



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:
 - ▶ Shawna Gavin
- ▶ Updates on Present Situation
- ▶ Update on:
 - ▶ CDC Foundation Resources
 - ▶ OT20-2004
- ▶ Mini Training: Harm Reduction
 - ▶ Jessica Leston
- ▶ State Partner Updates
- ▶ Leg and Funding Update
 - ▶ Laura Platero and Sarah Sullivan
- ▶ NPAIHB Calls and Q&A

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

NPAIHB COVID-19 Weekly Data Update

36 Portland Area I/T/Us have reported to date

- ▶ 27 tribal clinics/health programs; 6 IHS service units; 3 urban clinics
- ▶ Reports cover 70% of 43 tribes

NPAIHB/IHS Portland Area Testing Data* as of May 31:

- ▶ Total Tested: 5,170
- ▶ Positive: 352**
- ▶ Negative: 4,794

*Data reported at ihs.gov/coronavirus include some results for tribal members not tested at I/T/U clinics

**NPAIHB can verify 340 positives as of 5/31

I/T/U PPE Status as of May 31

- ▶ Adequate (3+ months): 5
- ▶ Limited (1-3 months): 7
- ▶ Inadequate (<1 month): 10
- ▶ Critical (<1 week): 0

I/T/U Test Kit Status as of May 31

- ▶ Adequate (3+ months): 4
- ▶ Limited (1-3 months): 12
- ▶ Inadequate (<1 month): 1
- ▶ Critical (<1 week): 1
- ▶ No test kits available: 0



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COVID-19 Cases Reported by Tribes for Each State

- ▶ ID: 39 (+19 since 5/21)
- ▶ OR: 51 (+19 since 5/21)
- ▶ WA: 250 (+49 since 5/21)

- ▶ These numbers include individuals not tested at an I/T/U facility but known to be positive for COVID-19



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National IHS data

COVID-19 Cases by IHS Area

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 May 31, 2020.

IHS Area	Tested	Positive	Negative
Alaska	19,307	30	15,610
Albuquerque	11,821	750	7,332
Bemidji	7,096	241	6,009
Billings	11,274	220	10,107
California	2,967	120	2,306
Great Plains	8,148	400	7,508
Nashville	5,102	751	4,200
Navajo	27,029	6,190	19,783
Oklahoma City	16,016	338	14,209
Phoenix	14,268	1,772	11,984
Portland	5,170	353	4,794
Tucson	1,435	55	1,201
TOTAL	129,633	11,220	105,043

Cases By Area: (Highest to Lowest)

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

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

- ▶ 3 additional deaths reported since 5/21
- ▶ As of 5/31, 10 total deaths of AI/AN people in the Northwest have been reported to the NWTEC Surveillance system or Indian Health Service
 - ▶ 10 Washington Tribal Members
 - ▶ An early SNF death included an AI/AN individual from a member tribe, however it is not reported in our data
 - ▶ Total from surveillance and anecdotal data is 11 at this time



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NPAIHB COVID-19 Surveillance Survey

- ▶ Data collection for Portland Area:
 - ▶ Clinic staffing, staff exposure/illness
 - ▶ PPE and test kit status
 - ▶ Testing results & patient 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



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Facilitated Discussion Update

- ▶ CDC Foundation will hire 10 surge workers for Public Health Functions from now until 3/2021 for the NPAIHB
 - ▶ Requested contract tracers, lead for contact tracers, grant writer for tribes, case manager, communications specialist, public health workforce development trainer.
- ▶ CDC Funding OT20-2004
 - ▶ Due 6/3/2020 (corrected date)
 - ▶ 3/5 Idaho tribes applied
 - ▶ 4/9 Oregon tribes applied
 - ▶ 11/29 Washington tribes applied

Harm Reduction Update

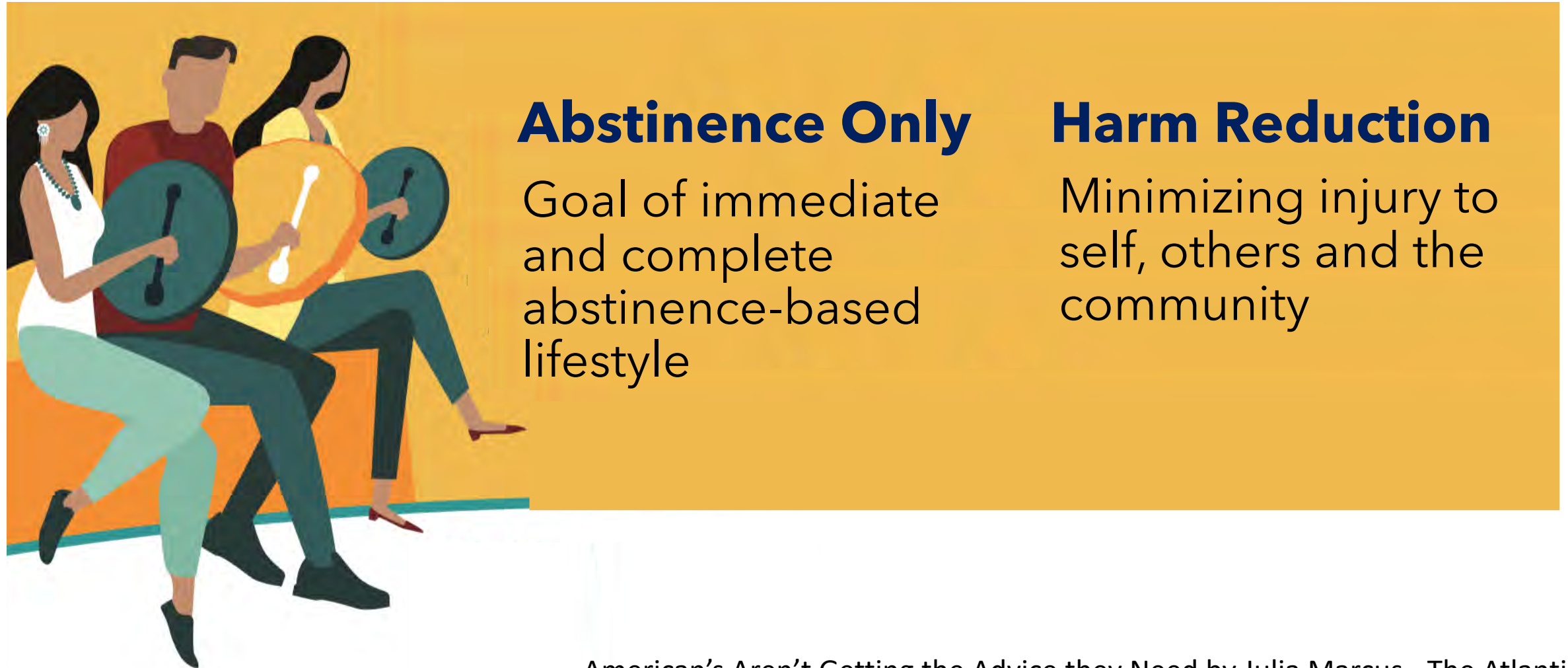


**Are we getting and giving the advice
and guidance we need?**



**How do we take care of each other and
ourselves as the COVID-19 pandemic
continues?**

Abstinence Only vs Harm Reduction



Abstinence Only

Goal of immediate and complete abstinence-based lifestyle

Harm Reduction

Minimizing injury to self, others and the community

Harm Reduction Principles for COVID-19

- **Be Pragmatic**

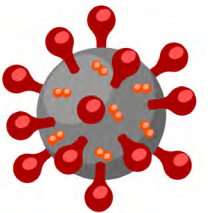
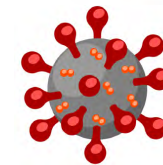
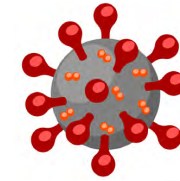
- COVID-19 is here for the foreseeable future
- Limit the exposure/risk of infections

- **Espouse Humanistic Values**

- Respect individual's rights, culture and dignity
- Accept their decisions

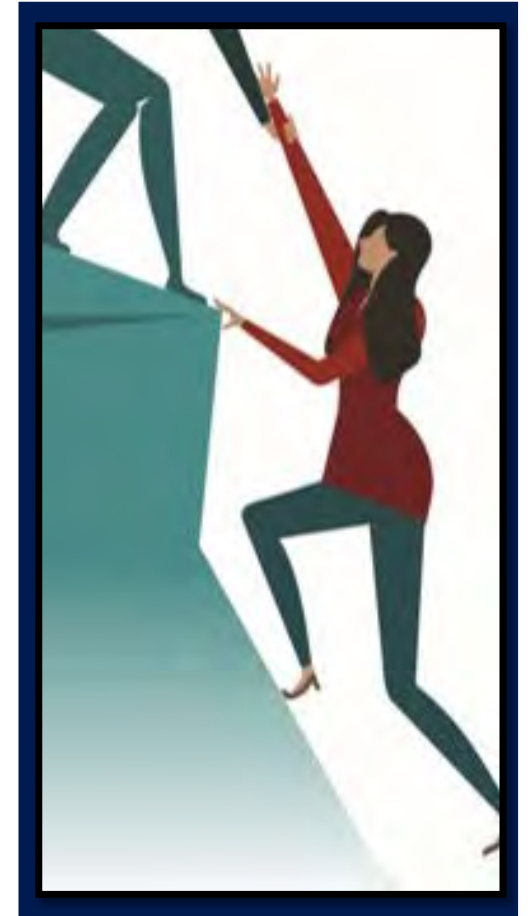
- **Focus on Harms**

- Minimize negative consequences



Harm Reduction Principles for COVID-19

- **Balance Cost-Benefit to individuals and community**
 - Identify consequences of decisions and costs and benefits for preventing these consequences
- **Establish Hierarchy of Goals and Priorities**
 - Address most immediate goals of patients
 - Keep engaged in care

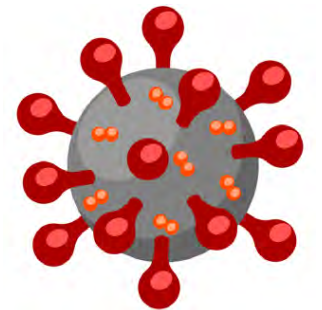
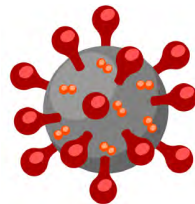
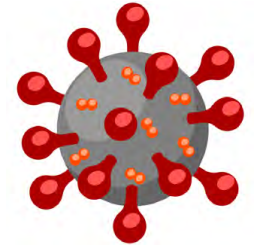


Main Recommendations in the COVID Era



Stay Safe Through:

- Hand Hygiene
- Physical Distancing
- Masks
- Clean and Disinfect
- Quarantine and Isolation



Having Conversations- Challenging Scenarios

- **Unable to physically distance**
- **Does not believe or follow recommendations**
- **Must return to work**
- **Vulnerable patients**
 - Housing insecurity
 - Congregate living
 - Limited income
 - Little access to information
- **Addressing misinformation**



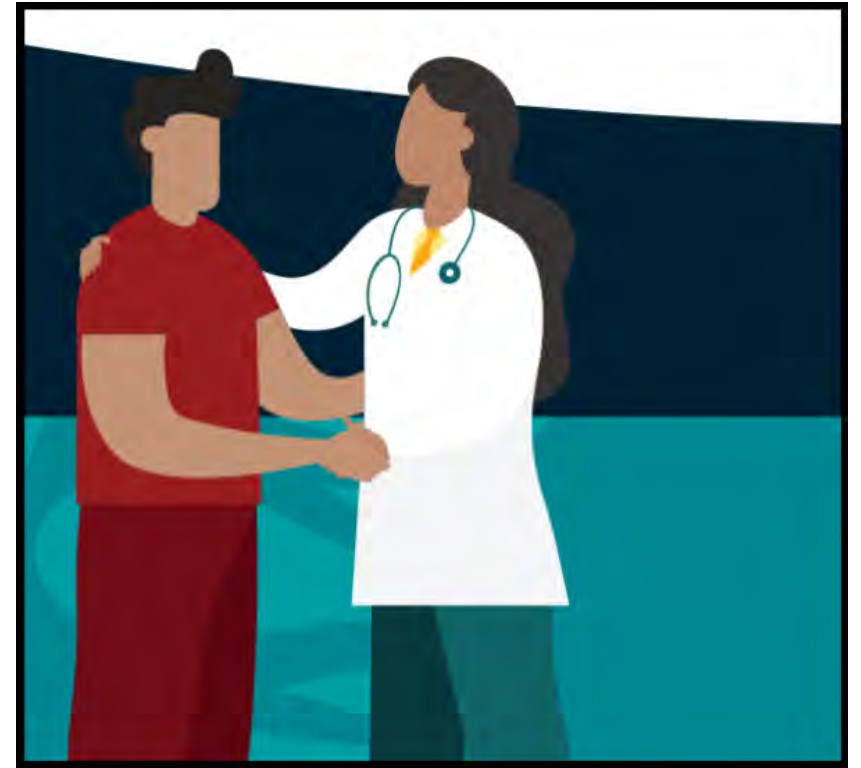
Unable to Physically Distance

- **Family size, housing size, primary caretakers**
- **Harm reduction approach**
 - Use the resources available to best of ability
 - Keep physical distance within household; separate medically vulnerable
 - Sleep reverse or rearrange rooms
 - Artificial barriers
 - Handwashing
 - Disinfecting surfaces
 - Cluster becomes your family unit; isolate as a cluster
 - Create a sick plan



People that Do Not Believe/Follow Recommendations

- **People that do not think COVID is a and/or does not affect them**
 - Patients may not want to be labeled/stigmatized
 - De-escalate the situation
 - Use evidence/data of what we know
 - Explain Herd immunity - without vaccine, will not get to
 - It's not the "me" it's the "we"



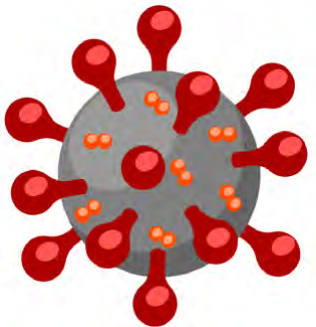
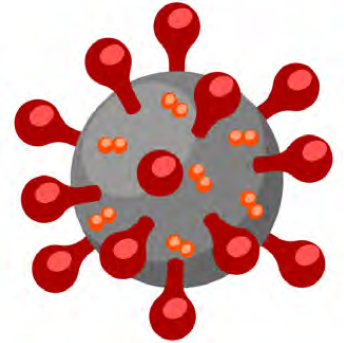
People Do Not Believe/Follow Recommendations

- **People that think it is too difficult to follow recommendations**
 - Plan as best you can to stay within guidelines
 - Know community resources
 - Organizations offering free masks/hand sanitizer



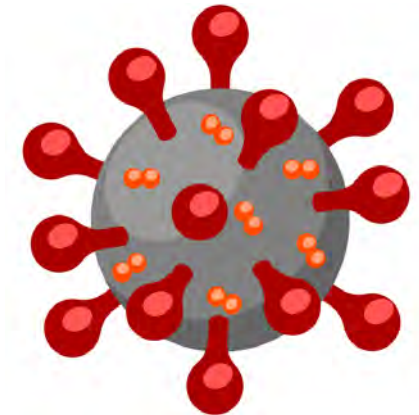
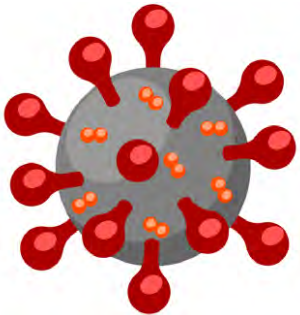
Work-Related Challenges

- **People that are required to work, but do not want to**
 - Discuss what provisions are offered for protection
 - Make decisions on a case by case basis, depending on unique needs
 - Consider note to be out of work – will patient lose job?
 - Discuss if workplace can accommodate remote work; however, support people to work safely if they need to



Work-Related Challenges

- **High-risk people that want to return to work**
 - Understand if people can work from home
 - Discuss nature of what makes them high-risk and the risk to themselves and others if they return to work (both at work and at home)



Vulnerable Population

- More individualized plan needed
- Modify the “norms” of care pre-COVID-19
- Ensure they have a plan and means to reach others at all times
- May require more outreach
 - Different types – go physically to the shelter, etc.
 - Information scission in community



Vulnerable Population

- Prescribe longer duration of medication
- Consider behavioral health consequences of re-traumatization/isolation; practice physical but not social distancing
- Consider a plan to address domestic violence



Addressing Misinformation and Information Overload

- Have difficult conversations without demeaning people
- Present facts only
- Discuss possible harms of misinformation
- Incorporate patient beliefs into overall treatment plan, if appropriate
- Locate culturally specific information materials



Thank You!

State Partner Update



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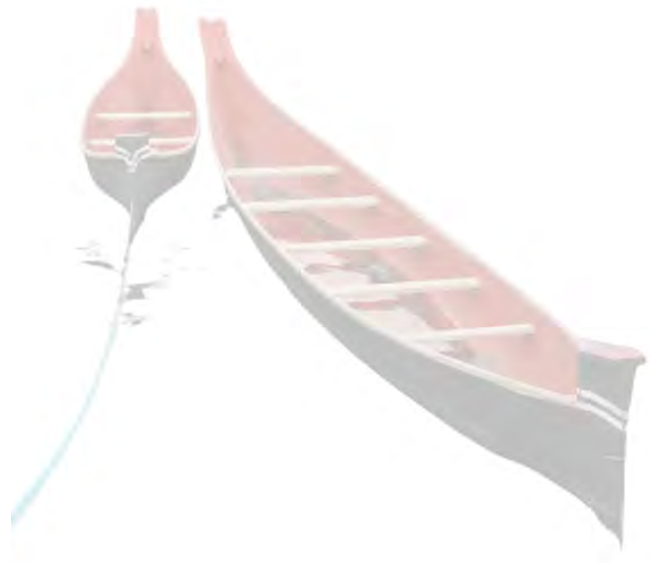
**STAY HOME
STAY SAFE
SAVE LIVES**



Legislative and Funding Update



**STAY HOME
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Ongoing NPAIHB COVID-19 Calls

- ▶ NPAIHB Tribal COVID-19 Call - Tuesdays at 10am
- ▶ NPAIHB COVID-19 ECHO Calls - Monday and Wednesdays at 12pm

Log in information available at: www.npaihb.org/COVID-19

To Reach Us for Questions

Primary Contact:

- ▶ Contact: Victoria Warren-Mears
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- ▶ E-mail: vwarrenmears@npaihb.org