed NW AI/AN Drug & Alcohol Data Brief to tribal leaders and medical directors via listserv, and to internal opioid projects

- Presented "Drug Overdose and Mental Health-related Emergency Department Trends among AI/AN during COVID 19" at the National Institute of Drug Abuse Meeting on A Collision of Public Health Crises: The intersecting impact of COVID19 and Opioids for American Indian and Alaska Native Communities, 6/24

Other Activities

- Through webinars, training, and meetings with WA, OR, NSSP staff, continued to develop/refine NPAIHB COVID19 ED surveillance and keep up-to-date with latest best practice
- CSTE OD2A Data Linkage Webinar for EMS linkages (recording)
- Provided edits/comments on Northwest Tribal Registry informational handout
- Provided edits/comments on Neonatal Abstinence Syndrome brief
- Pulled COVID indicators for WA and OR by county and provided to team

Travel

None

Clarice Charging
Immunization and IRB Coordinator
Northwest Portland Area Indian Health Board
Quarterly Report
April - June 2020

Zoom Meetings:

NPAIHB all-staff meeting, April 6, 2020
Elder Initiative close out session, April 30, 2020
NPAIHB all-staff meeting, May 4, 2020
NPAIHB COVID-19 updates, May 5, 2020
NPAIHB COVID-19 updates, May 19, 2020
Historical Trauma and Oral Health, Darryl Tonemah, May 19, 2020
Tribal Epidemiology Centers COVID-19 Response Webinar May 21, 2020
Tribal UPHP Health Immunization Coalition (AHIC) May 26, 2020
Region 10 Adult Immunization, May 29, 2020
NPAIHB all-staff meeting, June 1, 2020
NPAIHB COVID-19 updates, June 2, 202
NPAIHB COVID-19 updates, June 9, 2020
NTCCP Cancer Coalition, June 9, 2020
Region 10 Adult Immunization planning meeting, June 12, 2020
NPAIHB COVID-19 updates, June 16, 2020
NPAIHB COVID-19 updates, June 23, 2020

Zoom Quarterly board meetings/conferences/site visits:

NPAIHB Quarterly Board Meeting, June 5, 2020

Zoom Calls:
Weekly Coffee/Tea check in

Portland Area (PA) Indian Health Service (IHS) Institutional Review Board (IRB):

PA IRB Meetings:
PA IHS IRB meeting, May 8, 2020
PA IHS IRB meeting, June 26, 2020

During the period of January 1 - March 31, 2020 Portland Area IRBNet program has 176 registered participants, received 5 new electronic submissions, processed 12 protocol revision approvals, approved 5 publications/presentations and 5 annual project renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:
1) Coos Lower Umpqua and Siuslaw Tribes
2) Confederated Tribes of Warm Springs Reservation
3) Cowlitz Tribe
4) Yakama Tribe
5) Muckleshoot Tribe
6) United Indians Health Institute (UIHI)
7) OSU
8) Brown University/OHSU
9) OHSU
10) NPAIHB

Quarterly Report: April – June 2020

Maternal Child Health Core
MCH-Opioid Study
Native Boost
Motor Vehicle Data Study (Native CARS)
TOTS to Tweens Study (T2T)

Tam Lutz (*Lummi*), MCH Programs Director/Co-PI (MCH-Opioid, Native CARS, T2T, Native Boost)
Thomas Becker, Co-PI (T2T)
Jodi Lapidus, Co-Principal Investigator (MCH-Opioid, Native CARS)
Candice Jimenez (*Warm Springs*), Research Manager (MCH-Opioid, Native CARS, T2T)
Chiao-Wen Lan, Co-Investigator/Biostatistician (MCH-Opioid)
Jenine Dankovchik, Biostatistician (MCH-Opioid)
Meena Patil, Biostatistician (Native CARS)
Nicole Smith, Senior Biostatistician (Native CARS, T2T)
Jennifer Seaman, MPH intern
Clarice Charging, Native Boost

Native CARS Project –

The Native CARS Project's current grant **"***A NW Tribal EpiCenter Collaboration to Improve the Use of the Motor Vehicle Injury Data*," is a collaboration with the Oregon Health & Science University and the Northwest Washington Indian Health Board guided by a strong advisory committee from tribal and regional experts in environmental health, research design, traffic safety, law enforcement, planning, Indian law, and technical assistance to Tribes.

In response to the data needs of 43 Northwest tribes, we aim to improve the available injury and crash data that will inform decision-making activities within tribal communities. This project provides the opportunity to assess the availability, quality and completeness of motor vehicle injury and mortality data for Oregon, Washington and Idaho. This will support and improve the evidence available for tribes in designing and evaluating tribally-led interventions in partnership with the NPAIHB, NWWIHB, OHSU and the Advisory Committee.

We are in full swing of the project – our NPAIHB team and subaward partners at OHSU and NWWIHB have begun collaboration on the following aims:

1. **Evaluate the magnitude of motor vehicle crash related mortality, hospitalization and serious injury among American Indians in the Northwest utilizing race-corrected public health data sources.**
   We will leverage the ongoing and planned work of the Northwest Tribal Registry Project in *the EpiCenter*, which has a large repository of vital statistics, hospital discharge and trauma datasets linked to the Northwest tribal rosters. We will estimate rates and trends in motor vehicle crash related deaths, hospitalizations and injury, and determine the impact of racial misclassification on these estimates.
2. **Assess characteristics and outcomes of motor vehicle crashes on or near NW tribal communities via transportation and injury data sources, as well as real-time surveillance systems.**
   We will augment ongoing efforts in *the EpiCenter* to extract AI/AN-specific information from transportation data sources, to understand circumstances of crashes (driver, vehicle and environmental). We will accelerate emerging initiatives at the Board, which are accessing and exploring near real-time syndromic surveillance data from Washington and Oregon, to evaluate motor vehicle crash related health care utilization (including ED visits) among NW AI/AN. We will work with our NW tribal consortium to identify strengths and limitations of these data sources and highlight areas for quality improvement.

3. **Create and disseminate comprehensive reports to inform the content, direction and evaluable outcomes of future evidence-based tribal interventions.**
   Working with our tribal partners, advisory committee and *the EpiCenter*, we will collate previously reported and newly produced evidence and publish reports for the region, as well as individual tribes or tribal groups. We will conduct qualitative interviews to supplement and shed insight on quantitative results. We will disseminate our findings by collaboratively authoring and publishing in the health sciences literature.

Quarterly Highlights

This quarter the Native CARS team like all projects at the board were adjusting to working from home and meeting virtually. The team continued to meet virtually each week for staff meetings. The biostatistics team members regularly met and worked on motor vehicle mortality data analysis of state death certificate data, Fatality Analysis Reporting System (FARS), and record linkage of death certificate and FARS data . The team continued to convene for writing retreats and made significant progress on the Native CARS main outcome paper, proposed a structure for the qualitative paper and brainstormed

a series of paper from available public MV data sources. COVID-19 also brought new virtual opportunities to attend seminars, trainings, meetings with new online inclusive formats provided including the following.

- Introduction to R Training
- NSSP Community of Practice Monthly Call
- SAS Brief Macro Training (Meena)
- Reducing Drug Impaired Driving Webinar
- Atlas.ti Qualitative Refresher Course Training
- SAS Trainings on Data Management and Compilation
- NIHB Injury Surveillance Meeting(s)
- SAS Website – SAS Macro for Beginners and Data Merging Training
- Attended PIVOT Tables in Excel Training by Alaska Native Tribal Health Consortium
- Attended Hospital Discharge Data Analysis Training Part I by IDEA-NW Project
- Creating maps and animated maps with Stata webinar
- Spatial Epidemiology course
- CSTE spatial epidemiology workgroup meeting (Nicole)

Although abstracts were accepted for the national Lifesavers Conference due to COVID-19 the Lifesavers conference was cancelled, the team was unable to present. The collaboration with Tom Sargent Safety Center to hold a child safety seat clinic at NAYA For April was also postponed until Fall. Native CARS also completed meetings with Swinomish Tribes to restructure their Native CARS workplan to include a print and social media plan and community education approaches that are responsive to COVID-19 restrictions or safety precautions.

TOTS to Tweens Study (T2T) –

The TOTS to Tweens Study was a follow up study to the *TOTS Study (Toddler Obesity and Tooth Decay) Study)* - an early childhood obesity and tooth decay prevention program. The goal of this study was to survey and conduct dental screenings with the original group of toddlers to test whether interventions delivered in the TOTS would influence the prevalence tooth decay in older children. Through qualitative approaches, the study assessed current community, environmental and familial factors that influenced oral health in children to understand any maintenance of preventive behaviors over the last ten years within the entire family. The TOTS2Tween Study was administered through the NW NARCH program at the NPAIHB.

Quarterly Highlights

This quarter the TOTS to Tweens Study team submitted the TOTS main outcome manuscript for publication. Newly identified student intern began work on the qualitative coding and analysis with Candice and Tam. Training was provided on qualitative method, coding and analysis.

Maternal Child Health (MCH) Core Workgroup

Along with several other NPAIHB employees, Tam Lutz, Nicole Smith, Candice Jimenez, Jenine Dankovchik, Chiao-Wen Lan and Meena Patil also contribute efforts to the MCH Core workgroup providing input to other NPAIHB MCH-related projects, collaborating on grant proposal and responding to external MCH requests or potential partnership opportunities. NPAIHB staff meet bi-weekly on MCH issue where they update staff on their representation in a variety of state and regional workgroups, collaborate on grant writing opportunities and discuss new analyses, reports or presentations.

MCH Opioid Grant –

The MCH-Opioid study, '*Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response in NW Tribal Communities*,' is a grant funded by the National Institute on Drug Abuse (NIDA) within the Department of Health and Human Services, National Institutes of Health. The study is a partnership with the Northwest Portland Area Indian Health Board, Oregon Health & Science University and Northwest tribes. The partnership aims to engage Northwest Tribal communities in creating sustainable impact on improving substance abuse related outcomes for American Indian and Alaska Native mothers and children.

NPAIHB member tribes have already begun social assessment through prioritizing the reduction of substance use, specifically opioids, among the members of their communities. In support of those early community assessments the NPAIHB conducted a needs assessment to amplify priority areas in maternal and child health. As a result, addressing maternal substance use and its neonatal consequences was the number one priority identified. The next step in this study is to complete epidemiologic assessment, which includes estimating the magnitude and impact of maternal opioid use by analysis of tribal and regional data sources over time. To follow is an educational and ecological assessment, which will help in identifying any predisposing, enabling and reinforcing factors that can assist in understanding how behavioral and environmental factors must be changed to affect maternal opioid use and neonatal abstinence syndrome. These factors may include beliefs, knowledge about the disease, and self-efficacy. The final phase of the study will focus on administrative and policy assessment including intervention alignment, highlighting the gaps in need as well as tribal community readiness and acceptability of interventions. This will highlight the support or barriers to changing the behavioral and environmental factors related to maternal opioid use.

In this phase of the MCH-Opioid Study we specifically aim to:

1. **Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI in the NW.**
   We will leverage ongoing and planned work in the Tribal EpiCenter to estimate race-corrected rates and trends of maternal substance use during pregnancy and NAS in hospital discharge data. We will investigate opioid use and treatment in the NW as reported in IHS national data repository. We hypothesize there will be geographic variation in maternal and infant health outcomes related to substance use and treatment to disentangle contributions of rurality vs. unique tribal factors.

2. **Describe the environmental, social and organizational structures, processes, and policies, as well as individual behaviors that influence access to, or use of, MAT in NW Tribes.**
   Led by tribal input, we will conduct health and social service mapping to characterize the policies and procedures for maternal substance use during pregnancy and post-delivery, highlight treatment options available to AI mothers, and describe the health and social milieu of substance-affected newborns. We will carry out semi-structured qualitative interviews with tribal health staff and Tribal mothers to assess educational, behavioral, ecological, administrative, landscapes that may influence mothers' access or use of treatment services.

We envision future grant application(s) to conduct community-initiated, culturally relevant, multi-tribe interventions and/or policy evaluations in collaboration with NW tribes.

Quarterly Highlights

Like with Native CARS the MCH Core/MCH Opioid team has continued to meet virtually weekly for MCH Opioid and bi weekly for MCH Core and attended NPAIHB ECHO calls related to substance abuse, MCH core workgroup meetings, as well as other work COVID-19 related NPAIHB meetings such as Indian Country ECHO, NPAIHB COVID-19 Tribal Health Director Update. In addition, MCH Opioid and MCH Core staff represented the NPAIHB at the following meetings or trainings:

- Birth Equity Webinar
- Indigenous Motherhood/Midwifery Webinars
- Word Press Training
- City MatCH Reproductive Health Meeting
- City MatCH Action Against Racism Meeting Traditional Indigenous Medicine in North America Meeting (Nicole)
- Begin EDM Pregnancy Case Ascertainment Training
- Region 10 Adult Immunization Meeting

Tam and Candice began reviewing literature about service mapping, drafting structural themes framework and creating the overall MCH qualitative method protocol and IRB modification protocol. Chiao-Wen continued working on the inpatient hospital discharge data, combining CHARS data and conducting analysis on maternal substance use disorder. Chiao-Wen also published two fact sheets on Neonatal Abstinence Syndrome for Washington and Oregon. Chiao-Wen is working further on manuscript preparation for analysis or OR/WA discharge data to determine the impact of ICD-9 to ICD-10 transition, comparing definitions of NAS on prevalence estimated in WA/OR, determining how AI/AN misclassification impacts OR/WA NAS and maternal opioid use prevalence estimates, and comparing rates and trends to determine health disparities of NAS and maternal substance use in OR/WA. Jenine worked feverishly on maternal opioid use data from Epi Data Mart and creating case definition for that data included in analysis. Jenine created a flow chart diagram to describe the complex case definition data subsetting process and shared that along with the total SUD encounter by data source with team. Candice and Tam worked on restructuring the MCH website to include not only new information on MCH Opioid and Native Boost but also add a section regarding links to MCH information and resources related to COVID-19. Drafting the annual progress report/continuation included input from all team members and the final report was submitted in early June. MCH Opioid team also began brainstorming ideas for a potential MCH Opioid related administrative supplement to be submitted in the future.

The greater MCH Core workgroup who meeting bi weekly brainstormed on a creating a potential MCH-ECHO and came up with a list of potential MCH topics of interest especially recent COVID-19 related topics that have recently come to light from out tribal health contacts and meetings. The MCH Core workgroup continued to support each other in activities such as reviewing survey documents, reporting on meetings attended or upcoming, and suggesting topics for future program develop, surveillance or research.

Native Boost. Addressing Barriers to Childhood Immunization through Communication and Education. The MCH Core Workgroup was award under the EpiCenter's CDC Cooperative agreement to work with stakeholders including parents, community, health care providers and local immunization organizations to develop materials and approached to improve the understanding of the benefits and risks of immunizations. In addition, efforts will be focused on improving health care provider confidence in talking with parents and addressing their concerns about vaccines.

Quarterly Highlights. Native Boost continued communicating virtually with partner at IHS, CMO, Andrew Terranella and Boost Oregon ED, Nadine Gartner. Preparation began for the first Boost Oregon training on communicating with vaccine hesitant parents to be held at Clinical Directors meeting in July. Tam and Nadine began drafting the Native Boost training questionnaire expanding upon a Boost Oregon

training questionnaire to include questions regarding COVID-19 and acceptability of Boost approach to communicating with parents. Tam and Tom attend the National adult immunization meeting planning calls and prevention coordinators meetings.

NTCCP Quarterly Board Report
April-June 2020

Training/Site Visits

- Oregon 9 tribes meeting – Oregon Prevention Coordinators
    - 45 participants
    - Invitation to all ADEP and state partner programs
- HNY: Escape the Vape - Tobacco & Vaping
    - 30 participants
- Presentation: North American Association of Central Cancer Registries in the topic of American Indian/Alaska Native Cancer Surveillance
- Presentation by Dr. Darry Tonemah for COVID – taking care of yourself and clients
    - 88 participants
    - Invitation to all TPEP and ADEP

Technical Assistance via telephone/email

- Shared June Cancer Survivorship infographic on Health Professionals Tools for Cancer Survivorship with Cancer Coalition and clinic directors
- Shared Cancer Tribal Implementation funding opportunity with Tribal Cancer Coalition and Tribal navigators all month
- TA for Cancer Local Implementation funding:
- Burns Paiute (3) of TA on Cancer mini grant
- Umatilla –(2) Yellowhawk Tribal Health Center
    - New tobacco coordinator sent TPEP resource information
- Lower Elwha Klallam cancer navigator (2)
- Samish Tribe
- Nez Perce (3) – tribal free casino resources
- Swinomish Tribe ***(2)***
- Quinault (1)
- Responding to tribes and tribal cancer navigators who needed assistance with cancer implementation funding application, all month
- Reached out to tribal navigators to encourage mini grant application – CDC being very flexible
- Burns, Quinault, and Nez Perce follow up for mini grants
- Contacted existing grantees – mini grants increased to $5,000 so offered to amend
- Sent mini grant flyer out to NTCCP coalition members
- Contacted all OR tribal TPEP coordinators for work status
- Reached out to Nez Perce, NARA, CLUSI, Siletz, for mini grant follow up

Special Projects

- Cancer Coalition Check-in Planning
    - Planning for coalition reengagement, upcoming coalition meeting and webinars
- Exit interview: Metro group (Native Quit Line interview)
- Native Quit Line Tobacco Cessation program – partner check in (3)

- Native Quit Line - Grand Rounds presentation OHA
    - Innovative partnership with ITU's for Quitline messaging
- Connecting to Care – How to Leverage Quitline's to Better Support Your Clients
- NNACoE Graduation Celebration
- Yes for a Healthy Future Steering Committee Meeting and Health Equity Committee (4)
- NPAIHB Coalition Collaboration and Brainstorming meeting with other NPAIHB projects
- Partnership collaboration meeting with OHSU medical students for CDC skin cancer Pilot Project
- Cancer 101 – contractor check in
- NPAIHB and ICF TA Call - Implementation of Primary Prevention Cancer Interventions in Childhood – check in and evaluation plan (3)
- The OHSU a
- Advisory Council: The Key Study (3)
- HAO Monthly meeting (3
- Created Gantt Chart for Cancer Grant year 4
- Updating Cancer Grant Plan activities with Project Officer feedback
- Created June Cancer Survivorship infographic targeting Clinic staff and health professionals
- Compiling and submitting PO's for Tribal cancer mini grants
- Completed CITI training and received certificate for IRB
- Interview for OHA cancer prevention specialist
    - Hired new coordinator
- Check in with OHA on TPEP ADEP contract
    - Discussion funds for messaging tobacco and vaping during COVID
- Run through tobacco team on E-cigarette and traditional tobacco presentation
    - CoP "Emerging Topics & Challenges Youth Face"
- Update modification for IRB submission for CDC Pilot Project – submitted Pilot Project for IRB review
- Key study for Oregon call with trial leader / and tribal organizations
- Review Evaluation Plan with CDC Project Officer for Comprehensive Cancer Grant
- Review evaluation plan with contractors
- Continuous updating of Year 4 workplan for Comprehensive Cancer grant
- Drafted plan for Northwest Tribal Cancer Coalition Re-engagement
- BOLD CDC Grant writing and submission throughout the month
    - SOW, budget, LOS, resolution, assurances t
- Created and sent survey of cancer control capacity in the midst of COVID-19 to Northwest Tribal Cancer Coalition

Meetings

- All Staff Meeting (3)
- Project Directors Meeting (3)
- Tribal EPI center directors' meetings (7)
- WTDP and NTCCP Team Meeting (10)
- NCCCP Tribal Peer2Peer Call
- CDC NCCCP Program Directors Call
- DCPC Tribal Bi-Monthly Calls
- MCH Workgroup Meeting (4)
- Trauma in the Time of Covid-19
- Tobacco Cessation and Lung Cancer Screening – 3 hour session
- Traditional Indigenous Medicine in North America: A Review

- Cross project collaboration on coalition planning and engagement
- Tribal National Comprehensive Cancer Control Program Grantees Meeting
- Impact of COVID-19 on childhood immunizations services, review of IHS Immunizations data
- COVID substance abuse call (4)
- COVID-19 ECHO Clinic(10)
- NPAIHB COVID-19 Update (9)
- IHS Clinical Readiness and Patient Care (4)
- CCC Coalition & Program Leaders Zoom Meet-Up (2)
- Indian country leadership COVID (2)
- Pathway Check In Meeting (3)
- Webinar: Advancing Cancer Control Planning, Implementation, and Evaluation ***5/21***
- Webinar: Evaluation Metrics for Stakeholder Engagement in Research
- What Challenges are People with Chronic Disease Facing in the New COVID-19 Environment
- CDC Webinar – Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned
- Advancing Health Systems: Colorectal Cancer Screening within American Indian and Alaska Native Communities Toolkit Implementation Training, Part 2 of 2
- NACDD HEC Moving Upstream Webinar: the fundamental social, systemic, and economic structures to decrease barriers and improve supports that allow people to achieve their full health potential.
- Crisis Standards of Care During COVID-19 – APHA
- COVID-19 Testing: Possibilities, Challenges, and Ensuring Equity - APHA
- Tobacco Tax Coalition Check-in
- Increasing Lung Cancer Screening Uptake in Eligible Adults: Do We Know What Works?
- CA immunization – shot by shot
- Oregon HPV summit planning committee (3)
    - Updated Oregon HPV website for HPV Summit
    - Invitation to Native Panel Presenters
    - Maintaining website

THRIVE (Tribal Health: Reaching out InVolves Everyone)

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Celena McCray, MPH(c), B.S.Ed., Project Coordinator
Lael Tate, Project Coordinator

Quarterly Report: April – June 2020

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 81 meetings and conference calls with program partners.

During the quarter, THRIVE provided or participated in the following presentations and trainings:

- Presentations/Updates (9) – Staff presented during 3 sessions at the American Associations for Suicidology's Annual Conference that was virtual this year. Presentations included WeRNative/THRIVE/Healthy Native Youth with 52 attendees; THRIVE Conference Evaluation with Allyson Kelley with 30 attendees and; *Healing of the Canoe* poster presentation with NPC Research. The annual THRIVE conference was canceled this year due to COVID-19 and in lieu of the conference the THRIVE project hosted 1 virtual activity presentation per day from June 22-26 to engage Native youth who usually attend the THRIVE conference. Presentations included THRIVE/We R Native with 17 attendees; Art tiles with Steven Paul Judd with 27 attendees; Well for Culture with Thosh Collins & Chelsey Luger with 15 attendees; Beats Lyrics Leaders with 22 attendees and; Ask Auntie questions with 13 attendees.
- Facilitation/Training (3) – Staff also hosted 3 virtual webinar trainings, *Mental Health Matters during COVID-19* with Sabrina Votava and a total of 145 attendees.
- Attended Webinars (4) – staff attended 4 webinars: *Disaster Distress Helpline & National Suicide Prevention Lifeline COVID-19 Updates, Resources, & Opportunities for Collaboration with States' FEMA Crisis Counseling Programs, Suicide Prevention Programs; Strategies of Support for Mental Health Providers; COVID-19 Series Session 9: Social Isolation and Loneliness and; Question, Persuade, Refer – online, live class.*

During the quarter, the THRIVE project responded to over 92 phone or email requests for suicide, bullying, Zero Suicide Model, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

THRIVE Media Campaign: All THRIVE promotional materials are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

THRIVE Messages January – March, Social Media Reach for THRIVE: 77,240

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Submitted the quarterly financial report to the IHS for the MSPI grant.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

WEAVE-NW Quarterly Report

4/1/2020 to 6/30/2020

Victoria Warren Mears, PI
Tam Lutz, Project Director
Nora Frank, Food Sovereignty Project Manager
Candice Jimenez, Breastfeeding Project Manager
Jenine Dankovchik, Evaluation Project Specialist
Chelsea Jensen, Project Assistant

BACKGROUND

WEAVE-NW is a program of the Northwest Tribal Epidemiology Center, funded through the CDC's Good Health and Wellness in Indian Country (GHWIC) initiative. The overall objective is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities.

The project has built capacity and created lasting change through training, technical assistance and collaborative support to aid Northwest tribes in creating policy, systems and environment changes that encourage healthy lifestyles.

QUARTERLY HIGHLIGHTS

This quarter, like other projects at NPAIHB responded to a new COVID-19 work setting. WEAVE began to examine and modify the ways in which we deliver support to our NW Tribal partners. Going into this quarter newly awarded 6 Tribal sub awardees were finalizing their contracts and joining us for WEAVE-NW subaward orientation. Four of six Tribal partners had either staffing working from home or in office that were able to complete their orientation and evaluation plan development meetings. Two additional sites whose personnel have returned to the office and are working to obtain approval and signature.

WEAVE-NW staff also continued to work on multi-media effort including working on the WEAVE-NW website, contributing to the NPAIHB COVID-19 social media efforts in topics that intersected with WEAVE-NW topic areas of food sovereignty, breastfeeding and maternal child health.

WEAVE-NW also worked on the overall WEAVE-NW evaluation and data monitoring plan that was submitted to the CDC the end of May.

WEAVE-NW continued to collaborate with NW Tribal Diabetes Project and Indian Country ECHO to deliver the Diabetes ECHO. The Diabetes ECHO already being delivered online to provide Endocrinology

support to Tribal partners was not ony uninterrupted COVID-19 but also added two additional clinics this quarter. Diabetes ECHO is a 1 hour long virtual clinic includes an opportunity to present cases, receive recommendations from specialists and peers, engage in a didactic session and become part of a learning community.

Meetings (excluding internal)

Conference/committee: 6
Tribal Community: 5
Funding Agency: 9
Sub-Awardee: 6
Community (non-tribal): 0
Government Partner: 2
Other: 9

Total Meetings: *37*

Professional Development

WEAVE-NW staff completed a total of 12 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 9 requests for technical assistance this quarter

Trainings

Webinar

- 4/9/2020 Diabetes ECHO clinic
- 4/28/2020 Diabetes ECHO and COVID-19 - special clinic
- 5/13/2020 Diabetes ECHO Covid-19 Special Session with Darryl Tonemah
- 5/14/2020 May 2020 Tribal Diabetes ECHO
- 6/11/2020 June Tribal Diabetes ECHO

Total number of trainings given this quarter: 5

Western Tribal Diabetes Project NPAIHB
Quarterly Board Report
April-June 2020

Trainings and site visits

- DMS / RPMS Zoom Session
  - 20 participants
  - NW participants: Spokane, Makah, Burns, Port Gamble S'Klallam
  - Others: Albuquerque Area Office, Anadarko Indian Health Center, Blackfeet Community Hospital, Canoncito Band of Navajos Health Center, Central Valley Indian Health, Choctaw Nation of Oklahoma, Karuk Tribe of California, Pit River Health Services, Sac and Fox Nation of Missouri, Tualomne Me-Wuk Indian Health Center
- Diabetes ECHO session
- COVID - Diabetes patient management in COVID
- 25 participants
- Diabetes ECHO session self care for you and your clients during COVID

- Dr. Darryl Tonemah – 88 participants
- Diabetes ECHO session
- COVID and youth diabetes complications
  - Diabetes patient management in COVID
- 45 participants
- Diabetes ECHO session (2)
- COVID and diabetes complications
  - Diabetes and COVID
- 35 participants

<u>Technical Assistance</u>:

- Ongoing for updating new program staff
- Canoncito Band of Navajos Health Center, TA on RKM report, and upload it to WebAudit for use in SOS,
- Cowlitz TA for one-day training to help with cleaning up the register. how to navigate to reports
- Grand Ronde, TA for resources for their clinic to produce videos for their patients in COVID-19 times
- Lawton Service Unit, TA request to set up a personalized training for them using AdobeConnect
- Pascua Yaqui Tribe (Tucson area) TA requesting help with the HSR and how to work the cells needed for data input. Gave quick tutorial of how to input data from Cumulative report.
- Tulalip, Update on the new HSR, IHS hasn't yet finished cleaning the data
- Tuolumne Me-Wuk Indian Health Center, TA for security keys to get access to QMAN
- Follow up with SDPI programs trained DPP
  - Classes, telemedicine, billing, interest in further training
  - Umatilla, Cow Creek, Warm Springs, NARA
- Yellowhawk Health Center, TA on the numbers involved in BPs from the Audit, versus the numbers from a QMAN search, and the disparity involved in the number of patients and their BPs. the Audit will take an average of the last three (or two) BPs, and QMAN only looks at the last one
- Tohajiilee (Albuquerque Area); TA teaching how to run and LMR while updating Taxonomies.
- Santa Fe service unit requesting TA regarding finding new patients on their clinic's register. how to run a QMAN report by first creating a search template, then null against patients coming in for DM checkups.
- Tulalip Health; request for Tulalip diabetes kits – for submission for diabetes project to VWM
- ZOOM/Adobe Connect TA
  - ABQ area (Santa Fe hospital)
  - Tohajiillee (ABQ area)
  - Diabetes ECHO
  - Skokomish
- Albuquerque Area, TA to the Area Diabetes Consultant, needed assistance in breaking out the diabetes patients from a service unit into their communities. I created an Adobe Connect call to assist them with this
- Burns (email); asking about this years' Native Fitness.
- Neah Bay (email); (2) TA Annual Audit; data for a plethora of reports. Needed to find patients with most recent A1C's. Age, Eye exams (yes or no), Diagnosis, etc. Sent an email back with detailed instructions on how to run a QMAN report that will show patients who have type 2 Diabetes, their age, whether or not they've had an eye exam and what their most recent A1C's

- Samuel Simmonds Memorial Hospital (Barrow, AK) email; TA help to find a list of patients with A1C's over 6.5. Sent a copy of our QMAN handouts.
- Samuel Simonds Memorial Hospital (Barrow, AK), TA to find patients with specific Hemoglobin A1c results, and I sent her the QMAN search for those patients,
- Saskatchewan, Canada (email); TA regarding the Diabetes Toolkit. sent pdf copy of the Toolkit and brought attention to the Board's website having the wrong version.
- Skokomish, TA submitting the Skokomish data, which had previously been submitted, but which was missing when I checked randomly
- Tohajiilee (ABQ area) Zoom; TA LaRue Media from the Santa Fe service unit called and I set up a zoom session to show what reports are needed to clean up register for audit.
- Tohajiilee, NM; TA creating a new register for prediabetes. Also needed help in figuring out why she couldn't edit patient's information, Allocating Security Keys, how to read the NDOO and how to correct Roger Saux (email and Phone call); TA explaining some of the data fields that needed justification for audit discrepancy – w ADC also.
- Tulalip Health; about leading a Diabetes ECHO session on outreach. scheduled to conduct a 10-15min presentation on what the clinic has done so far during quarantine.

Special Projects

- NW Gathering – May 4th and 5th
    - Postponed – Session on line for Echo session
- WTDP annual report and budget submitted
- AI/AN quitline update
    - OHA, Optum, NPAIHB
    - OHA Grand Round presentation of Quitline partnership
- Worked on the Diabetes ECHO session recommendations
- Developed and sent information for special session with Dr. Darryl Tonemah
    - July 8th.
- Annual review
- Recorded and trimmed the Diabetes ECHO session video, and uploaded to the Board's YouTube channel
- Emailed Mary Brickell and Edward Twiss to begin the discussion of getting access to RPMS from our homes
- Diabetes ECHO outreach and preparation
- Helped Dr. Wendee Gardner with Diabetes ECHO success stories
- Helped edit NW NARCH e-newsletter
- ZOOM/Adobe Connect TA
    - NPAIHB COVID Tribal update
    - Virtual Meeting debrief with DHAT
- Planning for zoom youth train trainers – staff and NAFC
        - Series of sessions TDB
- NPAIHB Strategic plan submitted
- Harassment/Workplace bullying training
- Reviewed survey for NTCCP
- Updated and revised training materials for June 2020 DMS training
- Helped create Craft Circle templates
- Created flyer/agenda for Managing Stress during COVID

Meetings and Conferences

- All-Staff meeting

- Project Directors Meeting
- WTDP / NTCCP staff meeting
- Connecting to Care – How to Leverage Quitlines to Better Support Your Clients
- WTDP's Zoom Meeting
- Yes for a Healthy Future Steering Committee Meeting
- YFHF Equity Advisory Committee Meeting
- Epi center director's meetings (2)
- Tribal Leaders Diabetes Committee zoom meeting
- NNACoE All-Team Meeting
- HAO June Meeting
- SDPI webinar – 2
- TLDC meeting
- IHS Improving Health Care Delivery Data Project: Steering Committee Meeting
- What Challenges are People with Chronic Disease Facing in the New COVID-19 Environment
- YFHF Equity Advisory Committee Kickoff
- Discuss the BOLD NOFO (2)
    - Submitted
- Interview for NTCCP position
- Food insecurity and growing concerns during COVID 19

- Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned
- NPAIHB/HPCDP Meeting
- Morning Coffee/Tea sessions, daily

Northwest Native American Research Center for Health (NARCH)

Cancer Prevention and Control Research Training in AI/ANs

Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Jacqueline Left Hand Bull
Kerri Lopez

This quarter we worked hard with our cancer control faculty to finalize the online training for the summer course. Due to COVID-19 we had to forego our in-person training and transfer the experience to a virtual setting. We initially accepted 12 fellows into the 2020 cohort, unfortunately due to work and graduate school demands one fellow withdrew and we were left with 11. As we developed our online training, we offered five practice sessions with the fellows and faculty to ensure everyone had access to the web-based platform and that they were comfortable with using it. We offered cancer prevention and control with Dr. Wiggins during the first week and research design and grant writing with Dr. Burhansstipanov during the second week. We conducted part of our training on GoToTraining where we had the ability to launch polls and tests. Due to some technical glitches we did opt to use Zoom for some of the training. Additionally, we set up a box account to distribute course materials and pre- and post-course tests. We completed our initial two weeks of cancer training in June. We conducted pre- and post-course skills tests and course evaluations. The rest of our cancer control faculty have been invited to teach a 2-hour course once every 3 weeks via Zoom to complete the rest of the curriculum. The

schedule is mostly set beginning with Epidemiology the week of July 8th, 2020. The fellows will participate in 18 classes between now and May 12, 2021.

We continue to help our current trainees develop protocols to apply for implementation funds. This has remained a challenge as many universities and organizations are operating at minimal capacity due to COVID-19. Five of our current cancer fellows have been awarded implementation funds for their research projects.

The distance learning activity on case-control studies have been returned by about half of our fellows and Ms. Cunningham and Dr. Becker provided feedback on each one. We submitted both annual federal reports for NARCH 9 (RPPR and SIRS). Our team worked hard this quarter writing the NARCH 11 grant application, we finalized and submitted it at the end of May.

Tribal Opioid Response (TOR) Consortium

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Megan Woodbury, Opioid Project Coordinator

Quarterly Report: April – June 2020

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 43 meetings and conference calls with program partners.
- Hosted 3 video conference calls around the TOR Consortium grant with 43 attendees across all three calls.
- Attended training or webinar (1): Understanding the New SAMHSA/OCR Guidance for Telehealth SUD Services
- Presentation/Update (1): Hosted a virtual training for NW Tribes with facilitators from the Opioid Response Network (ORN) titled *Preventing Opioid Use Disorder*, 17 attendees

During the quarter, the TOR consortium project responded to over 101 phone or email requests for opioid and substance use disorder prevention, education, medication, grant requirements, etc.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Submitted the TOR FY 2020 grant application to SAMHSA
- Submitted the mid-year progress reports for the TOR and TOR2 grants.
- Began compiling information for the TOR no-cost extension due at the end of July.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.

June 2020

Northwest Native American Research Center for Health (NARCH)

Enhancing Asthma Management for Children in AI/AN Communities

Mattie Tomeo-Palmanteer, Project Coordinator

Celeste Davis, Project Director

Tom Becker, PI

Overall, the asthma management project has slowed down substantially related to viral pandemic…many parts of our study protocol we are unable to conduct as we had planned. In particular, home visits and in-person interviews have been prohibited. We are able to conduct some activities over computer and phone. We lost our key team participant this past month and have drafted a new job description to replace that team member. Andra has assisted with this task and the job should be filled soon. We will need to bring the new person up to speed with the study.

We also had personnel at one partner tribe drop out of the study due to personal issues, and another person on our team took a new job for. The other two sites confirmed their interest in continuing to work with us on this protocol.

Our graphics designer is continuing to work with us on toolkit and on website, so, that part of our project is still moving ahead despite pandemic.

Northwest Native American Research Center for Health (NARCH)

Dissertation Support Program for Tribal Graduate Students

Tom Becker, PI

Victoria Warren-Mears, Director

Tom Weiser, Medical Epidemiologist

Ashley Thomas, Program Manager

Grazia Cunningham, Program Coordinator

Jacqueline Left Hand Bull

Our biggest challenges continue to be travel and recruitment. Most of our fellows had planned on using their travel awards to present their dissertation research at national meetings. All those meetings have been cancelled due to COVID-19 and we have been working with the fellows to process flight cancellations and reimbursements. We have had more interest in the fellowship program and brought

one RA on board this quarter. We recently accepted another applicant and are working on setting up their contract. A number of interested applicants are not quite at the dissertation phase, we continue to keep track and stay in contact with them as they progress in their programs. We hope we will be able to support them eventually.

All fellows are on track. Three of our fellows graduated with PhD's, two of them started post-doctoral fellowships, and the third accepted a faculty position. We are very proud of their accomplishments! This month we submitted our federal annual reports (RPPR and SIRS). We also worked with our evaluators to conduct a survey to gather information about the fellow's dissemination activities.

We successfully hired a second intern and she has begun working on her project to improve current understanding of AI/AN homicide trends among women to identify risk and protective factors in Oregon AI/AN Tribes and communities.

Response Circles – Domestic & Sexual Violence Prevention

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, and Response Circles

Paige Smith, Project Coordinator – Response Circles and Youth Engagement

Quarterly Report: April – June 2020

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 26 meetings and conference calls with program partners.

During the quarter, Response Circles (RC) staff participated in the following:

- Hosted 5 Trainings/Webinars – 1) Instilling Hope: Looking beyond COVID-19 for DV/SA projects, 26 attendees; 2) A Silent Epidemic: sexual violence against men and boys by Lenny Hayes, 45 attendees; 3) Honoring our MMIP and supporting loved ones left behind with Carolyn Deford, 52 attendees; 4) A Silent Epidemic: sexual violence against men and boys by Lenny Hayes during the IHS DVPI annual meeting, 20 attendees and; 5) Social Marketing Bootcamp to create a "Consent" public service announcement with 12 Native youth participants.
- Webinar (2) – Attended two webinars: Disaster planning for Tribal Domestic Violence Programs and shelters and; Shelter from the storm inside: supporting Recovery, Safety, and wellbeing during the COVID-19 Pandemic

During the quarter, the RC project responded to over 11 phone or email requests for domestic or sexual violence prevention, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

Response Circles Media Campaign: All RC promotional materials (including the almost completed updated materials) are available on the web. During this reporting month staff disseminated boxes of materials to tribes and tribal organizations that requested. Materials include: posters, brochures/rack

cards, and tip cards. Domestic and sexual violence social media messaging and the dissemination of the domestic violence social marketing boot camp videos has reached at least 112,092 people.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Quarterly financial report submitted to IHS for the DVPI grant

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing

Northwest Tribal Juvenile Justice Alliance

Stephanie Craig Rushing, PhD, MPH, Principal Investigator
Danica Love Brown – Behavioral Health Manager – Choctaw
Contractor-Juliette Markin, NPC

Activity Report – January through April 2020 Quartely Report

Program Development, Planning and Training

Overview: To inform the planning process, the NPAIHB and NPC Research will create and administer data collection tools to identify available data sources and Juvenile Justice best and promising practices in use regionally and nationally. Mixed-methods data collection will include:

- meeting minutes,
- stakeholder surveys,
- key informant interviews, and
- reviews of the published literature.

The decision-making process will take into consideration cultural-relevance for the NW Tribes, evidence of effectiveness, cost effectiveness, and scalability.

Our DOJ study will address critical health and safety topics in Al/AN communities, will extend the limited knowledge base surrounding best practices to improve outcomes for Al/AN teens and young adults, and will generate guidelines and tools tailored to the unique needs and cultural assets present in the lives of Al/AN youth. Effective practices, programs, and policies will be packaged by the NPAIHB for

dissemination to the NW Tribes and Juvenile Justice programs nationwide. Intervention materials will be made available free-of-charge, on the www.HealthyNativiveYouth.org website.

Meetings – Conference Calls – Presentations – Trainings

- NW TJJA Inten Meeting - April 3, 2020
- NW TJJA Intern Meeting - April 30, 2020
- NW TJJA Intern Meeting- May 7, 2020
- NW TJJA Alliance meeting- May 12, 2017
- NIJ Orientation Call- May 14, 2020
- NW TJJA Alliance meeting- June 12, 2020
- NIJ project director meeting-June 17, 2020
- Oregon 9 Tribes meeting-June 17, 2020

Out of Area Tribal Visits

- N/A

Technical Assistance Requests

- N/A

Project Overview

Overview: In response to the **Tribal-Researcher Capacity Building Grant** opportunity, issued by the U.S. Department of Justice (DOJ) and the National Institute of Justice (NIJ), the NPAIHB will form a new inter-tribal workgroup – *the **NW Tribal Juvenile Justice Alliance (NW TJJA)*** – that will meet over 18 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest, aligning with DOJ research priorities.

Due to a range of historical, social, environmental, and structural factors, American Indian and Alaska Native (AI/AN) youth are overrepresented in juvenile justice systems. To improve outcomes for AI/AN youth, OJJDP prevention, intervention, and recidivism programs must be responsive to their unique worldview and social context. Unfortunately, research and data to guide DOJ system improvements for Native youth are limited.

The inclusive, iterative process will ensure all research partners actively weigh in on and contribute to research decisions.

Surveillance and Research

Study: The need for this inclusive, strategic planning process is significant. While AI/AN youth in the region experience disproportionate rates of juvenile justice involvement, no planning body is presently convening decision-makers to elevate these important health and safety research questions in AI/AN communities. The goal is to establish Tribal-researcher partnerships to:

1. Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
2. Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
3. Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
4. Create and administer data collection tools that will identify **Data Sources** that could inform our understanding of Juvenile justice disparities or concerns for our NW Tribes.

Research Study Tasks

- Literature review and annotative bibliography
- Resource Mapping of services in Pacific Northwest Tribal communities
- Organizing of NWTJJA advisory group members
- Data entry of focus group and surveys.
- Consulted with Intern to transcribe and analyze the youth and adult focus groups
- Draft of findings report and project proposal

Other Administrative Responsibilities

Publications-Peer Review Presentations

- N/A

Reports/Grants Submitted

- N/A

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

ECHO Project

David Stephens, RN ECHO Clinic Director
Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
Megan Woodbury – Opioid Program Coordinator

Quarterly Report: April – June 2020

Technical Assistance and Training

April Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

May Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

June Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 3 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB, USET)

During the quarter, project staff participated in 54 technical assistance calls and requests.

Extension of Community Healthcare Outcomes (ECHO)

Website: The Indian Country ECHO website launched July 11, 2019: https://www.indiancountryecho.org

Since launch, the Indian Country ECHO website received:

- Users = 7,576
- Sessions = 14,492
- Page views = 35,288
- Pages/Session = 2.43
- Average session duration = 3:14
- Bounce Rate = 47.78%

COVID-19 Response - ECHOs in June reached:
Certificates of Continuing Education provided:

- Total Attended: 527
- Completed Evaluation: 305
- Physicians: 105
- Registered nurses: 48
- Pharmacists: 35

From the ECHO sign-in survey during June:

- MD: 79
- DO: 13
- NP: 33
- PA: 22
- RN: 54
- Pharmacist: 40
- Behavioral Health: 20
- Other: 173
- Total signed in: 434
- Total Participants: 965

COVID-19 SMS Campaign Statistics

- All Profiles: 399
- Messaging Statistics
  - Sent: 79,208 MTs
  - Received: 289 MOs

Indian Country ECHO sessions: Each month, the Northwest Portland Area Indian Health Board offers multiple teleECHO clinics with specialists focusing on the management and treatment of patients with HCV, SUD and Diabetes. The 1-hour long clinic includes an opportunity to present cases, receive recommendations from a specialist, engage in a didactic session and become part of a learning community. Together, we will manage patient cases so that every patient gets the care they need. ***A total of 830 patients have received recommendations via the NPAIHB ECHO HUB since January 2017.***

Other Administrative Responsibilities

Publications

- Working on OUD Indicators Paper with CDC
- An Evaluation of Hepatitis C Virus Telehealth Services Serving Tribal Communities https://journals.lww.com/jphmp/Fulltext/2019/09001/An_Evaluation_of_Hepatitis_C_Virus_Telehealth.17.aspx

Reports/Grants Submitted

- Awarded for FYI 2020: SAMHSA ECHO – 524,000
- Awarded for FYI 2020: OMH ECHO – 350,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million

Administrative Duties

- Budget tracking and maintenance: Ongoing

- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

Quarterly Activity Report
Environmental Public Health Program
FY2020: Third Quarter, Activities from April 1 – June 30, 2020

Staff: Celeste Davis, Director; Antoinette Aguirre, Environmental Health Specialist; Ryan Sealy, Environmental Health Scientist; Holly Thompson Duffy, Environmental Health Consultant (contractor)

Meetings:

- Healthy Native Youth Community of Practice: Emerging Topics and Challenges Youth Face Meeting (WeRNative, HNY, NTCCP, EPH), April
- NPAIHB and AIHC Environmental Health Programs Meetings, 4/16, 4/20
- Emerging Topics and Challenges Youth Facing Planning Meeting, 5/6, 5/12
- CDC Grant Review Meeting, 5/27
- Healthy Native Youth Final Run Through Meeting, 6/8
- Yakama Grant Collaboration Meeting, 6/15
- Lummi Grant Collaboration Meeting, 6/22
- Climate & Health Meeting (Oregon Health Authority & Oregon Climate Change Research Institute), 6/22
- NPAIHB Grant Management – CDC RFA Review Meeting, 6/23
- EPA Region 10 Tribal Indoor Environments Team Quarterly Meeting 6/30
- Daily EPH Team Check-ins, starting on 3/16 and ongoing; and internal staff and project director meetings, 3/2, 4/6, 5/4; 5/7, 5/14, 5/21, 5/28, 06/01; 06/04, 06/11, 06/18, 06/25
- Multiple Webinars and Meetings related to the COVID-19 Pandemic Response, including:
    - Weekly NPAIHB Tribal COVID-19 Update – Tuesday call with Tribes
    - Daily NPAIHB COVID-19 Response Team De-Briefing
    - Daily and Weekly calls with Oregon, Washington, and Idaho States

Technical Assistance via telephone/email:

- Email Earth Day resources to Tribal Environmental Health Programs, 4/22
- Muckleshoot: 4/29 – 5/27
    - Weekly meetings to discuss and review COVID-19 reopening criteria and plans for the Casino, Tribal Government offices, and other business facilities; meetings include Tribal Environmental Health consultant, Tribal Safety and Risk Management Director, Casino Risk Manager, and NPAIHB EPH Team
- Coeur d' Alene, 4/27
    - Provided technical assistance and resources to the Tribal Environmental Health Specialist re: COVID-19 case investigation and reopening guidance
- Yakama, 4/27

    - Provided technical assistance and resources to the IHS Environmental Health Specialist re: COVID-19 and reopening
- Tulalip: 4/29
    - Conducted a remote “tele-environmental health” final inspection and pre-occupancy survey for the The Gathering Hall new facility
- CRITFC: 5/18, 6/18, 6/29
    - Celilo Water System
    - Letter of support for CDC Grant to assist with clinical testing and support for fishers and tribal members living at treaty access sites and Celilo Village
    - Collaboration to assist tribal fishers with COVID-19 health and social resources
- Cow Creek: 5/14, 5/16, 5/20
    - Review and edit contact tracing plan
    - TA and guidance on reopening
- Umatilla: 5/19
    - Community wells testing after flooding call
- Coquille: 5/20
    - Shared Cow Creeks contact tracing plan template
- CTCLUSI: 5/18
    - Reviewed Tribal Reopening Plans
- Kootenai: 5/20
    - Reviewed Tribal Reopening Plans
- Swinomish: 5/20
    - Provided resources on reopening
- Nez Perce: 5/20
    - Shared tobacco training information
- Burns Paiute Tribe: 5/28
    - Developed and provided a COVID-19 Community Needs Assessment Survey
- Tulalip Tribes: 5/12
    - Snohomish county complaint at McDonalds, no face masks or handwashing. Made contact to McDonalds manager to address compliance.
- Chehalis Tribe: 5/15
    - Resources for fluoridation to tribe’s water source
- Siletz: 5/15, 5/20
    - Provided information on COVID-19 temperature checks for employee symptoms
    - Consult and advice around facility re-design and HVAC requirements for reopening
- Coeur d’Alene Tribe: 5/27
    - TA from request to research company for hand washing signs
- Umatilla: 5/19
    - TA re: domestic well testing help after the flood
- Muckleshoot – May
    - Conducted plan review for new childcare center and playground
- CTCLUSI: 6/10
    - Provided assistance regarding COVID-19 testing, CHN position, and fit-testing
- Cow Creek: 6/16
    - Share recommendations on using Pixel (by LabCorp) COVID-19 home collection kit – provide FDA approved home collection kits
- Coquille: 6/24 & 6/25

    - Share information and guidance related to HVAC systems and indoor air quality for COVID-19
    - Review and edit Coquille Indian Tribe's Reopening Plan for summer youth program (children 6-14) and Head Start (3-5)
- Quileute: 6/24
    - COVID Community needs assessment:

Technical Assistance via site visit:
N/A

Workforce Development/Training Taken:
- Internal HR training (Sexual assault and workplace harassment) - April
- IHS Internal Systems Security Awareness Training - April
- Aguirre and Sealy: Tulane University, School of Public Health and Tropical Medicine – April to May
    - Course bundle – Environmental Public Health Online Courses (EPHOC)
    - Aguirre and Sealy completed in May
- Aguirre and Sealy, Johns Hopkins Bloomberg School of Public Health, Certificate Training
    - COVID Contact Tracing Training
- Webinars:
    - Community of Learning: COVID-19 Response Series – Setting Up Drive-Thru Testing and Services, 4/3
    - Safe and Proper Use of Disinfectants and Household Cleaners, 4/9
    - COVID-19 Webinar Series Session 11 - Rural Health System Response, 4/22
    - COVID-19 Conversation Webinar: Testing Kits and Status, 4/22
    - Real Time Lessons Learned from COVID-19: What you need to know about employee wellness to reopen, 5/12
    - Special Diabetes ECHO Session: Self-Care with Darryl Tonemah, 5/13
    - Healthy and Safe Swimming at Public Aquatic Venues during COVID-19, 5/14
    - National Environmental Health Association Virtual Panel: Resuming Operations Post COVID-19, 5/15
    - Historical Trauma and Oral Health by Darryl Tonemah, 5/19
    - EPA Air Policy Update, 5/28
    - 2020 Status of Tribal Air Report (RS), 6/24
    - Oregon Health Authority Climate and Health Program Webinar (AA), 6/4
    - Green & Healthy Homes Initiative: Housing Keeping 101 (AA), 6/9
    - Trauma Informed Care & COVID-19 (AA & RS), 6/15

Workforce Development/Training Provided:
- NPAIHB Contact Tracing Training 5/6
- Oregon Tribes Contact Tracing Training 5/8
- Indian Country ECHO COVID-19, 4/13, 5/20, 6/15
- Healthy Native Youth – Community of Practice: Escape the Vape, Tobacco and Vaping, 6/10
    - 42 attendees
- Tribal Contact Tracing Training, 6/29
    - 31 attendees: 5 ID tribes, 3 OR tribes, 2 tribal organizations, & 2 state health departments
- Voice-Over Power Point, On-Demand COVID-19 *Worker Safety and Health Training* (posted to website)

Program Management and Support/Special Projects/Additional Activities:

April

- Reviewed resources for COVID-19 to add to NPAIHB web site
- New Environmental Public Health Survey sent to Oregon Tribes
    - This survey will also be sent to Washington and Idaho Tribes later this summer
- Outreach to Tribes to gather Environmental Health Program point of contact
- Review Environmental Health resources
- Developing Guidance for Tribes on Public Health Principles and Business/Facility-specific Risk Analyses related to reopening the community and economy (COVID-19)
- Planning for 2 new CDC Environmental Health grant opportunities

May

- Oregon Tribes Contact Tracing Training planning and follow-up
- CDC EH Capacity grant research and planning – ongoing
- Develop NPAIHB COVID-19 Tribal Request survey and tracking sheet
- Export and clean up data from Oregon Environmental Health Tribal Input Survey
- Developing Guidance for Tribes on Public Health Principles and Business/Facility-specific Risk Analyses related to reopening the community and economy (COVID-19)
- CDC grant, PH Improvement Umbrella, EH Component, submitted application for EH Disaster-related Hazards funding, 5/25

June

- Oregon Tribes Contact Tracing Training planning and follow-up with OHA
- Develop NPAIHB COVID-19 air purifier purchasing guidelines infographic
- Oregon Environmental Health Priorities Survey Results – developing data graphics and issue profiles for the state and each Tribe
- Submitted application to CDC for Environmental Health Capacity grant funding

Northwest Portland Area Indian Health Board
Behavioral health committee meeting at the July Virtual QBM, July 14, 2020:

Attendees: Ali Desautel with Kalispel; Darryl Scott with Warm Springs; Aliza Brown with Quinault; Marilyn Scott with Upper Skagit; Julie Taylor with CTUIR; Vicki Lowe with the State of WA; Sue, Danica, Candice, and Colbie from NPAIHB

- Kalispel is very full with behavioral health and have 2 people on call because it is so busy. North office is full and South office only has a handful of space left. Doing face to face.
- Quinault – using Zoom and Doxy to do telehealth so can now provide services for more hours each day. COVID numbers in the county are more than doubling so will continue with tele-services and trying to improve them and promote the services in the community. Appointments have been steady and the cell phones that HCA sent the Tribe have been very helpful. Will pull data on the appointments and no-show rates.
- Danica updated committee on the Behavioral Health Environmental Scan to lead into an ECHO.
- Marilyn Scott with Upper Skagit – Busy with tribal council meetings to create protocols during this time of COVID. Lots of virtual meetings. Have not been able to get whole advisory group together for CHAP/BHAP but check in's have helped. Behavioral Health Act legislation passed last session which was great to help increase access to care for AI/ANs in the State of WA – recognized the need for Tribal Crisis Response and recognizing tribal court orders when the need is there. The tribal representatives that helped with this Act & Senator McCoy was invaluable and everyone was able to answer questions that other had during the process and it was passed the first time it went through which is great!!
    - National SAMHSA TTAC meeting went well virtually
    - Update: NWIC partnering with BHAC and Danica is working on getting Digwalic information added to the curriculum
- Danica described some courses that she is developing for the BHAC.
- Julie asked if we still have a NPAIHB behavioral health plan and Danica said it probably needs to be updated to also include tele-health because of COVID. **Danica will email committee members the current Behavioral Health Plan.**
- Vicki Lowe wanted everyone to know that the AIHC-WA has COVID-19 resources on their website so check them out! https://aihc-wa.com/
- Vicki Lowe wanted to add that they are also looking at the newly approved CHAP policy to see how we can begin implementing BHA's in Washington State in coordination with the Tribal Crisis Coordination hub that we will be standing up in the next few months. Sue will follow up.
- Colbie & Danica announced the CDC Supplemental award the NPAIHB received for "COVID-19: Prevention of suicide, intimate partner violence and adverse childhood events (ACEs) in Indian Country"
    - Requested any contacts folks have of anyone who needs more work right now and has available hours to contract with the Health Board to possibly help us do the work of this 1 year grant that ends in early July 2021.
    - Requested any Tribe that may be interested in a mini-grant to contact the Health Board too
    - We will let everyone know more about this grant in mid-August when we finalize the scope of work for CDC
- Sue shared the passing of IHS Circular 20-06 for CHAP Nationalization

Tribal Opioid RESPONSE

Healing our Nations Together

National Strategic Agenda

Table of Contents

Eric Davis, LCSW, shares information about behavioral health counseling with a client at the Siletz Community Health Clinic Medication-Assisted Treatment (MAT) program.

All staff meeting at didg^{w}álič Wellness Center, a tribal out-patient substance use treatment program that offers individual and group counseling, medication-assisted treatment, primary medical care, acupuncture, and social worker case management all under one roof.

Letter from Executive Director

Opioid misuse has deeply impacted American Indian and Alaska Native (AI/AN) people, and in many tribal communities it is impossible to find a single person whose family has been left unscathed. Across Indian Country we have seen opioid addiction challenge our people's ability to do fulfilling work, maintain strong family ties, and participate in important cultural and community activities that bind us to our land, ancestors, and traditions. After witnessing the devastating effects of this epidemic, many of us are ready for a change.

To support tribal communities in healing our relatives and relations, the Northwest Portland Area Indian Health Board (NPAIHB), alongside tribal policymakers, national experts, service providers, and community members, developed this strategic agenda.

What became strikingly clear through these efforts is that turning the tide of the epidemic will likely require a holistic approach in which tribal, regional, state, and federal actors unite to develop a common vision. It is our hope that this agenda will serve as a guide that illuminates a common path forward so that the tragedies that have befallen tribal communities will not burden future generations.

Opioid misuse has caused enough suffering for American Indian and Alaska Native people, and we are ready to heal our communities. By working together to incorporate harm reduction policies, educate our people about the potential harms of opioids, ensure access to medication assisted treatment and naloxone, and provide community-based care that is responsive to the needs of those affected, we can offer support those who are struggling and prevent the loss of more our people to opioids.

Please join us in turning the tide against the tribal opioid epidemic. Together we are stronger, and together we can harness the strength of our sovereign tribal governments to enact cross-cutting policies that can halt the epidemic in its tracks.

In health and healing,

Laura Platero, JD
Executive Director
Northwest Portland Area Indian Health Board

Opioids impact us all. We can heal our communities through educating ourselves and others about opioids and taking action to help our relatives and relations recover.

Introduction

The opioid epidemic has had profound effects on tribal communities. Since 1999, deaths due to drugs among American Indian and Alaska Native (AI/AN) people have quadrupled, and in 2017, Native people had the second-highest opioid death rate of any group in America. Across Indian Country, we have seen families torn apart, jobs lost, rising homelessness, the spread of disease, and impacts on community members' ability to participate in aspects of their culture.

In response, the Northwest Portland Area Indian Health Board (NPAIHB), along with our partner, the National Indian Health Board (NIHB), developed this strategic agenda designed to comprehensively address the tribal opioid epidemic. The recommendations included are based on input from tribal policymakers, service providers, and community members; insights from national and regional experts; and feedback from people living with opioid use disorder (OUD). We want to specifically thank the attendees of the Indian Country roundtable at the 12th National Harm Reduction Conference, White Earth Nation 8th Annual Native Harm Reduction Summit, and the 10th Annual National Tribal Public Health Summit. This National Strategic Agenda would not be possible without input provided from attendees from these meetings.

Recommendations in this agenda span a wide breadth and include calls to action in several key actions areas through which we can all create measurable progress, help our relatives and relations walk the road to recovery, and prevent future opioid-related deaths.

These key action areas include:

1. Preventing New Cases of OUD
2. Offering Tribal, Evidence-based, and Practice-based Treatment and Recovery Services
3. Protecting Mothers and Babies Affected by OUD
4. Incorporating Harm Reduction into Tribal Treatment and Recovery Services
5. Utilizing Data to Mount an Effective Community Response
6. Growing the Evidence Base for Effective Tribal Opioid Interventions
7. Cultivating Responsive Communities, Clinics, and Policies

It takes a community to prevent new cases of opioid use disorder, and medical professionals can play a key role in this effort.

It is our hope that, when appropriate, you are able to adapt the innovative approaches included in this agenda to meet your community's needs through educating our community members about the potential harms of opioids, incorporating harm reduction policies, ensuring access to life saving treatments, and including the recommendations of those affected, we can all begin to walk the path toward healing.

ACTION #1:
Preventing New Cases of Opioid Use Disorder

Preventing new cases of OUD among AI/ANs is essential to ending the tribal opioid epidemic. There are many ways to approach this – through community education, peer outreach, and tapping into centuries of traditional knowledge. Through integrating these approached to prevention, we can develop community-tailored interventions that incorporate local norms and cultural practices in order to increase knowledge about the potential harmful effects of opioids.

1.1 *Harness the Power of Culture and Tradition*

Cultural practices and traditional teachings are powerful tools that can play a central role in ending the tribal opioid epidemic.

We know that:

- For many AI/AN people, participating in cultural practices is healing
- Many of our communities possess healing traditions and practices
- These practices and traditions can be harnessed through community-based prevention campaigns that integrate culture and evidence-based elements

For instance, some of us are taught that all medicines, whether they are provided by a healer, medicine man, mother nature, or a doctor, contain a powerful spirit, as well as a prescription for good use. For communities that have this teaching, including messaging about medicines' power to both harm and heal can be incorporated into prevention campaign materials.

"The first step is understanding that opioid use disorder is a chronic but treatable brain disease, and not a moral failing or character flaw. Like many other chronic medical conditions, opioid use disorder is both treatable, and in many cases, preventable."

Jerome M. Adams, MD, MPH,Vice Admiral, U.S. Public Health Service Surgeon General

1.2 Educate Community Members about Opioids

Education is an essential element in any community response. Ensuring that community members have accurate information and can identify and debunk myths will help to normalize more positive behaviors and counteract more negative behaviors.

Print and web-based educational campaigns are effective tools that can be used to increase community members' knowledge about opioids and combat stigma.

OUD educational campaigns are more effective when they:

- Address widely held community beliefs, behaviors, and misconceptions
- Incorporate culture and traditional teachings
- Include the voices of people with OUD, youth, and other populations particularly affected by OUD
- Are widely disseminated and visible in the community

For educational materials that you can adapt for your community's needs, visit npaihb.org/opioid.

For educational campaigns geared toward AI/AN youth, consider incorporating evidence-based substance use prevention curricula, such as It's Your Game, Keep it Real, and Native STAND. These educational curricula can be found at healthynativeyouth.org and can be used in a variety of settings and adapted to meet the needs of your community's most at-risk youth.

1.3 Respect the Power of Medicine

All medicines contain the power to both harm and heal. When it comes to opioids, medication safety is an important part of prevention.

To prevent medication misuse and diversion:

- Offer medication lock boxes to those prescribed potentially addictive medications
- Provide those who are prescribed addictive medications with knowledge about the potential negative impacts of their prescription
- Offer safe places to dispose of unused or expired medications

Staff meet regularly at didgʷálič Wellness Center to receive training and discuss new admits to the program.

"I would tell another provider to get their DATA Waiver, because it makes such a difference in your patient's lives... What we're finding is, that if we can treat a patient's withdrawal symptoms [and cravings], allow their brain to heal, get them the services they need with behavioral health and counseling, and decrease barriers to patient success, they have success long term."

Lisa Taylor, FNP, Medical Director, Siletz Community Health Clinic, MAT Program

1.4 Educate Your Health Care Providers and Healers

It takes a community to prevent new cases of OUD, and medical professionals and traditional healers must be considered part of this community as they play a key role in this effort.

Medical providers have the power to reduce the amount of opioid medications available in a community through:

- Following safe opioid prescribing guidelines
- Monitoring prescription drug use

- Explaining to clients the wide spectrum of pain management solutions available to them
- Equipping community members who are prescribed opioids with knowledge that reduces their risk of becoming addicted to their prescription medications, reduces their risk of overdosing on their medications, and prevents their medication from getting into the hands of others who may misuse it

But first, health care providers and healers themselves need to be educated on:

- The proper uses of opioids
- Recognizing the signs of opioid misuse
- Risky drug interactions
- How to talk to community members about the safe use of their prescription medications
- Ways to prevent medication diversion

U.S. Department of Health and Human Services (HHS) offers useful recommendations for promoting the responsible use of opioid medications, safe prescribing resources, and tips for safely disposing of medications at hhs.gov/opioids/prevention.

Oftentimes staff at substance use treatment centers make or break a client's experience. Training your staff to use destigmatizing language and meet clients "where they are at" can be key to successful outcomes.

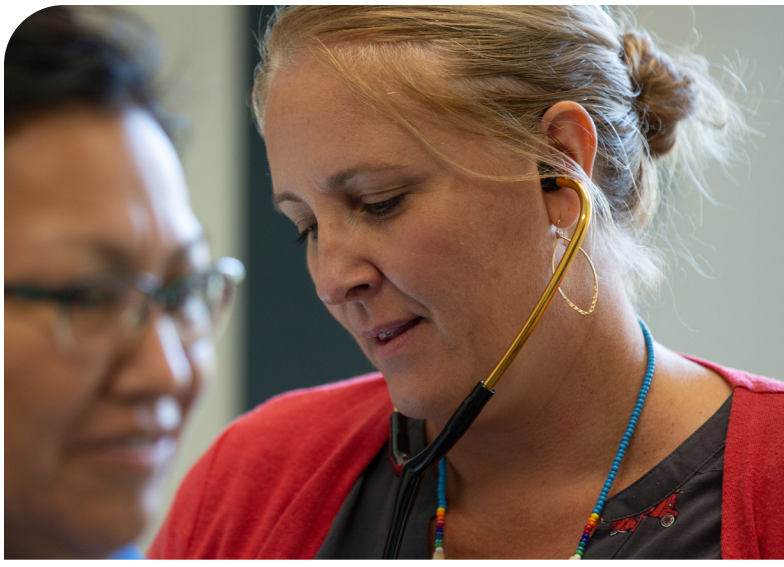
ACTION #2:
Offering Tribal, Evidence-based, and Practice-based Treatment and Recovery Services

Because medicines are powerful and opioids can alter an individual's ability to control how and when they use them, it is important to remember that opioid misuse can happen to anyone. Rather than stigmatizing community members with OUD, it is important to support our relatives and relations through providing judgement-free treatment and recovery services that provide a variety of options to meet their needs – including cultural practices, evidence-based and practice-based strategies. It is also key that tribes offer services that are inclusive of all community members, irrespective of gender expression and sexual orientation.

2.1 *Offer Medication-Assisted Treatment to People with OUD*

Medication-assisted treatment (MAT) includes taking certain medications, like buprenorphine, which decrease cravings to take opioids, while also receiving care from a behavioral health counselor. Research demonstrates that MAT is often more successful than either treatment alone. Research also demonstrates that MAT is more successful at helping people with OUD recover than abstinence-based approaches.

For physicians not associated with opioid treatment programs, they must obtrain a Drug Addiction Treatment Act (DATA) Waiver in order to be able to prescribe buprenorphine. For more inforamtion on securing a DATA Waiver so your providers can prescribe buprenorphine, contact the SAMHSA Center for Substance Abuse Treatment's Buprenophrine Information Center at 866-BUP-CSAT (866-287-2728) or send an email to infobuprenophrine@samhsa.hhs.gov.



Primary care physicians outside of substance use treatment centers can offer medications that can help decrease cravings for opioids. In order to be able to prescribe these important medications, physicians must first secure a DATA Waiver through SAMSHA.

2.2 Remove Barriers to Care

For successful tribal OUD programs, improving access to care often includes:

- Offering free, on-site childcare for patients during the times they attend appointments, classes, and group therapy
- Free transportation to and from appointments, classes, and group therapy
- Transitional housing programs

Accessing these services should be considered a formal part of a treatment plan for a person with OUD. Through removing potential barriers to care – individuals with OUD are better able to:

- Regularly keep clinic appointments
- Meet the goals of their treatment plan
- Successfully participate in treatment and recovery

For many tribal community members, the aforementioned strategies are ways to reduce common barriers to meaningful engagement in treatment and recovery programs. However, each tribal community may face other unique challenges. Therefore, potential barriers to seeking and fully participating in treatment should be regularly assessed.

For many people with opioid use disorder, insecure housing is one barrier to fully participating in treatment. Offering transitional housing may help your tribal treatment program retain clients.

2.3 Develop an Integrated Treatment Model

Offering an integrated treatment model – where a range of out-patient services are provided under one roof – improves outcomes for patients with OUD.

Research and practice have shown that:

- OUD is often tied to behavioral and mental health issues
- In treating OUD, many individuals benefit from medication assisted treatment (MAT), which requires medical oversight
- Individuals with OUD often benefit from connection to community resources – like food and clothing banks, transportation, job and life skills development, and childcare

As such, providing substance use counseling, along with mental and behavioral health services, primary medical care, and social worker case management under one roof offers individuals with OUD a 'one stop shop' for recovery.

Using an integrated model of care:

- Makes it far less likely that individuals with OUD will be lost to follow-up
- Addresses multiple concerns the individual may face – making it easier for them to focus on their recovery
- Provides the opportunity for clinic administrators to formalize team meetings that encourage providers to collaborate across disciplines to support patient successes
- Aids providers in quickly identifying patients who are struggling and providing timely corrective action

"In our first year we had a 77% retention rate. Of the 23% who dropped out of treatment, every one of them had one thing in common. That one thing was housing insecurity. Expecting people to maintain consistency in treatment is unreasonable without addressing their housing insecurity."

John Stephens, CEO, didgwálič Wellness Center, Swinomish Indian Tribal Community

2.4 Develop Protocols to Ensure MAT Benefits the Individual and Community

It is important that tribal clinic administrators and staff develop clear protocols that establish criteria that must be met before patients on MAT are allowed to graduate from receiving daily doses of medications at the clinic to taking ("carrying") medications home. The development of thoughtful carry protocols can stymie medication diversion and misuse in tribal communities offering MAT.

Some effective clinic carry protocols include the requirements that patients must:

- Take a series of educational classes about medication safety
- Demonstrate an understanding of lockbox safety
- Receive a certain number of satisfactory random urinary analyses results, and
- Remain accountable and progressing in their treatment plan for a 60 to 90-day period of daily dosing before they are allowed to take medications home

Creating and consistently applying a medication carry protocol ensures that the medications offered to treat OUD will benefit the health of the individual and the community through decreasing the likelihood of medication diversion and medication misuse.

2.5 Develop Comprehensive Recovery Services

To walk the road to recovery, people with OUD require sufficient discharge coordination and linkages to care after graduating from inpatient treatment facilities or being released from jail.

Needed recovery support for people with OUD often includes:

- Stable housing
- Transportation to/from clinic and court appointments
- Social work services
- Case management
- Medical and behavioral health services
- Food assistance
- Dental health services
- Employment services
- Connections to recovery support services and communities, like Narcotics Anonymous

Because people with OUD are, at times, shamed for participating in community cultural practices, recovery support for some tribal people should also include reintroduction or introduction to cultural healing practices and other ceremonies, like traditional dance, art practices, sweat lodge, and drumming.

"As a former family physician, I can tell you it's satisfying seeing people who are complexed with their opioid use disorder who may need something a social worker can provide, and I can say to them 'they are just down the hall.' It's the same with mental health when I can say to a patient 'they're just down the hall.' That type of integration of services is key to keeping people engaged in their treatment and on the path to recovery."

Dr. Guilford Traylor, MD, Medical Director, didgwálič Wellness Center, Swinomish Indian Tribal Community Swinomish Indian Tribal Community

2.6 Offer Ongoing Training to Providers

In order to stay up to date on current treatment protocols, grow their skills to have supportive, effective conversations with patients about problematic opioid use, and implement evidence-based treatments, it is vital for providers (including primary care providers, nurses, psychiatrists, pharmacists, social workers, and others) to:

- Participate in ongoing knowledge and skills-building trainings
- Participate in OUD mentorship programs

The NPAIHB offers free telehealth ECHO trainings for providers on effectively treating complex conditions, like OUD and other substance use disorders (SUDs). To learn how your clinic staff can follow MAT best practices and provide comprehensive care to people with OUD, visit IndianCountryECHO.org.

Tribal leadership, like tribal citizens, have the purview to act as Indian health policy advocates for policy change on all levels, including federal, state, county, and tribal.

2.7 Ensure Treatment and Recovery Services are Inclusive

Many Two Spirit and Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people have difficulty finding treatment and recovery services where they feel included and accepted. Health care providers can create an affirming environment for Two Spirit and LGBTQ patients by:

- Asking clients how they prefer to be identified
- Adopting policies and practices that affirm clients' identities
- Partnering with Two Spirit and LGBTQ organizations to support prevention, treatment and recovery efforts
- Acknowledging diverse Native concepts of gender and sexual orientation
- Advocating for Two Spirit and LGBTQ people

Two Spirit and LGBTQ patients who feel safe and respected in clinical settings are more likely to access care, communicate openly about their health needs, and build lasting relationships with their health care providers.

Here are some opportunities for health care providers to learn more:

- Further Education:
  - Fenway Health National LGBT Education Center: fenwayhealth.org/the-fenway-institute/education/the-national-lgbt-health-education-center
  - NPAIHB Two Spirit and LGBTQ Resources: www.npaihb.org/2SLGBTQ
  - Educational text campaign: Text PROVIDER to 97779
- Collecting Sexual Orientation and Gender Identity Information:
  - Toolkit for collecting data on sexual orientation and gender identity in clinical settings: doaskdotell.org
  - Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized-Patient-Based Sexual History Taking Curriculum: www.mededportal.org/publication/10634/
- Two Spirit Health Resources:
  - SAMHSA Two Spirit webinars: www.samhsa.gov/tribal-ttac/webinars/two-spirit
  - Indian Health Service (IHS) Two Spirit LGBT resources: www.ihs.gov/lgbt/health/twospirit
  - (W)righting Our Relations—Working with and For Two-Spirit Individuals: www.ymsmlgbt.org/webinars
  - Walking in Good Way—Cultural Considerations when Working with Two-Spirit Individuals: www.ymsmlgbt.org/nativeamricanresources

2.8 *Create New Inroads to Treatment*

Creating new pathways to services for community members can improve tribal community members' access to OUD treatment services.

It is recommended that tribes explore:

- Working with local jails and prisons to initiate and/or maintain incarcerated persons on OUD medications
- Collaborating with local hospital emergency rooms to create linkages to treatment for OUD post-discharge

Welcoming individuals into treatment after they have detoxed may decrease their risk of opioid overdose. And opening up a larger spectrum of treatment options available for patients, like naltrexone (which requires a period of abstinence from opioids and alcohol), may make treatment more amenable to a larger number of people.

"Our experience is that over 70% of people with opioid use disorder do not have a driver's license. You can build the best program with the best policies and the best personnel, but if the patient can't get there, you are not meeting that patient need."

John Stephens, CEO, didgwálič Wellness Center, Swinomish Indian Tribal Community

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ACTION #3:
Protecting Mothers and Babies Affected by Opioid Use Disorder

Substance use disorder, including OUD, during pregnancy negatively affects a woman's health and the health of her child. There is an urgent need to address the challenges faced by pregnant AI/AN women using opioids, because opioid misuse during pregnancy increases the risk of adverse maternal, perinatal, and neonatal outcomes.

3.1 *Prevent Neonatal Opioid Withdrawal Syndrome*

A lack of upstream interventions for AI/AN maternal opioid misuse results in downstream effects on infants including poor nutrition, inadequate prenatal care, violent environments, sexually transmitted infections, poorer birth outcomes, and neonatal opioid withdrawal syndrome (NOWS).

To effectively address NOWS and maternal OUD, AI/AN mothers and children will benefit from:

- Early identification and intervention of maternal opioid misuse
- Decreased stigma associated with accessing services for OUD
- Knowledgeable health care staff trained in best practices for maternal OUD
- Appropriate healthcare and treatment services, including access to MAT prenatally and postnatally
- Culturally relevant, data-driven treatment options pre- and post-pregnancy
- A continuum of care provided by trusted providers in primary care homes

"MAT is the standard of care as withdrawal from opioid use can endanger the pregnancy and fetus. The rationale for MAT during pregnancy is to prevent complications of illicit opioid use and narcotic withdrawal, encourage prenatal care and drug treatment, and reduce acquisition of possible infections from drug use."

American Academy of Pediatrics, Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

"As many AI/AN women with substance use disorders accessing care have experienced multiple life traumas including adverse childhood experiences (ACES), developmental care of the mother should be organized around empathy for surviving past trauma and understanding the potential impact of trauma on parenting ideas and practices."

American Academy of Pediatrics, Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

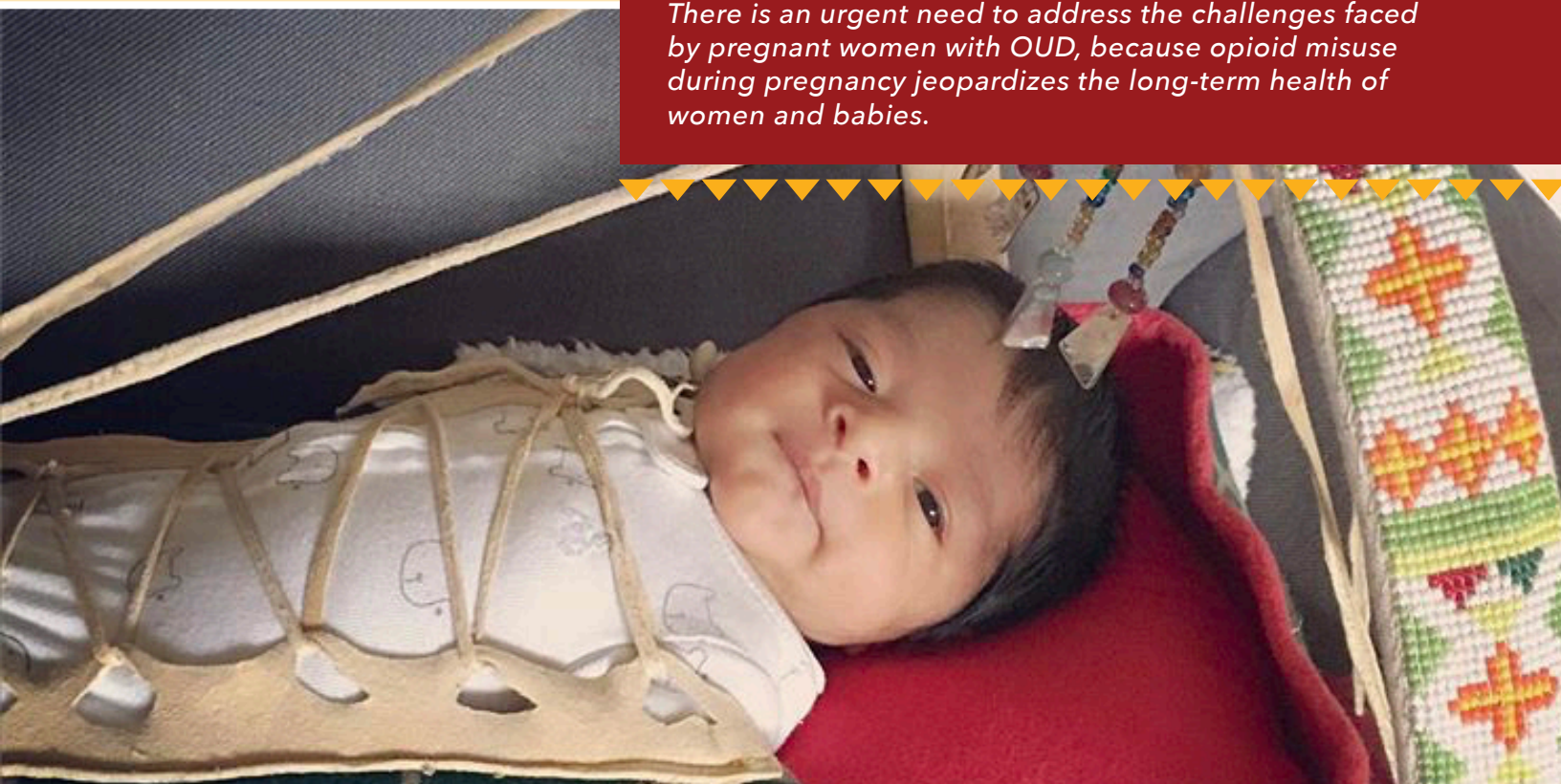
3.2 Enhance Care for Neonatal Opioid Withdrawal Syndrome

For many tribal clinics enhancing care for newborns born with NOWS will, require additional training and reorienting of the service model for expecting mothers. Providing effective care for infants born with NOWS requires a team effort between health care providers and the new mother.

To enhance care for NOWS, it is recommended that clinic administrators:

- Provide staff training about NOWS, clinical best practices, and identifying and treating (or rapidly referring) women with OUD
- Work to reduce stigma among staff

There is an urgent need to address the challenges faced by pregnant women with OUD, because opioid misuse during pregnancy jeopardizes the long-term health of women and babies.



Implementation of programs to foster early universal maternal screening, brief intervention, and referral to treatment of pregnant women with opioid use disorder can improve maternal and infant outcomes.

- Promote standardized care for expectant mothers with OUD and babies with NOWS
- Meet the needs of the mother "where she is at" through a harm reduction approach
- Provide training for providers on best practices for breastfeeding while on MAT
- Integrate behavioral health, social work, and substance use counseling services in perinatal clinics
- Focus efforts on reducing maternal opioid overdose
- Focus efforts on linking pregnant and post-partum women to services with the goal of keeping mothers and babies together
- Expand wrap around services for pregnant and parenting women that address potential barriers to accessing OUD treatment, including housing, employment, food, security, transportation, and childcare

Utilizing clinical best practices and assuring continuity of care for the supported mother will:

- Decrease the need for medical evacuation
- Promote bonding with family and sustained breastfeeding
- Improve management of infants born with NOWS

ACTION #4:
Incorporating Harm Reduction into Tribal Treatment and Recovery Services

Successful treatment and recovery services for OUD commonly implement a harm reduction approach, where service providers work with individuals with OUD without judgement in order to improve their health, wellbeing, and safety. A harm reduction approach includes working with individuals with OUD to understand their needs, their relationship to opioid use, and their hopes for maintaining their own health – all without requiring that they stop using drugs in order to receive services. It also includes listening to individuals with OUD and making sure that their thoughts, experiences, and recommendations are incorporated into services.

4.1 *Train Community Members on Using Naloxone*

Naloxone is a powerful drug that can reverse an opioid overdose within minutes. Naloxone is safe and comes in an easy-to-use nose spray. Training community members on how and when to use it, as well as making naloxone widely available is essential to tackling the tribal opioid epidemic.

It is recommended that:

- People with OUD and their family members, as well as law enforcement, first responders, school staff, and those offering tribal social, medical, and court services be trained on how to recognize a person overdosing from opioids and how to use naloxone nasal spray
- Tribal law enforcement, medical, and social service departments adopt policies that require staff to carry naloxone on their person at all times
- Tribal OUD programs educate the above priority service providers and other community members on how to respectfully and compassionately interact with people with OUD
- Tribal pharmacists are given prescriptive authority over naloxone

"Unfortunately, stigma has prevented many sufferers and their families from speaking about their struggles and from seeking help. The way we as a society view and address opioid use disorder must change–individual lives and the health of our nation depend on it."

Jerome M. Adams, MD, MPH,Vice Admiral, U.S. Public Health Service Surgeon General

4.2 Offer Syringe Service Programs

Syringe service programs (including needle exchange, disposal and dissemination) is one example of a harm reduction strategy that improves the health, safety and wellbeing of people with OUD who inject drugs. Syringe service programs reduce the likelihood of people sharing syringes, and consequently reduce the risk of spreading blood-born infections (such as HIV or hepatitis C).

It is recommended that tribes develop syringe service programs that:

- Connect people who use drugs with education, counseling, treatment, and resources
- Provide safe syringe disposal, sterile syringes, and naloxone
- Offer testing for certain infectious diseases (like HIV and hepatitis C)
- Reduce the amount of harm individuals with OUD experience until they are ready to seek treatment

4.3 Offer Supervised Injection Facilities

Implementing and staffing sites where people with OUD can inject drugs in a medically supervised, safe, and sanitary environment, is another way to reduce the amount of harm people with OUD experience. Typically, at supervised injection facilities, information about drugs and basic health care are offered to those accessing the service, as are treatment referrals, and access to medical staff. Other harm reduction strategies, like needle exchange and disposal, are generally offered at supervised injection facilities. This approach offers a way to connect people who inject drugs with social and medical services. Plus, it protects the safety of people who inject drugs, keeps needles off the streets, decreases the risk of transmission of bloodborne diseases (like HCV and HIV), and decreases the risk of death from opioid overdose.

It is recommended that tribes:

- Explore obtaining tribal support for a tribally run supervised injection facility
- Implement policies that support the development and access to supervised injection facilities
- Provide supervised injection as part of a comprehensive, harm reduction approach to community wellness

"It's tough to go get new needles. So… I [use] the same old needle, sharing needles… If there were [syringe exchange programs] where you could go and get a new needle every day… that'd be fantastic."

Participant, National Study of AI/AN Injection Drug Users

4.4 Include People with OUD in the Development and Implementation of Harm Reduction Services

A harm reduction approach includes listening to individuals with OUD and developing services based on their expressed needs.

It is recommended that tribal opioid programs:

- Include people with OUD on bodies that can inform the development and implementation of community-based services (like community advisory boards)
- Regularly collect data on the current health needs of people with OUD directly from people with OUD
- Use this data to determine critical gaps and unmet needs in current service offerings
- Take action to improve OUD services using an evidence-based approach
- Create opportunities for people in recovery to become a formal part of services offered

4.5 Enact Tribal Harm Reduction Policies

Harm reduction policies are an effective way of addressing the opioid epidemic. Harm reduction policies should be developed and implemented at various levels, including at the health clinic and within social service departments and law enforcement.

Policies can be developed that:

- Terminate drug-related banishment – Our people who are suffering from OUD and other SUDs often require medical attention and behavioral health services to get well. Banning those with OUD from cultural practices, healing ceremonies, and the support of the community is unkind and harmful to their health and recovery.
- Support the development of and access to syringe exchange programs
- Support the development of and access to supervised injection facilities
- Make trainings on recognizing an opioid overdose and administering naloxone mandatory for all law enforcement, first responders, school staff, and those offering tribal social, medical, and court services
- Require tribal law enforcement, medical staff, and social service staff to carry naloxone on their person
- Protect an individual from prosecution who seeks emergency services for themselves or someone else experiencing an overdose (Good Samaritan laws)
- Divert people with OUD from the criminal justice system to treatment and recovery services
- Support people in recovery in their efforts to obtain jobs and housing, regardless of their past criminal involvement

ACTION #5:
Collecting Data to Mount an Effective Community Response

Data is helpful in planning an effective public health response. Collecting and analyzing tribal-level data about OUD is important for understanding the scope of the epidemic in your community. It can help tribes consider where to spend resources to combat the epidemic by describing who is most impacted and how prevention and treatment efforts can be harnessed to help them. Additionally, data can help tribes evaluate the success of community interventions. It can also show where changes could be made in order to better meet people's needs.

It may be helpful to consult with your area Tribal Epidemiology Center (TEC), which may be able to support you in identifying community-, state-, and national-level sources of opioid data, deciding what data you'd like to collect, and developing an opioid data surveillance plan. You can find contact information for your area's Tribal Epidemiology Center by visiting tribalepicenters.org.

5.1 *Find Out What Opioid Data is Available*

In order to understand the landscape of the opioid epidemic in your community, health information and data should be continuously collected and analyzed at regular intervals. This data can be either 'numbers data' (quantitative data collected through efforts like surveys, for example) or 'talking data' (qualitative data collected through efforts like interviews or talking circles, for example). This kind of regular health data surveillance helps tribes plan, implement, and continuously evaluate and improve their community interventions.

In order to perform opioid data surveillance, you can start by creating a list of different sources of opioid data that are available to your tribe. Then you can explore how to get access to this data.

Some common sources of opioid data include:

- Community-level opioid data sources
  - Tribal clinic electronic health records (EHR) or the IHS Resource and Patient Management System (RPMS)
  - Tribal/county police (for data on illicit drug seizure data on/near tribal lands)
  - Tribal/county data (on drug incarcerations)
  - Community syringe exchange and naloxone programs
  - Tribal drug treatment programs, including inpatient, MAT programs, and opioid treatment programs
  - Community or tribal health assessments

- State-level opioid data sources
  - State Prescription Drug Monitoring Programs (PDMPs)
  - State death certificates
  - State hospitalization/hospital discharge records
  - State emergency department visit/Syndromic Surveillance/ ESSENCE systems
  - State emergency medical services (EMS) systems
  - Enhanced State Opioid Overdose Surveillance (ESOOS)
  - State Unintentional Drug Overdose Report System (SUDORS)
  - State Healthy Youth/Teen Surveys
  - State Medicaid Data
- National-level opioid data sources
  - The Centers for Disease Control and Prevention (CDC) Web-based Injury Statistics Query and Reporting System (WISQARS)
  - CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
  - National Violent Death Reporting System (NVDRS)
  - Fatality Analysis Reporting System (FARS)
  - CDC Youth Risk Behavior Surveillance System (YRBSS)
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Epi Data Mart (IHS National Data Warehouse)
  - Pregnancy Risk Assessment Monitoring System (PRAMS)
  - Overdose tracking resources (such as Overdose Detection Mapping Application Program (ODMAP) or other overdose reporting systems)

"We need good data about the impacts of opioid use in our communities in order to know where we are and how best to respond in ways that help support addiction treatment and recovery."

Dr. Thomas Weiser, MD, MPH, Medical Epidemiologist, Northwest Tribal Epidemiology Center

5.2 Decide What Opioid Data is Important for Your Tribe to Collect

After identifying the community, state, and national sources of opioid data available to you, investigate these data sources and consider the types of important information you'd like to track in your community.

At times, it is helpful for a tribe or clinic to collect the same kind of data that is collected by the state or federal government (for example: collecting the number of fatal opioid overdoses in your tribe), so you can compare your tribal data to the general population in your state and/or the entire country.

The data you would like to track in your community might include:

- Prevalence of youth and adult opioid use disorder
- Number of fatal opioid overdoses
- Number of non-fatal opioid overdoses
- Prevalence of substance use in pregnancy
- Number of naloxone kits disseminated/used
- Syringe exchange program evaluation information, such as number of participants served, syringes distributed, and returned syringes
- Harm reduction program evaluation information, such as the number of naloxone kits distributed, number of infectious disease screenings, and referrals and linkages to health care and social services

5.3 Create a Plan for Collecting and Analyzing Opioid Data

After you decide what opioid data is available to you (5.1), as well as what specific types of information you'd like to track in your community (5.2), the next step is developing a sustainable plan for ongoing, regular collection of opioid data. This kind of data surveillance may seem like a lot of work, but it is key to making informed decisions about your approach to ending the opioid epidemic in your community.

It is recommended that tribes:

- Develop a written plan that includes data collection, instruments, intervals, partners, responsible parties, and analysis methods
- Explore which division or department within the tribe will manage data collection and storage
- Collaborate with external partners (like your tribal epidemiology center, tribal colleges and universities, nearby non-tribal colleges or universities, consulting firms) if internal tribal capacity does not permit data collection and storage to take place
- Invest in staff capacity building and development to build up internal abilities to manage surveillance operations within the tribe

5.4 *Share Your Opioid Data with Key Tribal Staff and Partners*

In order to develop (and evaluate) tribal opioid prevention, treatment, and recovery interventions, the data you collect should be effectively communicated to the appropriate staff, community members, and leaders who are working on opioid programs and intervention efforts.

It is also helpful to develop a plan for disseminating opioid data findings.

Some communities find it useful to share data through:

- Posting data to online overdose/opioid data dashboards for on-demand regional and/or tribal use
- Occasional webinars for tribal staff and partners
- Reports for tribal community members and leadership on intervention efforts and impact
- Reports to tribal, local, state, or national partners to promote evidence-based policymaking and service planning

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"When we think about data, and how it's been gathered. It was never gathered to help or serve us. It was primarily done to show the deficits in our communities, to show where there are gaps. Decolonizing data means that the community itself is the one determining what is the information they want us to gather. Decolonizing data is about controlling our own story and making decisions based on what is best for our people… I always think about the data as story, and each person who contributed to that data as storytellers… And as indigenous peoples, we have always been gatherers of data, of information."

Abigail Echohawk, MA, Director, Urban Indian Health Institute, Chief Research Officer, Seattle Indian Health Board

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ACTION #6:
Growing the Evidence Base for Effective Tribal Opioid Interventions

It is essential to invest in garnering a better understanding of the opioid epidemic in Indian Country. Specifically, additional research and understanding is needed to develop successful prevention, treatment, and recovery interventions that incorporate traditional knowledge, wellness, and cultural inclusivity.

6.1 Grow Tribal Best Practices for Addressing OUD

Tribal best practices are cultural and traditional teachings that are considered effective in preventing OUD.

Tribal best practice interventions for addressing OUD are based on:

- Oral traditions
- Ceremonies
- Healing Practices
- Histories
- Teachings
- Observations

Different communities have different ways of deeming whether or not a practice is effective. For example, some communities may ask that elders approve of an intervention, while others determine effectiveness of a practice through ensuring that the practice is based on the history and teachings of the tribe.

When tribes develop and implement tribal based practices for addressing OUD stemming from their history, values, teachings, cultural practices, traditions, and observations, this is a valid approach to addressing OUD. Also, when tribes adapt or indigenize an existing evidence-based intervention or create their own evidence-based intervention, these are equally valid. Examples of tribal based practices for addressing SUD include sweats, traditional teachings, singing, talking circles, art, drum group, healing foods, education by tribal elders, and medicines.

Incorporating traditional indigenous knowledge, practices, teachings, history, and ceremonies into the development of new or existing OUD interventions, along with relevant cultural practices, is invaluable for tribal communities. Furthermore, it is critical to broaden the reach and collective knowledge of effective OUD practices by disseminating models and frameworks used by tribes to develop, plan, budget, promote, and advocate for these practices.

Topics to be explored that can grow the evidence-based and/or tribal practice base include:

- Community-based interventions to prevent/mitigate the effects of adverse childhood experiences (ACEs), which can increase an individual's risk for later substance use
- Community-based interventions to prevent/mitigate the effects of intergenerational and historical trauma, which impacts the emotional, physical, spiritual, and psychological health and wellness of AI/AN
- Ways to identify and address barriers for tribal people seeking access to OUD prevention, treatment, and recovery services
- Strength-based cultural practices that enhance health and wellness and are protective against the development of OUD
- The design and evaluation of adapted or indigenized MAT programs in tribal communities
- The design and evaluation of tribal harm reduction programs, including syringe exchange services
- Assessing the impact of community- and provider-level stigma/bias on the prevention, treatment, and recovery of OUD

6.2 *Grow the Evidence and Practice Base on AI/AN Substance Use During Pregnancy*

Topics you may want to explore to grow the evidence base and tribal practice base in this area include:

- Prevalence of OUD among expectant mothers in your community
- Prevalence of NOWS among babies born in your community
- Risks and protective factors for OUD in pregnant mothers living on and off tribal lands

In order to support mothers and babies, it is essential to listen to women affected by the opioid crisis–speak with them versus at them, learn how to leverage their strengths, and understand their priorities, barriers to care, and needs.

To create buy-in, address fears, and harness the full extent of tribal resources, John Stephens, CEO of didgʷálič Wellness Center, along with other health advocates at Swinomish Indian Tribal Community, held community-wide listening sessions and coordinated planning meetings with key partners, such as tribal law enforcement, prior to opening the Center. In just one year, didgʷálič has helped reduce the number of overdose deaths in their community by 50%.

- Community-based interventions to prevent/mitigate the effects of adverse childhood experiences (ACEs) for children born to mothers with SUD
- Community-based interventions which address the emotional, physical, spiritual, and psychological health and wellness of expectant mothers with SUD
- Interventions adapted/ indigenized to educate expectant mothers about OUD and SUD
- The design and evaluation of tribal programs for expectant mothers with OUD and their babies
- How to best share findings and results so as to allow other communities to benefit from local success

"If trauma impacts the epigenetic transfer of trauma, culture and connection can mitigate these affects. If we want to prevent substance misuse we need to focus more on stress, trauma, and poverty while providing intervention options that are grounded on traditional indigenous knowledge."

Dr. Danica Love Brown, MSW, PhD, Behavioral Health Manager, Northwest Portland Area Indian Health Board

ACTION #7:
Cultivating Responsive Communities, Clinics, and Policies

An effective response to the tribal opioid crisis requires the cultivation of and investment in leaders who are knowledgeable about OUD, harm reduction, and responsive to their community's needs. It also requires that tribal leadership at all levels work within their purview to develop every person's skills in accordance with the tribal opioid response strategy.

7.1 Cultivate Responsive Leadership

Strong leaders are fundamental for their vision, as well as their ability to carve a path forward while upholding cultural values and community needs. It is powerful and effective when tribal leadership exercise their sovereignty through developing community-based policies and programs that address tribal members' needs.

It is recommended that, in order to effectively respond to the opioid crisis, tribal leadership support comprehensive strategies, including the enactment of tribal policies that:

- Destigmatize and decriminalize people with OUD
- Promote harm reduction strategies
- Support comprehensive and community-based approaches
- Ensure access to MAT and naloxone
- Remove insurance coverage limitations
- Harness diversified sources of funding, such that a comprehensive body of services can be offered to people with OUD under one roof, including syringe exchange, case management, primary medical care, infectious disease screening, overdose prevention education, and the provision of naloxone
- Remove barriers to accessing care
- Rely on drug courts that sentence people with OUD to treatment instead of jail
- Decriminalize maternal and prenatal opioid use and work to keep mothers and their children together
- Promote knowledge sharing between tribes and local, regional, and national organizations

Effective response to the tribal opioid crisis requires investment in developing every person's skills in accordance with the tribal opioid response strategy and creating a common vision for moving forward.

- Rely on evidence-based strategies that are data-informed
- Rely on traditional indigenous knowledge and community and cultural practices
- Include youth voices and other priority populations' voices in decision-making processes
- Decriminalize and legalize all manners of syringe service programs and supervised injection facilities
- Move away from abstinence-only approaches to treatment of OUD
- End the practice of banning people with OUD from their tribal community

"It is critical that tribal cultural and traditional healing practices - which have been effective since time immemorial in our communities - not be subject to rigid evaluation by external entities. Up until just over 40 years ago, the U.S. federal government prohibited these practices. Doing so had a hugely detrimental impact on AI/AN communities. From my perspective, meaningfully addressing this trauma and healing the relationship between the federal government and tribal nations requires that the U.S. Department of Health and Human Service support the inclusion of funding for our time-tested cultural and traditional healing practices across all of their programmatic areas."

Laura Platero, JD, Executive Director, Northwest Portland Area Indian Health Board

"As a probation officer [in a drug court] it's the best thing I've ever done. We have a highly structured probation program… with a whole team of people who get together… mental health counselors, healthcare providers, a judge, and sometimes community members, and we're all working to help our clients [get better]. We try to be creative in our sanctions, but we also give incentives for just doing well... The circle gets bigger as we go."

Probation Officer working with AI clients in a Tribal Drug Court in the Great Plains region

7.2 Develop Strong Partnerships

Building strong partnerships is essential to working better together – not just in words but in action. In order to implement a coordinated tribal opioid response strategy, it is vital that tribal leadership:

- Seek out meaningful relationships with local, state, and federal partners

Develop working relationships with tribal epidemiology centers, area health boards, IHS, national organizations serving AI/ANs, and non-traditional partnerships

- Engage and/or strengthen collaborations with law enforcement, first responders, jails, prisons and drug courts, dental clinics, hospitals, emergency rooms, and victim assistance programs
- Work with the Bureau of Indian Affairs to incorporate the Tiwahe Initiative into health care and behavioral health services

  (This powerful initiative encourages service coordination between programs within tribal communities so that critical services more effectively and efficiently reach Native families)

7.3 Invest in Workforce Development and Retention

Providing for the health and wellbeing of tribal citizens doesn't solely rely on simply bringing more doctors and other health professionals to Indian Country. Creating educational and employment pathways that improve a community member's likelihood of entering a health-related field can help to reinforce a community-driven response. Thus, responding to the opioid crisis in tribal communities holistically requires an upstream approach, which includes workforce development, supporting educational pathways and training opportunities, and creating community-based, professional wage-earning jobs.

Workforce development challenges facing tribal governments and Native organizations are multifaceted, but there are feasible ways to overcome these hurdles. In fact, a growing number of tribal nations are constructing effective solutions to overcome them by developing responses that include the following:

- Grow Knowledge
  - Create comprehensive addiction and safe pain management education for current and training physicians, advanced practice nurses, pharmacists, behavioral health, physical therapists, and other health care providers
  - Train health care providers and program support staff on the information and skills appropriate to their professional role in responding to and preventing OUD
  - Provide ongoing professional development, educational opportunities, and mentorship programs pertaining to OUD for staff and providers
  - Provide cultural competency training—including information on traditional practices, language, values, and worldviews—to staff working directly with AI/AN community members
- Improve Staffing
  - Seek additional funding and/or restructure staffing profiles to increase staffing levels and ensure adequate workforce to implement an effective opioid response
  - Implement technology-based strategies to address staffing shortages (including the use of telehealth and teleECHO) to complement existing workforce and expertise at tribal health clinics and health programs
  - Recruit existing staff and potential applicants who are interested in providing OUD care
  - Provide access to new or upgraded OUD-related skills training
  - Consider applicants' opioid response experience and/or willingness to work with persons with OUD as a part of hiring, onboarding, and new staff training
  - Recruit job candidates with lived experience regarding OUD, including those in recovery, people with a history of OUD/SUD, and those with past criminal justice involvement due to OUD
- Think Innovatively
  - Provide staff with designated time for wellness/stress management to promote retention and avoid burnout
  - Encourage AI/AN youth to pursue careers in health care, behavioral health, and public health by providing opportunities for shadowing, observations, internships, and educational scholarships
  - Raise awareness of tribal and tribal epidemiology center career

opportunities for new graduates

- Develop substance use treatment internships for tribal youth and those formally incarcerated for OUD-related offenses
- Create a network of indigenous harm reduction champions
- Adopt the community health and behavioral health aid model for OUD/SUDs

7.4 Enact Effective OUD Policy and Advocate for High-Impact Issues

The development of thoughtful and responsive health policy is essential for improving the health and wellbeing of AI/AN people. As a whole Indian health policy comprises a complex patchwork of federal, state, and tribal statutes, executive orders, court decisions, and federal and state agency policies that have largely been informed by the work of Indian health advocates.

Tribal consultation—an important activity in the exercise of the government-to-government relationship between tribal governments and the U.S. federal government—is required by law across federal agencies. Numerous federal agencies have cultivated robust tribal advisory bodies of Indian health advocates from across Indian Country who contribute important community insights, perspectives, and policy analyses and proposals that inform the development of federal agency policies and regulations impacting AI/AN people.

As sovereign entities, tribes possess the ability to govern, protect, and enhance the health, safety, and welfare of tribal citizens within their territory. As such, tribal governments have immense latitude to legislate on important health and safety issues that impact their people. In addition, tribal leadership have the opportunity to act as Indian health policy advocates for policy change on all levels, including federal, state, county, and tribal.

The following are contributions by public health and policy experts regarding high-impact policy changes that if enacted have the potential to stymie the opioid crisis and save lives:

- Fully fund the IHS (per recommended by the National Tribal Budget Formulation Workgroup) to ensure that health care needs of AI/AN people are adequately addressed
- Enact advance appropriations for the IHS to guarantee that lapses in federal funding do not result in a loss of health care services and death for AI/AN people
- Enact legislation that destigmatizes OUD and shifts away from non-evidence-based approaches, including abstinence-only treatment models for OUD

- Create non-competitive, formula-based federal funding set asides for tribal communities for prevention, treatment, and recovery programs for OUD, where funding is flexible enough that it can be used to meet the unique needs of each community (i.e., similar to Special Diabetes Program for Indians funding)
- Enact legislation that provides sustainable funding for transitional housing, transportation, childcare, and other services for AI/AN people with OUD to eliminate barriers to accessing care
- Fund federal programs that expand the use of traditional medicines and cultural practices to prevent and treat SUDs, including OUD
- Enact laws that recognize traditional medicine as a reimbursable form of treatment for OUD
- Enact legislation that offers funding for educational and workforce development opportunities for people with OUD, independent of past criminal activity
- Enact legislation that expands the breadth of health care providers who are able to prescribe MAT on tribal land
- Enact Medicaid reinstatement policies that ensure offenders immediate access to benefits upon release (such as "suspension of benefits," rather than "termination" upon incarceration)
- Increase federal funding for tuition waivers and loan repayment for behavioral health, medical providers, and other health care providers in AI/AN communities
- Ensure those working in behavioral health fields (including harm reduction) earn a competitive living wage
- Enact legislation that improves the tribal-federal consultation processes, such that the contributions of tribal representatives result in high-impact federal policy and regulatory change that benefits the health and wellness of Native people and their families suffering from OUD

The following are high-impact recommendations for those working collaboratively with tribal governments:

- Work with national Indian organizations (such as the National Indian Health Board and the National Congress of American Indians) to provide your tribal leadership with talking points and educational information on OUD
- Work with national Indian organizations' policy departments (such as the National Indian Health Board and the National Congress of American Indians) to share stories and recommendations directly with tribal leaders seated on federal tribal advisory committees (like those of SAMSHA, CDC, IHS, Office of Minority Health, and HHS). This will assist leadership in developing a more unified strategy for providing high-impact insights, recommendations, and responses to proposed policy/regulations regarding OUD

We can heal our communities through culture, connection, and developing interventions and policies that are grounded in traditional indigenous knowledge, tribal best practices, and evidence-based practice.

- Actively participate in national and regional tribal consultations on health and health-related matters
- Encourage tribal leadership to permit tribal participation in state PDMPs, by integrating PDMPs into your EHR system
- Advocate for enhanced communication between state w programs and tribes with borders spanning multiple states
- Support tribal efforts to address pharmaceutical companies' role in the opioid crisis

"I've been in law enforcement for over 30 years now. We cannot arrest ourselves out of this problem. If we did, I don't know if we'd accomplish a lot. We can arrest [people with opioid use disorder] again and again and again, but they don't get better until they get the help they need, which is certainly not provided by the courts and law enforcement. Sometimes courts and law enforcement do steer people to the things they need, so we do play a role, but our tribal clinic has had MAT treatment now for years, and our cases of success have tended to go through that program."

Mike Lasnier, Chief of Police, Suquamish Tribe

Glossary

A

Abstinence-only approach: an outdated approach that is not in line with evidence-based practice for the treatment of OUD. Abstinence-only approaches withhold the range of medications used to treat OUD, placing patients with OUD at unacceptably high risk for relapse and overdose.

Advance appropriations (federal): when federal funding is provided in advance for certain activities that will take place the following year (or years). For example, if the Fiscal Year (FY) 2020 advance appropriations for the IHS were included in the FY 2019 appropriations bills, IHS would have funding available in 2019 that it plans on using in 2020. If IHS were to receive advance appropriations, it would not be subject to government shutdowns because its funding for the next year would already be in place.

AI/AN: American Indian and Alaska Native

B

Barriers to Care: limitations that prevent people from receiving adequate health care (e.g., transportation).

BIA: Bureau of Indian Affairs

Buprenorphine: a prescription medication used to treat people with OUD that acts by relieving the symptoms of opiate withdrawal. Buprenorphine is sold under the brand name of Subutex and, in combination with naloxone, as Suboxone.

C

CDC: Centers for Disease Control and Prevention

D

Daily dosing: a dose of a medication received daily. In most settings daily dosing of MAT takes place at the clinic observed by a staff member.

DATA waiver: a practitioner waiver to prescribe or dispense buprenorphine medications under the Drug Addiction Treatment Act of 2000 (DATA 2000). To receive a waiver to practice opioid dependency treatment with approved buprenorphine medications, a practitioner must apply through the SAMHSA Center for Substance Abuse Treatment.

Data surveillance: continuous, systematic collection, analysis and interpretation of data. Surveillance of health data helps tribes plan, implement, and continuously evaluate and improve their community interventions.

Detox: a process or period of time in which one abstains from drugs or other substances (like alcohol).

Drug Court: problem-solving courts that take a public health approach in which the judiciary, law enforcement, mental health, social service, and treatment communities work together to help offenders transition into substance use treatment.

E

Extension for Community Healthcare Outcomes (ECHO) Model: designed to extend specialty care to rural patients using video conferencing for area providers that offer: support from specialists to primary care providers (PCPs) on patient cases, training for PCPs through shared case-based learning and mentorship, assistance with patient treatment plan development and monitoring, and opportunities to participate in research.

Electronic Health Record (EHR): a digital version of a patient's medical chart.

EMS: Emergency Medical Services

EMT: Emergency Medical Technician, commonly known as first responders.

F

Fentanyl: a powerful synthetic opioid that is 50 to 100 times more potent than morphine. Synthetic opioids, including fentanyl, are now the most common drugs involved in drug overdose deaths in the United States.

G

Good Samaritan Overdose Laws: offer legal protection to people who give reasonable assistance to those who are, or are believed to be injured, ill, in peril, or otherwise incapacitated.

Gender expression: A person's external presentation of gender through clothes, hair, voice, posture, and mannerisms. This may or may not match a person's gender identity.

Gender identity: a person's internal sense of gender. If this matches your gender assigned at birth, you are cisgender. If it doesn't, you may identify as transgender or genderqueer.

Gender-neutral bathrooms: public toilets that are not separated by gender or sex. Such toilet facilities can benefit transgender populations and people outside of the gender binary.

H

HCV: hepatitis C virus; hepatitis C.

Harm reduction: the goal of harm reduction activities is to reduce the amount of harm individuals with OUD experience until they are ready to seek treatment. Harm reduction services meet an individual with OUD 'where they are at' without forcing them to stop taking drugs in order to receive services.

HIV: human immunodeficiency virus

Human immunodeficiency virus (HIV): the virus that can lead to acquired immunodeficiency syndrome or AIDS if not treated. HIV attacks the body's immune system, which helps the body fight off infections.

HHS: U.S. Department of Health and Human Services

I

IHS: Indian Health Services

Integrated treatment model: a treatment model for OUD that offers a range of services. An example of an integrated treatment model for people with OUD is one that offers substance use counseling, along with mental and behavioral health services, primary medical care, and social worker case management under one roof as a "one-stop shop" for treatment.

J

K

L

LGBTQ: lesbian, gay, bisexual, transgender, queer, or questioning. LGBTQ patients who feel safe and respected in clinical settings are more likely to access care, communicate openly about their health needs, and build lasting relationships with their health care providers.

M

Medication-Assisted Treatment (MAT): is the use of medications in combination with counseling and behavioral therapies for the treatment of SUDs. A combination of medication and behavioral therapies is effective in the treatment of SUDs and can help some people to sustain recovery.

Medication diversion: the unlawful channeling of regulated pharmaceuticals from legal sources to the illicit marketplace.

Medication lockbox: a secure and locked container to store your medications. This helps to ensure your medications are only accessible to you by keeping your medications safe from use by others and keeps others safe from the unintended effects of your medication.

Medication carry protocol: established criteria that must be met before patients are allowed to move from receiving daily doses of medications (observed at the clinic) to taking medications home.

N

Naloxone (Narcan): is a safe medication that can quickly reverse an opioid overdose. It can be injected into the muscle or sprayed into the nose of a person who is overdosing. Training your community on its use and making naloxone widely available is essential to tackling the tribal opioid epidemic.

Narcotics Anonymous (NA): an organization that provides support and assistance to people who want to stop using drugs, and to those recovering from an SUD who are not actively using drugs and want to stay drug-free.

Needle exchange services (Syringe exchange services): is a social service that allows injecting drug users to obtain needles at little or no cost.

Neonatal: relating to newborn children.

Neonatal Opioid Withdrawal Syndrome (NOWS): a withdrawal syndrome of infants after birth caused by in-utero exposure to drugs of dependence. There are two types: prenatal and postnatal. Prenatal is caused by discontinuation of drugs taken by the pregnant mother, while postnatal is caused by the discontinuation of drugs directly for the infant.

O

Opioids: drugs that block pain signals from reaching our brain. They can also change our mental state, making us feel happy, relaxed, sleepy, or confused.

Opioid misuse: is when someone uses an opioid pain medicine (like oxycodone and morphine) for a reason it was not intended for or in a way that was not prescribed.

Opioid overdose: occurs when the amount of opioids taken slows or stops our breathing. There is a medicine called naloxone that can reverse an opioid overdose.

Opioid Use Disorder (OUD): a chronic health condition that people can recover from. It occurs when opioid misuse causes health issues or problems at work, school, or home.

P

Prescription Drug Monitoring Program (PDMP): an electronic database that tracks controlled substance prescriptions in a state. PDMPs can provide health authorities timely information about prescribing and patient behaviors that contribute to the epidemic and help facilitate a more targeted response.

Perinatal: relating to the time immediately before and after birth.

Prenatal care: refers to the regular medical and nursing care recommended for women during pregnancy.

Priority populations: segments of a community who are particularly impacted by a specific medical condition or conditions.

Q

Queer: describes sexual and gender identities other than straight and cisgender. Lesbian, gay, bisexual, and transgender people may all identify with the word queer. Queer is sometimes used to express that sexuality and gender can be complicated, change over time, and might not fit neatly into either/or identities, like male or female, gay or straight.

R

Recovery: a process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery-oriented care and recovery support systems help people with OUD manage their condition successfully.

S

SAMHSA: Substance Abuse and Mental Health Services Administration

SDPI: Special Diabetes Program for Indians

Sexual orientation: the genders of people someone is sexually attracted to. This may or may not match someone's emotional attraction and may or may not correlate with sexual behavior.

Stigma: a set of negative beliefs that a group or society holds about a topic, behavior, or group of people.

Substance misuse: when someone uses a substance (like painkillers, alcohol, meth, or cocaine) for a reason it was not intended for or in a way that was not prescribed.

Substance Use Disorder (SUD): a chronic health condition that people can recover from. It occurs when substance misuse causes health issues or problems at work, school, or home.

Supervised injection sites (SIS) or facilities: safe locations where drug use is medically supervised and sanitary to reduce the amount of harm people with OUD experience. Typically, at supervised injection sites, information about drugs and basic health care are offered to those accessing this service, as are treatment referrals, and access to medical staff. (Also commonly referred to as supervised injection facilities.)

Safe Use Site (SUS): see supervised injection sites.

Syringe Service Program (SSP): community-based prevention programs that can provide a range of services, including linkage to SUD treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases.

T

TEC: Tribal Epidemiology Center

Tiwahe Initiative: a BIA initiative that encourages service coordination between programs within tribal communities so that critical services more effectively and efficiently reach AI/AN families.

Transitional housing: housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

Two Spirit: someone who is indigenous and expresses their gender identity and/or spiritual identity in indigenous, non-Western ways. This term can only be applied to a person who is Indigenous. A Two Spirit person has specific traditional roles and responsibilities within their tribe. Not all AI/AN LGBTQ people identify as Two Spirit.

U

V

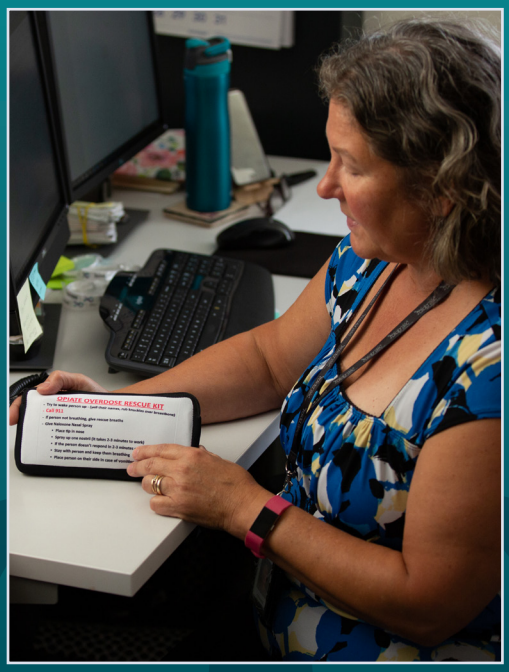
W

Wrap-around services: community-based services that 'wrap around' the individual and their family in their home, school, and community in an effort to help meet their needs.

X

Y

Z


NDIATE OVERDOSE RESCUE KIT

Northwest Portland Area Indian Health Board. Tribal Opioid Response National Strategic Agenda. Portland, OR; Northwest Tribal Epidemiology Center, 2019.

This strategic agenda was developed under a Grant number 5 NU38OT000255-02-00, from the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of CDC or HHS.

Tribal Opioid RESPONSE

Healing our Nations Together

www.npaihb.org/opioid

National Indian Health Board

NPAIHB
Indian Leadership for Indian Health

Legislative and Resolutions committee Minutes

July 14, 2020

Attendees: Nick Lewis (Lummi Nation), Kay Culbertson (Cowlitz), Mike Collins (Warm Springs), Cassia Katchia (Warm Springs), Tracey Rascon (Makah),

NPAIHB Staff: Christina Peters, Laura Platero, Sarah Sullivan

The Legislative and Resolutions Committee discussed five resolutions. The Committee suggested minor formatting edits to the Community Health Aide Program (CHAP) Portland Area Certification Board. No edits were proposed to the other four resolutions. Chairman Lewis requested a future resolution on homelessness as a public health issue and a resolution on racism/racial bias in health policies/health care for American Indians and Alaska Natives.

The Legislative and Resolutions Committee discussed the five following resolutions:

1. **Direct Tribal Access to the Strategic National Stockpile (SNS) During National or State Public Health Emergencies**

   The HHS Assistant Secretary for Preparedness and Response (ASPR) within HHS administers the Strategic National Stockpile (SNS) and is not statutorily required to deploy SNS personal protective equipment and medical supplies to IHS, tribes, tribal health organizations, or urban Indian organizations. Currently, only states have direct access to the SNS. Legislation is needed to guarantee that IHS, tribes, tribal organizations and urban Indian organizations have direct access to the SNS. Under this resolution, NPAIHB calls on Congress to enact legislation that amends Section 319F–2(a)(3)(G) of the Public Health Service Act requiring the HHS Secretary to directly deploy the appropriate drugs, vaccines and other biological products, medical devices, counter measures, personal protective equipment and other supplies from the strategic national stockpile, and qualified pandemic or epidemic products to health programs or facilities operated by the IHS, an Indian tribe, a tribal organization, an inter-tribal consortium, or through an urban Indian organization.

Action: Motion by Cowlitz; second by Lummi Nation (Nick Lewis); and unanimous vote to pass the resolution to the Board for consideration.

2. **Portland Area Community Health Aide Program (CHAP) Certification Board**

   Under this resolution, NPAIHB supports the creation of and implementation of the Portland area CHAP Certification Board (PACCB). Additionally, NPAIHB supports the development of the PACCB with federal baseline standards for consistency of services provided by any CHAP program. The NPAIHB CHAP Board Advisory Workgroup has spent

the previous two years laying the foundation for the PACCB. On July 2, HHS issued the IHS Circular No. 20-06 for the CHAP with the purpose of implementing, outlining, and defining a national CHAP policy for the contiguous 48 states. Portland Area Tribes have established and continue to implement CHAP within our member tribes. Our member tribes would benefit from the existence of a Portland Area CHAP Certification Board for certification of CHA/Ps, BHA/Ps, and DHA/Ts as outlined in the IHS Circular for CHAP expansion.

Action: Motion by Lummi Nation; second by Cowlitz; and unanimous vote to pass the resolution to the Board for consideration.

3. **Native Dental Therapy Initiative – Funding Offered by the National Indian Health Board for Education/Outreach to Enhance Policies Supportive of Dental Therapy**

The National Indian Health Board is offering a funding opportunity of up to $25,000 for work to enhance polices supportive of dental therapy programs. Under this resolution, NPAIHB endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director to apply for funding from NIHB in the amount of $25,000 to support NDTI work toward a stronger online presence with improved sharing of information, including creation of a new website and more robust social media presence.

Action: Motion by Lummi Nation; second by Cowlitz; and unanimous vote to pass the resolution to the Board for consideration.

4. **Native Dental Therapy Initiative – Implementation of Dental Therapy Offered by the National Indian Health Board**

The National Indian Health Board is offering a funding opportunity of up to $25,000 for work to improve the implementation of dental therapy laws in Tribal communities. Under this resolution, NPAIHB endorses and supports efforts by the Tribal Community Health Provider Project, under the guidance of the Executive Director, to apply for funding from NIHB in the amount of $25,000 to support the creation of an online Supervising Dentist Training for dentists planning to supervise DHATs, and related support for this training.

Action: Motion by Makah; second by Lummi Nation; and unanimous vote to pass the resolution to the Board for consideration.

5. **Northwest Tribal Dental Preventive and Clinical Support Center HHS-2020-IHS-TDCP-0001**

WHEREAS the services provided by the Northwest Tribal Dental Preventive and Clinical Support Center help to increase the overall resources and capacity of the dental services available for each dental site in the Portland Area.

THEREFORE, BE IT RESOLVED that the NPAIHB endorses and supports an effort to apply for the continued funding of the Northwest Tribal Dental Preventive and Clinical Support Center in response to proposal announcement HHS-2020-IHS-TDCP-0001.

Action: Motion by Makah; second by Lummi Nation; and unanimous vote to pass the resolution to the Board for consideration.

Northwest Portland Area Indian Health Board
Quarterly Board Meeting
Personnel Committee Meeting Notes

July 14, 2020

Start Time: 2:00 pm

Members Present: Cassandra Sellards-Reck, Shawna Gavin

Staff Present: Andra Wagner, Laura Platero

- Laura proposed adding a work from home policy to our Program Operations Manual.

- Personnel update was reviewed.
    - _7___ new hires
    - _5___ promotions/transfers
    - _0___ interns
    - _0___ resignations
    - _1___ separation – CDC EIS Assignee – 2-year assignment ended
    - Recognition: Eugene – 10 Years of Service
    - No Open Positions

- Annual Preventing Harassment, Discrimination and Bullying training was conducted in April.

Adjourned at 12:35 p.m.

Public Health Committee Notes
NPAIHB July Virtual QBM
July 14th, 2020
Notes: Melino Gianotti

Attendance

Selene Relatos, Siletz maritar@ctsi.nsn.us	NPAIHB Staff:
Maxine Janis, Yakama	Ashley Hoover ahoover@npaihb.org
Andrew Shogren, Swinomish	Barbara Gladue bgladue@npaihb.org
Charlene Tillequots, Yakama	Birdie Wermy bwermy@npaihb.org
Raina Peone, WA Health Care Authority raina.peone@hca.wa.gov	Bridget Canniff, bcanniff@npaihb.org
Roberta Jose-Bisbee, Nez Perce	Celeste Davis, cdavis@npaihb.org 505.670.8380
Libby Cope, Makah	Kim Calloway, kcalloway@npaihb.org
Elese Washines, Yakama	Mattie Tomeo Palmanteer
Jessie Adair, Stillaguamish	Melino Gianotti mgianotti@npaihb.org
Denise Walker, Chehalis	Nancy Bennett nbennett@npaihb.org
Ann Jim, Shoshone-Bannock	Sujata Joshi
Kelly Rowe, Grand Ronde	Tam Lutz
Kelle Little, Coquille	Ticey Mason, tmason@npaihb.org for any dental related questions
	Victoria Warren-Mears, PH CTE Staff, vwarrenmears@npaihb.org

OR Tribal PH Improvement Update

Barbara G. – Got contract w/ the OHA, want to revamp system to serve community members to the best of their ability. Danna Drum helped OHA start working with tribes. Working w/ 8 tribes & NARA, started project in March. Did our Kick Off meeting last Thursday, moving forward we will be starting off with the Assessment (w/ 3 tribes who piloted initially) with all participating tribes & NARA.

For questions please contact Barbara Gladue bgladue@npaihb.org & Melino Gianotti mgianotti@npaihb.org

For general questions about Public Health Improvement & Training, including main contacts for ID tribes, public health accreditation readiness, COVID-19 data reporting, etc.: Bridget Canniff, PHIT Project Director, bcanniff@npaihb.org ; Kim Calloway, PHIT Project Specialist/CDC PHAP, kcalloway@npaihb.org

WA Tribal PH Improvement Update

Nancy B – We've been working on the data fact sheets for communicable disease in WA, we are going to create data fact sheets on each of your communicable diseases as a base line & will update them as necessary

Ashley H – We have several different data sources. HIV, STI, Vaccine preventable diseases, Hep C/B, TB. Our goal is to provide different data briefs for each of those communicable diseases for the tribes as a base line and update them every year. Gives tribes an idea of where we stand. Just finished rough draft of HIV and started STIs, each will have several different key health indicators. Different diagnosis rates & death rates, key age ranges/groups affected, will be presented.

For questions please contact Nancy Bennett, WA PH Improvement Mgr, nbennett@npaihb.org Ashley Hoover, Communicable Disease Epidemiologist (WA PH Improvement/IDEA-NW serving all tribes), ahoover@npaihb.org

Survey

Victoria - Please fill out this NPAIHB Covid-19 survey https://www.surveymonkey.com/r/PXRPHSZ .

- The purpose of this COVID-19 survey is to help guide NPAIHB's public health and advocacy work on behalf of the 43 tribes in Idaho, Oregon and Washington for the next 3 to 6 months. Your responses will provide direction on how we can better serve you and our Northwest Tribal Communities. All answers are anonymous and confidential. We are so grateful for your time and participation in this survey.

Open Comments/Questions

Victoria: CRITFC (Columbia River Inter Tribal Fishing Commission), will give them epidemiology support in the future

- **Celeste**:
  - The leadership at the CRITFC they have set up an incident command system to allow for better communication (working with Community Health Worker that represents American Indian residents, OR CCO, Staff have sat in on Contact tracing training, established relationships w/ Community Organizations).
  - There was an outbreak at one of the treaty sites there.
  - Setting up better food/water to further support those who need to quarantine.
  - Setting up better sanitation for fish camps & housing commissions along river
  - Glad they reached out to NAIHB, will continue to support them and be involved w/ their efforts.
- **Mattie P:** My family fished at the Colberg site, I noticed the cleaning stations.
  - I think it would be worth contacting the committee at Warm Springs to see if they would donate masks (especially for young children) in-lieu sites.
  - Also, the water & sanitation – there is a big drum of water, most of the times the water is low. Maybe see if we could get a donation of water drums for that area.
  - They started out testing in Celilo, but there was an outbreak there so there is a fear to get tested (possible rotation to address this).
- **Celeste**: Thank you Mattie, that's great feedback. We should discuss this further.

Charlene T., Yakama: Yakama Nation has been a stronghold for serving the Columbia river.

- I'm concerned that we aren't getting any feedback from any of the other tribes (Umatilla, WS, Nez Perce). This was brought up from the tribal council, that we've been working delivering masks & food. Haven't heard from the other tribes.
- We did get a volunteer from CRITFC, he volunteered to deliver food. That was all we've seen of CRITFC.
- We've had an outbreak at YN/Yakima County, our casino is still closed down, lots of concerns of how the river is being served in that area. I know that the other 4 tribes are also in that area, I hope they listen.
- **Roberta J-B, Nez Perce**: Thank you Charene, I'll share that concern with the tribal council for the Nez Perce.

Roberta J-B, Nez Perce:

- One thing that the Public Health District (PHD) was trying to seek assistance for Environmental Health (EH), want to do a walkthrough. There are jurisdictional issues, especially with the state of Idaho. We reached out the PHD, I asked for the environmental arm to do a walk through
    - it was my understanding from the Idaho EOC calls, that walkthroughs have been done with casinos (to see if there needed to be enclosure/PPE improvements).
- I reached out to Dean of PHD, to do that for our facility – he said that he copied Ed Mereg (EH) & Carol, he said we didn't have a lot of resources to do that. Ed or Carol directed me to Celeste, but we need someone here to do the walk through. We need that kind of assistance there
    - **Celeste**: We are about to start traveling out to provide services, we are looking at around mid-august. Would you like me to email you to decide some dates and we can have your staff there too to start training, because we won't be there the whole time.
    - **Roberta**: That would be great, having that capability would be helpful. I plan to have some EOC members to participate so they are aware.
    - **Maxine Janis**: Could you put Yakama on the calendar as well for walkthroughs? We have 2 isolation sites coming on-line and it would be nice to have that support from environmental health
    - **Celeste**: Yes, and we have someone (**Shawn Blackshear**) working transitioning from IHS to NPAIHB (as of Aug 1) from Yakama, so we can get him to help. I'll reach out to you & Elizabeth to schedule that.
- **From Karen Hanson to Everyone: (**2:43 PM) Yes, we had someone from Panhandle Health do a walk-through at Kootenai. At the Casino too.
    - **Victoria**: Is Panhandle your health district?
    - **Karen**: Yes, for North Idaho

Maxine J: Does the NPAIHB know of any public health authorities that exist within Indian Country & where are they located?

- **Victoria:** We do have some info, it's helpful to look at those tribes that have become PHAB (Public Health Accreditation Board) Accredited. Those tribes who have received that accreditation have policies/laws in place. I think you and Bridget should talk and we can get those contacts to you for comprehensive public health laws/rules. Two tribes in the NW have applied for accreditation, one has had a site visit. The Confederated Tribes of Umatilla and **Courtney Stover** would be a very strong contact for you, she's filling in for Carrie Sampson-Samuels). The PHAB is in charge of accreditation https://phaboard.org/
- **Bridget:** I will follow up with you Maxine, PHAB has put out a lot of work to get tribal specific resources.
    - For the NPAIHB trainings/slides, please see the Trainings/Calls/Webinars section of our COVID-19 site: http://www.npaihb.org/covid-19/#trainings
    - *Please feel free to contact me with questions about public health accreditation readiness, standards and measures, contacts with tribes in the process. Bridget Canniff, bcanniff@npaihb.org*

Victoria: The NPAIHB has held some contact tracing trainings, training is on our website. During training we also trained our own staff at the board who are available to assist with surge capacity. The virtual

training is an abbreviated training compared to Johns Hopkins (this one is great as well). We have the OR materials on the initial training, the WA forms are available on AIHC website as well. https://aihc-wa.com/aihc-emergency-preparedness/incident-responses-and-other-news/investigations/

- **Maxine**: We need to move forward w/ the Yakama contact tracing, there is some disconnect between the Yakama IHS & the tribe in some ways. Are there any funds available through any sources to train individuals to become contact tracers and support them with an hourly wage?
- **Victoria:** The training itself has many free resources, you may want to reach out directly to the CDC Foundation. They were hiring contact tracers and did do some tribal specific work. We will be getting additional 4 contact tracers funded from them. If you want to forward resumes of people you want to be contact tracing, I can forward at least 1 of those to the CDC so we can have one stationed in Yakama. I'll look into additional funding opportunities.

Christy Garcia, SB: Thank you for allowing us to use those media releases & allowing us to put our tribal logo. There is one public release (I've mentioned it to our EOC): things are changing daily, focusing on system base testing & then broad community testing. Is there a release that could be about things changing daily, both funny & serious? Because the constant changing isn't just local, it's national & global so that would be helpful because it questions the integrity of the tribe.

- **Tam:** I'll bring that to the media work group. Celena McCray cmccray@npaihb.org is probably the best point of contact if you have social media from our sites that you would like to use and have modified your logo to put on your own social media site.
- **Victoria**: There is also a section in the survey, for this request (I'll write it down as well).
    - We are happy to assist any of you w/ press releases, send us your logo & we can tailor it or vice versa. Did some press releases when case happened at Wildhorse (CTUIR), your IHS folks can't write press releases for you, CDC can't speak, but NPAIHB can definitely speak.
- **Maxine**: Have you done digital press releases/ messaging through social media?
- **Victoria**: There are tools formatted for social media, we have one person working on messaging via text messages, radio spots have also been well received, also poster size images & text good for Instagram/Facebook (NPAIHB's Facebook page: https://www.facebook.com/npaihb/, NPAIHB Instagram account: https://www.instagram.com/npaihb/?hl=en). We are happy for you to use any of those tools. NPAIHB also has a section of resources for community messaging: http://www.npaihb.org/tips-resources-for-community-messaging/ , our main NPAIHB COVID-19 page http://www.npaihb.org/covid-19/
- **Victoria:** Contact training will also be posted on the board's YouTube channel

Raina Peone: DOH has some information about Covid-19 Support workers for Yakama County. There are up to 8 positions. If you'd like to receive DOH COVID 19 Consultant job description posting, please email me and I'll send! raina.peone@hca.wa.gov

Selene, Siletz: Could you share the Safe Sweat video with us?

- Safe Sweats: https://youtu.be/OysNk-fUY6w

Roberta: Please share any human resources with us, I heard Laura was working on that

- **Victoria**: Yes, I will share that with you

Veteran's Committee Meeting,
July 14, 2020

In virtual attendance:
Debbie Jones, Samish Indian Tribe
Terry Bentley, VA Office of Tribal Government Relations
Gavin Mayne-Williams, VA Jonathan M. Wainwright Memorial VA Medical Center
Margaux Macchiaverna, VA VISN 20
Melissa Livingston. WA State Health Care Authority
Carrie Epperson, VA Greater Seattle Area
Daniel Delavan, VA Portland Healthcare System
Don Head, *NPAIHB Staff*

The minutes from the January 2020 meeting were read. While getting to the part about contacting the VA personnel who had toured the Tulalip Health Care facility in 2019, Carrie Epperson said she could help Don Head with tracking them down, so he could invite them to the next meeting in October. She emailed her colleagues and cc'd Don during the meeting.

Sarah Sullivan, the NPAIHB Policy Analyst, while not in attendance, requested that Don Head bring up the June 23, 2020 testimony of NIHB Vice Chair Bill Smith (Valdez Tribe, Alaska) before the House Committee on Veterans Affairs, Subcommittee on Health and Subcommittee on Technology Modernization.

The Vice Chair urged the House VA Committee to pass HR 4908 -Native American PACT Act (exemption for Native vets from copays and deductibles in the VA system), and HS 2791 – Dept. of VA Tribal Advisory Committee Act of 2019 (establishes a tribal advisory committee for the VA). The Vice Chair also pressed for parity in COVID-19 funding for Native veterans addressing the following bulleted issues:

- VA has not committed any additional funding towards outreach to AI/AN Veterans to prevent gaps in access to care as VHA facilities reduce services or shutdown in response to COVID-19.
- VA has failed to commit resources to assist AI/AN Veterans with rescheduling cancelled appointments.
- VA Native American Direct Loans for housing have purportedly been put on hold during the pandemic, creating even further barriers for homeless AI/AN Veterans.
- For AI/AN Veterans that have been able to utilize telehealth, many have anecdotally reported frequent connection issues including dropped calls especially in areas with poor broadband access. In areas with many fluent Native language speakers, access to care is further encumbered by lack of culturally and linguistically appropriate virtual care.
- VHA has yet to release any demographic-based breakdowns of use of telehealth-based care delivery making it difficult to learn about any population-specific obstacles in access to virtual health services.

Don Head forwarded Sarah Sullivan's email to those present, so that they could have the links to the press release and the legislation. The committee had no recommendations on further advocacy from the committee on this legislation.

Terry Bentley indicated that her office was conducting more virtual outreach, and that in August, they were starting WebEx Wednesdays, to address topics like health care information, resources to Indian Country, Suicide Prevention, PTSD etc. These webinars will involve all three branches of the VA, Veterans Health Administration, Veterans Benefits Administration, and National Cemetery Administration.

Terry also said that the Office of Community Care will be seeking tribal consultation with respect to care coordination between IHS and VA. The date set for that will be August 20, and the Dear Tribal Leader Letter is about to go out. This consultation will help disseminate the VA's plans to enhance care coordination between tribal health care programs and the VA.

Finally, Terry Indicated that there was a job opportunity in Washington DC for a female veteran with at least 30% service-connected disability.

Meeting was adjourned.

Northwest Portland Area Indian Health Board
Behavioral health committee meeting at the July Virtual QBM, July 14, 2020:

Attendees: Ali Desautel with Kalispel; Darryl Scott with Warm Springs; Aliza Brown with Quinault; Marilyn Scott with Upper Skagit; Julie Taylor with CTUIR; Vicki Lowe with the State of WA; Sue, Danica, Candice, and Colbie from NPAIHB

- Kalispel is very full with behavioral health and have 2 people on call because it is so busy. North office is full and South office only has a handful of space left. Doing face to face.
- Quinault – using Zoom and Doxy to do telehealth so can now provide services for more hours each day. COVID numbers in the county are more than doubling so will continue with tele-services and trying to improve them and promote the services in the community. Appointments have been steady and the cell phones that HCA sent the Tribe have been very helpful. Will pull data on the appointments and no-show rates.
- Danica updated committee on the Behavioral Health Environmental Scan to lead into an ECHO.
- Marilyn Scott with Upper Skagit – Busy with tribal council meetings to create protocols during this time of COVID. Lots of virtual meetings. Have not been able to get whole advisory group together for CHAP/BHAP but check in's have helped. Behavioral Health Act legislation passed last session which was great to help increase access to care for AI/ANs in the State of WA – recognized the need for Tribal Crisis Response and recognizing tribal court orders when the need is there. The tribal representatives that helped with this Act & Senator McCoy was invaluable and everyone was able to answer questions that other had during the process and it was passed the first time it went through which is great!!
    - National SAMHSA TTAC meeting went well virtually
    - Update: NWIC partnering with BHAC and Danica is working on getting Digwalic information added to the curriculum
- Danica described some courses that she is developing for the BHAC.
- Julie asked if we still have a NPAIHB behavioral health plan and Danica said it probably needs to be updated to also include tele-health because of COVID. **Danica will email committee members the current Behavioral Health Plan.**
- Vicki Lowe wanted everyone to know that the AIHC-WA has COVID-19 resources on their website so check them out! https://aihc-wa.com/
- Colbie & Danica announced the CDC Supplemental award the NPAIHB received for "COVID-19: Prevention of suicide, intimate partner violence and adverse childhood events (ACEs) in Indian Country"
    - Requested any contacts folks have of anyone who needs more work right now and has available hours to contract with the Health Board to possibly help us do the work of this 1 year grant that ends in early July 2021.
    - Requested any Tribe that may be interested in a mini-grant to contact the Health Board too
    - We will let everyone know more about this grant in mid-August when we finalize the scope of work for CDC
-
- From Vickie Lowe, AIHC, I just wanted to add that we are also looking at the newly approved CHAP policy to see how we can begin implementing BHA's in Washington State in coordination with the Tribal Crisis Coordination hub that we will be standing up in the next few months.

- Update on our application for a grant
    - Identified SEDS grant to pursue
    - Turned in Grant application
    - Updated on direction of grant
- Resolutions or recommendations to pass forward.
    - Currently no resolutions or recommendations to pass forward from delegates
- Healthy food resolution –
    - Tribal youth delegates developed a draft.
    - Currently working on edits.
    - 6 pages long, narrowing length down.
- Virtual youth Gatherings
    - Virtual THRIVE
    - Tribal youth Delegate Domestic Violence Prevention bootcamp
    - We R Native Ambassador Bootcamp
    - Springboard Lab

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, &
Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
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Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
Tulalip Tribe
Umatilla Tribe
Upper Skagit Tribe
Warm Springs Tribe
Yakama Nation

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Portland, OR 97201
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RESOLUTION # 20-04-01

NORTHWEST TRIBAL DENTAL PREVENTIVE AND CLINICAL SUPPORT CENTER (HHS-2020-IHS-TDCP-0001)

WHEREAS the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, the primary goal of the NPAIHB is to improve the health and quality of life of its member tribes; and

WHEREAS, in furtherance of this goal in 1997 NPAIHB established the Northwest Tribal Epidemiology Center (*EpiCenter*) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) epidemiology data; and

WHEREAS, the *EpiCenter* has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest Tribes and has served as a national model for other Indian Health Service areas to emulate in establishing their *EpiCenter* programs; and

WHEREAS, the American Indian/Alaska Native population is faced with the greatest prevalence of oral disease of any population; and

WHEREAS, recent oral health surveys conducted by Indian Health Service (2018-2019 for 1-5 year old survey; 2015 for adult survey) indicate that:

- 54% of AI/AN children aged 1-5 years have a history of tooth decay,
- 35% of AI/AN children aged 1-5 years have untreated tooth decay,
- 65% of adults 35-44 years and 49% of elders 55+ years have untreated tooth decay,

- 13% of adults 35-44 years and 19% of elders 55+ years have severe periodontal (gum) disease,
- 71% of adults 35-44 years and 92% of elders 55+ years have had at least one tooth removed because of tooth decay, trauma, or gum disease,
- 43% of adults 35+ years report painful aching in their mouth during the last year; and

WHEREAS the Northwest Tribal Dental Preventive and Clinical Support Center has a longstanding history and reputation of providing assistance, training, and continuing dental education to the 36 dental programs in the Portland Area; and

WHEREAS the services provided by the Northwest Tribal Dental Preventive and Clinical Support Center help to increase the overall resources and capacity of the dental services available for each dental site in the Portland Area.

THEREFORE, BE IT RESOLVED that the NPAIHB endorses and supports an effort to apply for the continued funding of the Northwest Tribal Dental Preventive and Clinical Support Center in response to proposal announcement HHS-2020-IH

CERTIFICATION

NO. 20-04-01

The foregoing resolution was duly adopted at Virtual Zoom Meeting of the Northwest Portland Area Indian Health Board on July 14 – July 15, 2020. A quorum being established; __24__ for, __0__ against, __0___ abstain on July 15, 2020.

Chairman

Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
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RESOLUTION # 20-04-02

SUPPORT FOR CREATION OF A PORTLAND AREA COMMUNITY HEALTH AIDE PROGRAM CHAP CERTIFICATION BOARD

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the Northwest Portland Area Indian Health Board is a "Tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized Tribes in the states of Idaho, Oregon, and Washington ("member tribes" or "Portland Area Tribes"); and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a Tribal organization is recognized as a governing body of any Indian Tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the Northwest Portland Area Indian Health Board is dedicated to assisting and promoting the health needs and concerns of Indian people and its member tribes; and

WHEREAS, American Indians and Alaska Natives (AI/AN) have very limited access to health care services and are disproportionately affected by oral and behavioral health disease and these disparities are directly attributed to the lack of dental and behavioral health professionals in Indian communities, which has caused a serious access issue and backlog of dental and behavioral treatment among AI/AN people; and

WHEREAS, many of our member tribes have great difficulty and face significant challenges in recruiting medical, dental and behavioral health professionals to work in their communities that results in further challenges in ensuring comprehensive health care for tribal members; and

WHEREAS, the Alaska Community Health Aide Program (CHAP) has been in existence since 1964 as a program of the Indian Health Service (IHS); and

WHEREA, the federally authorized Community Health Aide Program Certification Board (CHAPCB) was established and charged with formalizing the process for maintaining Community Health Aide/Practitioner training and practice standards and procedures; and

WHEREAS, CHAP has been an effective method for diminishing the health disparities of Alaska Natives by promoting access to health services for Alaska Natives residing in rural and remote communities; and

WHEREAS, CHAP grows midlevel providers from within Tribal communities who provide patient-centered, culturally relevant, quality care that comes from providers that understand the history, culture and language of their patients; and

WHEREAS, CHAP provides patient-centered primary care and delivers more care in the community rather than an acute care setting; and

WHEREAS, CHAP provides routine, preventative and emergent health care through Community Health Aides (CHA/Ps), Behavioral Health Aides (BHA/Ps), and Dental Health Aide Providers (DHA/Ts); and

WHEREAS, CHAP providers provide continuity of care in communities that face recruitment and retention challenges; and

WHEREAS, on July 2, 2022, Department of Health and Human Services issued the Indian Health Service Circular No. 20-06 for the CHAP with the purpose of implementing, outlining, and defining a national CHAP policy for the contiguous 48 states (Circular No. 20-06); and

WHEREAS, Circular No. 20-06 implements the statutory requirements of the Indian Health Care Improvement Act (IHCIA) that apply to CHAPs operated by the Indian Health Service (IHS) and Indian Self-Determination and Education Assistance Act (ISDEAA) contractors outside of Alaska; and

WHEREAS, Portland Area Tribes have established and continue to implement CHAP within our member tribes; and

WHEREAS, our member tribes would benefit from the existence of a Portland Area CHAP Certification Board (PACCB) for certification of CHA/Ps, BHA/Ps, and DHA/Ts as outlined in Circular 20-06 for CHAP Expansion to the lower 48 Tribes; and

WHEREAS, the NPAIHB CHAP Board Advisory Workgroup has spent the previous two years laying the foundation for PACCB.

NOW THEREFORE BE IT RESOLVED that the Northwest Portland Area Indian Health Board supports the creation of a Portland Area CHAP Certification Board (PACCB); and

BE IT FURTHER RESOLVED that the Northwest Portland Area Indian Health Board supports the development of the PACCB with federal baseline standards for consistency of services provided by any CHAP program.

CERTIFICATION

NO. 20-04-02

The foregoing resolution was duly adopted at Virtual Zoom Meeting of the Northwest Portland Area Indian Health Board on July 14 – July 15, 2020. A quorum being established; 24 for, 0 against, 0 abstain on July 15, 2020.

Chairman

Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

Burns-Paiute Tribe
Chehalis Tribe
Coeur d'Alene Tribe
Colville Tribe
Coos, Siuslaw, & Lower Umpqua Tribe
Coquille Tribe
Cow Creek Tribe
Cowlitz Tribe
Grand Ronde Tribe
Hoh Tribe
Jamestown S'Klallam Tribe
Kalispell Tribe
Klamath Tribe
Kootenai Tribe
Lower Elwha Tribe
Lummi Tribe
Makah Tribe
Muckleshoot Tribe
Nez Perce Tribe
Nisqually Tribe
Nooksack Tribe
NW Band of Shoshoni Tribe
Port Gamble S'Klallam Tribe
Puyallup Tribe
Quileute Tribe
Quinault Tribe
Samish Indian Nation
Sauk-Suiattle Tribe
Shoalwater Bay Tribe
Shoshone-Bannock Tribe
Siletz Tribe
Skokomish Tribe
Snoqualmie Tribe
Spokane Tribe
Squaxin Island Tribe
Stillaguamish Tribe
Suquamish Tribe
Swinomish Tribe
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RESOLUTION # 20-04-03

NATIVE DENTAL THERAPY INITIATIVE – FUNDING OFFERED BY THE NATIONAL INDIAN HEALTH BOARD FOR EDUCATION/OUTREACH TO ENHANCE POLICIES SUPPORTIVE OF DENTAL THERAPY

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a non-governmental "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, AI/AN communities are disproportionately affected by oral health disparities and inadequate access to health services; and

WHEREAS, Dental Health Aide Therapists (DHATs, also known as Dental Therapists) have been recognized as important mid-level providers in Tribal health programs; and

WHEREAS, communicating information about NDTI project activities with a strong internet presence will benefit Tribal communities and enhance work toward policies supportive of Dental Therapy programs; and

WHEREAS, the National Indian Health Board is offering a funding opportunity of up to $25,000 for work to enhance policies supportive of dental therapy programs, and this funding opportunity permits a maximum indirect rate of 10%.

THEREFORE, BE IT RESOLVED that the NPAIHB endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director, to apply for funding from the National Indian Health Board in the amount of $25,000 to support NDTI work toward a stronger online presence with improved sharing of information, including creation of a new website and more robust social media present.

CERTIFICATION

NO. 20-04-03

The foregoing resolution was duly adopted at Virtual Zoom Meeting of the Northwest Portland Area Indian Health Board on July 14 – July 15, 2020. A quorum being established; __24__ for, __0__ against, __0___ abstain on July 15, 2020.

Chairman

Secretary

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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RESOLUTION # 20-04-04

NATIVE DENTAL THERAPY INITIATIVE - IMPLEMENTATION OF DENTAL THERAPY OFFERED BY THE NATIONAL INDIAN HEALTH BOARD

WHEREAS, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or the "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

WHEREAS, the NPAIHB is a non-governmental "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

WHEREAS, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USCS § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

WHEREAS, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

WHEREAS, AI/AN communities are disproportionately affected by oral health disparities and inadequate access to health services; and

WHEREAS, Dental Health Aide Therapists (DHATs, also known as Dental Therapists) have been recognized as important mid-level providers in Tribal health programs; and

WHEREAS, the National Expansion of the Community Health Aid Program (CHAP) was recently approved by IHS which will enable more clinics nationwide to employ DHATs; and

WHEREAS, Dental Health Aide Therapists (DHATs, also known as Dental Therapists) are required to have their practice supervised by a Supervising Dentist with specified levels of supervision at all times; and

WHEREAS, Training for Dentists prior to becoming supervisors for DHATs, also known as Supervising Dentist Training, is important for optimal utilization of DHATs; and

WHEREAS, Supervising Dentist Training would most ideally be accessible via an online format; and

WHEREAS, the creation of an online Supervising Dentist Training requires funding and contracting with a professional organization; and

WHEREAS, the National Indian Health Board is offering a funding opportunity of up to $25,000 for work to improve the implementation of dental therapy laws in Tribal communities, and this funding opportunity permits a maximum indirect rate of 10%.

THEREFORE, BE IT RESOLVED that the NPAIHB endorses and supports efforts by staff of the Tribal Community Health Provider Project, under the guidance of the Executive Director, to apply for funding from the National Indian Health Board in the amount of $25,000 to support the creation of an online Supervising Dentist Training for dentists planning to supervise DHATs, and related support for this training.

CERTIFICATION

NO. 20-04-04

The foregoing resolution was duly adopted at Virtual Zoom Meeting of the Northwest Portland Area Indian Health Board on July 14 – July 15, 2020. A quorum being established; 24 for, 0 against, 0 abstain on July 15, 2020.

Chairman

Secretary

COVID-19 ISSUE
July 2020

Northwest Portland Area
Indian Health Board
Indian Leadership for Indian Health

Health News & Notes

A Publication of the Northwest Portland Area Indian Health Board

NPAIHB's COVID-19 Telehealth Service

The Indian Health System of federal, tribal, and urban (I/T/U) health facilities are mainly rural, far from specialists, underfunded and understaffed. American Indian/Alaska Native communities have an elevated prevalence of underlying health conditions such as heart disease and diabetes. Together, these factors indicate that Indian Country is at higher risk of poor outcomes from COVID-19. During the COVID-19 pandemic, obtaining up-to-date guidance and dialogue on rapidly changing research outcomes on infection control, treatment, and public health policy is of utmost importance.

In order to share emergent COVID-19 epidemiology, surveillance, research and clinical policy and practice updates, the Northwest Portland Area Indian Health Board's Indian Country ECHO program launched COVID-19 telehealth sessions available to clinicians. Held every Monday at 12pm PDT, participants are invited to join the 1 hour session via Zoom to engage in didactic sessions and discussion. To sign-up, receive connect details, view past sessions, or browse clinical and community resources, visit: https://www.indiancountryecho.org/program/covid-19/.

In addition to the COVID-19 ECHO, providers can subscribe to an opt-in texting service (text COVID19 to 97779). This service provides weekly summaries and links on key clinical developments, and allows clinicians to submit their priorities/questions for specialists.

Starting March 18, the NPAIHB hosted twice weekly COVID-19 Indian Country ECHO telehealth clinics. From March 18 to July, the NPAIHB telehealth program had over 4,570 attendees from 24 states. While the majority of participants have been from the Pacific Northwest, the wide reach of pre-existing networks has brought in participants from 24 states, Guam, and Canada. Other key outputs include 79,208 text messages sent to 399 subscribers, and 289 messages received via text. The service provided 528 Continuing Education (CE) credits. Questions linked to CEs showed that 94% of clinicians reported that their knowledge increased, 93% felt they have greater social support for their work, and 65% likely to make a change in their practice. Archived sessions were viewed 1,355 times, and page views on IndianCountryECHO.org (14,501) were greater than the number of pageviews (12,980) in the previous eight months combined.

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Chair's Notes

Nickolaus D. Lewis
Lummi Nation
NPAIHB Chairman

I want to say how grateful I am for each and every one of the staff and leaders at NPAIHB. They have worked tirelessly to provide support to all of our people as we work with tribal, federal, and state agencies responding to the COVID-19 pandemic. Our lives and our communities will be forever changed by this crisis. My hands go up to each of my fellow Board members because I know that you are also working 24/7 for all of our people.

Hard on the heels of COVID-19, our country is seeing an explosion of protests due to the senseless murder of George Floyd. As Native people, we all know first hand the pain of racism and discrimination. I am chairing a National Indian Health Board committee on racism, and we are preparing testimony (to be given on July 17, 2020) to the US Commission on Civil Rights. We will build off of the work from the Broken Promises Report, and experiences from the paternalistic response the federal government has had in Indian Country to the COVID-19 pandemic.

As we learn to live with COVID-19, we need to look to the future of health care delivery for our people. I am so happy that the Community Health Aide Program has finally gotten federal approval for moving forward in the lower 48. NPAIHB and our Tribes have led the way in this effort. I look forward to the educational opportunities this will bring into our communities, as we raise up the next generation to be healers, leaders, and caregivers.

Nickolaus Lewis
Chair, Northwest Portland Area Indian Health Board
Councilman, Lummi Indian Business Council

Indian Health Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP

This article provides updates regarding litigation involving the Affordable Care Act, CARES Act Funding, and recent tribal complaints filed against Juul and other e-cigarette manufacturers, as well as brief updates on contract support costs and Section 105(l) leasing developments.

Affordable Care Act Litigation (Texas v. United States)

Briefing is underway in the United States Supreme Court in *California v. Texas*, the case in which Texas and other states are challenging the constitutionality of the Affordable Care Act (ACA). While the legal challenge focuses on the constitutionality of the ACA's individual mandate provision, Texas and certain other parties to the litigation have asked the Court to invalidate the entire Act on the grounds that the individual mandate was considered by Congress to be an essential component of the legislation and therefore cannot be legally "severed" from the remainder.

The case has major implications for Indian Country because critical amendments to the Indian Health Care Improvement Act, as well as other important Indian health provisions, were enacted as part of the ACA in 2010. If the entire Act is invalidated by the Courts, those Indian provisions would be struck down as collateral damage in the lawsuit, even though they have nothing to do with the individual mandate. A large coalition of tribes and tribal organizations from across the country, including NPAIHB, filed an amicus brief with the Court arguing that those Indian provisions can and should be preserved, regardless of how the Court rules on the remainder of the law.

continues on page 14

COVID-19 HHS Provider Relief Fund

Sarah Sullivan
Health Policy Analyst

The Coronavirus Aid, Relief, and Economic Security (CARES) Act, P.L. 116-136 and the Paycheck Protection Program and Health Care Enhancement Act, P.L. 116-139 provide $175 billion to the Provider Relief Fund, administered by the U.S. Department of Health and Human Services (HHS). There is not an expenditure deadline for the Provider Relief Funds. The purpose of these funds are to prevent, prepare for, and respond to coronavirus, for necessary expenses to reimburse eligible health care providers for health care related expenses or lost revenues attributable to coronavirus; building or construction of temporary structures; leasing of properties; medical supplies and equipment; increased workforce and trainings; emergency operation centers; retrofitting facilities; and surge capacity. The deadline to apply for the Medicaid and CHIP Provider Relief Fund ($15 billion) is July 20, however providers are deemed ineligible if they have received the General Distribution (GD) Medicare Fee-for-Service (MFFS) funds. A timeline of the distribution and allocation methodologies of the various Provider Relief Funds is provided in Table 1.

Table 1. HHS Provider Relief Funds Distribution Timeline

APRIL

- **April 10-17: General Distribution 1**
  $30 billion distributed to Medicare FFS billing providers based on 2019 payments.
  Allocation:

$$\frac{\text{2019 MFFS payments}}{\text{\$435 Billion (total MFFS 2019)}} \times \$30\text{Billion}$$

- **April 24: General Distribution 2**
  $9.1 billion distributed to Medicare FFS billing providers based on revenues from CMS cost report data. The allocation equates to approximately 2% of net patient revenues per eligible provider.
  Allocation:

$$\frac{(\text{Most Recent Tax Year Annual Gross Receipts}) \times \$50\text{ Billion}}{\$2.5\text{ Trillion}} - \text{GD 1 Payment}$$

- **Starting April 24: General Distribution 2**
  $10.9 billion available to Medicare FFS billing providers based on revenue submissions to the provider portal.

MAY

- **May 29: IHS/Tribal Targeted Distribution**
  $500 million to approximately 300 IHS and Tribal programs.
  Allocation:
  IHS & Tribal Clinics: $187,000 + 5% (estimated service population x average cost per user.

JULY

- **July 20: Medicaid and CHIP Application Due Date**
  $15 billion available to providers participating in state Medicaid and CHIP programs (who have not received funding from the General Distribution funds.
  Allocation:
  2% (Gross revenues x Percent of Gross Revenues from Patient Care) for CY 2017, 2018, or 2019.

Targeted Funding not received by Portland Area Tribes: Rural funding ($10 billion), High-Impact Areas ($12 billion), Skilled Nursing Facilities ($4.9 billion), Safety Net Hospitals ($10 billion).

Update on Portland Area COVID-19 Surveillance

Bridget Canniff, *Project Director, Public Health Improvement and Training (PHIT)*

Ashley Hoover*, Communicable Disease Epidemiologist*

Kimberly Calloway*, Project Specialist, PHIT*

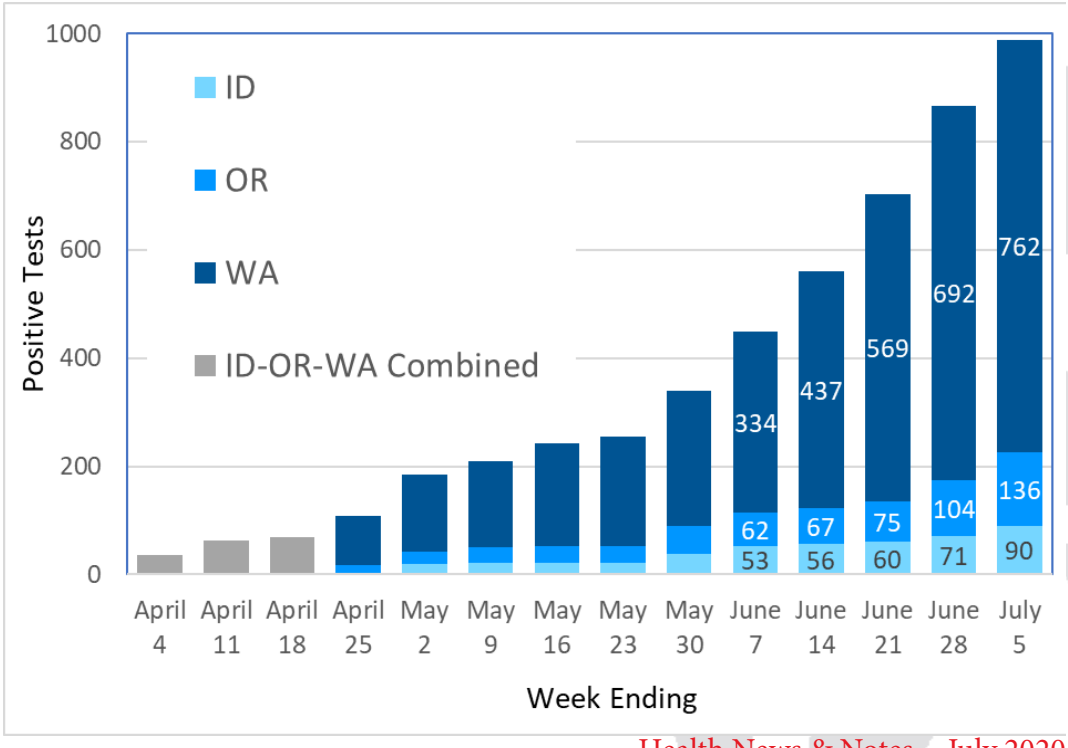
Nancy Bennett*, Washington Tribal Public Health Improvement Manager*

Staff from the Public Health Improvement and Training (PHIT) project team within the Northwest tribal Epidemiology Center (NWTEC) at NPAIHB have been collecting and reporting out COVID-19 data from Portland Area I/T/Us (IHS/Tribal/Urban clinics) since late March. In close collaboration with the Northwest Tribes, IHS Portland Area Office (PAO) and Service Units, and Urban Indian Health Programs (UIHPs), NPAIHB is monitoring COVID-19 test results in Tribal and Urban communities across Idaho, Oregon, and Washington.

As of July 5, 40 Portland Area I/T/Us have provided data to NPAIHB/IHS-PAO, including 31 Tribal health programs and clinics, 6 IHS Service Units, and 3 UIHPs. The total number of positive tests as of that date were 988, with 23 deaths reported during that period, all from I/T/Us in Washington.

Cumulative COVID-19 Positive Test Results Reported by Portland Area I/T/Us, April-July 2020
NPAIHB is also monitoring PPE and test kit supply status, as well as clinic staff exposures and illness. Tribal and Urban health programs reporting directly to NPAIHB receive weekly summary data reports for data validation.

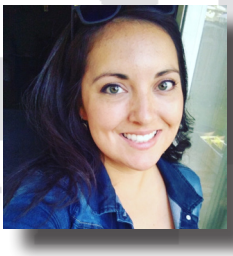
Portland Area I/T/Us can report COVID-19 data to NPAIHB at www.surveymonkey.com/r/NPAIHBCovid-19 or email tphep@npaihb.org for more information or assistance. We are grateful to all Tribal and Urban partners for their contributions to our efforts to document and better understand the impact of COVID-19 in Native communities in the Northwest.



This chart shows reporting by Portland Area I/T/Us to NPAIHB and IHS Portland Area Office for the week ending July 5, including tribal community members not tested at an I/T/U facility but known to be positive.

Nutrition Support for Patients with COVID-19

Victoria Warren-Mears, PhD, RDN, FAND
Director, NW Tribal Epidemiology Center (NWTEC)



Nora Frank-Buckner, MPH (Nez Perce/Klamath)
Food Sovereignty Initiative Director

For patients hospitalized with COVID-19, nutrition support is essential during hospitalization and after they return home. For those that are ill at home, nutrition can help the recovery process.

Hospitalized patients, especially those that were in the intensive care unit (ICU) often don't remember how they were cared for by the health care professionals in the hospital. This can be due to medications or the trauma of the ICU. It may be helpful for them to hear from their providers about how they were fed while they were sick.

The simplest answer is: To fight this infection, you might have been fed into the stomach with a tube that was put into your nose or mouth or, you received nutrition through a vein. The feeding tube might have remained in place when you left the ICU to go to another place in the hospital or it may have been removed in the ICU.

At home, patients may feel too weak or tired to eat, and may notice that they have lost weight. They may also be eating and drinking less than before they became ill. This is completely normal, however, recovering patients need to prevent further weight loss to rebuild their strength. As they recover from COVID-19, patients should continue to eat a high calorie, high protein diet (10 – 14 ounces of protein per day). This diet along with regular exercise, will help them regain any muscle mass that was lost during illness and help the patient get back to normal activities.

Recommendations for quarantined patients: Patients in quarantine should continue regular physical activity while taking precautions. Quarantine is necessary for all infected people to prevent the spread of COVID-19. Prolonged home stay may lead to increased sedentary behaviors, such as spending excessive amounts of time sitting, reclining, or lying down for screen time activities (playing games, watching television, using mobile devices); reducing regular physical activity and lowering energy expenditure. Quarantine can lead to an increased risk for, and potential worsening of, chronic health conditions, weight gain, loss of skeletal muscle mass and strength. It may also contribute to loss of immune competence. Several studies have reported positive impact of aerobic exercise activities on immune function. Quarantined patients should be encouraged to get physical activity as they are able, some good examples would be yoga, Tai chi, indoor walking, and light weight lifting.

Keeping hydrated is essential while infected and in recovery: Adults with a fever of 102 degrees or higher lose an extra 30 oz of fluid every 24 hours. That is a lot. Recommending that patients drink water, even if they aren't feeling particularly thirsty is very important. If patients are not well hydrated, their respiratory secretions can thicken, making them more difficult to clear. If patients cannot clear these secretions from the lungs, they may be at greater risk for pneumonia. Signs of dehydration include dark colored urine, increased thirst, fever, tiredness and confusion. Patients should try to drink 2 - 4 oz of water every 15 minutes. This is about 8 to 16 oz per hour. This will help keep them hydrated, during illness. In recovery, water should still be the primary fluid. Monitoring a consistent weight and light-colored urine is the best way for someone to tell if they are hydrated.

Traditional foods can play an essential role in recovery: Many traditional foods are nutrient dense and can be an important part of the recovery diet. Exceptional sources of protein are found in traditional foods

Traditional Food	Sample portion size	Calories	Protein
Salmon	3 oz	196 calories	22 grams of protein
Clams	4 oz (without shells)	192 calories	33 grams of protein

continues on next page

Nutrition Support for Patients with COVID-19

Traditional Food	Sample portion size	Calories	Protein
Crab	4 oz	100 calories	26 grams of protein
Venison	4 oz (cooked or stewed)	212 calories	40 grams of protein
Moose	4 oz cooked	151 calories	33 grams of protein
Elk	3 oz cooked	124 calories	25 grams of protein
Bison	3 oz	121 calories	24 grams of protein
Duck	½ Duck cooked	440 calories	51 grams of protein

Foods that boost immunity can also be very helpful during times of recovery. Many traditional foods such as teas (particularly nettle, fir tips, and berries) are useful for enhancing immunity. Teas and broths could also be added for increased vitamin, mineral, and fluid intake. Other immune supportive plants, seasonings, or spices to add to your diet include: echinacea, elderberry, garlic, oregano, rosemary, sage, Oregon grape, yarrow, and mint, as examples. Many of them have immune-building, decongestant, expectorant, or soothing properties.

It may also be best to avoid strong flavors while you are recovering. Patients may want to try cold or room temperature foods if the smell of hot cooked foods is unappetizing. If foods have a metallic taste a temporary change to plastic utensils is helpful for some people or bamboo utensils if they are available.

Resources:
https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Resources_for_Clinicians_Caring_for_Patients_with_Coronavirus/

Food composition:
https://www.nal.usda.gov/fnic/food-composition; accessed 7/8/2020

Kallas, John, Edible Wild Plants, Gibbs-Smith Publishing, Layton UT 2010.

Krohn, et al (2020, July). Immune & Respiratory Herbs: A resource for tribal communities during COVID-19.

Food Security and System Impacts During COVID-19

Nora Frank-Buckner, MPH (Nez Perce/Klamath)
Food Sovereignty Initiative Director

Increased demand through the Food Distribution Program on Indian Reservations (FDPIR): The Food Distribution Program on Indian Reservations (FDPIR) provides USDA approved foods to income-eligible households that live on Indian reservations. American Indian households residing in approved areas near reservations are also eligible for FDPIR services. As COVID-19 began to spread across the nation, and stay at home orders were in place, the National Association of FDPIR conducted surveys to better understand the needs of the FDPIR sites. At that time, there was an average 11% increase in new participants, and some sites were seeing increases of up to 50%. The "take-rate" of the food also increased at 80% of the FDPIR sites, leaving less food availability, or items such as fresh fruits and vegetables completely out of stock. In just one week, FDPIR saw 600+ new households certified in 50% of the FDPIR sites.

Through the CARES Act funding, $100 million was allocated for the FDPIR sites. Fifty million dollars was to be used for food purchasing and another $50 million for infrastructure updates. These funds are available until September 30th, 2021.

Upcoming USDA FDPIR 638 Opportunity to further food sovereignty: The 2018 Farm Bill extended, for the first time ever, 638 Tribal self-governance authority to USDA in the FDPIR program for food procurement. This means that FDPIR sites would be able to enter into self-determination contracts and acquire foods of their choice for their program's food packages, including traditional and cultural-relevant foods.

There would be only three requirements:
1. The food would supplant, not supplement, current FDPIR foods
2. The food must be domestically sourced
3. The food must be of equal or higher nutritional value

The USDA has not yet released the application process. However, tribes are encouraged to begin strategizing

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Food Security and System Impacts During COVID-19

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and planning for how they would implement the funds. Funds would be available until September 30th, 2021.

How Northwest tribal communities are addressing food access and insecurity: Food availability, access, and affordability, particularly of healthy and fresh foods, continues to be an issue within many tribal communities. This inequality is rooted in the effects of colonization and the federal policies that have impacted how native communities interact with the food system. Although COVID-19 has not created the food system issues we are currently seeing, it has, however, exacerbated them. Tribes in the Northwest region have been responding to the needs of their communities during this time in a multitude of ways. Below are some examples:

Community gardening: Tribes across the region have increased their food production by expanding their community gardens, offering free food boxes to community members, delivering to households/elders, or offering a drive-thru food box pick-up site. Often the community gardens are partnering with other food distribution programs in their area, such as FDPIR sites, food banks serving the tribal community, or with health clinics.

Another innovative way that tribal communities have been engaging their members in gardening is in the delivery of home garden kits, complete with a small garden box/container, soil, seeds and/or plant starts.

Virtual cooking and traditional food classes: The COVID-19 pandemic has put a hold on in-person classes for healthy cooking, food preservation, and traditional foods courses for the time being. However, many tribes have went virtual to keep up the momentum of their programs. Some have offered to drop of the cooking kits to participants complete with ingredients and the recipe so that they can log-on during the virtual cooking demo and participate. Others have offered virtual courses on traditional plants and medicines to their members and have included Facebook Livestreaming to give "quick tips" on properly harvesting or preparing these foods.

New partnerships: In some areas, tribes have been able to partner with local/regional farmers who have been impacted by the decreased demand for their products due to restaurant closures. Rather than throwing the food away, tribes were successful in receiving donations to supplement food distribution programs or boxes, at least temporarily.

NPAIHB response to food systems change during COVID-19: We have been seeing an increase in food sovereignty efforts across the region, with NW tribal leaders in the forefront of this movement. Solutions to food system disparities is multifaceted and requires partnerships across sectors. Now more than ever we are seeing the need for a local and regional intertribal food system. Through the efforts of NPAIHB's NW Tribal Food Sovereignty Coalition and Food Sovereignty Initiatives, NW tribes, tribal organizations, and other partners are working to assess the current food distribution channels and regional food sovereignty efforts. This will inform next steps to planning and designing what a regional intertribal food system could look like.

Funding Opportunity: The NPAIHB was awarded funding through the Native American Agriculture Fund (NAAF) to support the NW Tribal Food Sovereignty Coalition activities, technical assistance, trainings, and food sovereignty assessment. However, a significant portion of the funds were dedicated to travel and in-person meeting expenses. Due to COVID-19, these funds were reallocated to providing "Food Sovereignty Implementation Awards" of up to $3000. These funds are to support tribes in food distribution, food access, or food sovereignty related projects. For more information, please see the Request for Applications or contact Nora Frank-Buckner at nfrank@npaihb.org.

Sources:

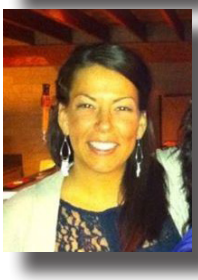
https://indigenousfoodandag.com/covid-19/

https://jm4.e6c.myftpupload.com/wp-content/uploads/2020/04/COVID19-Nutrition-Webinar-4.15.20-1.pdf

Returning to Work Amid the COVID-19 Pandemic

Celeste L. Davis, REHS, MPH (Chickasaw Nation)
Environmental Public Health Program Director
NARCH Asthma Management Project Director

Antoinette L. Aguirre (Navajo)
Environmental Health Specialist

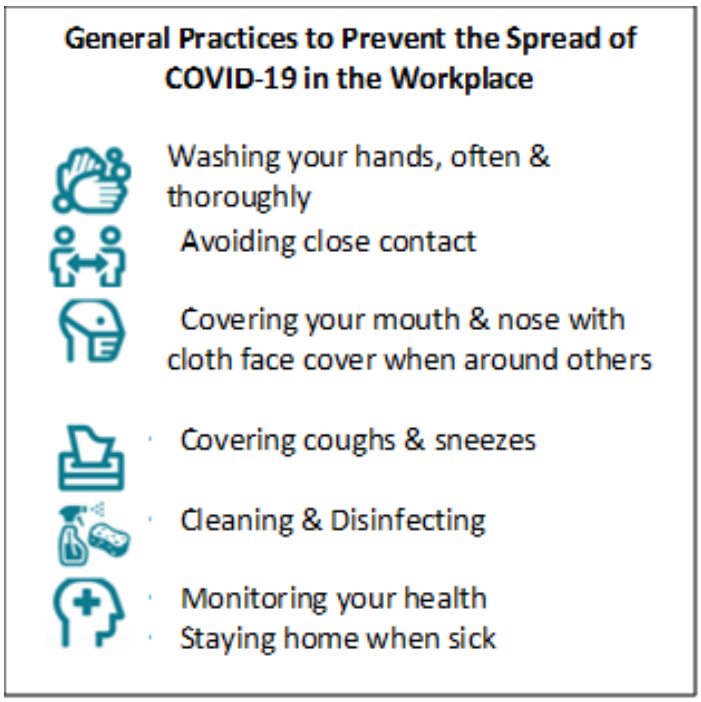


Ryan Ann Sealy, MPH (Chickasaw Nation)
Environmental Health Scientist

COVID-19 is a respiratory illness that has many symptoms that vary person to person, from no symptoms to severe. Common symptoms include:

1. Fever or chills (100.4 or higher)
2. Cough
3. Shortness of breath or difficulty breathing

Other symptoms include headache, fatigue, muscle or body aches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting and diarrhea. Those at higher risk for severe illness include older adults (risk increases with age, with 85+ at greatest risk) and people of any age with underlying medical conditions such as: COPD, immunocompromised state, Type 2 diabetes, obesity, sickle cell disease, chronic kidney disease and serious heart conditions. See CDC's website for more information.



COVID-19 spreads from person-to-person through respiratory droplets when an infected person coughs, sneezes, or talks. These droplets can land in the mouths or noses of people who are nearby, be inhaled into the lungs or settle on surfaces where people pick them up. COVID-19 may be spread by people who do not have any symptoms.

PREVENTION MEASURES

Physical Distancing: Staying at least 6 feet from other people at all times!

- Telework if you can
- Stagger work schedules to reduce congestion at entrances during common hours and the number of people in the building at one time
- Reconfigure desk chairs and/or workstations to ensure 6' of distance
- Limit the number of guests in the building and how long they can stay
- Use virtual meetings and communication boards or

EXPOSURE RISK VARIES BY JOB

Some jobs are higher risk than others. Work with your employer to determine your level of risk. This will help determine the appropriate PPE to wear to protect yourself as well as identify effective policies and procedures for infection control.

Very High Risk- High potential exposure to known or suspected sources of COVID-19 during close contact medical procedures
High Risk- high potential exposure to known or suspected COVID-19 sources
Medium Risk- jobs with frequent or close contact with others who may be infected but not known to be
Low Risk- jobs that can maintain 6' from others most of the day

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Returning to Work Amid the COVID-19 Pandemic

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to convey information
- Limit the number of staff in break rooms and other communal areas (water jug, hallways, etc.).
- Maintain 6' from others when smoking
- Use designated entrances and exits

Personal Hygiene
- Wash hands before/after eating, using the restroom, touching your face, etc.
- Use hand sanitizer station & let management know when it is out
- Wear masks when not able to maintain 6'
- Wear gloves as necessary
- All guests should wear masks or face covers

Cleaning & Disinfecting
- First clean, then disinfect: disinfecting is less efficient on dirty surfaces
- All high touch surfaces should be cleaned and disinfected routinely
- Read & follow all label directions for mixing, applying, storage & disposal
- All cleaning agents used need to approved for use and effective against COVID-19
- Wear gloves and ventilate the area
- Let management know if products are running low

Daily Screening & Health Checks
- Upon arrival each day (guests & staff)
- Temperature screening
- Symptoms self-check process and/or log
- Leave work if feeling ill
- Do not come to work if sick or someone in the home is sick with COVID-19 symptoms

Other Health & Safety Practices:
- Cancel all nonessential travel
- When you have to travel be extra vigilant. Monitor yourself for 14 days and if symptoms present, quarantine for 14 days.
- Talk to you supervisor about flexible leave policies
- Request accommodations to reduce risk if you or someone in your home is at higher risk
- Ask questions and request training for cleaning, safety, wearing PPE, etc.
- Express your concerns, observations and new knowledge of how to prevent the spread of COVID-19

FACE COVERINGS, MASKS & RESPIRATORS

When combined with other measures such as physical distancing, cleaning and disinfecting and washing hands, wearing masks can be very effective in preventing and controlling the spread of COVID-19 in the workplace. Masks protect you and those around you. Masks should be worn when 6' of distance between you and other persons cannot be maintained.

Face coverings, masks and respirators can help prevent the spread of COVID-19. Consider the risk level of your job when choosing the type of covering you should be wearing:

DOs & DON'Ts of Wearing Face Coverings

DO wash after each use
DO air dry in sunlight if possible
DO wear a tight fitting cover or mask
DO make sure it covers nose and mouth
DO ask questions or make requests
DO wash your hands before putting on and after taking off
DO remove by the straps
DON'T touch the front while wearing or taking off
DON'T share with others
DON'T wear a cover that obstructs your breathing
DON'T wear under your nose

Nonmedical fabric covering or mask- These may be homemade or purchased but should have a minimum

Resources and References:
CDC. (2020). COVID-19 Resources. https://www.cdc.gov/coronavirus/2019-ncov/index.html
NPAIHB. (2020). COVID-19 Resources for Tribes. http://www.npaihb.org/covid-19/
Washington Department of Labor & Industry. (2020). COVID-19 Workplace Safety and Health.
OSHA. (2020). Guidance on Preparing Workplaces for COVID-19. https://www.osha.gov/Publications/OSHA3990.pdf
WHO. (2020). Advice on the Use of Masks in the Context of COVID-19. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks
EPA. (2020). List of products. https://www.epa.gov/coronavirus/disinfectant-use-and-coronavirus-covid-19

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of 3 layers. Recommended for those work in low or medium risk jobs.

Medical Mask- should be reserved for at risk persons or those working in high to very high risk jobs.

Respirators- The N95 respirator is the most common. Be sure any respirator used is certified by NIOSH, OSHA or FDA.

RESIDENTIAL AIR CLEANER PURCHASING GUIDELINES & CONSIDERATIONS

Air cleaners or purifiers can effectively remove many air contaminants, including viruses and smoke which is a great idea during the COVID-19 pandemic and wildfire season in the Pacific Northwest.

FUNCTION AND FILTER

Air cleaners are used to filter the air for different contaminants. Most units filter for particles OR gases; although you can find units that will filter for both. To reduce gases and odors, look for a thick activated charcoal filter.

Recommended: **"true" High Efficiency Particulate Air or HEPA filter** are most efficient tested and certified to meet the highest standard, filtering a wide variety of contaminants including wildfire and tobacco smoke as well as most viruses. There are 6 different types, A-F, that range in efficiency from 99.97%-99.999%.

SIZE

Air cleaners are designed to work in rooms, not whole houses. Consider the size of the room in which the unit that is designed. For example, you might buy a unit designed to filter up to 700 sq. foot room for a bedroom and a larger unit designed to filter up to 1500 sq. feet in a living room.

CARE AND MAINTENANCE

The life of a filter (how often it needs to be changed out). Most manufacturers recommend checking filters every six months and replacing them annually, but some last as long as 5 years!

AVOID OZONE GENERATING UNITS

Ozone is a lung irritant and strictly regulated pollutant. ***Never use any ozone generators in occupied spaces.*** The California Air Resources Board maintains a list of units that emit very little to no ozone (see link below).

RESIDENTIAL BRANDS TO CONSIDER

Keep in mind a lot of brands have several units that serve different functions and are designed for different sized rooms and equipped with different filtration systems. (AIRMEGA, COWAY, AUSTIN AIR, HONEYWELL, BLUEAIR)

WEB LINK

Resources and References:

- EPA. (2020). Air Cleaners & Air Filters in the Home. https://www.epa.gov/indoor-air-quality-iaq/air-cleaners-and-air-filters-home-0
- California Air Resources Board. https://ww2.arb.ca.gov/our-work/programs/air-cleaners-ozone-products/california-certified-air-cleaning-devices
- National Air Filtration Association. (2020). "How many Types of HEPA Filters Are There? https://www.nafahq.org/how-many-types-of-hepa-filters-are-there/

MCH Programs and the MCH Core Workgroup

Tam Lutz, MPH, MHA (Lummi)
MCH Programs Director

The Northwest Tribes recognize that healthy mothers and children are at the heart of healthy Native communities. Healthy Native moms and babies need a continuum of support that extends across families, communities, health care and social services systems. The Northwest Portland Area Indian Health Board (NPAIHB) sustains a MCH Core workgroup of staff who collaborate to support tribal Maternal and Child Health (MCH) efforts by providing health research, data surveillance, technical assistance, policy development, and health promotion and disease prevention efforts.

Staff participating in the MCH core workgroup meet bi-weekly and include representatives from the IDEA NW Project, NW Native American Research Center for Health, WEAVE-NW Project, Native Boost Project, TOTS to Tween Study, Native CARS Studies, MCH Opioid Study, Environmental Health, IHS Medical Epidemiology, Western Tribal Diabetes Project, the Administration Officer, THRIVE, Parenting Teens, and Communicable Disease Epidemiology. Given the collaborative nature of the NPAIHB, additional staff also utilize the MCH Core workgroup episodically as MCH needs arise. The workgroup is an excellent venue to discuss new ideas or opportunities and to access staff with various expertise.

NPAIHB's MCH webpage has recently been updated at: http://www.npaihb.org/maternal-child-health/. If you have an opportunity to check it out and have suggestions or requests for information to be included please contact cjimenez@npaihb.org and tlutz@npaihb.org. We are always grateful for your input. Of particular interest may be the new section to provide resources related to COVID-19.

MCH and COVID-19

The COVID-19 pandemic has and will continue to have an impact on families. MCH-focused programs and collaborating staff at NPAIHB aim to support our NW Tribes as they work to improve the health and wellbeing of the families they serve. In addition to looking at

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MCH Programs and the MCH Core Workgroup

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both the NPAIHB MCH web page and the NPAIHB COVID-19 web page, we also recommend referring the Centers for Disease Control and Prevention (CDC) as a resource for all up-to-date information, including the impact of COVID-19 on pregnant and breastfeeding women and children and children with special health care needs.

Native Boost

Immunization rates have declined to dangerous levels in Portland Area Tribal and IHS clinics, even before COVID-19, and childhood vaccine orders and vaccine administration has declined even further this spring. Clinical providers suspect some of the falling immunization rates is due to vaccine hesitancy, and this has now been compounded by the decrease in well-child visits during the pandemic. This increase of unvaccinated or under vaccinated children is now colliding with decreased social distancing as families head out of homes and begin interacting or gathering with others this summer. This raises the risk of outbreak of other infectious disease such as measles, concurrent with continued exposure and risks of outbreak of COVID-19. NPAIHB has launched Native Boost, a collaboration with Portland Area IHS, Northwest Tribal Immunization Project, and Boost Oregon to deliver new approaches for providers to listen to and communicate with vaccine-hesitant parents. The goal is to provide health education and awareness about the safety and efficacy of vaccines and the need to improve immunization rates before any new phases of COVID-19 or flu viruses appear. Provider trainings are being offered this summer and community workshops will be available in the future. Check out www.boostoregon.org, or contact Tam Lutz at tlutz@npaihb.org for more information.

BREAKING NEWS – Should we develop an MCH ECHO or regular monthly conference call

Tuesday July 7, 2020 the MCH Core Workgroup polled IHS,Tribal and Urban (I/T/U) program attendees at NPAIHB's Tribal COVID-19 Weekly Update Call to assess interest in a recurring MCH-specific ECHO. Twenty-eight I/T/U staff respondees represented 17 unique Tribes along with state, regional and NPAIHB staff attended the call . Of the 28 I/T/U staff respondees 43% were interested in an ECHO or conference call to discuss any emerging MCH topic, 21% indicated that they would not be interested but someone else from their program would be, 18% were not sure, 11% were only interested in MCH ECHO sessions related to COVID-19, and 7% said their Tribal program would not be interested in an MCH ECHO or regularly monthly MCH conference call. With a total of 75% of respondents interested in some level of participation, the MCH Core Workgroup is reviewing the reported priority MCH topics, including those specifically related to COVID-19, to pilot an MCH ECHO or monthly conference call.

TOTS to Tweens Journal Article

The results of the dental study that assessed the long-term impact of tribal interventions to support breastfeeding, decrease the introduction of sugar-sweetened beverages to infants and toddlers, and promote water consumption by families on the teeth of adolescent children ten years post intervention, has been accepted for publication in the journal of Community Dentistry and Oral Epidemiology. Children who received these tribal interventions as babies had fewer cavities at age 11 to 13 than children who did not receive interventions. We are eager to showcase the work of Northwest tribes to a global audience, and are

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MCH Programs and the MCH Core Workgroup

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excited to share the message that establishing healthy behaviors, like breastfeeding and water consumption, and setting up a supportive environment, can lead to sustained health benefits. We will share the article when it is published. For more information, contact Nicole Smith at nsmith@npaihb.org

The MCH Core Workgroup offers our thanks to our I/T/U staff and programs who watch over and provide support or native children and families. If you have questions or ideas for us, please feel welcome to contact Tam Lutz at tlutz@npaihb.org

Northwest Inter-Tribal Breastfeeding Coalition (NITBC): Development and Progress

The NPAIHB's WEAVE-NW Project is continuing its efforts to prevent chronic disease through supporting breastfeeding through the development of a Northwest Inter-Tribal Breastfeeding Coalition (NITBC). This coalition will merge the previous WEAVE-NW efforts to develop a coalition and the work of Roberta Eaglehorse-Ortiz who originally developed the Oregon Inter-tribal Breastfeeding Coalition (OITBC). The NITBC seeks to promote unity through education, support and respect for the diverse American Indian/Alaska Native (AI/AN) communities present across the Northwest – reclaiming breastfeeding as a first foods. In its support of community, content areas within the coalition will include amplifying breastfeeding support through lactation education and peer breastfeeding support training, prenatal education and postpartum support including breastfeeding as a first food and traditional ways of knowing.

Currently, staff at the health board are in the process of completing breastfeeding posters that will be shared across NW Tribal Communities that highlight major themes that look to support women and birthing peoples through understanding the role of breastmilk, inter-generational support, traditional first food, role of the workplace in creating space and policies for breastfeeding and the role of partners/families in the continuum of care for both babies and mothers.

To learn more about the NITBC, please reach out to Candice Jimenez, cjimenez@npaihb.org

NPAIHB's COVID-19 Telehealth Service

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Examples of Questions Answered During ECHO

I am interested in a summary of clinical trials attesting to the efficacy of wearing face masks to reduce the risk of infection from COVID-19

We're seeking policies, procedures on on-going testing with workforce and community

What travel restrictions should there be from an area with a large number of cases to one with few cases?

During the COVID-19 pandemic, the tribal telehealth program has been able to quickly provide surge capacity to respond to the pandemic. In a short time, COVID-19 telehealth services reached a high number of participants across a wide geographical range. The telehealth and ancillary services were highly used resources, rated highly useful by clinicians in Indian Country.

Texting services have been an additional resource for clinicians to obtain personal, but scalable information and give input to specialists. The IndianCountryECHO.org website has assisted with scheduling, linkages to teleECHO sessions, and archived material. An established telehealth network serving Indian Country has been an important part of emergency preparedness to support local health professionals navigate an appropriate response based on their community and resources.

Indian Health Update

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The federal government is involved in the suit as well. Originally, the federal government agreed that the individual mandate was unconstitutional, but generally defended the remainder of the law. In the court of appeals, however, the government shifted course and argued, along with Texas, that the entire statute was invalid. In its brief to the Supreme Court, filed on June 25, the federal government argued that the whole statute is indeed invalid, but that the *relief* granted by the Court should be more limited.

Disturbingly, the brief filed by the Department of Justice for the federal government ignored the federal responsibility to Tribes by failing to even mention the Indian provisions of the ACA. As the tribal amicus brief clearly demonstrates, those provisions are legally severable from the ACA's individual mandate and other more controversial insurance reform provisions. The federal government could have taken a position in support of the Indian health provisions, regardless of its position on the remainder of the law, but chose not to.

The Supreme Court could hear arguments in the case as early as October of this year, but likely will not issue a decision until after the November elections.

CARES Act Chehalis Litigation

The *Chehalis* litigation challenges the Department of the Treasury's (Treasury) decision that Alaska Native Claims Settlement Act regional and village corporations (ANCs) are eligible for funds from the $8 billion set aside for tribal governments from the Coronavirus Relief Fund in Title V of the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

On June 26, 2020, the district court concluded ANCs are eligible for CARES Act tribal government relief funds. In that decision, the court found ANCs are "tribal governments" under the CARES Act as well as "Indian tribes" under the Indian Self-Determination and Education Assistance Act.

On July 7, 2020, the district court granted the plaintiff tribes' motion for an injunction pending appeal and stayed its June 26, 2020 judgment. Thus, Treasury is once again prohibited from disbursing CARES Act tribal government relief funds to ANCs. The court stayed its June 26, 2020 order until the earlier of September 15, 2020, or resolution of the matter by the circuit court. If the circuit court does not resolve the case by September 15, 2020, it said, the injunction may be extended by motion of a party or by the circuit court—but such a motion must address whether the funds expire if the circuit court does not issue a decision by September 30, 2020. The court issued its injunction on the condition that the plaintiff tribes file their notice of appeal and motion for expedited review by July 14, 2020. If the plaintiff tribes do not file their appeal, the injunction expires on July 15, 2020.

Finally, there are several other cases currently being litigated related to CARES Act funding and Treasury distribution of funds. The tribal plaintiffs in the *Agua Caliente* litigation are seeking to force Treasury to immediately disburse the tribal government relief funds. The *Prairie Band* litigation challenges Treasury's use of the Department of Housing and Urban Development's Indian Housing Block Grant (IHBG) program dataset as the basis of its disbursement based on population. The *Shawnee* litigation challenges Treasury's use of population to measure allocations (arguing population does not measure "increased expenditures") and the use of the IHBG population figures.

Tribes sue e-cigarette manufacturer JUUL

A number of Tribes[1] recently filed lawsuits against JUUL and other vaping product manufacturers, including Altria Group, Nu Mark, LLC, and Phillip Morris USA. In their complaints these tribes are asking for injunctive relief and abatement to combat the vaping epidemic that has resulted from the deceptive marketing and sale of JUUL products to the tribes and their members, including under-age youth and students at their tribal schools. The complaints also seek compensatory damages to recoup the resources that it has expended and will need to continue to expend to address the youth vaping epidemic created by JUUL's misconduct.

The tribes' complaints allege that JUUL's design,

[1] The tribes include the Fond du Lac Band of Lake Superior Chippewa, Jamestown S'Klallam Tribe, Klamath Tribes, Lac Courte Oreilles Band of Lake Superior Chippewa Indians of Wisconsin, Oglala Sioux Tribe, Pala Band of Mission Indians, Port Gamble S'Klallam tribe, Red Cliff Band of Lake Superior Chippewa Indians, and Saint Regis Mohawk Tribe. The Ramah Navajo School Board, Inc. also filed a complaint in the litigation.

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marketing, and distribution of its vaping products to minors—specifically targeting tribal youth, despite knowing that they are more susceptible to addiction than non-Native Americans—has resulted in a youth vaping epidemic in tribal communities. In addition, the tribes allege that JUUL deceptively pushed e-cigarettes as a way to help people stop smoking, while in reality the devices were intended as a new delivery vehicle for nicotine that raked in profits for the companies. For instance, JUUL has specifically targeted Native American communities through "switching programs," in which tribe members were encouraged to take up vaping instead of combustible cigarettes.

The lawsuits were filed in the U.S. District Court for the Northern District of California – the court in charge of current Multi-District Litigation coordination for the many lawsuits already filed against JUUL.

Contract Support Costs

The recently released House draft appropriations bill retains the separate, indefinite appropriation for contract support costs (CSC) that has been in place since FY 2016. This appropriation for "such sums as may be necessary" ensures sufficient funding for full payment of CSC without impacting any program funding lines. The draft bill contains a pernicious provision on CSC funding for the Indian Health Service (IHS)—but not the Bureau of Indian Affairs (BIA): CSC funds obligated by IHS but not spent by a Tribe in FY 2021 will count against the CSC due in the next fiscal year. This carryover offset provision last appeared in the FY 2017 appropriations act. Tribes successfully fought to have it removed the next year, and may want oppose it this year as well.

Important CSC cases being litigated include *Swinomish Indian Tribal Community v. Azar*, where the issue is whether IHS must pay CSC on the portion of the Tribe's health care program funded with third-party revenues, such as Medicare, Medicaid, and private insurance. The district court ruled for IHS, holding that third-party revenues are not part of the "federal program" that generates CSC requirements. The ruling appears to conflict with a different federal court's decision in *Navajo Health Foundation—Sage Memorial Hospital, Inc. v. Burwel*l. The Swinomish Tribe has appealed to the D.C. Circuit. In *Cook Inlet Tribal Council v. Mandregan*, the question is whether the Indian Self-Determination and Education Assistance Act (ISDEAA) prohibits duplication of funding categories, as IHS argues, or simply of funds, as the Cook Inlet Tribal Council (CITC) maintains. The district court ruled in favor of CITC; IHS has appealed.

Section 105(l) Leasing

Terrific news on the appropriations front: the latest House appropriations bill contains a new indefinite appropriation—"such sums as may be necessary"—to fund leases under section 105(*l*) of the ISDEAA. If the Senate follows suit and the provision becomes law, it would ensure full payment without IHS or BIA having to reprogram funds to cover leases, as happened to IHS in the last few years. On the downside, the House bill would also impose new cost-cutting restrictions on 105(*l*) lease compensation, including a provision allowing funding only for that portion of a facility devoted to the "Federal program." This provision appears to endorse IHS's recent decisions to limit lease funding to that portion of the facility IHS deems necessary to serve IHS beneficiaries, and not that portion IHS deems as serving non-beneficiaries—even when a tribe has a resolution in place under section 813 of the Indian Health Care Improvement Act that brings such services within the scope of the ISDEAA funding agreement. This issue is currently being litigated by the Jamestown S'Klallam Tribe.

While IHS has entered hundreds of leases over the past few years, Interior's office of Indian Affairs—which encompasses BIA and the Bureau of Indian Education—has so far entered just two. But Indian Affairs recently released a 105(*l*) negotiation "framework" and is gearing up to engage in this process more actively.[2]

[2] See https://www.bia.gov/as-ia/raca/regulations-development-andor-under-review/section-105l-leases.

New Faces

Amy Franco
Grants Management Specialist

My name is Amy Franco, I'm a Panamanian from the Midwest. I grew up in Illinois, lived in Chicago for ten years, and moved to Portland in 2016. I have a decade of experience in health research grant administration including prior positions at University of Illinois at Chicago (UIC) and Oregon Health & Science University. I attended UIC for undergrad (Anthropology) and grad school (Urban Planning & Policy). I'm delighted to be at NPAIHB to support proposal development and submissions and grant administration in my role as a Grants Management Specialist.

Ashley Hoover, MPH
Communicable Disease Epidemiologist

Ashley Hoover recently moved to Portland to work at the Board as a Communicable Disease Epidemiologist. She grew up in the Florida Keys but most recently lived in New Orleans, Louisiana, where she received her MPH at Tulane University with a focus in maternal and child health, and interned at the Board in 2014 as a maternal and child health epidemiologist. After graduation, she spent the past five years working at the Louisiana Department of Health STD/HIV/Hepatitis Program as the Perinatal Surveillance Supervisor overseeing all maternal/perinatal exposures to HIV and syphilis. She is excited to bring her skillset to the Board in her new role and spend some time in the beautiful and newish-to-her Pacific Northwest!

Barbara Gladue
(Little Shell and Turtle Mountain Bands of Chippewa Indians)
Oregon Tribal Public Health Improvement Manager

Hello, my name is Barbara Gladue hired as the Oregon Tribal Public Health Modernization Manager. I am an enrolled member of the Turtle Mountain Band of Chippewa Indians and Caucasian. I grew up in Great Falls, Montana, next to the Blackfeet's buffalo jumps.

I moved to Portland in 2000. I attended PCC and PSU earning an AA and then a BA degree. I am a mother to three amazing girls, Tristan 24 years old, Milagros 12 years old, and Esperanza 6 years old. My hobbies include volunteer coaching basketball (last year was my fifth year coaching my daughter team at NAYA) and sometimes volleyball, rafting, hiking, and crafting. I love anything outdoors, but my real love is FOOD! I love to cook and to eat.

I bring to the NPAIHB a lifetime of traditional and spiritual knowledge. A decade of family engagement, advocacy, case management, training, and technical assistance. I hope to cross paths real soon.

Miigwech,
Barbara Gladue

Celeste L. Davis, REHS, MPH
(Chickasaw Nation)
Environmental Public Heath Program Director
NARCH Asthma Management Project Director

Hi friends! My name is Celeste Davis and I am excited to join the Northwest Portland Area Indian Health Board/ Northwest Tribal Epi-Center as the Environmental Public Health Program Director and NARCH Pediatric Asthma Management Research Project Director for the in Portland, OR. I retired after a 20-year service career in February 2017 from the US Public Health Service (USPHS) Commissioned Corps, with my last assignment as the Director for the Division of Environmental Health Services (DEHS) and the Emergency Management Coordinator for the Indian Health Service (IHS), Portland Area. During my career, I've had the privilege to serve over 130 Tribes and Alaska Native Villages through a variety of environmental public health positions in the southeastern U.S., Alaska, New Mexico, and the Pacific Northwest, having risen through the ranks from the field to management. I hope my broad work experience in public health includes assessment and inspection, environmental and epidemiological investigations, training, policy development, program and project management, and evaluation will be valuable to the Tribes of the Pacific Northwest.

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New Faces

continued from previous page

I am a citizen of the Chickasaw Nation, and was born in Alaska and grew up in Oklahoma. She is a Registered Environmental Health Specialist who earned a Bachelor of Science degree in Environmental Health Science from East Central University in Ada, Oklahoma, and a Master of Public Health degree in Occupational and Environmental Health from the University of Oklahoma. Ms. Davis is currently pursuing a PhD in Health Systems Management and Policy at the OHSU-PSU School of Public Health. In my spare time, I enjoy traveling all over the world, going to rock concerts, reading, playing and watching sports, anything outdoors - hiking and fishing, and hanging out with my family, friends, and cats. My favorite color is purple. My drink of choice is a crisp, refreshing lager or pilsner.

Lael Tate
(Navajo)
THRIVE Project Coordinator

"Hello! My name is Lael Tate and I am joining the Board as a THRIVE project coordinator. I am Navajo and grew up in NE Portland. I just graduated from Columbia University with a Bachelor's degree in Ethnicity and Race Studies. I interned at the Board last summer and am very happy to be back and to be working with familiar faces. I am eager to learn how to best support the mental health of our Native communities, especially during this time of loss, grief and heightened attention to racial injustice. I look forward to seeing you all in person soon."

Melino F. Gianotti
Oregon Tribal Public Health Improvement Analyst

Melino joined the NPAIHB in March and has been loving her time here ever since. She is from Douglas County, OR. Before joining the NPAIHB, Melino was serving as a Peace Corps Volunteer. She worked as a Community Health Educator in Cambodia for two years, coordinating with local schools and clinics. She then transferred to Liberia to work as a Community Health Outreach Specialist and trained within her local community. She is very thankful for the opportunity to serve tribal communities.

Chronic Disease and COVID-19: What You Need to Know

NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Tips and information to protect yourself and your family

What is COVID-19?

COVID-19 is a new kind of illness caused by a virus. People can carry and spread the virus without feeling sick. It causes fever, coughing, and trouble breathing.

What should people with chronic diseases know about COVID-19?

Anyone can get sick from COVID-19, but people who are older than 65 and people of any age who have a serious chronic disease are the most likely to become very ill or die.

People who have one or more of these chronic conditions should be extra careful to protect their health from COVID-19:

- Asthma and lung disease
- Heart disease
- Unmanaged diabetes
- Severe obesity (BMI>40)
- Weakened immune systems because of diseases like HIV or because people are going through cancer treatment.

What can people with chronic diseases and their families do to protect themselves from COVID-19?

Making healthier choices every day can help people prevent and improve their chronic disease as well as their well-being, overall. Some of the most important healthy choices include quitting tobacco use, getting more physical activity, and eating nutritious meals and snacks.

People with chronic diseases must be sure to:

- Take regular medications on time and as directed (reach out to your healthcare provider to ask about obtaining an extra supply of medications in case you cannot get to the pharmacy or clinic).
- Make time to keep measuring your blood pressure if you have hypertension or take your blood sugar if you have diabetes.
- Use the telemedicine/telehealth option for a regular medical visit (your healthcare provider can tell you if your insurance company offers this option).

Everyone should follow CDC's recommendations to prevent COVID-19:

- Avoid crowded places and stay at home.
- When you are outside your home, stay at least two arms' length away from other people.
- Wash your hands often with soap and water for at least 20 seconds (or the time it takes to sing "Happy Birthday" twice). If you don't have soap and water, you can use hand sanitizers that contain at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your cough or sneeze with the inside of your elbow.
- Clean objects or surfaces in your home that people touch a lot, such as door knobs, elevator buttons, and key pads.

! If you or a family member starts to get a fever, cough, or shortness of breath, it may be because of COVID-19. Here is what you should do next:

- Take steps to protect your family members from getting sick (read the CDC fact sheet on how to keep your family safe: www.cdc.gov/coronavirus/2019-ncov/prepare/get-your-household-ready-for-COVID-19.html).
- Call your healthcare provider and follow their advice on what to do next. Do not go to the Emergency Room unless your provider tells you to do so.
- If you have a job or go to school, let them know that you are sick. You should not go to work or school.

Managing Your Chronic Disease to Prevent COVID-19

I have... diabetes

When people with diabetes do not manage their blood sugar levels well, they can have more trouble fighting off illnesses like COVID-19. Because of this, people with poorly controlled diabetes are more likely to become very ill or die if they get COVID-19.

What you can do:

- Make sure to monitor your blood sugar regularly and to take your medications as directed. Contact your provider to help you get an emergency supply of medications.
- Follow your healthcare provider's advice about healthy eating and increasing physical activity.
- Stop smoking, as smoking can make it more likely that you have heart attack or stroke.

I have... asthma

Both asthma and COVID-19 can harm your lungs. If you have asthma and get ill with COVID-19, it could lead to life-threatening lung conditions.

What you can do:

- If you have one, follow your Asthma Action Plan (www.cdc.gov/asthma/actionplan.html).
- Take your medications as directed. Talk to your doctor and pharmacist to be sure you have an emergency supply of prescription medications.
- Stop smoking and using e-cigarettes, which can cause lung damage.

Quitting tobacco use now can help you improve your health. People with chronic diseases who use tobacco are most likely to have life-threatening health issues. If you use tobacco, make the commitment today to quit. Call the free quitline today to get started at 1-800-QUIT-NOW (1-800-784-8669).

I have... heart disease

COVID-19 can strain all of the systems in the body, which puts additional stress on your heart. In patients with heart disease, COVID-19 can make it more likely that your heart won't be able to keep up with the needs of your body.

What you can do:

- Ask your doctor about telehealth visits to manage your condition so that you don't have to go into the clinic, where you could catch COVID-19.
- Maintain the medications and treatment plan that you and your doctor created.
- Keep up the healthy habits that your doctor recommends, including healthy eating, exercise, getting enough sleep, and managing stress.
- Stay up-to-date on other vaccinations that can protect you from diseases that stress your heart, including pneumonia and the flu.

For more information, please visit:
- **NACDD webpage for COVID-19 resources:** www.chronicdisease.org/news/496967/NACDD-Resources-to-Support-States-Response-to-COVID-19.htm
- **CDC website for COVID-19 resources:** www.cdc.gov/coronavirus/2019-ncov/index.html

I have... cancer

Some types of cancer and cancer treatments can weaken people's immune systems and can make them more likely to get very ill from COVID-19.

What you can do:

- Before going into your appointments for cancer treatment, ask your doctor how you can help protect yourself from catching COVID-19.
- Check if any oral medications that you are taking can be sent directly to you so that you don't have to go to the pharmacy or the clinic.
- Your doctor may recommend other things that you should do to isolate yourself from others to help make sure that your treatments have the best chance of working.

"Whether you make the decision to quit smoking, choose fruit instead of your regular snack, or take some light exercise during TV commercial breaks, it's never too late to try something new to improve your well-being."

– John W. Robitscher, MPH, CEO,
National Association of Chronic Disease Directors

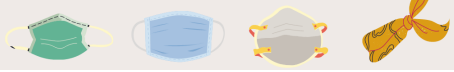
Why do you wear a mask?

*Well I'm glad you asked.

I wear a mask because I love the people I come in contact with.
I respect them and their family that they go home to every day.
I don't wear it to necessarily protect myself but to protect those around me in case I have the COVID-19 virus.
Wearing a mask helps reduce the risk of ME transmitting the virus.
I wear a mask because I love and want to protect those who I come in contact with.
That's why I wear a mask.*

I hope you will wear a mask too.

Toni Jefferson, Lummi Nation



Cowlitz Clinic Manager, Stephanie Moyers

JOIN THE MASKED MOM DEFENDERS

JOIN THESE POWERFUL WOMEN WHO HELP KEEP THEIR COMMUNITY SAFE BY WEARING A MASK AND PRACTING SAFE SOCIAL DISTANCING

Masks really work!

STAY SAFE
SAVE LIVES

Lummi Council Secretary, Cheryl Sanders

Mothers

care for and protect our families and our Tribal communities during this COVID-19 pandemic.

Valerie, Nimiipuu Tribal Health nutrition assistant, makes masks.

Melissa, Cowlitz Tribal Health nurse provides COVID-19 testing.

Let us honor and mirror their strength. Continue to social distance and wear a mask when you can't avoid being around others outside of your family.

Upcoming Events

Dates Hyperlinked

JULY

July 17 - August 21
Native American Pathways Program
Mayo Clinic, Office of Diversity

July 21-23
IHS Partnership Meeting
IHS

AUGUST

August 3-7
OCPS Conference
IHS

August 3-7
2020 Health Disparities Research Institute
National Institutes of Health

August 6-7
IHS Direct Service Tribes National meeting
IHS

August 11-12 (Postponed 8/8/2021)
Region 10 Opioid Summit
Portland, OR

August 17-21 (Postponed 8/1/2021)
National Indian Council on Aging Conference
Reno, NV

August 25-27 (Postponed May 2021)
3rd Biennial World Indigenous Suicide Prevention Conference
Winnipeg, MB, Canada

SEPTEMBER

September 14-18 (Postponed April 26-17, 2021)
NW Tribal Public Health Emergency Preparedness Training
Shelton, WA

September 22-24
Diabetes RPMS Training (DMS)
ZOOM Platform

OCTOBER

October 20-22
NPAIHB Quarterly Board Meeting
NPAIHB

We welcome all comments and Indian health-related news items.
Address to:

Health News & Notes/ Attn: Lisa Griggs or by e-mail at lgriggs@npaihb.org
2121 SW Broadway, Suite 300, Portland, OR 97201
Phone: (503) 228-4185 FAX: (503) 228-8182

For more information on upcoming events please visit www.npaihb.org

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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD APRIL 2020 RESOLUTIONS

RESOLUTION #20-03-01
NARCH 6.5.2020

RESOLUTION #20-03-02
HRSA Opioid-Impacted Family Support

RESOLUTION #20-03-03
PUBLIC HEALTH RECOMMENDATIONS FOR A PHASED APPROACH TO REOPENING

RESOLUTION #20-03-04
BOLD Resolution 6.5.2020

RESOLUTION #20-03-05
Oppisition to 100% FMAP_Non_IHS-Tribal Agreements

RESOLUTION #20-03-06
NW Tribal Juvenile Justice

RESOLUTION #20-03-07
ANA-Social and Economic Development Strategies

Photo credit: E. Kakuska - Dancing in the Square Powwow 2018