



NPAIHB

Indian Leadership for Indian Health

NPAIHB COVID-19 Weekly Update

Please sign in using the chat box:

Enter the tribe or organization you are representing
and names of all people participating with you today

Information for Today's Call

Agenda

- ▶ **Welcome & Introduction:**
Chairman Lewis
- ▶ **Leg and Funding Update**
 - ▶ Laura Platero and Sarah Sullivan
- ▶ **State Partner Updates**
 - ▶ Idaho - Joyce
 - ▶ Oregon - Julie, Danna
 - ▶ AIHC/HCA - Lou, Tamara, Jessie
- ▶ **Updates on Present Situation**
 - ▶ Victoria and Ashley Hoover
- ▶ **Wild Fire and COVID-19 - Celeste**
- ▶ **Questions/Comments**

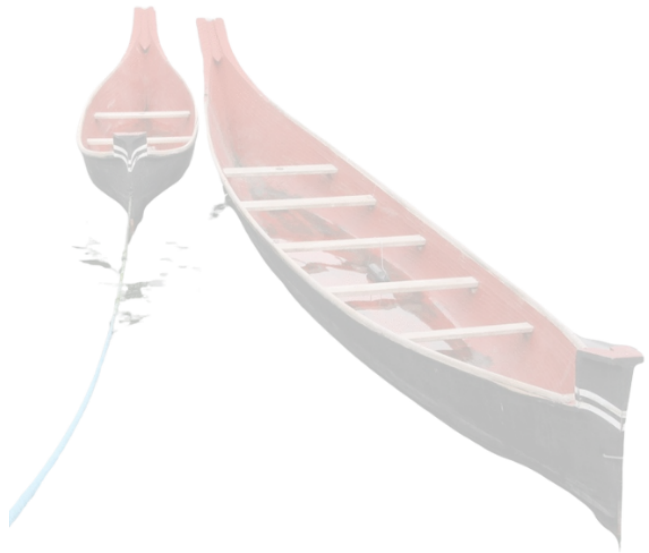
Guidelines

- ▶ Please place yourself on mute unless speaking
- ▶ Sign in, using chat box, with your tribe/organization and names of all participants
- ▶ Use the chat box for questions, for Q&A after updates and announcements

Legislative and Funding Update



**STAY HOME
STAY SAFE
SAVE LIVES**



COVID-19 National Funding Updates

- ▶ **AUGUST 3 DEADLINE:** FCC 2.5 GHz Rural Tribal Window to provide broadband service by legacy education licensees and commercial providers that lease the spectrum. Can be used for mobile coverage and fixed point-to-point uses. Tribes can designate their own license areas, as long as it is rural tribal land (<50,000 people).
 - Application information- <https://docs.fcc.gov/public/attachments/DA-20-18A1.pdf>
- ▶ **AUGUST 3 DEADLINE:** HHS Provider Relief Funds Medicaid/CHIP Targeted Allocation Application. Apply here- <https://cares.linkhealth.com/#/>
- ▶ **CDC Tribal Grants Update:**
 - Awardees must provide a revised work plan and budget by August 30th, 2020 (see your NOA and technical review for specific instructions for your award)
 - CDC sent updated information on the work plan and budget revision via an email from Kimberly Cantrell to all awardees on *July 24th, 2020*.

COVID-19 National Funding Updates

- ▶ **USDA FDIPR:** Per USDA news release, \$32 million of the \$50 million in infrastructure funds has been disbursed as of 7/17. The \$50 million for food purchases will be used to temporarily supplement monthly food packages for new and current participants (<https://www.fns.usda.gov/news-item/fns-000920>).
- ▶ July 22: NPAIHB submitted letter to HHS, HRSA, and CMS regarding our concern for the ineligibility restriction for the Medicaid/CHIP Provider Relief Funds for tribal clinics who have received the Medicare Provider Relief Funds. Recommendations included:
 1. Ensure Indian Health Care Providers have access to all COVID-19 funding, especially funding specific to rural, Medicare, and Medicaid providers;
 2. Ensure prompt and meaningful tribal consultations regarding COVID-19 funding;
 3. Streamline and simplify all application and reporting requirements;
 4. Provide flexibility in the use of COVID-19 funding to ensure tribes are able to use funds beyond any deadlines and for the purposes most beneficial for tribes; and
 5. Allow for attestation as to use of funds rather than a complex auditing process.

Tribal Lifeline

Customers living on federally recognized Tribal Lands* can receive up to **\$34.25** off phone or Internet service.

Lifeline is a federal program that helps lower the cost of your monthly phone or Internet bill.

ELIGIBILITY

You may qualify for a discount if you live on federally recognized Tribal lands* **AND** can provide proof of any **ONE** of the following:

- Your income is at or below 135% of the federal poverty guidelines, **OR**
- You participate in any **ONE** of these government benefit programs:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Medicaid
 - Federal Public Housing Assistance (FPHA)
 - Veterans Pension and Survivors Benefit
 - Supplemental Security Income (SSI)
 - Bureau of Indian Affairs General Assistance
 - Tribal Head Start (income based)
 - Tribal Temporary Assistance for Needy Families (Tribal TANF)
 - Food Distribution Program on Indian Reservations Assistance

WHAT IS A HOUSEHOLD?

You can have multiple households at one address, for example:

- Four adult family members that live at the same address, but do not share income and expenses, may each have their own Lifeline benefit.
- If you share housing with someone who already receives Lifeline, complete the **Household Worksheet** that is available on our website, or through your phone or Internet company.

*Lifeline's Tribal Lands is defined in 47 CFR §54.400 (e). Go to LifelineSupport.org and select "Tribal Lands" for more information.



THREE WAYS TO APPLY



APPLY ONLINE Find the online application at CheckLifeline.org.
If you live in CA, OR, or TX work with your provider to apply.

OR



MAIL YOUR APPLICATION Print an application from www.LifelineSupport.org.

OR



CONTACT A PHONE OR INTERNET COMPANY
Find a company that provides Lifeline at www.LifelineSupport.org.
Click *Companies Near Me*.

HOW TO SHOW YOU ARE ELIGIBLE

You may need to show proof that you qualify for Lifeline, such as:

- **A copy of your SNAP or program letter** **OR**
- **A copy of your pay stub or tax return** to prove your income is at or below 135% of the federal poverty guidelines.

TIPS FOR APPLICANTS ON TRIBAL LANDS

- Check the "Tribal Lands" Box.
- Provide a Tribal ID Number if an SSN is unavailable.
- Your Lifeline company can help determine whether your address is on Tribal lands.
- Ask your service provider about *Tribal Link-Up*. You may be able to get up to \$100 toward your connection to home service.

NOTE: An applicant living at a residence without an identifiable address will be asked to provide Geo-coordinates for the physical location. If you don't have this information, you can provide USAC a map that identifies the location of the residence, landmarks, and distances.

LIFELINE SUPPORT CENTER

(800) 234-9473 | 9 AM-9 PM ET | 7 DAYS PER WEEK
LifelineSupport@usac.org | www.LifelineSupport.org

Lifeline

Lifeline is a federal program that helps lower the cost of your monthly phone or Internet bill.

HOW TO KEEP YOUR BENEFIT

USE IT OR LOSE IT

If your mobile phone or Internet is free, use it at least **once every 30 days** to keep the benefit.

RECERTIFICATION

Each year, Lifeline will conduct a check to ensure you still qualify for the benefit. We will review databases that can verify your participation in qualifying programs.

We will send you a letter asking you to recertify your benefit **ONLY** if we are unable to confirm you are still eligible.

What to do if asked to recertify:

- Call (855) 359-4299 **OR**
- Complete the form online at CheckLifeline.org **OR**
- Complete the recertification form and mail it to:
Lifeline Support Center
P.O. Box 7081
London, KY 40742

You may check your Lifeline benefit status anytime by calling the Lifeline Support Center, (800) 234-9473.



TRANSFER YOUR BENEFIT

You may change the phone or Internet company registered with Lifeline at any time.

To do so:

- Talk to your new company to make the switch—some companies may have transfer costs.
- Reapply to Lifeline to confirm you are still eligible.
- Search for a phone or Internet company at www.LifelineSupport.org. Click *Companies Near Me*.

LIFELINE SUPPORT CENTER

(800) 234-9473 | 9 AM-9 PM ET | 7 DAYS PER WEEK

LifelineSupport@usac.org | www.LifelineSupport.org

If you are person with a disability and need assistance with your Lifeline application, contact the Lifeline Support Center.

Contact your phone or internet company about your phone, Internet service, or bill.



USAC is an independent not-for-profit designated by the Federal Communications Commission.

Available for Public Use

State Partner Update



**STAY HOME
STAY SAFE
SAVE LIVES**



Data Update: Portland Area

7/20/2020

NPAIHB COVID-19 Weekly Data Update

40 Portland Area I/T/Us reporting to date

- ▶ 31 tribal clinics/health programs; 6 IHS service units; 3 urban clinics
- ▶ Reports cover 81% of 43 tribes

Portland Area Testing Data as of July 26:

	NPAIHB/ IHS-PAO*	IHS HQ**
▶ Total Tests:	17,387	17,501
▶ Positive:	1,393	1,365
▶ Negative:	15,293	13,349
▶ Cumulative % Positive:	8.0%	7.8%
<i>Last Week % Positive:</i>	<i>7.9%</i>	<i>7.6%</i>

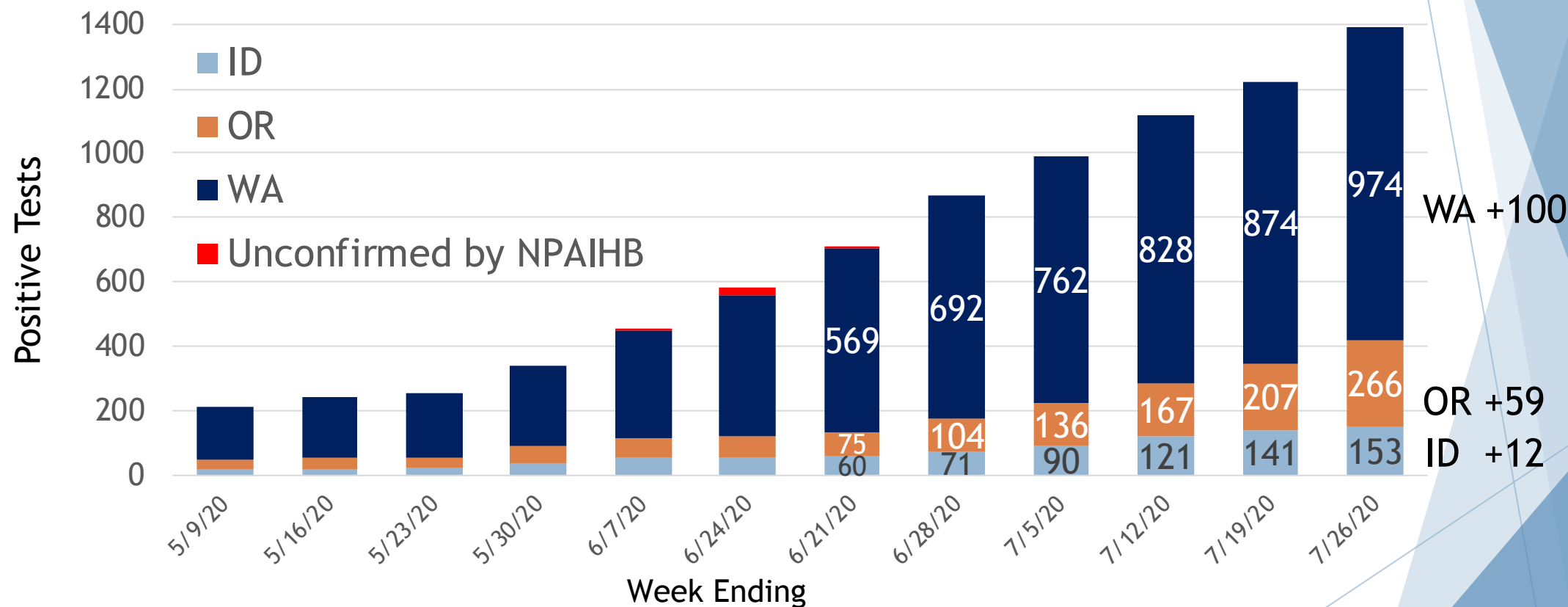
*Data reported to NPAIHB/IHS-PAO include some results for tribal members not tested at I/T/U clinics.

**Data reported at [ihs.gov/coronavirus](https://www.ihs.gov/coronavirus)



NPAIHB
Indian Leadership for Indian Health

Cumulative COVID-19 Positive Test Results Reported by Portland Area I/T/Us



NPAIHB
Indian Leadership for Indian Health

*Includes data from 40 I/T/Us for week ending July 25, plus preliminary data as of July 26, and community members not tested at an I/T/U facility but known to be positive. Most recent data may include previously unreported positive tests.

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

- ▶ **37** total deaths of AI/AN people in the Northwest have been reported to the NWTEC surveillance system or Indian Health Service as of 7/26
 - ▶ 5 additional deaths reported since 7/19
 - ▶ 35 deaths reported in WA, 1 in OR, 1 in ID
 - ▶ 1 early SNF death of an AI/AN individual from a member tribe, not reported in our data
 - ▶ 38 total deaths from surveillance and anecdotal data



NPAIHB

Indian Leadership for Indian Health

NPAIHB COVID-19 Surveillance Survey

▶ Data collection for Portland Area:

- ▶ Testing results & patient status
- ▶ Clinic staffing, staff exposure/illness
- ▶ PPE and test kit status

▶ ALL tribes and I/T/U clinics should report:

- ▶ Daily reporting required for Abbott ID NOW analyzer sites
- ▶ Other tribes: **daily** if possible, **weekly** at minimum

▶ Report Online:

<https://www.surveymonkey.com/r/NPAIHBCovid-19>

or email tphep@npaihb.org
for the fillable/printable report
form or for technical assistance



NPAIHB

Indian Leadership for Indian Health

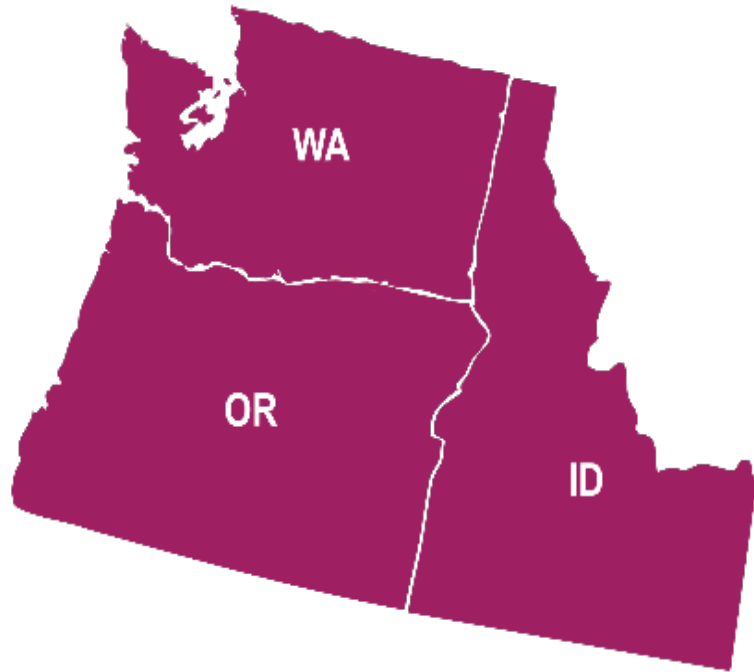
Data are reported from IHS, tribal, and urban Indian organization facilities, though reporting by tribal and urban programs is voluntary. Data reflect cases reported to the IHS through 11:59 pm on July 26, 2020.

IHS Area	Tested	Positive	Negative
Alaska	86,634	448	72,673
Albuquerque	31,547	1,484	20,729
Bemidji	25,249	618	22,739
Billings	36,277	715	28,521
California	6,539	369	5,098
Great Plains	34,751	1,475	32,392
Nashville	14,596	1,454	12,141
Navajo	63,201	10,341	47,274
Oklahoma City	89,194	4,028	81,632
Phoenix	46,410	7,671	38,220
Portland	17,501	1,365	15,349
Tucson	4,966	451	4,403
TOTAL	456,865	30,419	381,171

Cases By Area:
(Highest to Lowest)

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

COVID-19 Epidemiology Update



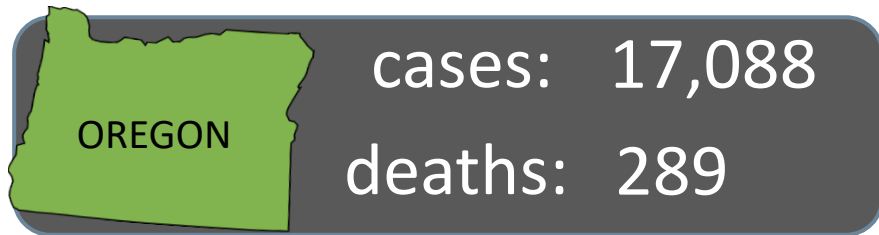
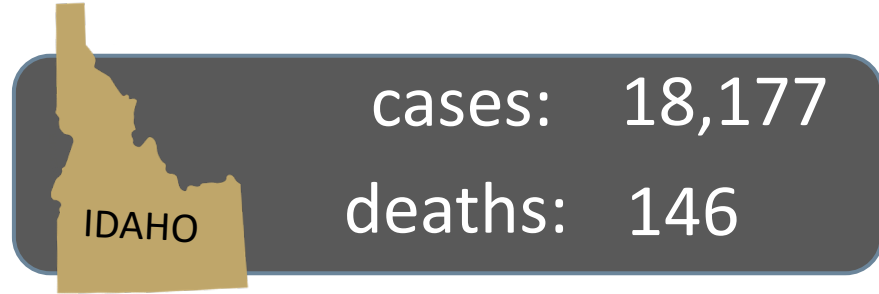
Idaho
Oregon
Washington

July 28, 2020

Ashley Hoover, MPH



Total Case and Death Counts by State



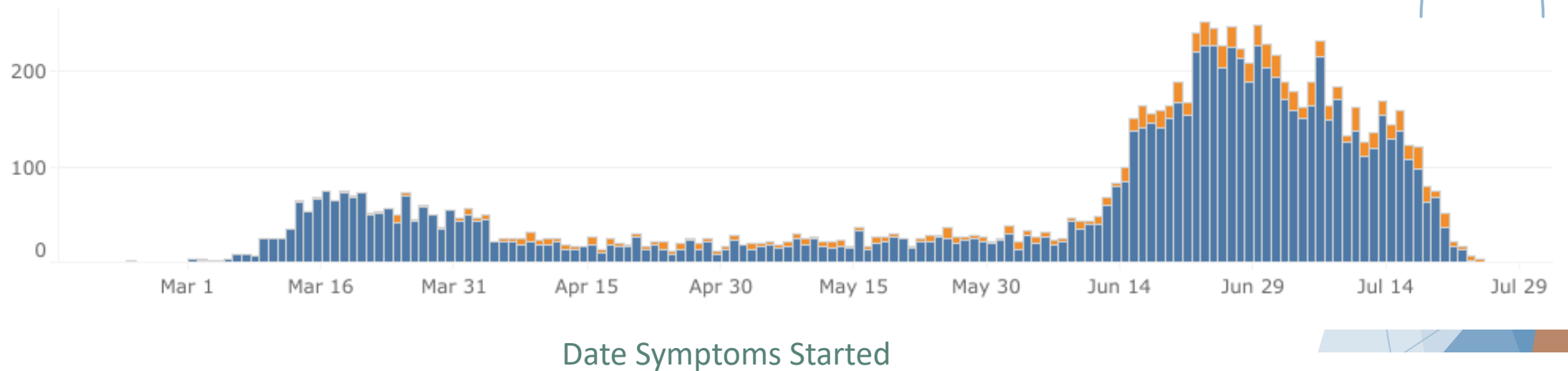
↑ Increase from last update (7/21/2020)





New COVID-19 Cases Per Day

Illness may not
be reported
yet



Confirmed by lab testing
Probable case (not yet confirmed)





Total Cases & Deaths by County

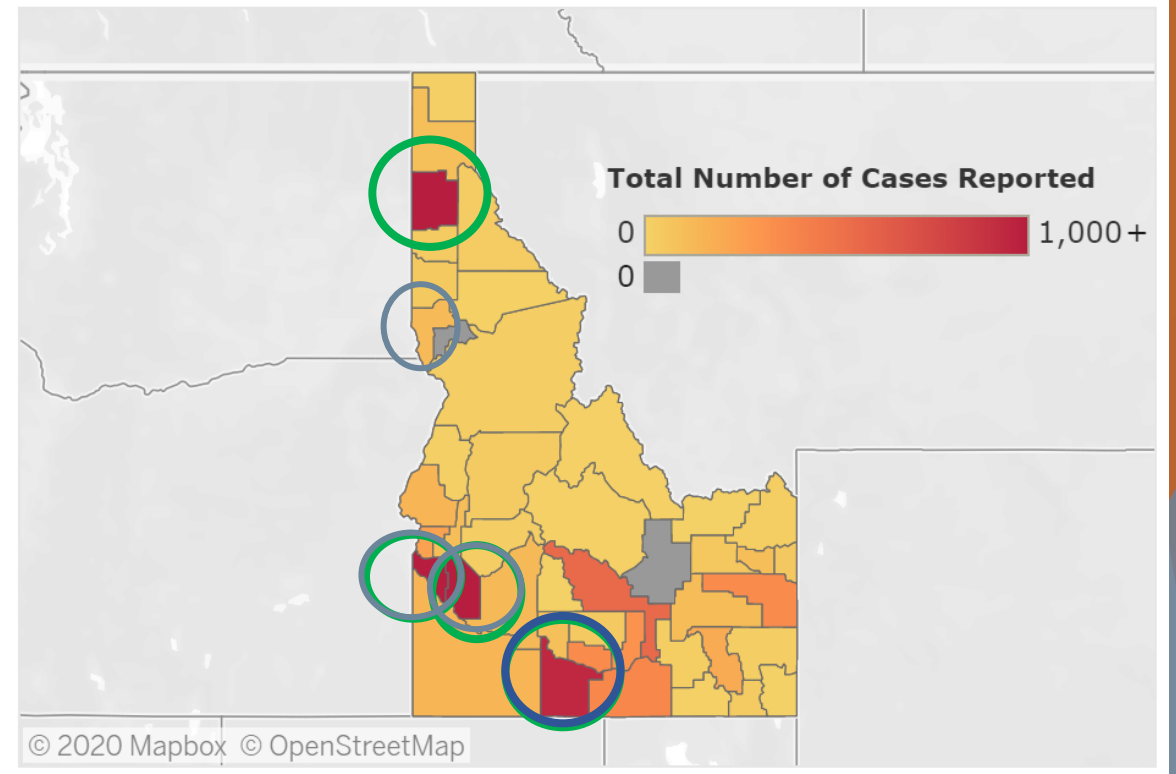
July 18, 2020

Most Cases

1. Ada: 6,767
2. Canyon: 4,124
3. Kootenai: 1,329
4. Twin Falls: 944

Most Deaths

1. Ada: 47
2. Canyon: 30
3. Twin Falls: 27
4. Nez Perce: 19





COVID-19 Counts by Race

Cases ¹

Race	Count
White	8,649
Other	2,119
Multiracial	607
Black or African American	223
Asian	151
American Indian or Alaska Native	123
Native Hawaiian or Pacific Islander	53

¹ Race information is known for 11,925 of the 18,177 total cases (65.6%)

Deaths

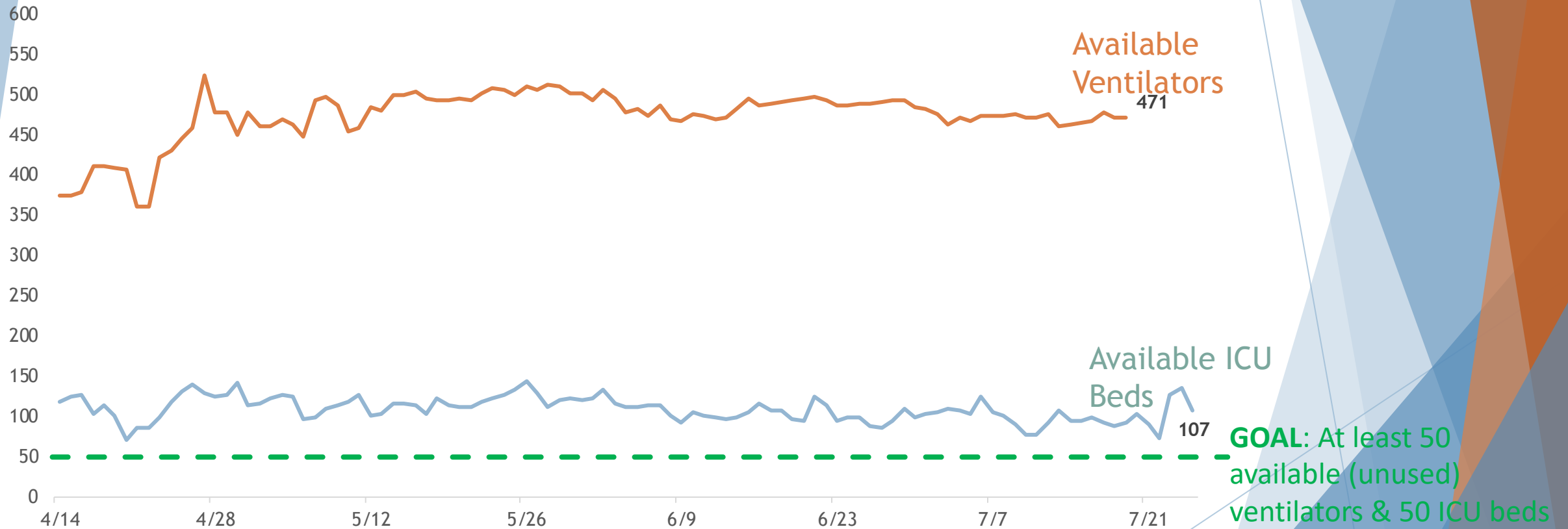
Race ²	Count
White	132
Other/Multiracial	2
Black or African American	3
Asian	2
American Indian or Alaska Native	2
Native Hawaiian or Pacific Islander	0

² Race information for five deaths is still pending





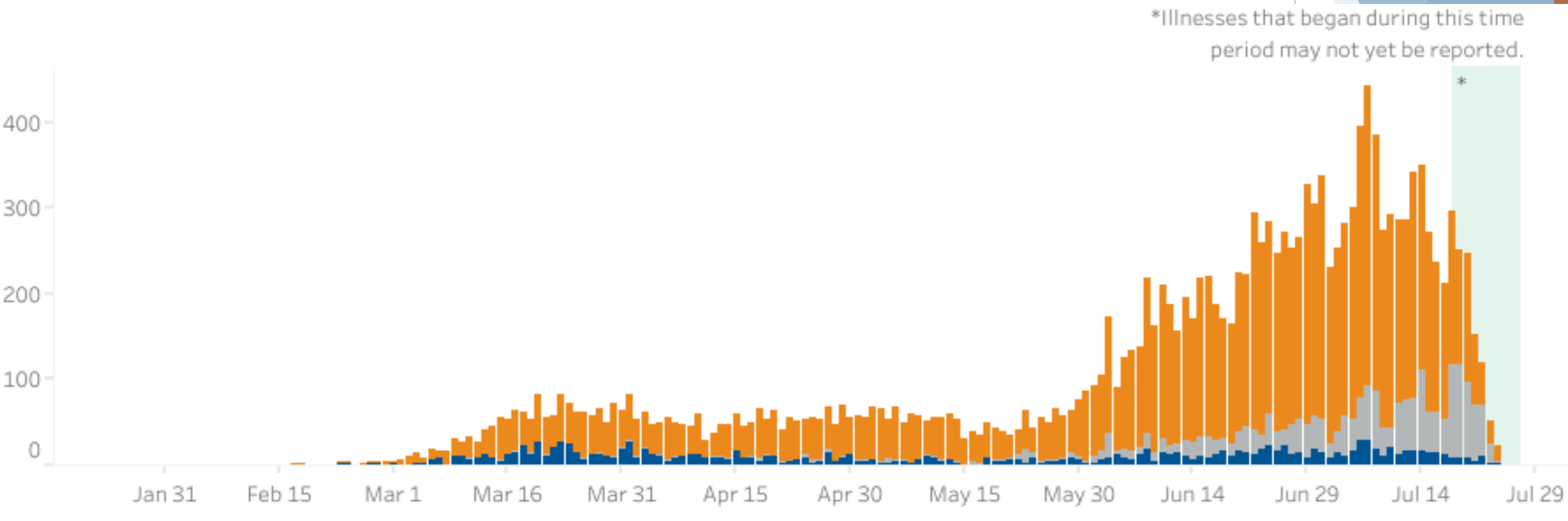
Hospital Capacity





New COVID-19 Cases Per Day

Total Cases	Hospitalized	Not Hospitalized	Hospitalization Status Unknown
17,088	1,514	13,590	1,984



Date Symptoms Started



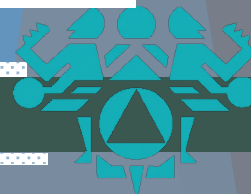
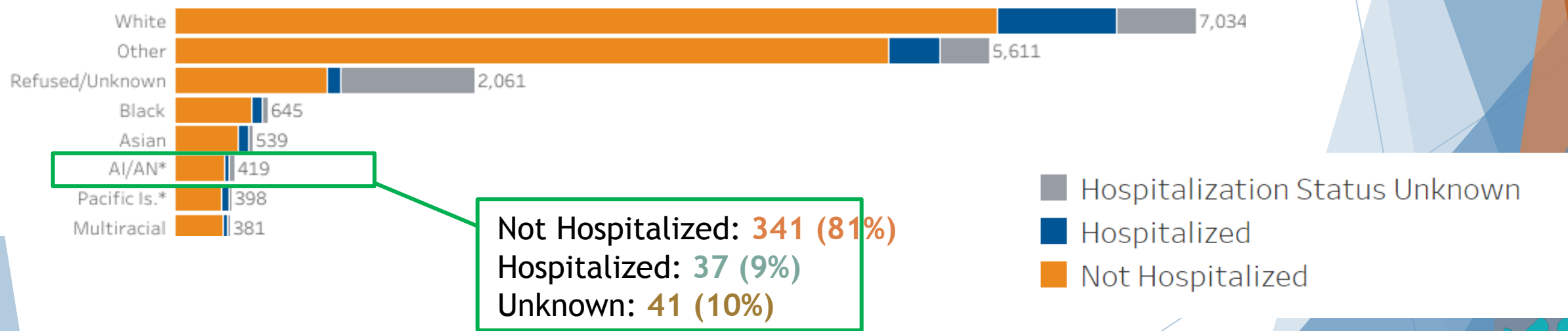


COVID-19 Hospitalizations

1,514 Oregonians have been **hospitalized** for COVID-19 (8.9% of cases)
+127 more hospitalizations since last update

389 Oregonians received care in the **Intensive Care Unit (ICU)** (25.7% of hospitalizations)

Hospitalization Status by ICU patients since last update





COVID-19 Counts by Race

Cases

Race	Count
White	7,034
Other	5,611
Multiracial	381
Black or African American	645
Asian	539
American Indian or Alaska Native	419
Native Hawaiian or Pacific Islander	398
Unknown	2,061

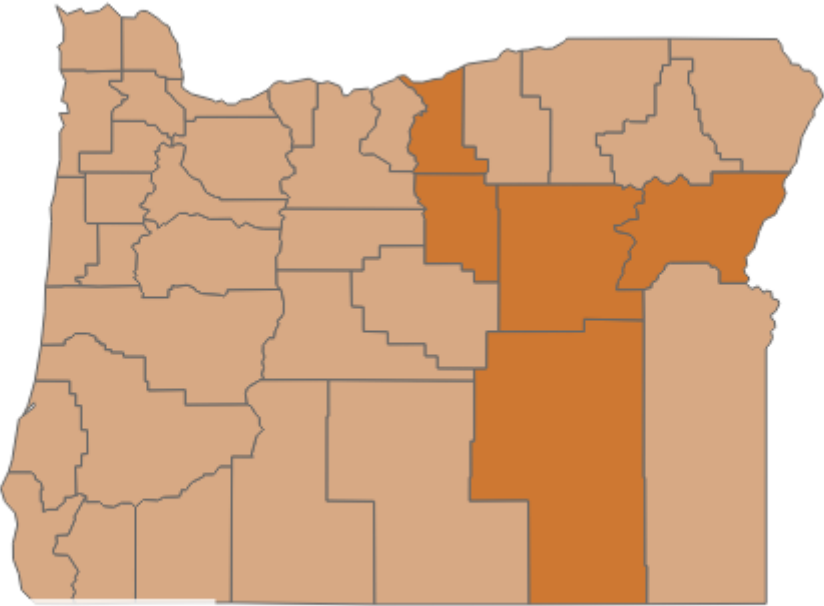
Deaths

Race	Count
White	203
Other	25
Multiracial	3
Black or African American	8
Asian	13
American Indian or Alaska Native	3
Native Hawaiian or Pacific Islander	6
Unknown	28





Key COVID-19 Indicators



© 2020 Mapbox © OpenStreetMap

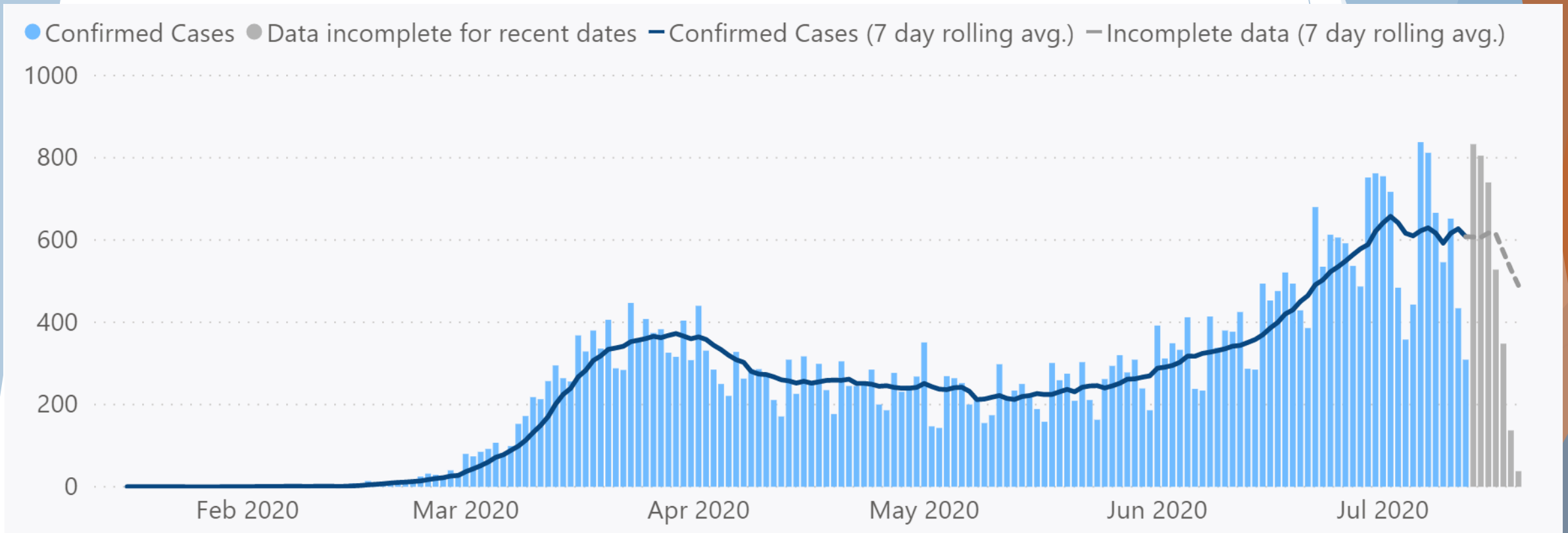
■ Does not meet one or more indicators ■ Meets all indicators

County	% ED visits for COVID-like illness (should be below 1.5%)*	Trend in percent of tests that are positive in last 7 days (should not trend up)‡	Percent increase in new cases in last 7 days (should be no more than 5%)	Percent of cases not traced to a known source in last 7 days (should be below 30%)	Trend in COVID-19 hospitalizations over the last 14 days (should downtrend)	Percent of cases in last 7 days with follow up within 24 hrs (should be 95% or more)
Oregon, statewide	0.5% ✓	No Trend (5.3%) ✓	25% ✗	48% ✗	Downtrend ✓	89% ✗





New COVID-19 Cases Per Day



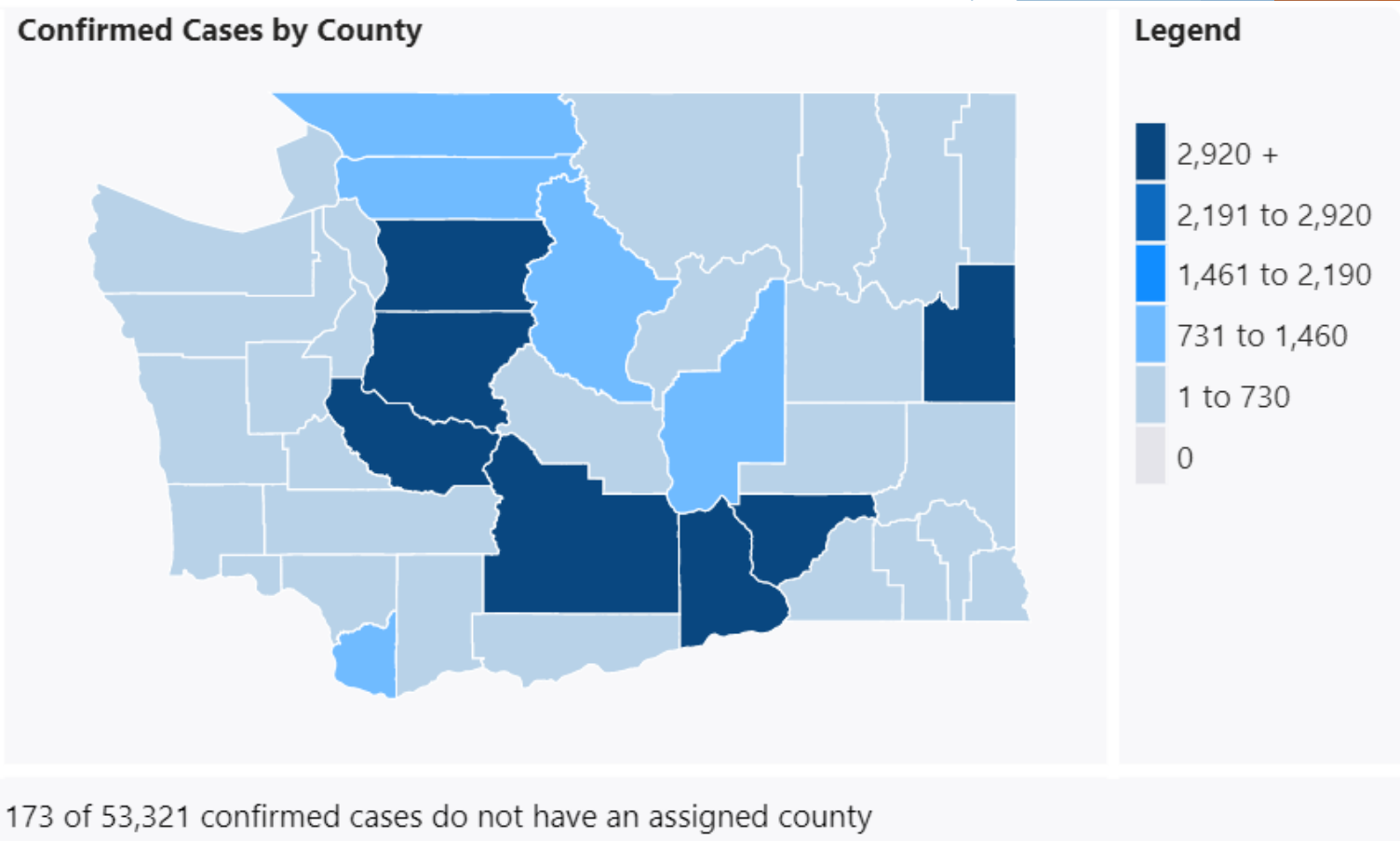
Date Symptoms Started





COVID-19 Cases by County

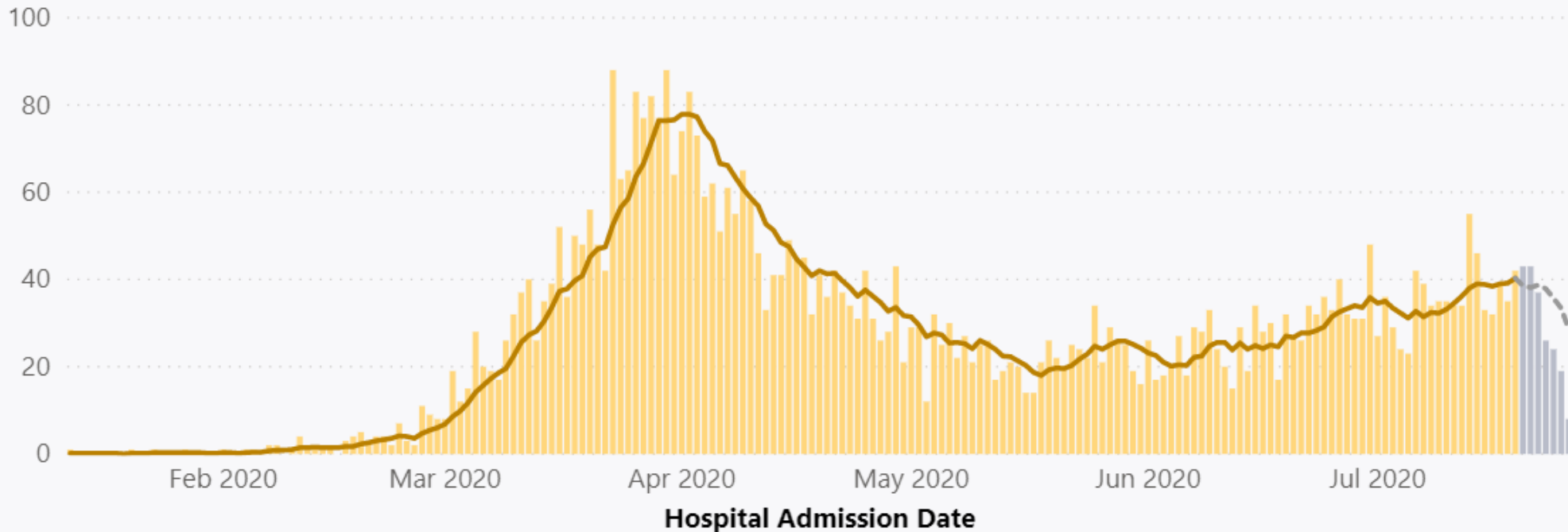
County	Confirmed Cases
King	14,579
Yakima	9,700
Snohomish	4,788
Pierce	4,556
Spokane	3,319
Benton	3,203
Franklin	3,048
Clark	1,333
Grant	1,110
Chelan	951
Whatcom	853
Skagit	753



COVID-19 Hospitalizations

Hospitalizations Counts

● Hospitalizations ● Data incomplete for recent dates — Hospitalizations (7 day rolling avg.) — Incomplete data (7 day rolling avg.)



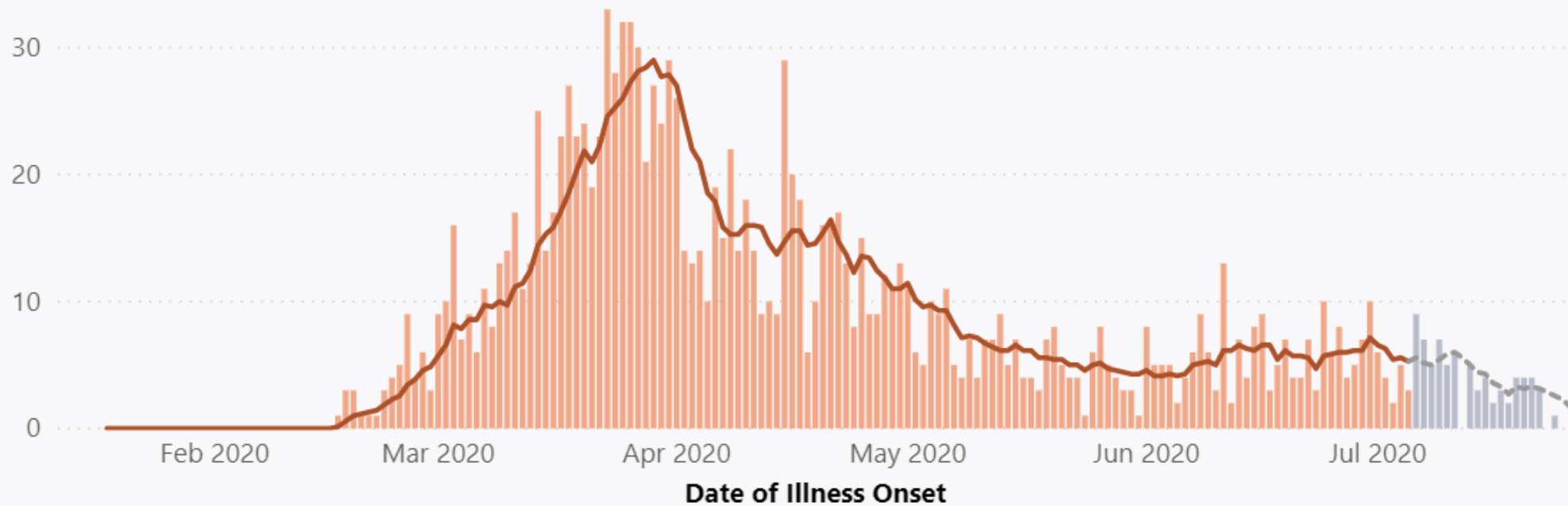
113 hospitalizations don't have a hospital admission date available. 29% of statewide confirmed cases have unknown hospitalization status. Hospitalizations from the last 7 days may not yet be reported.



COVID-19 Deaths

Deaths Counts

● Deaths ● Data are incomplete for the most recent dates. — Deaths (7 day rolling avg.) — Incomplete data (7 day rolling avg.)



Deaths from the last 2-3 weeks may not yet be reported.

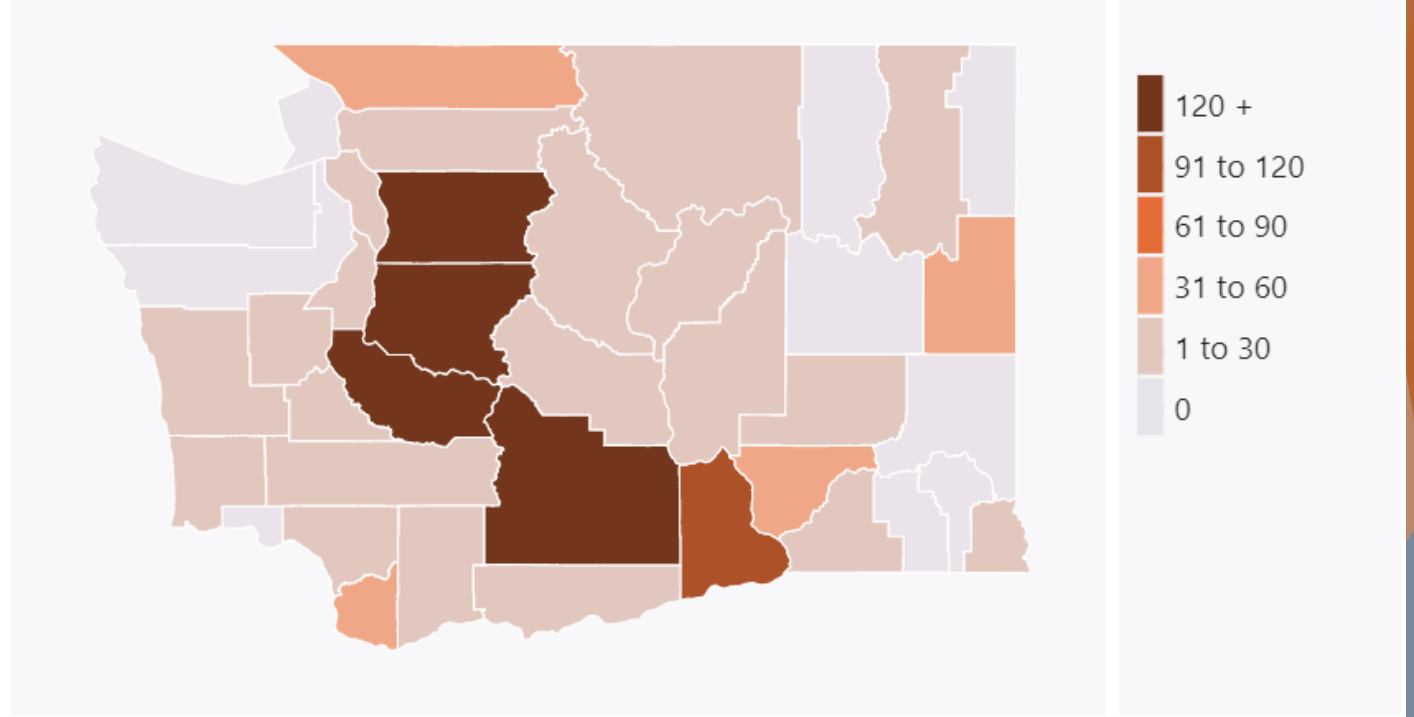


WASHINGTON

COVID-19 Deaths by County

County	Deaths
King	645
Yakima	197
Snohomish	183
Pierce	121
Benton	106
Spokane	50
Franklin	45
Whatcom	37
Clark	34
Skagit	20
Kittitas	12
Grant	11

Deaths by County



COVID-19 Counts by Race

Cases

Confirmed Cases by Race/Ethnicity

	Confirmed Cases
Total Number	53,321
Unknown Race/Ethnicity (% of Total)	17,867
Total with Race/Ethnicity Available	35,454
Hispanic	15,439
Non-Hispanic White	13,004
Non-Hispanic Black	1,930
Non-Hispanic Asian	1,843
Non-Hispanic Native Hawaiian or Other Pacific Islander	990
Non-Hispanic Multiracial	825
Non-Hispanic Other Race	806
Non-Hispanic American Indian or Alaska Native	617

Deaths

Deaths by Race/Ethnicity

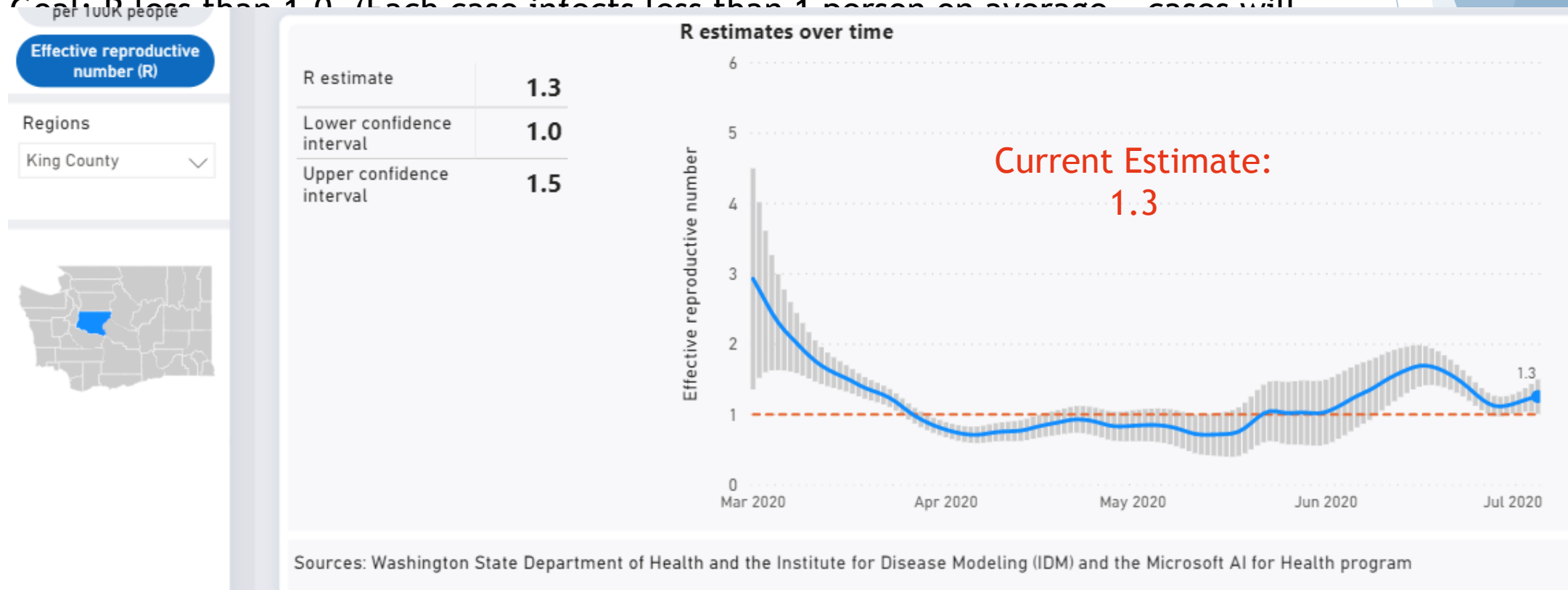
	Deaths
Total Number	1518
Unknown Race/Ethnicity (% of Total)	39
Total with Race/Ethnicity Available	1479
Non-Hispanic White	998
Hispanic	201
Non-Hispanic Asian	125
Non-Hispanic Black	49
Non-Hispanic American Indian or Alaska Native	35
Non-Hispanic Other Race	33
Non-Hispanic Native Hawaiian or Other Pacific Islander	21
Non-Hispanic Multiracial	17



COVID-19 R Estimate – King County

Reproductive number (R Estimate): Average number of people each COVID-19 case will infect

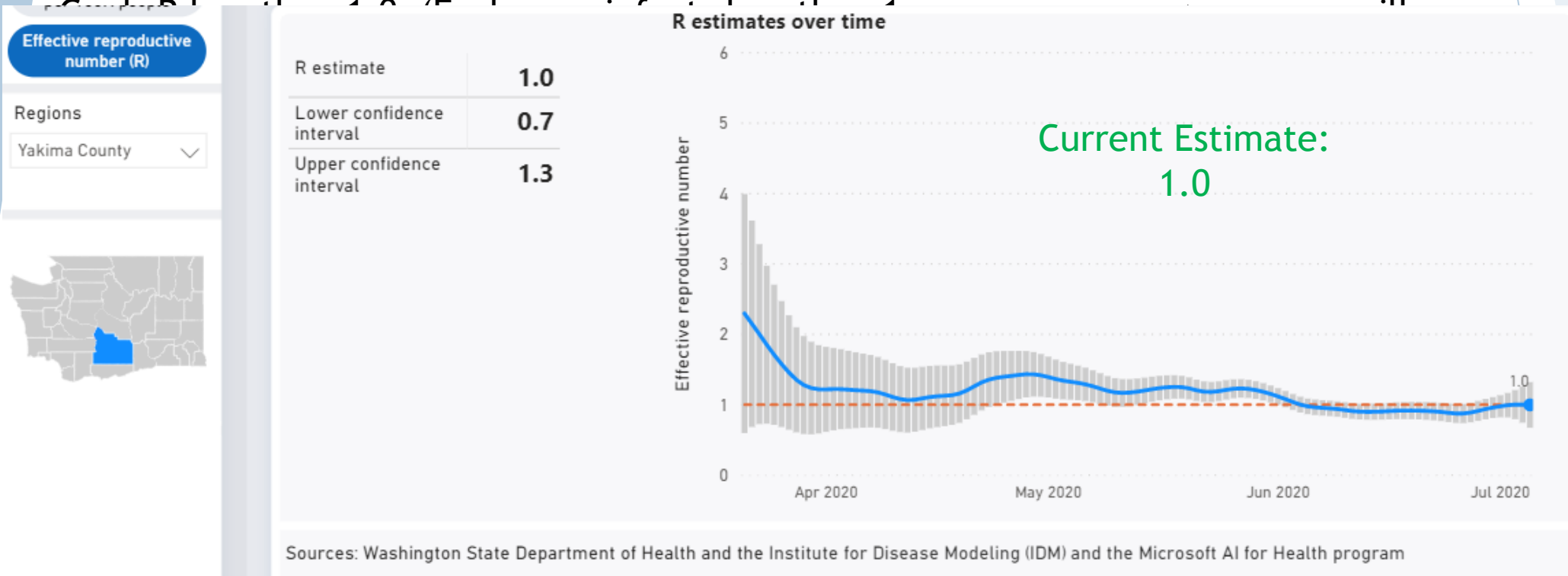
Goal: R less than 1.0 (Each case infects less than 1 person on average – cases will



WASHINGTON

COVID-19 R Estimate – Yakima County

Reproductive number (R Estimate): Average number of people each COVID-19 case will infect



Yakima DOH reports 95% wearing masks in public





Hospital Capacity

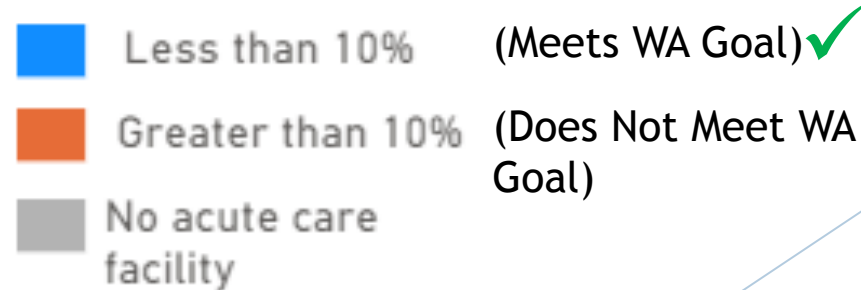
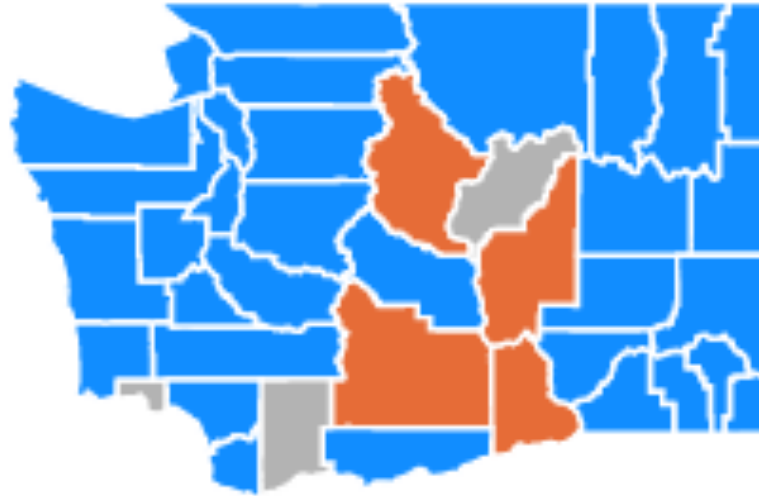
Total Hospital Beds in
Washington:
14,540

Beds occupied with
COVID-19 cases:
501 (3.4%)

Goal:
Less than 10%
occupied with COVID-
19 cases

Meeting Goal!

Hospital beds occupied by COVID-19 cases by
County

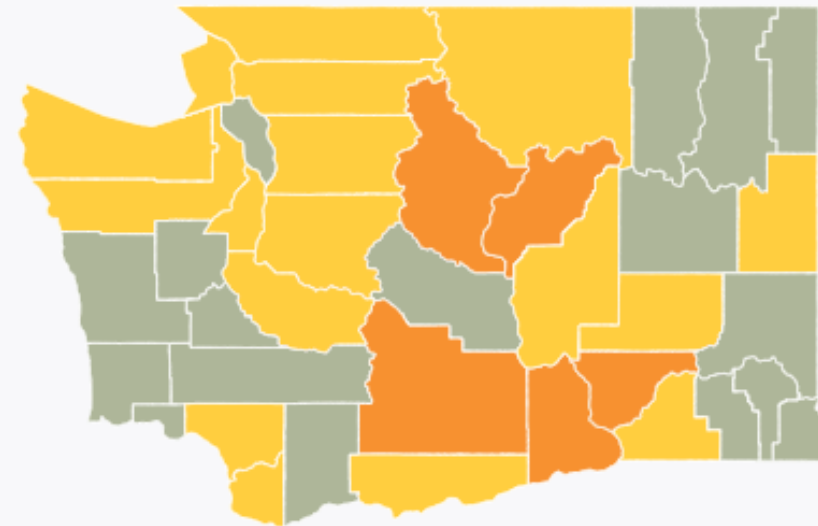


Key COVID-19 Indicators

Washington State key metrics

	Value	Goal	Meeting Goal
Rate per 100K of newly diagnosed cases during the prior two weeks	137.5	<25	No
Number of individuals tested for each new case during the prior week	19.0	>50	No
Percent of individuals testing positive for COVID-19 during the past week	5.3%	<2%	No
Percent of licensed beds occupied by patients	55.9%	<80%	Yes
Percent of licensed beds occupied by COVID-19 cases	3.4%	<10%	Yes

Phases by County



Phase 1 Phase 2 Phase 3 Phase 4

Number of Counties



Sources: Washington State Department of Health



USA & World Case and Death Count



Total Cases
4,225,687

Total Deaths
146,546



Total Cases
16,481,230

Total Deaths
654,052



References

- https://public.tableau.com/profile/idaho.division.of.public.health#!/vizhome/DPHIIdahoCOVID-19Dashboard_V2/Story1
- https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonHealthAuthorityCOVID-19DataDashboard/COVID-19EPICases?:display_count=y&:toolbar=n&:origin=viz_share_link&:showShareOptions=false
- https://public.tableau.com/profile/oregon.health.authority.covid.19#!/vizhome/OregonCOVID-19TestingandOutcomesbyCounty/OregonsCOVID-19TestingandOutcomesbyCounty?:display_count=y&:toolbar=n&:origin=viz_share_link&:showShareOptions=false
- <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/1e2288K.pdf>
- <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020COVID19/DataDashboard>
- <https://coronavirus.jhu.edu/map.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
- <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Emerging%20Respiratory%20Infections/COVID-19-Weekly-Report-2020-07-15-FINAL.pdf>
- <https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASESAZ/Emerging%20Respiratory%20Infections/Oregon-COVID-19-Projections-2020-07-08.pdf>
- <https://coronavirus.wa.gov/what-you-need-know/covid-19-risk-assessment-dashboard>

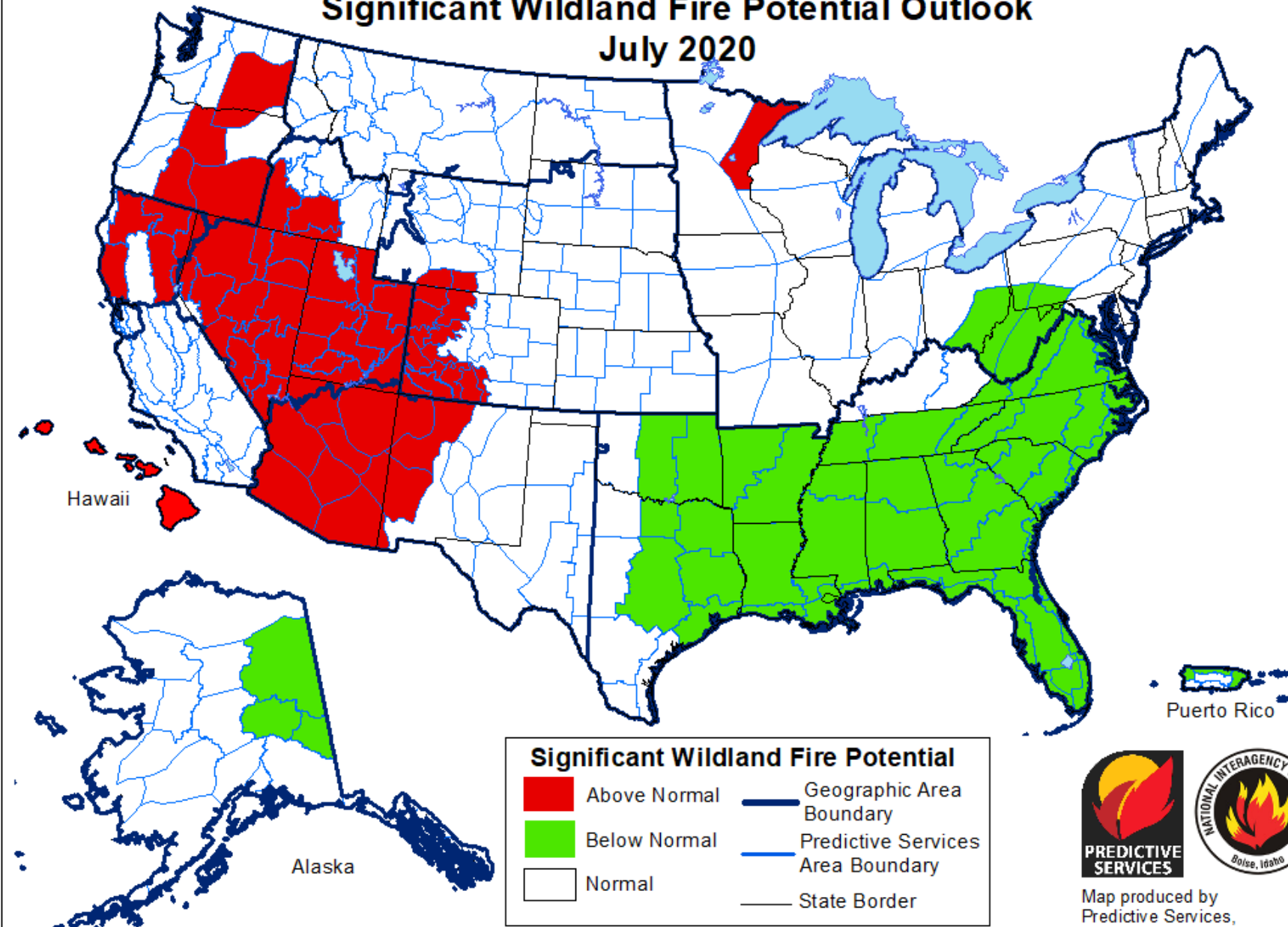


Wildfires and COVID-19

Information and Resources for Public Health

Celeste Davis

Significant Wildland Fire Potential Outlook July 2020

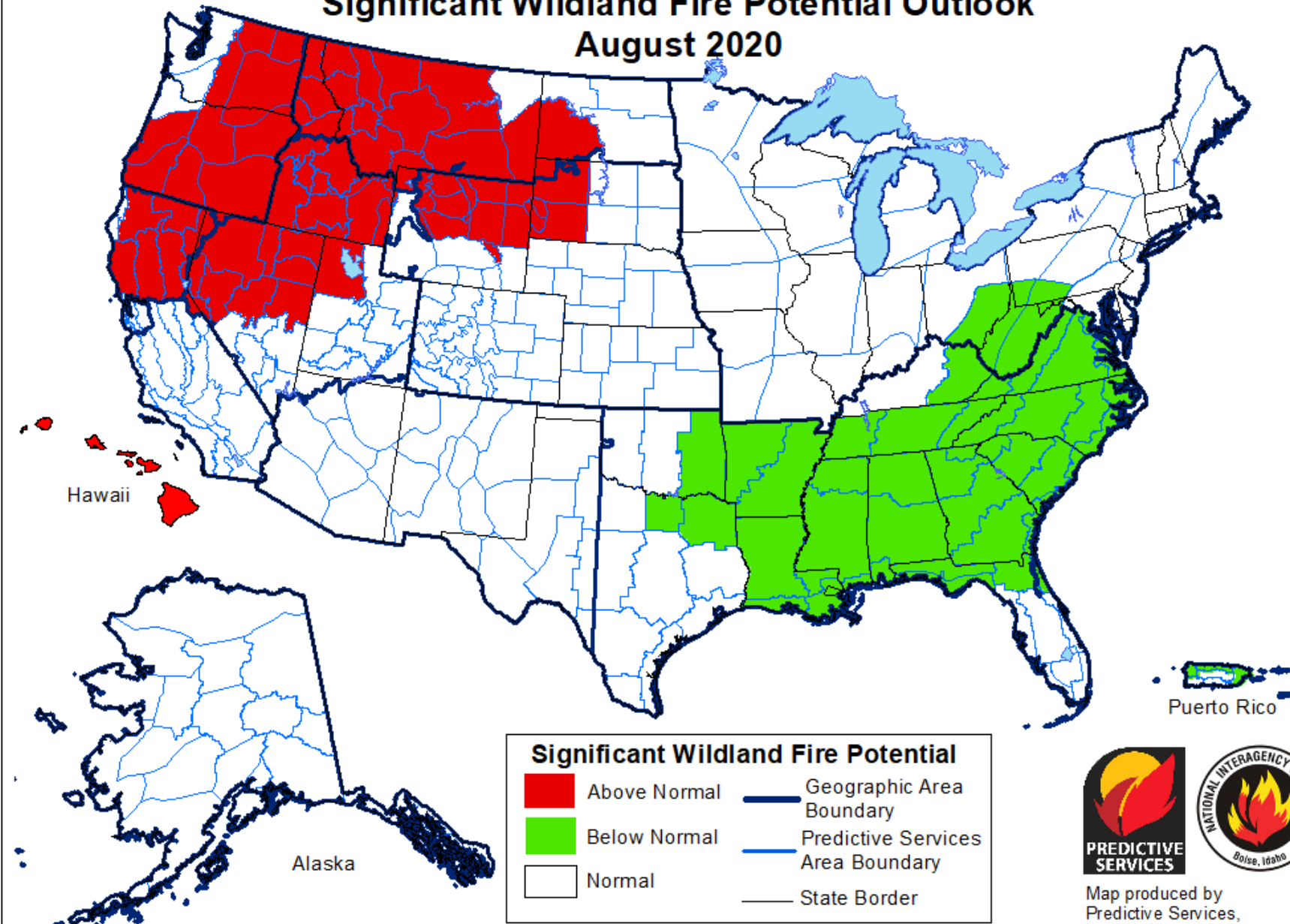


Above normal significant wildland fire potential indicates a greater than usual likelihood that significant wildland fires will occur. Significant wildland fires should be expected at typical times and intervals during normal significant wildland fire potential conditions. Significant wildland fires are still possible but less likely than usual during forecasted below normal periods.



Map produced by
Predictive Services,
National Interagency Fire Center
Boise, Idaho
Issued July 1, 2020
Next issuance August 1, 2020

Significant Wildland Fire Potential Outlook August 2020



Above normal significant wildland fire potential indicates a greater than usual likelihood that significant wildland fires will occur. Significant wildland fires should be expected at typical times and intervals during normal significant wildland fire potential conditions. Significant wildland fires are still possible but less likely than usual during forecasted below normal periods.

Map produced by
Predictive Services,
National Interagency Fire Center
Boise, Idaho
Issued July 1, 2020
Next issuance August 1, 2020

Key Points

- ▶ The COVID-19 pandemic is overlapping with wildfire season
- ▶ Wildfire smoke is a hazardous mixture of air pollutants
- ▶ Climate change impacts in the Northwest are projected to increase fire activity, extreme heat events, lead to water supply shortages, coastal sea rise, and many other ecosystem disruptions and alterations¹
- ▶ Exposure to air pollutants in wildfire smoke can irritate the lungs, cause inflammation, alter immune function, and increase susceptibility to respiratory infections, likely including COVID-19
- ▶ Recent research suggests that air pollutant exposure worsens COVID-19 symptoms and outcomes^{2, 3}

Wildfire Smoke and At-Risk Populations

- ▶ The most vulnerable among us:
 - ▶ Children, the youngest are the most vulnerable
 - ▶ Elders, 65 years old and older
 - ▶ Pregnant women
 - ▶ People with existing chronic diseases, especially asthma, COPD, heart disease, and diabetes
 - ▶ Outdoor workers
 - ▶ People who have inadequate housing, low SES, and other social and environmental disparities

The Complicated Intersection of Wildfire Smoke and COVID-19

- ▶ Tribal public health systems are unfunded and underfunded, programs may not be in place, and the response to the pandemic has required most of our resources
- ▶ People at-risk of or affected by COVID-19 may have health conditions that also make them vulnerable to wildfire smoke exposure
 - ▶ Those who are immunocompromised or taking drugs that suppress the immune system
 - ▶ Those with or recovering from COVID-19 have compromised heart and lung function due to COVID-19, and may be at increased risk of health effects from exposure to wildfire smoke

The Complicated Intersection of Wildfire Smoke and COVID-19

- ▶ Respiratory symptoms such as dry cough, sore throat, and difficulty breathing are common to both wildfire smoke exposure and COVID-19
- ▶ Symptoms unrelated to smoke exposure such as, fever or chills, muscle or body aches, diarrhea, could be symptoms of COVID-19
- ▶ Consulting the known COVID-19 symptom checklist and clinicians can help determine whether further assessment or testing for COVID-19 is needed

Actions to Minimize Health Impacts from Wildfire Smoke

- ▶ Reduce wildfire smoke exposure through seeking clean air shelters or cleaner air spaces
 - ▶ This could be complicated due to COVID-19 and social distancing requirements
- ▶ Create a cleaner air space in your home
 - ▶ Portable air cleaners can help protect from wildfire smoke and COVID-19 or other respiratory diseases
 - ▶ Whenever possible, use air conditioners, heat pumps, fans, and window shades to keep your cleaner air space comfortably cool on hot days
- ▶ For forced-air HVAC systems, install HEPA or MERV-13 or higher filters and use recirculation settings to reduce indoor smoke

Actions to Minimize Health Impacts from Wildfire Smoke

- ▶ Avoid activities that create more indoor and outdoor air pollution, such as frying foods, sweeping, vacuuming, and using gas-powered appliances
- ▶ Limit outdoor exercise when it is smoky outside or choose lower-intensity activities to reduce smoke exposure
- ▶ N-95 respirators provide protection from wildfire smoke
 - ▶ BUT... These are in short supply and should be reserved for frontline HCW and emergency responders as much as possible during the pandemic
 - ▶ AND... Cloth face masks or coverings offer little protection against hazardous air pollutants in smoke

Actions to Take if Evacuation is Required

- ▶ Stock up on medicine. Store a 7 to 10-day supply of prescription medicines in a waterproof, childproof container to take with you if you evacuate.
- ▶ In anticipation of a potential evacuation, consider developing a family disaster plan
- ▶ Pay attention to local guidance about updated plans for evacuations and shelters, including shelters for pets
- ▶ When you check on neighbors and friends before evacuating, be sure to follow social distancing measures to protect yourself and others
- ▶ If you need to go to a disaster shelter, follow CDC recommendations for staying safe and healthy in public disaster shelter during the COVID-19 pandemic

Tribal Air Quality Programs: Your Local Resource

- ▶ Often operated out of Natural Resources Program
- ▶ Expertise in indoor and outdoor air quality
- ▶ Monitor smoke conditions, communicate forecasts
- ▶ Valuable partners on
 - ▶ Communicating local air conditions
 - ▶ Preparing for/responding to wildfire smoke
 - ▶ Supporting cleaner indoor air spaces, making DIY filter fans
 - ▶ Identifying safer cleaning products
 - ▶ Wildfire outreach materials



Colville Tribal Numbers

EMS Fire and Rescue	509-634-2440
Law Enforcement	509-634-2472 or 800-551-5800
Mount Tolman Fire Center (MTFC)	509-634-3100
Natural Resources Enforcement	509-634-2472
TOSHA	509-634-2011
Environmental Trust Program	509-634-2411
Fish & Wildlife	509-634-2110
Fire Prevention Office	509-634-3157
Tribal Health	509-634-2944



CONFEDERATED TRIBES OF THE COLVILLE RESERVATION

WILDFIRE

Environmental Trust Air Quality Program

P.O. Box 150
Nespelem, WA 99155

Tel: 509-634-2418

Fax: 509-634-2422

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Nez Perce Tribe ERWM Air Quality Program

June 17 at 5:30 PM · 🌐

Wildfire smoke will soon be in the air, so let's be ready!

<http://idsmoke.blogspot.com/> #SmokeReady2020 #SmokeReady



Link: [DIY Homemade Hand Sanitizer](#)

Link: [Proper Disinfecting Steps](#)

Video Link: [DIY Homemade Hand Sanitizer - YouTube Video](#)

Video Link: [Proper Disinfecting Steps - YouTube Video](#)

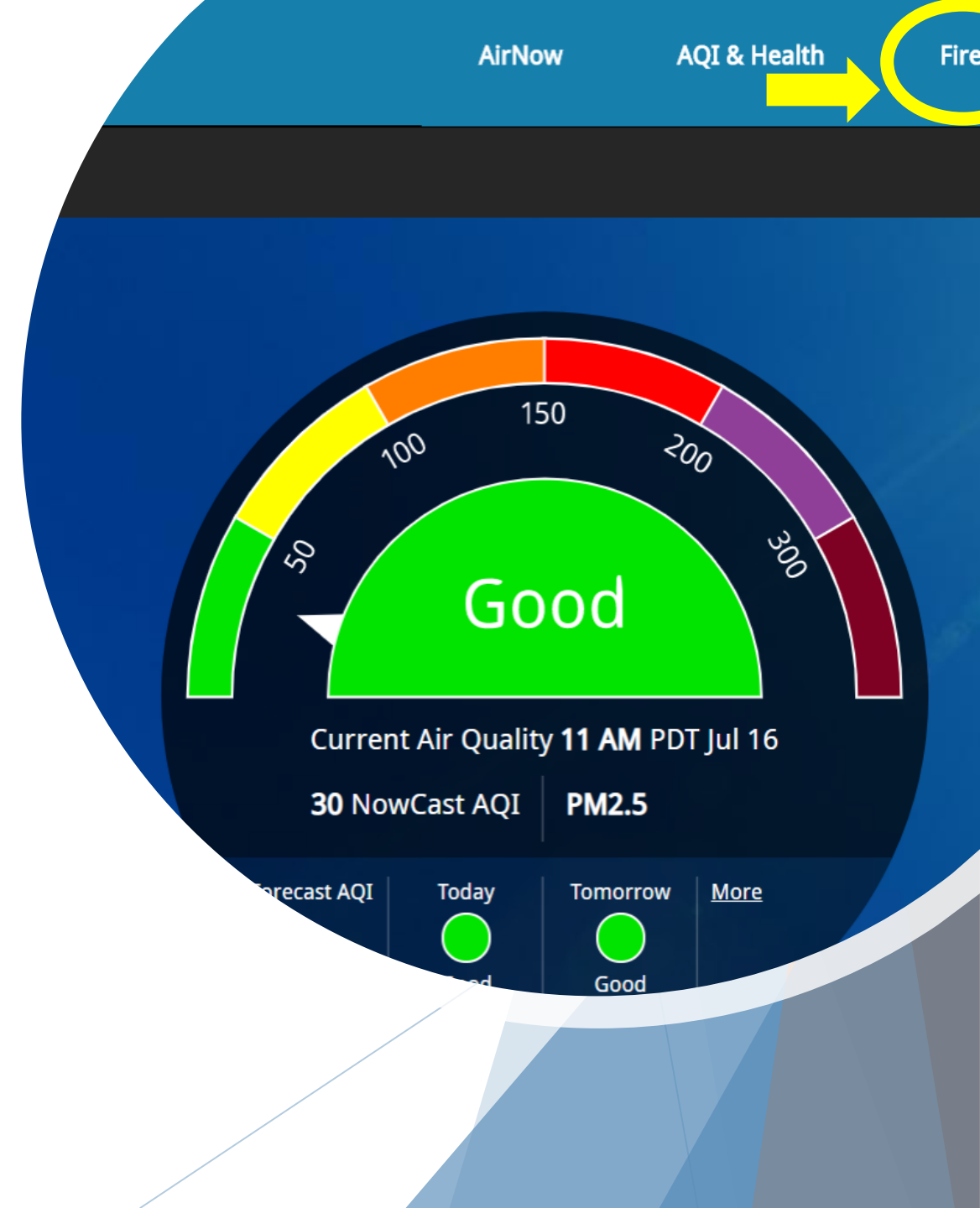
NW Tribes with Air Quality Programs

Contact mctigue.erin@epa.gov if you need staff contact information.

- ▶ Tulalip
 - ▶ Nez Perce
 - ▶ Chehalis
 - ▶ Swinomish
 - ▶ Quinault
 - ▶ Makah
 - ▶ Yakama
 - ▶ Colville
 - ▶ Coeur d'Alene
 - ▶ Kalispel
 - ▶ Spokane
 - ▶ Shoshone-Bannock
 - ▶ Umatilla
 - ▶ Kootenai
 - ▶ Coos, Lower Umpqua, Siuslaw
 - ▶ Warm Springs
- Starting 10/1/20:
- ▶ Burns Paiute
 - ▶ Puyallup

Stay in the loop

- ▶ See state wildfire smoke blogs
- ▶ Join daily wildfire response calls when fires are active. Tribes are welcome. Share concerns and hear updates.
- ▶ Use **Airnow.gov** - web & app: smoke info, “Wildland Fire Health Guide for Public Health Officials”
- ▶ See state wildfire response plans
- ▶ **Smoke sense app** - real-time smoke info + option to share smoke related symptoms with EPA



References and Resources

1. Mote, P.W., J. Abatzoglou, K.D. Dello, K. Hegewisch, and D.E. Rupp, 2019: Fourth Oregon Climate Assessment Report. Oregon Climate Change Research Institute. occri.net/ocar4.
 2. Conticini, E., Frediani, B., Caro, D. [Can atmospheric pollution be considered a co-factor in extremely high level of SARS-CoV-2 lethality in Northern Italy?](#) Environ Pollut 2020; 261: 114465.
 3. Travaglio, M., Yu, Y., Popovic, R., Santos Leal, N., Martins, LM. [Links between air pollution and COVID-19 in England](#). medRxiv 2020.04.16.20067405 [pre-print].
- ▶ [COVID-19 Considerations for Cleaner Air Shelters and Cleaner Air Spaces to Protect the Public from Wildfire Smoke](#)
 - ▶ [Natural Disasters and Severe Weather: Wildfires](#)
 - ▶ [Protect Yourself from Wildfire Smoke](#)
 - ▶ [Wildfire Smoke: A Guide for Public Health Officials](#)
 - ▶ Tribal Healthy Homes Network, <https://thhnw.org/>
 - ▶ Northwest Pediatric Environmental Health Specialty Unit, <https://deohs.washington.edu/pehsu/>