

# NWTEC Quarterly Report

Victoria Warren-Mears, PhD, RDN, FAND  
Director, Northwest Tribal Epidemiology Center

[vwarrenmears@npaihb.org](mailto:vwarrenmears@npaihb.org)

503-998-6063



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# Overview

- Overview of NWTEC
- Update on Data Sharing with Idaho
- New Data products – WA Public Health Modernization
- Update on Food Security during COVID-19 assessment
- COVID-19 Training and Technical Assistance Report
- COVID-19 Data
- Questions



# NWTEC

- Formed in 1996 with first funding 1997 – 25 years of tribally directed activities
  - Tribal leaders had approved the concept and function of a tribal research and epidemiology center prior to this time.
- Guided by the Public Health Committee of the NPAIHB, and report to the NPAIHB Board
- Every action undertaken is a result of tribal resolution from our Board (*tribally driven research and public health agenda*)
- Functions as a departmental designation with oversight of over 55 employees
- NWTEC staff have trained 3 CDC EIS Officers with another who will begin in August and 2 PHAP assignees from CDC.



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# Update on Idaho Data Sharing

- On January 13, 2021 a data use agreement was signed between the Idaho Department of Health and Welfare and the NWTEC.
- This will allow us to do data linkages quarterly or more often with COVID-19 data.
  - The state will transmit the corrected data to CDC
  - This likely will give Idaho the most accurate AI/AN data in the nation



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*



# Public Health Modernization Projects

- NPAIHB is supporting efforts for all three states.
- The NWTEC has funding to:
  - Enhance data for Washington Tribes,
  - Conduct capacity surveys with Oregon Tribes, provide summaries and assist with tribal health improvement plans and implementation (project includes NARA).
- Conduct assessments to determine ways to improve the state BRFSS to meet the needs of the Oregon Tribes
- Support work toward Public Health Accreditation for all NW Tribes



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# NPAIHB WTPHI Project Objectives

- Ensure AI/AN disease surveillance, investigation, and control
  - Produce communicable disease data briefs
  - Train and deploy NPAIHB staff for disease outbreak investigations
- Participate in surveillance and epidemiology committees and task forces with FPHS partners, including DOH, local health jurisdictions, tribal government, and tribal health organizations



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# WA AI/AN Communicable Disease Data Briefs

To be released January 2021:

- Hepatitis B & C
- HIV/AIDS
- Sexually Transmitted Infections
- Tuberculosis

*Summaries of available data to describe disease burden experienced by AI/AN communities in Washington*



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*





# WA AI/AN Communicable Disease Data Briefs

This data brief summarizes the communicable disease data for American Indian/Alaska Natives (AI/AN) in Washington. Comparisons are made to the general population and other racial/ethnic groups.

## Overview

Viral hepatitis is a group of diseases that affect the liver. Hepatitis A (HAV) is spread through contact with an infected person's stool. Hepatitis B (HBV) and hepatitis C (HCV) are spread through contact with an infected person's blood. HCV is the most common cause of chronic liver disease in the United States.

Though HBV and HCV are preventable, they are often diagnosed late. Early diagnosis and treatment can help prevent complications. Screening for HCV is recommended for people at risk of infection.

While rates for acute HCV diagnoses have decreased since 2007, they remain higher for AI/AN than for other racial/ethnic groups. This is due to a combination of factors, including limited access to care and cultural barriers.

In an effort to address these disparities, the Northwest Portland Area Indian Health Board (NPAIHB) has developed a Hepatitis Action Plan. The plan includes the following goals:

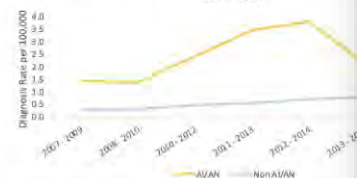
1. Prevent new viral hepatitis infections.
2. Reduce deaths from viral hepatitis.
3. Reduce viral hepatitis-related health care costs.
4. Coordinate, monitor, and evaluate the Hepatitis Action Plan.

For more information, visit [www.npaihb.org](http://www.npaihb.org).

## Hepatitis C

A total of 30 cases of acute HCV were reported among AI/AN in Washington between 2007 and 2016, which was nearly six percent of all acute HCV diagnoses during this time. New HCV infection diagnoses fluctuated during this time, with a peak in 2012-2014, mirroring the peak in new acute HCV in Washington during the same period.

Acute Hepatitis C Diagnoses, 3-Year Rolling Average 2007-2016



\*Data between 2009 and 2011 from the suppressed due counts less than 3.

Between 2007 and 2016, the diagnosis rate of acute HCV for AI/AN was four times higher than the national rate of acute HCV diagnoses for Non-AI/ANs in Washington. AI/AN males had a diagnosis rate 2.3 times higher than Non-AI/AN males and AI/AN females had a diagnosis rate five times higher than Non-AI/AN females.

Acute Hepatitis C Diagnoses 2007-2016



## Hepatitis C-Related Deaths

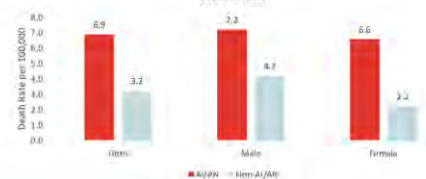
Nationally, HCV-related deaths disproportionately impact AI/ANs than any other race/ethnicity.<sup>10</sup> Over the last ten years, the rate of HCV-related deaths in Washington among AI/ANs was at least three times higher than Non-AI/ANs. While the death rate for AI/ANs in Washington between 2014 and 2016 was below the national AI/AN death rate for HCV-related deaths in 2016 (9.8 deaths per 100,000), the trend shows a slight increase from the previous three years and moving away from the national goal of reducing AI/AN HCV-related deaths to less than 7.17 deaths per 100,000 by 2023.<sup>9</sup>

Hepatitis C-Related Deaths, 3-Year Rolling Averages 2007-2016



The overall death rate for AI/ANs in Washington between 2007 and 2016 was about two times higher than the death rate of their Non-AI/AN counterparts. When examining death rates by sex at birth, AI/AN males had a death rate 1.7 times higher than that of Non-AI/AN males and women had the greatest disparity, with a death rate three times higher than Non-AI/AN females.

Hepatitis C-Related Deaths by Sex at Birth 2007-2016



## Resources

### and Capacity Building

Health programs serving American Indian and Alaska Natives.

manage the care of patients with complex medical conditions, and technical assistance.

s, capacity increases to offer enhanced care for complex medical conditions get the care they need.

<http://www.npaihb.org/hepatitis-c/>

maintain patient privacy.

AI/ANs and Non-AI/ANs.

represented as HCV infection may be recorded.

ment of Health Viral Hepatitis Program, NPAIHB's IDEA-NW project.

Control and Prevention (CDC) WONDER, and TB Prevention (NCHSTP) AtlasPlus

CD codes for HCV as the underlying cause of death.

available to information published by state or local health departments.

identify AI/AN individuals.

IDEA-NW Project aims to address racial and ethnic disparities in health care. Direct race information in health datasets such as the Behavioral Risk Factor Surveillance System (BRFSS) is corrected and used to create more accurate data to improve targeted prevention efforts. For more information, visit <http://www.npaihb.org/idea-nw/>.

Improving Data & Enhancing Access (IDEA-NW)

10



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

- Topic Overview
- Data Summaries
- Data Figures
- Resources
- NPAIHB Project Contacts, within the NWTEC staff



# WTPHI Data Partners Meeting



The poster features a background image of a mountain landscape. The text is organized into sections: a title at the top, a 'Save the Date!' section with the date and time, a blue box with project details, an 'Audience' list, a 'Topics' list, a 'Registration Link' with a QR code, a map of Washington, a 'Questions?' contact section, and a footer with sponsorship information.

**Washington Tribal Public Health Improvement  
Data Partners Meeting**

**Save the Date!**  
**Wednesday, February 3, 2021**  
**10AM - 1PM**

The WA Tribal Public Health Improvement Project is pleased to offer this virtual meeting to bring together tribal, state, and regional data partners. Join us to review data and support available from NPAIHB projects and explore tribal public health data needs.

**Audience:**

- Tribal Health Directors
- Tribal Health Program Staff
- Other Tribal Leaders and Staff who collect, analyze, or use health data for decision making

**Topics:**

- Introduction to the WA Tribal Public Health Improvement Program
- Data Linkage presentation
- Communicable Disease Data Briefs overview
- Facilitated discussions

**Registration Link**

Or scan QR code with your smart device



**Location:**

This is a virtual event, a Zoom link will be sent to registrants

**Questions?**

Contact Nancy Bennett at  
nbennett@npaihb.org

Sponsored by NPAIHB's WA Tribal Public Health Improvement Project and IDEA-NW. Funding provided by Washington State Department of Health.

**February 3, 2021**

**10:00 AM – 1:00 PM**

## **Topics:**

- Intro to NPAIHB WTPHI Project
- WA AI/AN Data Linkage Update
- Communicable Disease Data Review
- Facilitated Discussions
  - Data Access
  - Data Needs

## **Registration:**

<https://www.surveymonkey.com/r/DataPartnersMtg>

For more information, contact Nancy Bennett, NPAIHB:  
nbennett@npaihb.org



**NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD**  
*Indian Leadership for Indian Health*

# Food Sovereignty and Food Security Survey

- Received IRB approval
- Finished qualitative interviews with 10 tribal leaders and/or program staff
- Beginning to analyze information to finish adapting the quantitative survey
- Working with AIHC to recruit and receive tribal resolutions
- What's next?
  - Launching the quantitative survey by February
  - Completing analysis and reporting by end of March
- Still seeking funding for Idaho and Oregon to expand this survey further.



# Environmental Public Health Grants

- Two opportunities
- Available to tribes in Idaho, Oregon and Washington
- 7 total awards will be made



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*



# ENVIRONMENTAL HEALTH RESPONSE, RECOVERY, MITIGATION AND OTHER EXPENSES RELATED TO 2018/2019 DECLARED DISATERS

## 4 Grants Awarded at \$50,000 each

- **Project activities will include:**

- Improve EH data and informatics capacity to strengthen tribal data and data systems for monitoring, diagnosing, investigating, & mitigating EH hazards resulting from disasters.
- Develop standard templates and forms for data collection of EH hazards in disasters.
- Incorporate local indigenous knowledge to understand historical, EH-related disaster impacts and design the appropriate tribal Environmental Health interventions.
- Develop standard templates and forms for tribal lessons-learned reports, community EH hazard assessments, and disaster surveillance to build capacity in preparedness and response to EH hazards in disasters.

[RFA](#)

<https://files.constantcontact.com/4cd26bd1101/b8a71b85-4e52-4519-9280-0a014866c688.pdf>



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# IMPROVING DOMESTIC WELL WATER SAFETY

## 3 Grants Awarded at \$12,000 each

Available to federally recognized Idaho, Oregon, & Washington Tribes

- Project activities will include:

- Tribal environmental health staff will identify, characterize, and evaluate the environmental health(EH) status of individual private wells and conditions that prevent access to safe drinking water.
- NPAIHB will provide training as follows: Hydrogeology and groundwater basics, wellhead protection, safe drinking water standards and sampling, and using data to monitor and anticipate EH hazards and threats to groundwater

**RFA:**

<https://files.constantcontact.com/4cd26bd1101/203e8dc1-ce63-48fb-9ab9-d41325562899.pdf>

Applications are DUE: **Friday, February 12, 2021**

Anticipated Notice of Award by: Friday, February 26, 2021



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# COVID-19 Technical Assistance

Table 1B: COVID -19 requests for technical assistance

Source of Request	Total	Responded To	Unable to Respond
Northwest Tribes (including deployments for contact tracing)	2,008 These figures may under represent total response due to inaccurate tracking, in face of pandemic, initially.	2,008	0
Tribes Outside of Area	125	125	0
Other Requests	1232 Includes collaborative meetings with states and universities	1232	
<b>TOTAL</b>	<b>3365</b>	<b>3365</b>	<b>0</b>

Wrote for an additional \$5,000,000 of COVID-19 funding, of which \$4.5 million is going to tribes

COVID-19 Weekly Informational Calls	Training, Technical Assistance, and Question and Answer	Weekly call initiated in early March. Average attendees 175 per call. As we have move forward, we have continued with about 70 attendees.		COVID-19 Clinical ZOOM	Clinician Informational training calls regarding the public health emergency – nationwide coverage	200 + clinicians – COVID-19 twice per week and has also been integrated in SUD ECHO, Diabetes ECHO and HCV ECHOS which are held once to 3 times per month.	For the time period March 2020 – September 30, 2020, there have been 49 COVID-19 ECHO Clinics with 6,662 attendees from throughout the US, Canada, Guam and Puerto Rico
--	---	--	--	------------------------------	--	--	---



**NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD**  
*Indian Leadership for Indian Health*



# New Award Anticipated

- CDC 5 year award around vaccine hesitancy to include COVID-19 and flu vaccine
- NWTEC will be the national coordinating center for all of the Tribal Epidemiology Centers, who choose to participate.



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

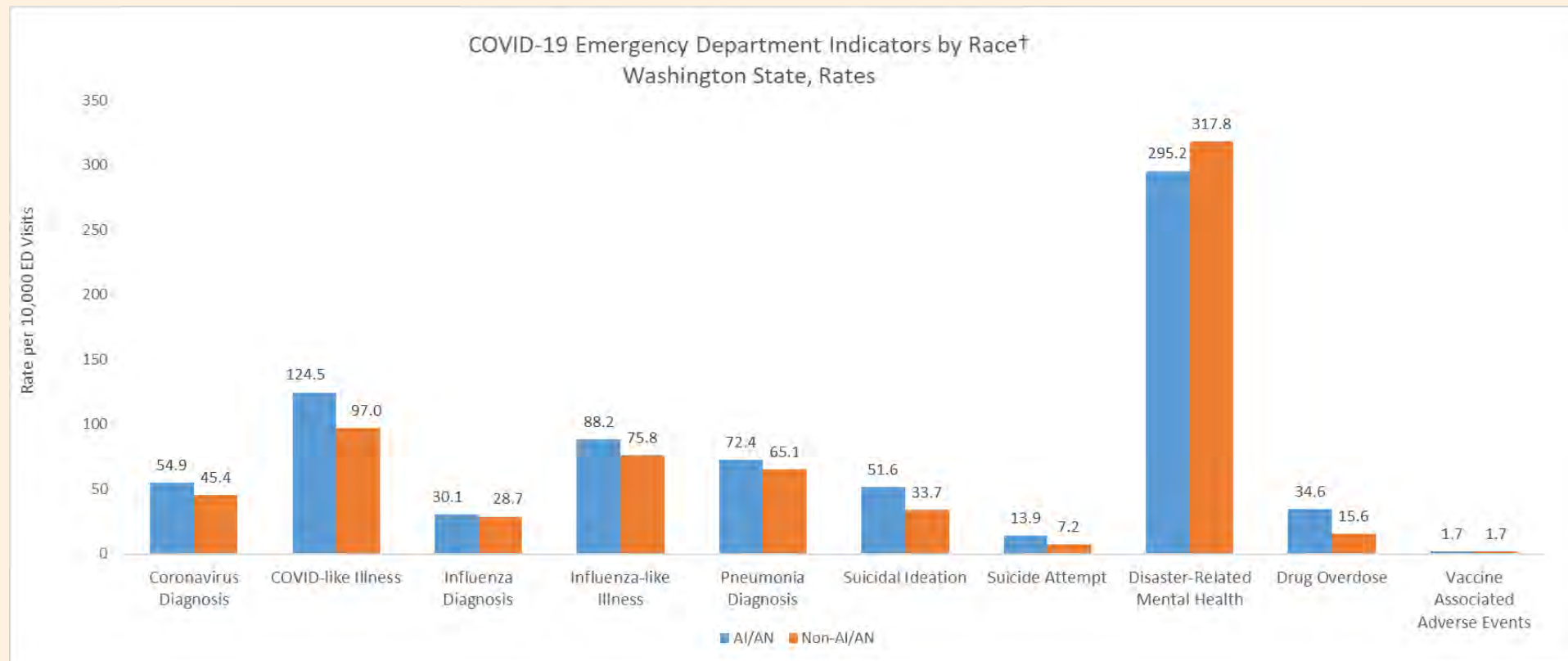


# Key Emergency Room Data

- Oregon:
  - Suicide ideation increasing among AI/AN
  - COVID-like Illness (CLI) is decreasing among AI/AN
  - There were two vaccine adverse events in the last week among AI/AN (which vaccine was associated with the adverse event is not specified)
- Washington:
  - Total ED visits are low
  - Slight increase in drug overdose among AI/AN
  - CLI and pneumonia rates remain higher among AI/AN than non-AI/AN

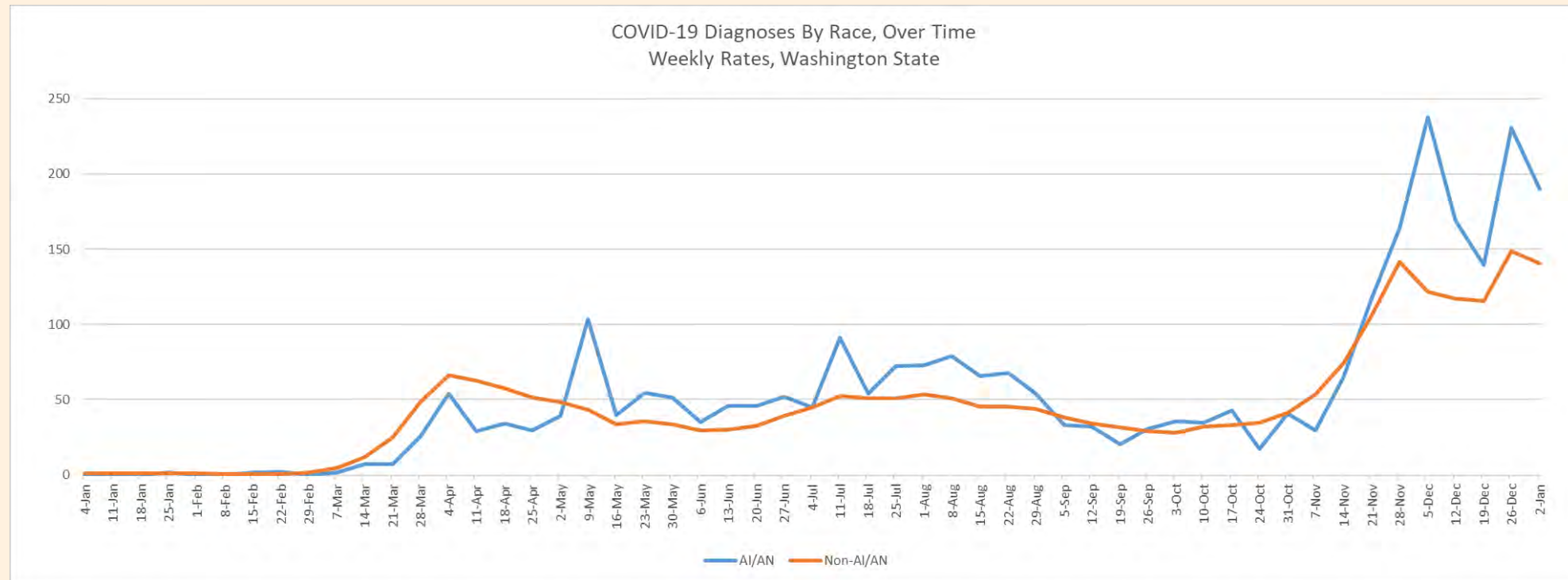


# Washington Emergency Department Indicators – through 1/12/21



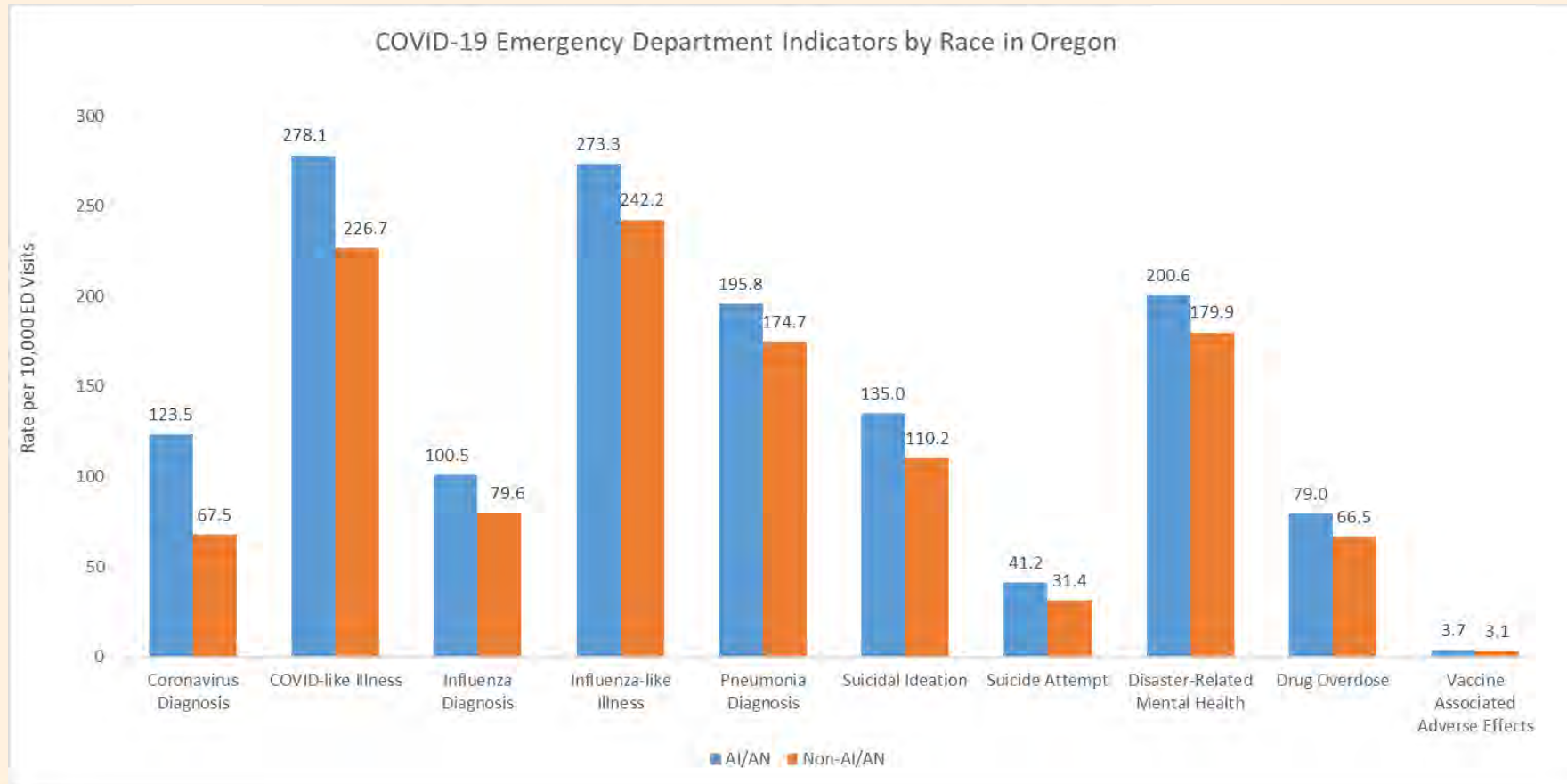


# COVID-19 Diagnosis by Race (1 Year) ED Data- Washington State



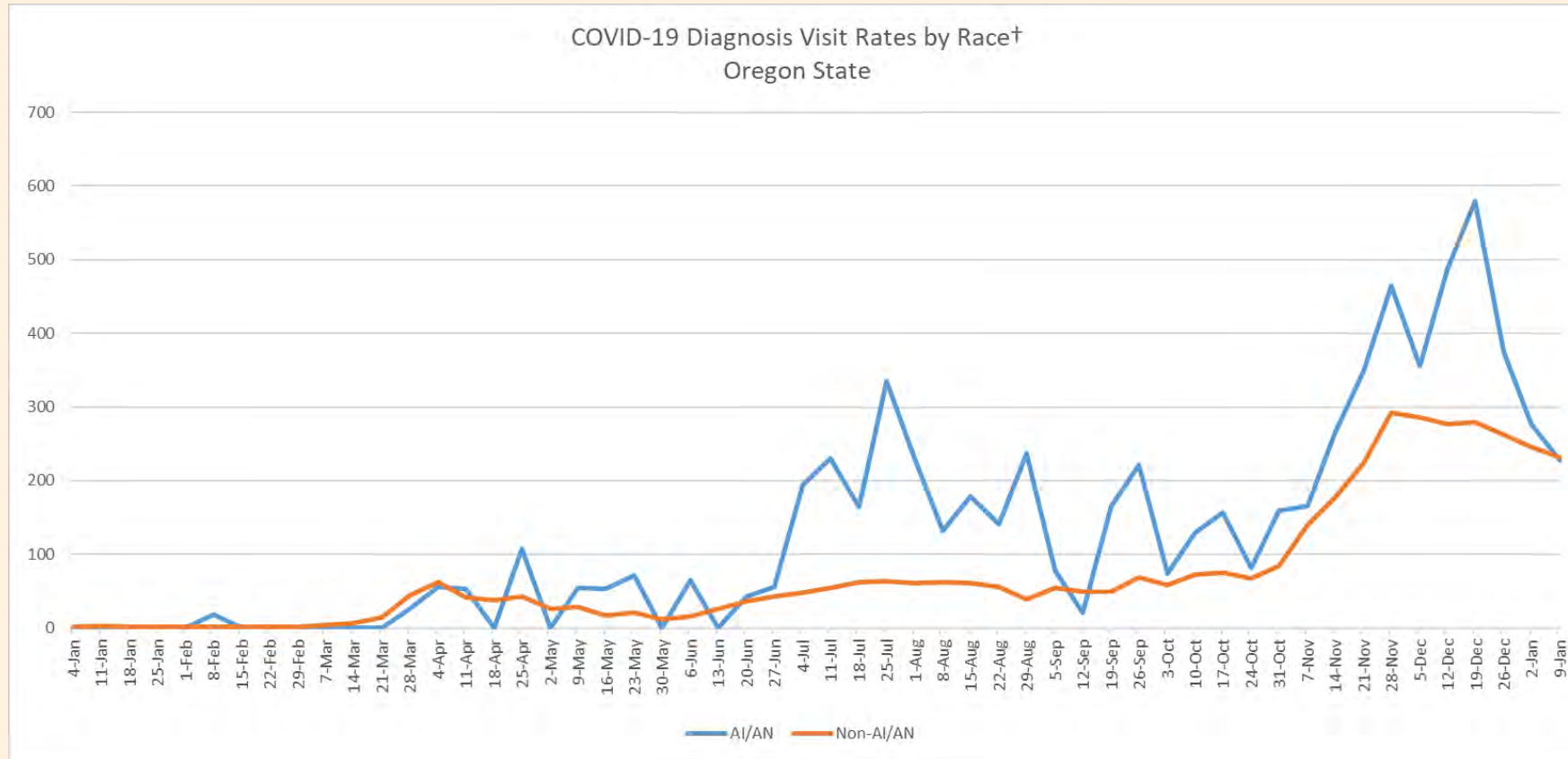
NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# Oregon Emergency Department Indicators – through 1/12/21



**NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD**  
*Indian Leadership for Indian Health*

# COVID-19 Diagnosis by Race (1 Year) ED Data- Oregon State



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*



# Idaho Dashboard for ED Visits

- [DPH Idaho COVID-19 Dashboard - Idaho Division of Public Health | Tableau Public](#)



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# Questions or Comments



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*