Northwest Tribal Epidemiology Center (The EpiCenter) Projects Reports Include:

- **▲ Adolescent Behavioral Health**
- **№ Dental Support Center**
- **Epicenter Biostatistician**
- **Epicenter National Evaluation Project**
- IDEA- Northwest (Tribal Registry Project)
- **№ Medical Epidemiologist**
- **№ Native CARS & PTOTS**
- **M** Northwest Tribal Comprehensive Cancer Project
- **Public Health Improvement and Training/Injury Prevention**
- **▲ 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
- Morthwest Native American Research Center for Health (NARCH)
- **Response Circles**
- **M** Northwest Tribal Juvenile Justice Alliance
- **№** ECHO

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
Tana Atchley-Culbertson, Youth Engagement Coordinator | Paige Smith, THRIVE/DVPI Coordinator
Corey Begay, Multimedia Specialist | Eric Vinson, ECHO Specialist
Contractor: Amanda Gaston, MAT, Native IYG

Quarterly Report: July-September 2019

Technical Assistance and Training

Tribal Site Visits

Shoshone Bannock: Vaping Bootcamp Training in Fort Hall, ID. July 22-23, 2019. Approximately 10 youth partners in attendance.

July Technical Assistance Requests

- 0 NW Tribal TA Requests
- 7 = NAFOA; Headstream; Health Services Center; Oregon Research Institute; Tribal Youth Resource Center; OASH; EDC

August Technical Assistance Requests

- 0 NW Tribal TA Requests
- 11 = Northwestern, Cardea, Colorado, IHS, ACF, Johns Hopkins, Tribal Technical Assistance Center, Lummi, ITCA, OHSU, USCA

September Technical Assistance Requests

- 4 NW Tribal TA Requests
- 15 = Cardea, Gem Law, AAS20, Pueblo of Tesuque, Johns Hopkins, Northwestern, Seattle Children's, IHS, Salt-River Pima Maricopa, Turtle Mountain Chippewa, Native Youth Community Academy, Hualapai, NIEA, NICWA, OHSU PRC

We R Native

During the quarter, our staff participated in six planning calls, three partner meetings, and facilitated or presented during four conferences/webinars, including:

- Call: David Ball, SecondMuse Mental Health, July 2, 2019. July 30, 2019.
- Call: TAM Mental Health Team Meeting, July 17, 2019. July 19, 2019. Aug 2, 2019. Aug 7, 2019. Sept 18, 2019.
- Presentation: We R Native, Diabetes in Indian Country, IHS Conference, Oklahoma City. Aug 6-9, 2019. Approximately 50 attendees.
- Meeting: Springboard Lab, hosted by Second Muse. Boston, MA. Aug 8-9, 2019. Approximately 40 attendees.
- Zoom Call: AIY-C Advisory Board Meeting, August 21, 2019.
- Presentation: We R Native, IHS Division of Clinical and Preventative Services Conference, Tigard, OR, August 29, 2019. Approximately 200 in attendance.
- Meeting: TAM Fall Colloquium, Madison, WI, Sept 5-6, 2019.

- Presentation: We R Native and the BRAVE Mental Health Study, TAM Fall Colloquium, Madison, WI, Sept 6, 2019. Approximately 45 participants in attendance.
- Meeting: We R Native Team Strategy Day, Sept 30, 2019. Radisson Red Hotel, Portland, OR.

Gen I / Bootcamps

 Vaping Bootcamp Training: Fort Hall, ID. July 22-23, 2019. Approximately 10 youth partners in attendance.

Healthy Native Youth

During the quarter, Healthy Native Youth staff participated in seven planning calls with study partners, and the following trainings/events:

- Call: Promoting RCL of HNY, Sept 23, 2019.
- Monthly: HNY e-Newsletter: 2,000+ subscribers.
- HNY website 2.0: Updates Launched.
- Meeting: Native STAND CDC Site Visit. Portland, OR. Aug 6-7, 2019.
- Presentation: Native VOICES, We R Native, HNY and BRAVE Mental Health Study, U.S. Conference on AIDS, AI/AN Pathways Pre-Conference. Sept 4, 2019. Approximately 75 participants in attendance.
- Presentation: We R Native and HNY, U.S. Conference on AIDS. Sept 5, 2019. Approximately 60 participants in attendance.
- Training: We R Native Facilitator's Guide, Bellingham, WA. August 28. Approximately 2 participants.
- Training: We R Native Teacher's Guide, Phoenix, AZ Host ITCA. July 15-16, 2019. Approximately 25 Health Educators in attendance.
- Zoom Meeting: HNY Sexual Health Workgroup Quarterly Meeting, August 28, 2019. Approximately 19 participants in attendance.
- Zoom: Community of Practice: Session #11 Stay Connected Community Engagement. July 10, 2019. Approximately 24 adult educators were in attendance. Recorded trainings are available at: https://www.healthynativeyouth.org/community-of-practice-sessions
- Zoom: HNY Community of Practice, Sept 11, 2019.
- Zoom: Native STAND Close-out Mtg, August 22, 2019.
- Zoom: Native STAND Close-out Mtg, Sept 18, 2019.

ANA – I-LEAD

During the quarter, staff participated in four grantee call, twelve SMS text mentoring chats with 1000 STEM and "healer" participants," and the following I-LEAD meetings and activities:

- Meeting: NPAIHB Youth Delegates August Zoom Check-in. August 18, 2019. 8 Youth Delegates in attendance.
- Meeting: NPAIHB Youth Delegates September Zoom Check-in. Sept 29, 2019, with 6 Youth Delegates in attendance. The new cohort of Youth Delegates includes: http://www.npaihb.org/youth-delegate/?fbclid=IwAR1MFNzWdo5bxocP9kiU63fhUeE_XiQ34TzU6STHX6alVkXffjfFdQn8PTg#FAQ
- Meeting: NPAIHB-CRIHB Joint QBM Youth Summit, July 17-19, 2019. Sacramento, CA. Approximately 75 youth in attendance, including 12 Youth Delegates.
- New cohort of Youth Delegates has been selected. http://www.npaihb.org/youth-delegate/?fbclid=lwAR1MFNzWdo5bxocP9kiU63fhUeE_XiQ34TzU6STHX6alVkXffjfFdQn8PTg#FAQ
- Summit: ANA I-LEAD Youth Summit, July 22-26, 2019. Albuquerque, NM. Approximately 80 youth in attendance, including 5 Youth Delegates.



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



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

In July, the Monthly reach across the We R Native Channel: **217,579** (7,018/day) In August, the Monthly reach across the We R Native Channel: **161,773** (5,218/day)

In July, the We R Native website received:

- Page views = 25,266
- Average visit duration = 2:19

In August, the We R Native website received:

- Page views = 29,644
- Average visit duration = 5:42

July Social Reach

- Twitter Followers = 6,509 (6,964 Impressions)
- YouTube: The project currently has 720 uploaded videos, has had 430,000 video views, with 558,900 estimated minutes watched. (18,007 views last month)
- Facebook: By the end of the month, the page had 49,700 followers.
- Instagram: By the end of the month, the page had 8,364 followers. (21,324 Impressions)

August Social Reach

- Twitter Followers = 6,664 (16,200 Impressions)
- YouTube: The project currently has 724 uploaded videos, has had 454,000 video views, with 581,200 estimated minutes watched. (19,997 views last month)
- Facebook: By the end of the month, the page had 49,745 followers.
- Instagram: By the end of the month, the page had 8,432 followers. (19,284 Impressions)

July Text Message Service:

Northwest Portland Area Indian Health Board has 7,883 active subscribers.

- We R Native has 5,646 active subscribers.
- The Text 4 Sex Ed service currently has 467 active subscribers, 758 total profiles.
- We R Healers has 405 subscribers.
- STEM has 593 subscribers.
- Youth Spirit has 36 subscribers.
- We R Dine has 210 subscribers.
- I Know Mine has 775 subscribers.
- Native Fitness has 827 subscribers.
- Hepatitis C Patient and ECHO project has 407 subscribers.
- Healthy Native Youth has 599 subscribers.
- THRIVE-DBT has 34 active subscribers.

August Text Message Service:

- Northwest Portland Area Indian Health Board has 8,183 active subscribers.
- We R Native has 5,832 active subscribers.
- The Text 4 Sex Ed service currently has 473 active subscribers, 769 total profiles.
- We R Healers has 416 subscribers.
- STEM has 596 subscribers.
- Youth Spirit has 36 subscribers.
- We R Dine has 217 subscribers.
- I Know Mine has 775 subscribers.
- Native Fitness has 854 subscribers.
- Hepatitis C Patient and ECHO project has 416 subscribers.
- Healthy Native Youth has 619 subscribers.
- THRIVE-DBT has 34 active subscribers.

July Social Media Messages: Number/Reach of We R Native messages addressing...

- Bootcamp PSAs = 0 posts, 0 text message, **0** people reached
- Concerning Social Media Post Tips = 0 posts, 0 text message, 0 people reached
- Sexual health/Healthy Relationships = 3 posts, 0 text message, 2,113 people reached
- DVPI = 0 posts, 0 text message, 0 people reached
- Sexual Assault Campaign (to be created this year) = 0 posts, 0 text message, 0 people reached
- Substance prevention = 4 post, 0 text message, 7,600 people reached
- Suicide (general) = 0 posts, 0 text message, 0 people reached
 - #WeNeedYouHere Campaign (specifically THRIVE) = 0 posts, 0 text message, 0 people reached
 - #WeNeedYouHere LGBT2S = 0 post, 0 text message, 0 people reached
 - #WeNeedYouHere Veterans = 0 post, 0 text message, 0 people reached
 - Mental health = 5 posts, 0 text messages, 68,425, people reached
- Youth leadership/empowerment = 18 posts, 4 text messages, 67,880, people reached

August Social Media Messages: Number/Reach of We R Native messages addressing...

- Bootcamp PSAs = 1 posts, 0 text message, 575 people reached
- Concerning Social Media Post Tips = 0 posts, 0 text message, 0 people reached

- Sexual health/Healthy Relationships = 6 posts, 0 text message, 8029 people reached
- DVPI = 0 posts, 0 text message, 0 people reached
- Sexual Assault Campaign = 1 posts, 0 text message, 2100 people reached
- Substance prevention = 1 post, 0 text message, 838 people reached
- Suicide (general) = 2 posts, 0 text message, 17038 people reached
 - #WeNeedYouHere Campaign (specifically THRIVE) = 2 posts, 0 text message, 9238 people reached
 - #WeNeedYouHere LGBT2S = 0 post, 0 text message, 0 people reached
 - o #WeNeedYouHere Veterans = 0 post, 0 text message, 0 people reached
 - Mental health = 1 posts, 0 text messages, 3600 people reached
- Youth leadership/empowerment = 18 posts, 3 text messages, 44,468 people reached

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 is recruiting youth for an efficacy study.

STI/HIV/HCV Clinical Programs

Jessica Leston, MPH, Clinical Programs Director - Tsimshian
Megan Woodbury – Opioid Program Coordinator
Danica Love Brown – Behavioral Health Manager – Choctaw
Morgan Thomas – LGBTQ 2 Spirit Outreach and Education Coordinator

Contractors: Brigg Reilley, MPH

Quarterly Report: July – September 2019

Technical Assistance and Training

NW Tribal Site Visits

NONE

Out of Area Tribal Site Visits

- Oklahoma Choctaw SUD/HCV/HIV July 10, 2019
- Oklahoma Tulsa Urban SUD/HCV/HIV July 10, 2019

- National Comined Councils July 22-25, 2019
- US Conference on AIDS, Washington DC September 4-8th
- Bois Forte Mental Health Conference LBGTQ 2S Presentation September 25-26th

July Technical Assistance Requests

- Tribal TA Requests = 8 (Jessica), (4) Brigg, Megan (4), Danica (0), Morgan (3)
- Other Agency Requests = 7 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

August Technical Assistance Requests

- Tribal TA Requests = 8 (Jessica), (4) Brigg, Megan (2), Danica (0), Morgan (3)
- Other Agency Requests = 3 (CDC, IHS, GPTCHB)

September Technical Assistance Requests

- Tribal TA Requests = 9 (Jessica), (4) Brigg, Megan (2), Danica (0), Morgan (5)
- Other Agency Requests = 3 (CDC, IHS, GPTCHB)

During the quarter, project staff participated in 70 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 18,444 and received 1,976 messages from 432 text message subscribers. The project sent 4 marketing emails and had a reach of 1,754 through constant contact in the month of September.

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 944 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.

e-Newsletter/ Community of Learning Reminders and Sessions: The monthly <u>newsletter</u> is released at the beginning of each month to those subscribed through the Constant Contact listserv (n=396).

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:

"There's Heart Here" Documentary: 375 views

"Becoming Jane Doe" Video: 55 views

"See me. Stand with me." Educational Video: 269 views

Print Materials disseminated:

Provider Educational Materials: 190 print + 29 downloads Ally Educational Materials: 196 print + 31 downloads

2SLGBTQ Affirmational Materials: 196 print + 23 downloads

Posters: 101 print + 7 downloads

Provider 101 Factsheets: 227 print + 35 downloads

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: 133 subscriptions Provider Text Campaign: 7 subscriptions Ally Text Campaign: 26 subscriptions 2SLBGTQ Text Campaign: 7 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: 95 print + 495 downloads

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 Methods Paper on PWID Project accepted to Public Health https://doi.org/10.1016/j.puhe.2018.12.002
- AI/AN PWID Results Paper in Review
- Working on OUD Indicators Paper with CDC

Reports/Grants Submitted

- Awarded for FYI 2019: SAMHSA ECHO 524,000
- Awarded for FYI 2019: OMH ECHO 350,000
- Awarded for FYI 2019: CDC Opioid Response Strategy 265,000
- Awarded for FYI 2019: SAMHSA TOR 3.5 Million
- 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

Northwest Tribal Dental Support Center Quarterly Report (July-September 2019)

The Northwest Tribal Dental Support Center (NTDSC) has completed their 19th 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, in coordination with the Area Dental Consultant (ADC) have provided four site visits this past quarter. NTDSC consultants visited the Nisqually dental clinic in July 2019 and the Area Dental Consultant provided three program reviews at the Nespelem and Lake Roosevelt dental programs (Colville tribe) and Wellpinit dental program (Spokane tribe) in August 2019. This makes a total of 14 site visits for this fiscal year. NTDSC has met this objective for this fiscal year.

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

• The work with ARCORA (The Foundation of Delta Dental of Washington) on our Baby Teeth Matter Initiative (BTM) is continuing with eight dental programs. A webinar was conducted on July 31, 2019 to go over the objectives and data submission for the second quarter. The participating programs

shared a goal to work on in-between the in-person sessions. There have been a total of three inperson meetings and two webinars this fiscal year. We have another in-person session scheduled for October 23, 2019. NTDSC has completed a program manual for new programs.

• The Elder Initiative is continuing with 10 dental programs, which includes both dental staff and Elder Coordinators from various tribes. There have been a total of two in-person meetings and two webinars this fiscal year. A webinar was conducted on July 24, 2019 to go over objectives and data submission for the second quarter. The participating programs shared a goal to work on in-between the in-person sessions. Our next in-person meeting is scheduled for October 30, 2019.

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.

<u>CDE</u>: NTDSC tracks the number of participants and CDE credits provided through the Update on Prevention Course provided during site visits, BTM and Elders Initiatives, NTDSC yearly orientation and full meeting, and the addition of the clinical MID course. During this past 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.

NTDSC had our annual planning meeting in August at the Northwest Portland Area Indian Health Board. We reviewed the results of the annual need's assessment, evaluations from the 2019 Portland Area Dental meeting and discussed future site visits and plans for the FY 2020.

Epicenter Biostatistician

Nancy Bennett

Conference Calls:

NPAIHB Meetings:

- All staff meeting monthly
- Biostat meeting bi-weekly
- QI work group meeting
 - Worked on charter
 - Completed onboarding report to-date

- Onboarding committee meeting
- Safety meeting Fire drill
- ♣ Indian Day PowWow
 - Assisted at Pioneer Square
- Staff retreat planning
- NARCH meeting planning
- Asthma project meeting,
 - Built database

Conferences/QBMs/Out of area Meetings

- **♣** QBM Joint meeting with CHRIB, Sacramento, CA
- WUSS Conference, Seattle, WA

Miscellaneous

♣ Out of town on personal family leave for 4 weeks

Reports:

♣ EHR/COTS report to Sarah

Site Visits:

EpiCenter National Evaluation Project 3rd Quarter Activity Report

July – September 2019

Staff:

Birdie Wermy – Epicenter National Evaluation Project Specialist

Technical Assistance via telephone/email

July – September

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and technical assistance
- Email correspondence with the two to four regarding T.A., reporting and program implementation and their LDCP.

Reporting

July

- MSPI/DVPI call on 7.03 @ 01am
- Good Health and Wellness in Indian Country (GHWIC) All Hands call on 7.17 @ 10am

- DVPI call on 7.18 @ 9am
- MSPI call on 7.24 @ 9am
- Good Health and Wellness in Indian Country (GHWIC) C2 call on 7.24 @ 9am

August

- Good Health and Wellness in Indian Country (GHWIC) TEC call on 8.14 @ 10am
- DVPI call on 8.15 @ 9am
- MSPI call on 8.21 @ 9am

September

- Good Health and Wellness in Indian Country (GHWIC) TEC call on 9.05 @ 11am
- DVPI call on 9.18 @ 9am
- MSPI call on 9.19 @ 9am

Updates

Birdie – continuing to provide evaluation TA to MSPI/DVPI service areas and GHWIC NW WEAVE Project.

- Completed the1st Annual MSPI/DVPI Convening for August 8 in Portland at the NPAIHB. A total of 8 programs were in attendance along with the EpiCenter Director, NPAIHB Grant Specialist and Area Project Officer. A total of 6 programs attended by ZOOM.
- Completed twenty of twenty-four phone interviews with GHWIC sub-awardees.
 Completed the qualitative report for UIHI on 9.30 and submitted to Thomas via email.

Challenges/Opportunities/Milestones

Milestone: We were successful in our first MSPI/DVPI convening meeting on 8.08.19. We were able to educate all of those who were in attendance on telebehavioral health resources and tracking tools. A reminder and example of the LDCP was also presented. Our NPAIHB DVPI program coordinator also gave a program update and presentation. We also provided Narcan training to those who were present and sent them home with a Narcan kit.

Milestone: I began making phone calls to all sub-awardees (24) on 8.19 and was able to complete twenty phone interviews by 9.13. I kept a tracking sheet and made three attempts with all sub-awardees and updated point of contact for the GHWIC project. I entered all responses into survey monkey and analyzed the data for the qualitative report due on 9.30. Overall, the responses were positive and many of the sub-awardees were happy with their funding and they all had positive things to say about the program and their experience working with WEAVE and NPAIHB NWTEC.

Opportunity: Within a month I was able to contact more than 75% of the GHWIC sub-awardees, my goal was to complete 50% of the phone interviews.

Challenges: In a perfect world I would have liked to completed all 24/24 phone interviews with GHWIC sub-awardees but I was able to complete 20/24 which is 83%.

Meetings/Trainings

- Joint QBM w/ CRIHB in Lincoln, Ca. on 7.15-7.18.
- Wellness Committee Meeting on 7.10 @ 10am

- July HTIP Webinar on 7.23 @ 12pm
- DVPI Webinar on 8.01 @ 12pm
- Portland Area MSPI/DVPI Convening on 8.08 8:30am 1pm
- 4th Intertribal Youth Suicide Summit on 8.12-8.14 in Grand Mound, Wa.
- Native Fitness on 8.15-8.16, Nike Headquarters in Beaverton, Or.
- Webinar on 8.19 @ 12pm
- Wellness Committee Meeting on 8.29 @ 10am
- Indian day meeting on 9.05 @ 9:30am
- NPAIHB all staff meeting on 9.09 @ 10am
- Webinar on 9.11 @ 12pm
- Indian Day meeting on 9.13 @ 9:30am
- Meeting w/ Pioneer Square rep (Indian Day) on 9.17 @ 12pm
- APO call on 9.18 @ 9am
- DVPI call on 9.19 @ 9am
- Webinar on 9.25 @ 9am
- Webinar on 9.25 @ 12pm
- Webinar on 9.26 @ 11am

Site Visits

None

Upcoming Calls/Meetings/Travel

- All staff retreat @ Sunriver 10.01-10.04
- All staff meeting on 10.07 @ 10am
- Wellness Meeting on 10.14 @ 1pm
- MSPI call on 10.16 @ 9am
- Webinar on 10.16 @ 12pm
- DVPI call on 10.17 @ 9am
- Webinar on 10.29 @ 12pm

Publications

NONE



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

Quarterly Board Meeting Report – October 2019

Reporting period: July - September 2019

Victoria Warren-Mears, Principal Investigator
Sujata Joshi, Project Director
Chiao-Wen Lan, Epidemiologist
Heidi Lovejoy, Substance Use 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

No updates

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages & data acquisition

- Completed four linkages
 - Cancer Data Registry of Idaho (1992-2017)
 - o Idaho Birth Records (2013-2017)
 - o Idaho Death Records (2013-2017)
 - Orpheus (2007-2017) Oregon communicable disease registry
- Obtained approval to access Oregon ESSENCE for specific projects (surveillance for suicide, opioid and drug overdoses, motor vehicle crashes)

Dataset Cleaning and Preparation

- Completed preparation of three datasets
 - o Idaho death records 2006-2017
 - o Three-state death records dataset (1980-2017, years vary by state)
 - Washington CHARS (hospital discharge data) 2016
- Worked on preparing five datasets for analysis
 - o Oregon Medicaid 2011-2014
 - Washington CHARS (hospital discharge) 2015
 - o Idaho births 2006-2017

- o Cancer Data Registry of Idaho (1992-2017)
- Oregon State Cancer Registry (1996-2016)

Data Analysis, Visualization, and Report Preparation Projects

- Completed 2 data reports
 - Suicides among Al/AN in Idaho 2013-2017
 - Mortality Data for Northwest AI/AN 2014-2016
- Data Projects in Progress
 - Maternal & Child Health Data Profiles and Analyses
 - Worked on manuscript entitled "Disparities in Mental Health Disorders and Linkage to Services among American Indian and Alaska Women"
 - Worked on 2019 APHA poster presentation, "Maternal substance use disorders and infant withdrawal syndromes in hospital deliveries among American Indians/Alaska natives in Washington"
 - Completed analysis for 2019 CityMatch presentation entitled "Mental health and access to services among American Indians/Alaska Natives women of reproductive age"
 - Completed initial draft of manuscript describing rates and factors associated with smoking cessation during pregnancy
 - Began analysis of Oregon and Washington PRAMS data to examine breastfeeding rates and other indicators
 - Tableau Dashboards
 - Continued working on datasets for Tableau dashboard
 - Finished the underlying database
 - Added data for analysis breakdown by age group
 - Worked on a dashboard for substance use disorders
 - Substance Use Analyses
 - Worked on developing manuscript describing co-morbidities for substance use hospitalizations in Washington

Suicide Surveillance Project

- Suicide Monitoring Planning Projects
 - o Provided TA and support to Chehalis, Coeur d'Alene, and Shoshone Bannock Tribes
 - Held two webinars related to suicide surveillance: 1) developing data reporting flow diagrams and 2) HIPAA considerations when sharing data related to suicide

Maternal & Child Health (MCH) Workgroup

• Continued to participate in the Oregon National Survey on Child Health (NSCH) oversample advisory committee meeting to discuss and share feedback for oversampling strategy.

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities

- BioStat Core Meetings
 - Continued bi-weekly meetings
- Health Communications/Evaluation Specialist
 - Submitted the Phase II IDEA-NW TECPHI evaluation plan
 - Continued work on developing EpiCenter Project Directory
- Health Data Literacy Trainings
 - Created curriculum, data sets, and training manual for Probabilistic Linkage Training

- o Began developing a timeline for a potential Summer 2020 expansion
- TEC-PHI Workgroups and Meetings
 - Continued attending TEC-PHI community of practice meetings and webinars

Data requests/Technical assistance

- Warm Springs Annual Health System Report
 - Reviewed previous versions of health report and brainstormed suggestions for data collection, report structure, and visualization restructuring
 - Call with Ms. Hurtado to review suggestions for change (7/15)
 - Check-in call to discuss presentation to Joint Health Commission, 8/9
 - Created presentation for Ms. Hurtado describing current report compilation process and outlining need to update process/report
 - o Drafted and sent letter to Ms. Hurtado describing the TA we can provide
- Provided data on breast cancer screening rates and stage at diagnosis for AI/AN to Josh Caswell at Puyallup Tribe
- Provided list and ArcGIS mxd file of Tribal PRCDA counties by state to Meena Patil
- Provided information on data sharing for linkages to Brooke Doman (NM tribal epidemiologist)
- Reviewed and provided statistics consultation on interpreting 2x2 tables to Brigg Reilley
- Provided information on dealing with missing values in LinkPlus to Dr. Brehm @ Ohio State University
- Edited an infographic for breast cancer awareness month for the NW Tribal Cancer Project
- Provided a project description for Celena for Washington teen pregnancy project
- Aggregated national breastfeeding data from the National Immunization Survey (2015) for inclusion in report for First Nations Development Institute (for Ryan Sealy)
- Updated data for Portland Area IHS 2022 Budget Formulation Narrative (for Laura Platero)
- Provided Russell Spearman (Idaho Dept of Health and Welfare) with Idaho AI/AN suicide fact sheet
- Provided IHS with most recent data on cancer, life expectancy, and general mortality data for release to newspaper in Bend
- Provided Jaime Walters (Multnomah County Health Department) information on our small numbers policy
- Reviewed and provided comments to Alex Wu for Leading Causes of Death manuscript
- Sent Morgan Thomas links to MCH framework, interview questions, and code book
- Sent Kevin English (AASTEC) copy of IDEA-NW project protocol for linkage work

Presentations & Results Dissemination

- Presented on NPAIHB/Linkage project at Washington Department of Health's Epi Lunch & Learn (7/17)
- Presented on NPAIHB's experience/perspectives on data sharing at NIOSH AI/AN Occupational Health Workshop (7/31)
- Manuscript "Identification of AI/AN in Public Health Data sets) published in Journal of Public Health Management & Practice supplement
- Presented at the 2019 CityMatCH MCH conference, "Mental health and access to care among American Indians/Alaska Natives women of reproductive age"

 Provided a data linkage training to 11 attendees at the Great Plains Tribal Epidemiology Center

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

- Submitted IDEA-NW progress report, continuation request to Portland Area IRB
- Received IRB Approval for CityMatCH 2019 presentation
- Submitted project amendment request to Oregon Public Health Division IRB for revisions to Gynecologic Cancers analysis
- Submitted project proposals to Oregon ESSENCE for suicide/self-harm, drug overdose, and motor vehicle crash injuries surveillance

Grant Administration and Reporting

Began drafting a proposal to fund a breast feeding data analysis

Travel

Site Visits

•	NPAIHB/CRIHB Joint Quarterly Board Meeting, Sacramento, CA	7/15-7/18

Linkages

•	Linkage with Cancer Registry and Vital Stats in Idano, Boise, ID	8/7-8/8

Other

er		
•	TECPHI Data visualization and infographic training Oklahoma City, OK	9/11
•	2019 Educational Theatre Association National Conference, New York, New York	9/18-9/22
•	2019 CityMatCH MCH conference, Providence, RI	9/22-9/26
•	Linkage Training at Great Plains TEC, Rapid City, SD	9/23-9/27

TEC-PHI Opioid Supplement

Coordination and Partnership Activities

- Initiated conversation with Oregon Prescription Drub Monitoring Program to initial discussions on data sharing, potential linkages, and collaboration opportunities
- Met with co-chair of Tri-Counties Substance Use Researchers Group regarding respective current projects, opportunities for collaboration, SUDs Group goals, and possible presentation topics for upcoming meetings
- Met with behavioral and harm reduction staff at NPAIHB regarding data needs to support key harm reduction talking points and address common myths with providing MAT
- Discussed available NW AI/AN data and presentation opportunities with the chair of the National Opioids and Synthetics Coordination Group, plan to present at next meeting
- Continue to develop partnership with WA Essence staff regarding ESSENCE utility, available data and upcoming data changes
- Discussed community concerns regarding opening a MAT clinic with Jamestown Clinic Behavioral Health Manager and possible data to address concerns
- Connected with Alaska TEC Opioid Epidemiologist

Data Analysis, Visualization, and Report Preparation

- Drafted introduction for the Data & Surveillance section of the Tribal Opioid Strategic Agenda
- Ran preliminary ESSENCE data for opioid, heroin, stimulant, all drug, and marijuana ED visits in Washington by age, sex, and location. Also preliminary data for people experiencing homelessness and exploring drug-related visits in combination with homelessness
- Researching ESSENCE fentanyl case definition and other relevant definitions
- Utilized the National Survey on Drug Use and Health (NSDUH) to obtain national AI/AN data on opioid misuse, substance use disorder, substance use treatment, and other prevalence data
- Exploring access to the restricted use NSDUH data files to conduct analyses with geographic identifiers (ie- be able to analyze the data for WA, OR, and ID specifically)
- Completed Grays Harbor County ESSENCE analysis and compiled results into presentation for distribution at Aberdeen SUD training
- Completed Grays Harbor County death certificates analysis and compiled results into presentation for distribution at Aberdeen SUD training
- Completed Clallam County ESSENCE analysis and compiled results into a brief report for Jamestown Tribal Clinic
- Compiled housing price/property value data in Anacortes, WA before and after the Swinomish Tribe opened a MAT in the area
- Consulted with NSDUH researchers on survey methods and appropriate results interpretation
- Compiled additional data regarding substance and opioid usage among AI/AN from the 2017
 National Survey on Drug Use and Health (NSDUH)s
- Researched and defined coding for 'z-drugs', benzodiazepine, barbiturate, and alcohol coding for death certificates
- Continued working on regional, 3-state combined drug overdose and alcohol mortality analyses
- Researched and compiled list of additional, relevant drugs to examine in death certificate coding
- Analyzed ESSENCE/RHINO data for AI/AN and non-AI/AN emergency departments visits for multiple causes, including sexual and domestic violence, homelessness, acute/chronic hepatitis C, chicken pox, asthma, dialysis, firearm injury, food poisoning, hep A, cold/heat related illness, diabetic ketoacidosis.
- Prepared presentation on racial misclassification for Data Linkage Training at Great Plains TEC
- Attended NSSP Lung Injury Surveillance call to review case definition and surveillance for current vaping related outbreak in the USA

Data Requests/Technical Assistance

- Worked with national opioid education campaign to identify relevant data for their campaign; Researched and provided relevant AI/AN opioid and substance usage data
- Provided local ED data and housing trend data to Jamestown clinic to address concerns regarding opening an MAT
- Provided regional opioid and alcohol data for Portland IHS office budget
- Sent Julie Johnson (Oregon Health Authority) link to Oregon opioid data brief

Trainings Provided to Tribes/Tribal Programs

 Presented SUD epidemiology and local data for Quinault Indian Nation Roger Saux Medical Center staff

Presentations & Results Dissemination

 Disseminated copies of the WA and OR Opioid Data Briefs at SUD ECHO, SUD presentation in Aberdeen, Region X Summit, ID Marim Health clinic, WA Jamestown Clinic, and to several NPAIHB staff for dissemination at misc meetings.

Travel

Site Visits

• Quinault Indian Nation, Roger Saux Health Center, SUD Training, Aberdeen, WA

Other

- Region X Opioid Summit Conference, Vancouver, WA
- Linkage Training, Presented at Great Plains TEC, Rapid City, SD

Clarice Charging
Immunization and IRB Coordinator
Northwest Portland Area Indian Health Board
Quarterly Report
July-September 2019

Meetings:

NPAIHB all-staff meeting, July 1, 2019 Immunization Roundtable planning meeting, Oregon Department of Health, NPAIHB all-staff meeting, September 9, 2019 New Employee Orientation, September 23, 2019

Quarterly board meetings/conferences/site visits:

NPAIHB Tribal Health Directors and joint meeting with California Rural Indian Health Board (CHRIB), Thunder Valley Resort and Casino, Lincoln, CA, July 15-18, 2019
Pink Book Conference (Immunization), Portland, OR, August 13-14, 2019
Nike Native Fitness, Nike Campus, Beaverton, OR, August 15-16, 2019
National Indian Health Board, Pechanga, Casino, Temecula, CA
September 16-20, 2019

Conference Calls:

Immunization Partners Action Team (IPAT), September 5, 2019 AFIX, September 26, 2019

Events:

Indian Day, Pioneer Square, Portland, OR, September 27, 2019

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

PA IRB Meetings:

PA IHS IRB meeting, August 21, 2019 PA IHS IRB meeting, September 24, 2019

During the period of April 1 – June 30, 2019 Portland Area IRBNet program has 170 registered participants, received 4 new electronic submission, processed 4 protocol revision approvals, approved 2 publications/presentations, approved 2 annual renewals and acknowledged one closed-out project

Provided IT and IRB regulation assistance to Primary Investigators from:

- 1) Western Oregon Service Unit (Chemawa)
- 2) Swinomish Tribe
- 3) NPAIHB
- 4) Confederated Tribes of Warm Springs Indian Reservation
- 5) Shoalwater Bay Tribe
- 6) Native Project
- 7) OHSU

Quarterly Report: July – September 2019

Motor Vehicle Data Study (Native CARS) TOTS to Tweens Study Maternal Child Health Core Workgroup

Tam Lutz (Lummi), Co-Principal Investigator (Native CARS), Co-PI (TOTS to Tweens)
Jodi Lapidus, Co-Principal Investigator (Native CARS), Co-Investigator (TOTS to Tweens)
Nicole Smith, Senior Biostatistician (Native CARS and TOTS to Tweens)
Candice Jimenez (Warm Springs), Research Manager (Native CARS and TOTS to Tweens)
Meena Patil, Biostatistician (Native CARS)
Thomas Becker, Co-Principal Investigator (TOTS to Tweens)

Native CARS Project:

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.

Recent Highlights

- Preliminary Motor Vehicle Injury (MVI) data analysis for WA/OR/ID has been completed
- MVI-related rates have been provided to HollyAnna DeCoteau Littlebull at the Yakama Nation in support of Safe Roads funding
 - This resulted in an award to fund the Yakama Heritage Trail by National Parks
- Presented at IHS-CDC Injury Prevention Conference (Spring 2019)
- Presented at the '<u>National Transportation in Indian Country Conference</u>' in Big Sky, MT (Week of 9/16)

- Recently submitted 3 abstracts for presentation at the '2020 Lifesavers Conference' in Tampa Bay, FL
- Completed a formal request and received access to <u>ESSENCE for OR state</u> syndromic surveillance data
- Coordinated a syndromic surveillance training for use of <u>RHINO for WA state</u>
- Completed CDC, FARS and WISQARS tutorials and added them to the <u>Native CARS Atlas data</u> <u>module.</u>

TOTS to Tweens Study:

The TOTS to Tweens Study was a follow up study to The TOTS Study (<u>Toddler Obesity and Tooth Decay</u>) <u>Study</u>) 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 assesd 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 is administered through the NW NARCH program at the NPAIHB.

Recent Highlights

This quarter TOTS to Tweens Study team continued with conducting analysis of the quantitative data collected and collaborating on several drafts of a manuscript to be submitted for publication. Staff also worked on the preparation of individual Tribal specific reports to be reviewed and utilized by our Tribal partners. As the fiscal year ends, so does the funding available from the NARCH program for the project, although the TOTS2Tween staff will carryon finalizing the manuscript publication and completing another qualitative paper currently in the works.

Maternal Child Health (MCH) Core Workgroup

Along with several other NPAIHB employees, Tam Lutz, Nicole Smith, Candice Jimenez 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 presentation.

Recent Highlights

Addressing Barriers to Childhood Immunization through Communication and Education. This Quarter the MCH Core Workgroup received notification of an award under the EpiCenter's CDC Cooperative agreement from a proposal the workgroup submitted 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.

Project(s) Contact Information

Tam Lutz, Co-Principal Investigator, 503-416-3271, tlutz@npaihb.org

NTCCP Quarterly Board Report October 2019 July-September MARS 2019

Training

- Klamath Women's Health Fair
 - o HPV presentation and picked up Kiki the Colon
 - 35 women in attendance at HPV presentation
- 9 Tribes Quarterly Prevention meeting
 - **E**-cigarette presentation AI/AN quit line update
- AI/AN Oregon Quit line Media Messaging (5 tribes)
 - Webinar Follow Up final messaging
- AI/AN Oregon Quit line Media Messaging Workgroup (NTCCP coalition meeting focus group
- Webinar Follow Up final messaging
- Northwest Tribal Tobacco Cessation Training Coquille (2 four hour trainings)
 - o 14 participants; Medical, Pharmacy and Clinic Staff
 - o Focus AI/AN stats, smoking rates, NRT, E-cigarettes, MCH, Traditional Tobacco

Technical Assistance

- Contact with all Oregon tribes for AI/AN quit line meeting webinar for name of the quit line
- Share resources and training opportunities with Oregon Tribal TPEP coordinators; all month
- Contact with all Oregon tribes for AI/AN quit line meeting webinar for final messaging
- Coquille (4): Assistance with Tobacco Cessation in Tribal Communities Survey honorarium; Shared native owned businesses for future giveaways, incentives, and gifts; Discussion and planning of upcoming tribal tobacco cessation training; Traditional tobacco filming project; review policy assessment
- Cow Creek: Reach out and provided support to the tribe on any level to develop tribal specific media materials for the AI/AN Oregon Quit line
- CTCLUSI: Discussion and development of AI/AN Oregon Quit line media development contract for the tribe and all other parties involved
- Grand Ronde: Assistance and clarification with AI/AN Oregon Quit line honorarium
- Grand Ronde: Shared e-cigarette PowerPoint presentation, multiple e-cigarette factsheets from NPAIHB, CDC and FDA to present to their school youth during Spirit Week.

- Klamath: Communication on picking up "Kiki" the colon at the Native Fitness Conference; Request someone from NTCCP to come down and present on HPV at their Women's Health Fair; Rosa will be presenting
- Klamath (2): Communication on picking up "Kiki" the colon; Request for NTCCP to come down and present on HPV at their Women's Health Fair
- Metropolitan shots and video focus group feedback compilation from coalition meeting
- Port Gamble S'Klallam Tribe: Shared commercial tobacco factsheets (secondhand and third hand smoke, tobacco and pregnancy, e-cigarettes, asthma, diabetes, and cost analysis), smoking in housing infographic, tobacco and cancer, Redstar commercial tobacco cessation curriculum and e-cigarette PowerPoint presentation.
- Puyallup Tribe: Data on breast cancer screening rates for AI/AN vs. national rates, AI/AN vs. non-Hispanic White, time of breast cancer diagnosis and other related AI/AN specific data
- Quinault: (2) Shared additional e-cigarette information for parents, providers and teens, impact of e-cigarettes, e-cigarette FAQs, how to talk to your kids about e-cigarettes from the American Lung Association and the Surgeon General's Report for their back to school event, factsheets and PowerPoint presentation for their back to school event
- Umatilla (2): Assistance and clarification with AI/AN Oregon Quit line honorarium; resources to Cancer Project Navigator
- Warm Springs: Assistance and clarification with AI/AN Oregon Quit line honorarium

Special Projects

- NW Tribal Cancer Coalition Meeting
 - o Recruitment for 20th Anniversary Celebration Dinner
 - o Setting up location space and lodging
 - Registration Confirmation Emails
 - Setting up travel for speakers
- Presentation on Appointment Companion and NTCCP for DMS class
- NTCCP Mini Grant Application email blast to Coalition members and tribal communities
- CDC Comprehensive Cancer Grant Year 3 Evaluation Plan
 - o Worked with contracted evaluators and submitted to CDMIS system
 - o 2 Evaluation Report
 - o Worked with evaluators and submitted to CDMIS system
- Dancing in the Square Powwow
- Warm Springs BRFSS PowerPoint
- AI/AN Oregon Quitline Media Messaging
 - o Follow-up on media development and communication questions
 - Communication between OHA and OPTUM
 - Schedule Quit Coach training dates
 - o Organize zoom webinar media messaging and next steps meeting
- Quarterly Prevention June Meeting
 - o Update e-cigarette presentation
 - o Follow-up on questions from meeting and e-cigarette presentation
- HAO Coalition Launch facilitated data session
- NW NARCH Cancer Fellowship Fall Classes

- World Indigenous Cancer Conference
- Attended 3 day National HPV Roundtable Atlanta
- Coordinated Kiki drop-off from Yakama tribe
- Setting up logistics October Cancer Coalition event
 - Hotel contract; Event location and food; Contacting guest speakers and panelists;
 Creating online registration; Disbursing flyer and event information
- Worked on Warm Springs Tribal BRFSS accessible community presentation
- Quarterly Prevention June Meeting
 - Collect and update agendas
 - o Research Certification Prevention Specialist (CPS) training
 - o Assist with logistics, meal order
- OHSU Medical Student meeting; discuss possibility of doing their research capstone at NPAIHB
- HPV Summit Planning Committee Debrief meeting with ACS and other state cancer partners
- HPV grant meeting with Amanda Bruegl; discuss collaboration with her new HPV grant and the NTCCP; Draft pilot project
- NPAIHB/CRIHB Joint Meeting
 - o Meeting with CRIHB Tribal Comprehensive Cancer Project
- Quarterly Prevention June Meeting
 - Collect and update agendas
 - o Research Certification Prevention Specialist (CPS) training
- Native Fitness XVI 2019
 - o Communication with trainers, Travel for trainers; Review and edit booklet
 - Set up staff and volunteer meeting
- Klamath Contract Work
 - Communication
 - o Share tribal tobacco cessation in tribal communities' spring 2019 survey
- Worked on structure for health professional students to intern at NPAIHB as part of NNACOE funding
- Worked on Comprehensive Cancer work plan and designing new/updated calendar and task tracking list
- Developed guide for Wy'east Welcome Day for the NNACOE new cohort of students

Meetings

- All Staff Meting
- Project directors meeting
- NTCCP / WTDP staffing
- Annual Staff Picnic
- ASU AI/AN cancer survivors and PA Brenda Charley
- Cancer Leadership Team Meeting Oregon
- eMAR Staff Training
- IHS/NPAIHB behavioral/tobacco survey workgroup

- Fred Hutch tribal community health educator
- NNACOE collaboration meeting for wellness conference
- HPCDP Meeting (2) contract update / Tribal Cessation Meeting
- OHSU Amanda Bruegl HPV Joint Project meeting
- OHSU NNACOE meeting Wy'east
- Onboarding Meeting
- Optum Meeting (3) (NTCCP, OHA, and Optum)
- SPIPA Comprehensive Cancer Advisory Committee Meeting
- Succession planning meeting
- Tobacco Planning Meeting NPAIHB, WEAVE, IHS
- Traditional Tobacco Film Planning Meeting
- Tribal Comprehensive Cancer Program Peer Call

Conference / Webinar calls

- ALA Addressing the Youth Epidemic
- Commercial tobacco use and trauma informed care
- Developing Cancer Survivor Wellness Programs Rural Cancer Survivorship
- Tribal CDC project call
- Oregon American Indian Commercial Tobacco Cessation evaluation logistics
- CRC Taskforce Meeting: Underserved Populations
- NNN & IHS Using Campaigns and Social Media to Address Commercial Tobacco Use
- CCCTAT Steering Committee Quarterly Call
- Cancer Survivorship Webinar Series Part
- Cancer Survivorship Care Planning and Electronic Health Records

THRIVE (Tribal Health: Reaching out InVolves Everyone)
Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC
Celena McCray, MPH(c), B.S.Ed., THRIVE Project Coordinator
Paige Smith, THRIVE & RC Project Coordinator

Quarterly Report: July-September 2019

Site Visits

Tribal Site Visits

 Applied Suicide Intervention Skills Training (ASIST) for the Skokomish Tribe, Skokomish, WA – July 25-26

Out of Area and Other Travel

- NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18
- Navajo Preparatory School, Farmington, NM August 14-16
- Clark College, Vancouver, WA August 20
- National IHS Clinical and Community Conference, Tigard, OR August 26 & 28
- World Suicide Prevention day conference hosted by Forefront, Seattle, WA September
 10

Technical Assistance & Training

During the quarter, project staff:

- Participated in 48 meetings and conference calls with program partners.
- Disseminated 73 packages of the suicide prevention campaign(s) for #WeNeedYouHere.

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

- Presentations (1) We Are Connected presentation, 109 participants, Farmington Civic Center.
- Facilitation/Training (2) facilitated an ASIST workshop for the Skokomish Tribe, 26 participants and facilitated 3 Question Persuade Refer (QPR) trainings for the Navajo Preparatory High School staff, 48 attendees.

During the quarter, the THRIVE project responded to over 120 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.

GLS Messages July-September, Social Media Reach for THRIVE: 80,035

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 a year 4 quarter 3 financial report for the IHS MSPI Purpose Area 2.
- Submitted quarterly reports for year 5 quarter 3 for the SAMHSA GLS grant.
- Staff submitted the Disparity Statement for the new GLS funding 2019-2024 during this reporting period.

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 7/1/2019 to 9/30/2019

Victoria Warren Mears, PI Tam Lutz, Project Director Nora Frank, Food Sovereignty Project Manager Ryan Sealy, Tobacco/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.

Meetings (excluding internal)

Conference/committee: 3 **Tribal Community: 4** Funding Agency: 7 Sub-Awardee: 2 Community (non-tribal): 0
Government Partner: 7

Other: 12

Total Meetings: 35

Site Visits

Date(s) Tribe Short Summary

07/16/19 - 07/17/19 Quinault Tribe Traditional Foods Workshop

07/26/19 Coquille Tribe Site visit to Coquille to create digital storytelling video

about traditional tobacco policy

07/26/19 - 07/27/19 Coos, Suislaw & Lower Umpqua Site Visit, Canoe with Tribal Youth, Filming Policy toolkit.

ribe

Total number of site visits this quarter: 3

Presentations

WEAVE-NW gave a total of 1 presentation this quarter

Publications

WEAVE-NW completed 1 publication this quarter

Professional Development

WEAVE-NW staff completed a total of 5 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 18 requests for technical assistance this quarter

Trainings

In-Person

•7/25/2019 Tobacco Cessation

•8/16/2019 Traditional Foods Workshop-Native Fitness

Webinar

•7/11/2019 Diabetes ECHO Clinic •8/8/2019 Diabetes ECHO •9/12/2019 Diabetes ECHO

Total number of trainings given this quarter: 5

Western Tribal Diabetes October Quarterly Board Report Activities for July-September 2019

Trainings

- Native Fitness 16
 - o 170 participants
 - o 18 sessions
 - Historical trauma and motivational interviewing and Traditional foods session
- DMS Training, September 24-26
 - o Seven in-person participants; 7 in person; 16 online participants
 - o Diabetes ECHO session (3)
 - -15 in the room; 10 on zoom call in
 - Endo ECHO 2 cases
 - 16 participants
 - Diabetes ECHO session
 - 10 on zoom call in
- Presented at two sessions of the Diabetes in Indian Country national conference
 - RPMS Shortcuts; RPMS overview and patch update
- Tobacco Webinar input for AI/AN quit line Oregon (Metro group) (2)
 - o 5 tribes, OHA, NPAIHB; Final feedback for messaging and name of quit line
 - o Photo shoot and videoing complete for 8 tribes, NARA and NAYA
- Lummi Nation
 - o Helped create a new register; Cleaned register; DMS for new coordinator
- 9 Tribes Oregon Quarterly Prevention meeting
 - E-cigarette presentation; AI/AN Quit line overview

Technical Assistance:

- Ongoing for updating new program staff
- Gallup Indian Medical Center, TA for virtual attendance at DMS training in September
- Grand Traverse Band Health Center, TA on maintaining the diabetes taxonomies
- Makah tobacco cessation information for new CHR's
- Navajo Nation; TA on HSR sent template and example
- Nez Perce, TA GPRA report
- Northern Navajo Medical Center, TA a list of diabetes POVs and instructions through QMAN
- Oklahoma follow up cleaning registry after national conference
- Squaxin Island, TA to confirm that training materials
- Tigua Indian Tribes (Oklahoma Area), TA to find patients aged 45-70 who have not had a colonoscopy. Use with iCare, QMAN, and PGEN
- Umatilla follow up for DPP training sponsorship of Oregon DPP travel

- Fort Defiance, (2) TA iCare, scheduled an Adobe Connect training; TA finding new patients with diabetes
- Shoalwater Bay, TA about information about changes to the Audit for 2020
- Quinault TA their Microalbumin Taxonomy

Special Projects:

- Native Fitness 16 follow up
 - Invoices payments
 - Compilation of evaluation
 - o Final meeting with Nike for layout for next year
- Helped set-up and break-down for the 14th Annual Dancing in the Square Powwow, along with traffic duty
- Sent out our materials to Oklahoma City Area, for Robin Thompson to distribute to her class
- EndoECHO proposal to present at national conference
 - Developed PowerPoint presentation for Diabetes in Indian Country breakout sessions
 - Created one-pager for diabetes register maintenance, for Alyssa Fine's presentation
 - o Wrote article on Diabetes ECHO for July 2019 News & Notes newsletter
 - Oklahoma rep proctoring
- Transcribed the recommendations for the Diabetes ECHO session
- DPP reminders to Oregon participants for reimbursement:
 - o Sponsor lunch; 8 Umatilla and one Chemawa
 - Strategy for learning sessions next training
- HAO Membership Agreement Editing

Partnerships and collaborations

- o Dancing in the Square Powwow
 - o Run of show day-of
 - Contact to Columbia printing for donation
 - Creation of program
 - Contact for sponsorships
 - Truck driver
- o AI/AN Oregon Quitline Media Messaging
 - o Follow-up on media development and communication questions
 - Communication on development of media development contract between tribes and all other parties involved
 - o Communication between OHA and OPTUM
 - Schedule Quit Coach training dates
- HAO Summit 50 participants
 - o Facilitated data exercise
- o Graphic support
 - o NPAIHB quarterly newsletter
- o OHSU NNACOE meeting Wy'east
- o Strategic planning with IHS Behavioral health and Health promotion

- o Set up a plan for collaboration
- Shared upcoming trainings
- o American Indian Commercial Tobacco Cessation Program:- Final evaluation questions, intake and setting up training for Optum Coaches
- NARA back to school Picnic
 - Donated raffle items
 - o Provided HPV vaccination materials
 - o NARA was doing immunizations, dental exams, and tobacco cessation
- o Oregon Prevention Coordinators Meeting
 - o Presentation e-cigarettes prep
 - o CPS discussion
- OHA meeting
 - o Discussion of future TA needs
 - o DPP funding
 - o Place matters tribal presentation
- o Governor's work group for Oregon tobacco tax
 - Submitted testimony for senate hearings
- o Oregon Prevention Coordinators Meeting
 - o Presentation NPAIHB
 - o CPS discussion
- o Diabetes ECHO Cow Creek presentation
 - o 15 attendees
 - o Took the clinical notes and submitted for review
 - Wrote article for Health News & Notes
 - o Preparing for DMS breakout session for the national diabetes conference in August
 - O WyEast Scholars food insecurity, nutrition, and obesity
 - Submission of final poster board
 - o Native American Center for Excellence (2 check in calls)
 - Attendance at WyEast graduation
 - o Graphic support NPAIHB quarterly newsletter

Meetings and Conferences

- NPAIHB All-Staff Meeting (3)
- WTDP and Cancer Staff Meeting
- Project directors meeting (3)
- Cardea ECHO evaluation follow up
- eMAR Training / Practice
- EndoECHO session meeting
- Healthy Active Oregon (2) and HAO Leadership Meeting
- Indian Planning day committee (2)
- Native Fitness XVI Volunteer Meeting
- Wellness committee (2)

Conference Calls:

- American Indian Commercial Tobacco Cessation Program: Webinar
- Healthy Active Oregon (3)

- Metropolitan Group final input on messaging and naming the quit line; wrap up for feedback from messaging (2)
- Metropolitan Group final input on messaging and naming the quit line
- OHA Optum AI/AN Quit line (3)
- Oregon American Indian Commercial Tobacco Cessation evaluation logistics
- SDPI funding and grant overview SDPI with Sarah; SDPI grant review (2)
- TLDC Preparation for Portland Area Consultation

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

The cancer project is moving along well as we enter our third year of the grant. Following the Tribal Researchers' Cancer Control Fellowship summer training in June, our external evaluators provided a summary of the course evaluations, the responses were very positive. We held our one-week fall training in Calgary, Alberta, Canada September 15-19, 2019. During the first two days we offered a Small Business Innovative Research (SBIR) grant workshop for nine of our second cohort fellows, followed by a writing workshop for both cohort one and two. Sixteen of our nineteen fellows were able to attend. The remainder of the week was spent attending the World Indigenous Cancer Conference. Many of our fellows and faculty presented their research/projects at the conference. We also used this opportunity to begin recruitment for next year's fellowship. We met with our key faculty members this fall to assign mentors for most of the fellows and begin planning for the next summer training. We conducted a post course evaluation and have nearly collected all 16 responses.

We recently submitted a carryover request for unspent funds from our previous grant year to increase professional development and dissemination activities for our fellows. We are in the planning stages of the next distance learning activity that will be available to all our fellows by the end of the year. The application to apply for the fellowship program will be available in January 2020, though we have already begun recruitment efforts through our website, online bulletin board, print materials, networking events, and social media. We are happy with the progression of this project thus far and continue to work hard to fulfill all our grant objectives. Our team has presented both poster and oral presentations at international meetings this quarter. Please see presentations listed below:

1. Thomas AM, Burhansstipanov L, Wiggins C, Becker TM (2019, September). Tribal Researchers' Cancer Control Fellowship Program. World Indigenous Cancer Conference, Calgary, Alberta, Canada.

2. Becker TM, Thomas AM, Burhansstipanov L, Wiggins C (2019, September). Tribal Researchers' Cancer Control Fellowship Program. International Cancer Conference, London, England.

Tribal Opioid Response (TOR) Consortium

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

Quarterly Report: July – September 2019

Site Visits

Tribal Site Visits

Suquamish Tribe, Suquamish, WA – August 23

Out of Area and Other Travel

- NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18
- Opioid funding meeting for NPAIHB, the states of ID, OR, and WA, Vancouver, WA August 6
- SAMHSA Region 10 Opioid Summit, Vancouver, WA August 7-8
- National IHS Clinical and Community Conference, Tigard, OR August 26 & 28

Technical Assistance & Training

During the quarter, project staff:

- Participated in 23 meetings and conference calls with program partners.
- Hosted 1 video conference call around the TOR Consortium grant for the 22 consortium tribes, 13 attendees, 10 were TOR Consortium attendees.
- Attended 4 webinars during the reporting period around opioid and/or substance use disorder(s) or grant reporting guidelines.
- Attended a Culture and Drugs Don't Mix Training at the HIS clinical & community conference.
- Presentation (1): TOR Updates & activities for the consortium, for 85 attendees at the Joint QBM in Lincoln, CA

During the quarter, the TOR consortium project responded to over 133 phone or email requests for opioid and substance use disorder prevention, education, medication, grant requirements, etc.

Health Promotion and Disease Prevention

The TOR Consortium staff work closely with many other Opioid Prevention projects at the NPAIHB and together these projects continue to disseminate a monthly Substance Use Disorder e-newsletter which monthly. Staff recorded video footage to put a 5-7min NARCAN training video together for the NW Tribes that will be available via download by late October or early November.

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

 TOR2 application submitted to SAMHSA for a consortium phase 2 of six NW Tribes.

Administrative Duties

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

Enhancing Asthma Management for Childhood in AI/AN Communities

"Asthma Project"

1st Quarter Activity Report

July - September 2019

Staff:

Thomas Becker, MD, PhD
Celeste Davis- Asthma Project Director
Mattie Tomeo-Palmanteer – Asthma Project Coordinator

Technical Assistance via telephone/email

- Ongoing communication with NPAIHB Epi Center Director.
- Celeste & Mattie continue to provide support to site 1: Indian Health Service,
 Yakama Service Unit and site 2: Nimiipuu Health Clinic and site 3: Yellowhawk Tribal Health Center.
- Ongoing communication (telephone, email and in person presentations) to recruit additional sites to evaluate the *Enhancing Control of Childhood Asthma in AI/AN Communities* project and to recruit study participants at the Yakama Pilot Site.

Reporting

N/A at the present time

Updates

Asthma Project.

 Mattie and Dr. Becker are conversating with Dr. Gonzalez of the Marimn Health Clinic about the possibility of joining the Asthma Management Project the CEO is reviewing the drafted MOA and Data Sharing Agreement.

Challenges/Opportunities/Milestones

 Celeste and Mattie worked together with the Yakama pilot site team from Indian Health Service to create site trainings (and training online evaluations) for the three Asthma Management Project Sites

- Follow up calls to have been ongoing to recruit the last clinical site (for those that meet the qualifications to participate)
- An IRB change in protocol to raise the age of eligible study participants from 17 to 21 was submitted in September. (The original protocol included children aged 3 17 as participants). This new recruitment strategy falls within the guidelines of the American Academy of Pediatrics regarding developmental age. This new strategy is needed to ensure we meet the target number study participants at the Yakama Indian Health Service Clinic and for all Tribal Site Clinics that join the study.

Meetings/Trainings

- Mattie attended the Methamphetamine Use Trends and Consequences in the Northwestern United States webinar 31July-19
- Mattie attended the all staff meeting 03July-19
- Yakama monthly check in conference call 01-July-19
- Celeste and Mattie had an Asthma Management recruitment conference call with Yellowhawk pharmacist, CEO, and staff 19-July-19
- All Staff Meetings attended by Mattie and Tom for July, August, and September-19
- Mattie is reviewing and providing suggestions for the Collaborating for Public Health: An Introductory Toolkit to use a reference for an Asthma Management Online toolkit for the Asthma Project 18-July-19.
- Mattie attended the American Indian Day Pow-Wow planning meeting 02-Aug-19
- Mattie attended the all staff meeting and initial eMAR training session 05-Aug-19
- Yakama Site check in completed in person while at the Nimiipuu Health Clinic 21-Aug-19
- Asthma team met with Jeff Fitzpatrick of Digital Native Consultants to begin projects handouts, website and toolkit graphic design 14-August-19
- Clinical Providers Site Training provided by NPAIHB and Yakama Service Unit project partners at Nimiipuu Health for pharmacist, providers and the site coordinator 21-Aug-19
- Clinical Providers Site Training provided by NPAIHB and Yakama Service Unit project partners at Yellowhawk Tribal Health Center for pharmacists, providers and the site coordinator 01October19
- Mattie attended the American Indian Day Pow-Wow planning meeting 13-Sep-19
- Mattie and Celeste conference call with Yellowhawk for planning logistics 19-Sep-19
- Mattie attended the American Indian Day Pow-Wow planning meeting 19-Sep-19
- Mattie completed a monthly check in meeting with Nimiipuu Health 26-Sep-19

Site Visits

 Mattie provided a site visit at the Yakama Indian Health Service Unit and met with the principle Adam Strom at the YN Tribal School to request flier be posted and sent home with all students 05-September-19

- Mattie presented to parents, students and several Toppenish School District
 administrators from the elementary, middle and high schools. This was during the
 Johnson O'Malley parent meeting to request fliers be posted and sent home with all
 AI/AN students. Francisco Silva a pharmacist of Yakama Indian Service Unit clinic also
 attended to answer clinical questions and give a demonstration of short-term rescue
 inhalers and long-term corticosteroid inhalers that are used over time to widen
 airways 09-October-19
- Mattie did a local KYNR Tribal Radio Station Public Service Announcement 10-October-19

Upcoming Calls/Presentations/Meetings/Travel

- Celeste and Mattie presented at the Oregon PRC/CDC visit to the NPAIHB 7-Aug-2019
- Tom Becker is planning a presentation at the SACNAS Meeting in the near future to provide an Asthma Project Report.
- When the last Site Clinic joins the study training will occur asap to stay on track with data collection goals

Other communications

None

Publications

None

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
Jacqueline Left Hand Bull

We have been supporting eight (8) Research Support Fellows who are AI/AN graduate students as they conduct scientific research necessary to complete their degrees. One of our fellows completed their

dissertation and another received alternate funding so they will no longer be receiving financial support, though we will track their career progress and be helpful when possible. Currently we have six (6) fellows and they are each progressing nicely through their programs. We submitted a carryover request to fund an additional two fellows this year and increase professional development opportunities. Two of our interns completed their projects and we will begin recruiting more interns this year. Finally, we have put together our planning committee for the Contemporary Northwest Tribal Health Conference we will be hosting February 21-22, 2020. We are happy with our progress as we enter the second year of the grant.

Response Circles – Domestic & Sexual Violence Prevention

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

Quarterly Report: July - September 2019

Site Visits

Tribal Site Visits

None during this reporting period.

Out of Area and Other Travel

 NPAIHB Quarterly Board Meeting with California Rural Indian Health Board (CRIHB), Lincoln, CA – July 17-18

Technical Assistance & Training

During the quarter, project staff:

Participated in 24 meetings and conference calls with program partners.

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

Webinar (6) – Attended six webinars for DV or SA to become more knowledgeable about the topics

During the quarter, the RC project responded to over 44 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 3 boxes of materials to tribes and tribal organizations that requested. Materials include: posters, brochures/rack cards, and tip cards.

Other Administrative Responsibilities

Staff Meetings

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

Publications

Bystander Intervention for the We R Native website

Reports/Grants

Staff submitted the DVPI Yr2 quarter 3 Financial report

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 Brown, MSW, PhD, Behavioral Health Manager, Program Director

Contractor: Juliet Markim, NPC

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.

Quarterly Report: July-September 2019

Technical Assistance and Training

Tribal Site Visits

- Quinault Tribe August 30, 2019
- Klamath Tribe September 12, 2019

Technical Assistance Requests

NA

Alliance meetings

- August 21, 2019 Tribal Best Practices
- October postponed

9 Tribes meeting

September 11th, 2019

Research and Surveillance

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

- Recruitment of NWTJJA advisory group members
- NPC Final draft of study questions
- Literature review

Resource Mapping of services in Pacific Northwest Tribal communities

ECHO Project

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

Contractors: Brigg Reilley, MPH

Quarterly Report: July – Sept 2019

Technical Assistance and Training

NW Tribal Site Visits

Quinault: SUD Clinical Training – Aug 29, 2019

Out of Area Tribal Site Visits

- NPAIHB/CRIHB Joint Quarterly Board Meeting, Redding, California July 17, 2019
- National Combined Councils SUD ECHO Training, Phoenix, Arizona July 25, 2019
- Rocky Boy SUD ECHO Training, Box Elder, Montana July 30-31, 2019
- National Diabetes Conference Diabetes ECHO Aug 8, 2019
- Cherokee Nation: SUD Clinical Training Sept 11-13, 2019
- OKCIC: SUD Clinical Training Sept 18, 2019

July Technical Assistance Requests

- Tribal TA Requests = 21 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

August Technical Assistance Requests

- Tribal TA Requests = 15 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

September Technical Assistance Requests

Tribal TA Requests = 15 (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 69 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

Through September, the Indian Country ECHO website received:

- Users = 721
- Sessions = 1,374
- Page views = 4,510
- Pages/Session = 3.28
- Average session duration = 4:24
- Bounce Rate = 24.5%

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 636 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 2019: SAMHSA ECHO 524,000
- Awarded for FYI 2019: 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

IT DEPARTMENT QUARTERLY REPORT

IT Department Quarterly Report for July, August, Sept 2019

Overview

The Northwest Portland Area Indian Health Board has a high level of office automation and extensive information services. The staff uses desktop computers, laptops, PDAs and office equipment that require periodic maintenance and upgrades. This is in addition to 11 servers and other electronic equipment housed in a secure and temperature-controlled server room. The Board also has a 24 station training room using Dell PCs and Microsoft Terminal Server technology. The purchase of technical equipment, configuration, and maintenance is handled by the department director and the network administrator. The Electronic Health Record –RPMS training and support is now a part of the IT Department and its activities will be part of this report.

Strategic Priorities by Functional Area

Meetings Attended:

- Management Group Meeting
- Project Directors Meeting
- All Staff Meeting
- eMARs Project conference call meeting(s)
- Weekly Area Informaticist call
- EHR Office Hours (weekly)
- EPCS for RPMS Alpha Testing calls bi-weekly
- Portland Area CAC call (monthly)
- Washington HCA-BHA Monthly Tribal Meeting
- Indian Day Planning mtg.
- Safety Committee Meeting
- IHS MACRA Work Group weekly
- IHS National Pharmacy Council meeting (monthly)
- IHS National Council of Informatics (monthly)
- IHS HOPE Committee meeting (monthly)
- IHS Partnership Meeting Spokane, WA
- TribalNet Health IT Board planning meeting (monthly)
- Indian Day Planning mtg.
- IHS ISAC meeting
- IHS Southwest Regional Pharmacy Conference
- TribalNet Health IT Board planning meeting (monthly)
- IHS National Combined Councils Meeting in Phoenix, AZ
- Joint NPAIHB/CRIHB Board meeting in Sacramento, CA
- IHS All Tribes conference call on 42 CFR Part 2
- Electronic Prescribing of Controlled Substances Kick-off training

IT DEPARTMENT QUARTERLY REPORT

Conferences and Trainings Supported/Provided:

- ECHO Hepatitis C sessions (minimum 3 per month)
- Joint NPAIHB/CRIHB Board meeting in Sacramento
- Advanced TIU wit IHS
- RPMS /IHS 3rd Party Billing and Accounts Receivable Training
- IHS EHR Integrated Behavioral Health e-learning
- RPMS / IHS Training for Diabetes
- 2019 IHS Dental Updates Continuing Dental Education Conference
- 9th Annual Thrive Conference
- ECHO Substance Use Disorder (monthly)
- EHR Office Hours weekly
- Data Management for Clinical Informatics e-learning national RPMS EHR training
- Pharmacy Informatics Residency monthly sessions

Presentations:

- National Pharmacy Council Communications Subcommittee Strategic Plan a NCC meeting
- Narcan Recovery making of a video with Tribal Opioid Response grant team

NPAIHB Activity:

- Implemented new screen time out policy via GPO, to lock computer screens after 20 min
- Troubleshooting EHR helpdesk activities daily
- Planning deployment of Hepatitis C new reminders suite for universal screening and tracking
- National Pharmacy Council Communications Committee organizing and initiating, developing pages on max.gov, development of content for IHS Pharmacy public webpage
- Precept ASHP accredited Informatics rotation for IHS Pharmacy Residents
- Work with Sarah Sullivan on survey of EHR use for NW Tribes
- Development work for hepatocellular cancer RPMS EHR Reminder
- HOPE Committee documentation development for auricular acupuncture partnership with Veteran's Administration as pain treatment adjuvant
- Planning deployment of Hepatitis C new reminders suite for universal screening and tracking
- HOPE Committee Technical Assistance workgroup
 - o developing guidance on documentation of PDMP checking and how to monitor that in RPMS
 - Substance abuse screening tools development and research on how to disseminate to RPMS users
 - o Measures discussion/development on substance abuse screenings

IT DEPARTMENT QUARTERLY REPORT

- Collaborate with HIM consultants on standardizing codes for pain related documentation
- Authored new EHR Template for initial chronic pain visit to meet IHS Chapter 30 requirements
- National Pharmacy Council Communications Committee organizing and initiating, developing pages on max.gov, development of content for IHS Pharmacy public webpage
- Precept ASHP accredited Informatics rotation for IHS Pharmacy Residents
- Work with Sarah Sullivan on survey of EHR use for NW Tribes
- Development work for hepatocellular cancer RPMS EHR Reminder
- Developed Leadership Briefing for clarification on MAT and 42 CFR Part 2
- Developed guidance on documentation of DEA# for RPMS EHR users to comply with laws and regulations
- Assist Principle Pharmacy Consultant in writing Special General memo regarding outside prescriptions and in sections of IHS Manual Chapter 7.
- Re-establish NPAIHB Quality Improvement Committee co-chair