

# Northwest Tribal Epidemiology Center Update

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# Overview for TEC 11/2020 - present

## Outline

- **Public Health Improvement**
- **New Data Reports and Dash Boards**
  - Alzheimer's Data
    - BOLD Project
  - Communicable Disease Data
    - HIV/AIDS and Hepatitis C
- **Tribal Food Sovereignty Survey Update**
- **Northwest NARCH**
- **Trans and Gender Affirming Care Project Update**
- **Youth Sexual Health**

## Questions

- Use the chat box for questions, or unmute yourself, \*6 if you are calling in on your telephone



# Public Health Improvement & Training (PHIT)

- **OR Tribal Public Health Improvement**

- 8 tribal capacity/expertise assessments completed with 9<sup>th</sup> scheduled for April 2021, final reports by June 2021, Action Plans by end of 2021
- Survey modernization workgroup: BRFSS & Oregon Healthy Teens

- **WA Tribal Public Health Improvement**

- Data Partners Meeting held February 2021, release and review of data briefs
- Identification of tribal assets for prevention and control of communicable disease (survey)

- **Other PHIT Activities**

- Survey on communicable disease, public health training needs, and health priorities ID, OR, WA THDs/Clinic Directors/Delegates: [www.surveymonkey.com/r/NPAIHB-PHIT2021](http://www.surveymonkey.com/r/NPAIHB-PHIT2021)
- CDC Data Modernization project, 2020-2022: NPAIHB data systems, staff training



# New Data Reports and Dashboards

- Four new data reports on communicable diseases in Washington now available:
  - HIV
  - Sexually Transmitted Infections
  - Hepatitis B & C
  - Tuberculosis
- Visit <https://www.npaihb.org/idea-nw/> for these and other data reports

- Regional and state COVID-19 data dashboards updated regularly with AI/AN-specific data:

<https://www.npaihb.org/covid-19-data-dashboard/>



# Linkage with Idaho COVID-19 case data

- NWTEC signed a data sharing agreement to improve identification of AI/AN COVID-19 cases in Idaho through linkages with the Northwest Tribal Registry
- Our first linkage earlier this month found:
  - 992 misclassified AI/AN COVID-19 cases since the beginning of the pandemic
  - 58% of these misclassified AI/AN cases had missing or unknown race information, while 29% were misclassified as White
  - Correcting race information for these 992 cases would increase the number of AI/AN COVID-19 cases in Idaho from 2,121 to 3,113, a 47% increase
- We plan to repeat these linkages on a quarterly basis and will use the corrected data to provide a more accurate picture of COVID-19 burden among AI/AN communities in Idaho



# Cognitive Decline among American Indian/Alaska Native people

- Nationally, about 1 in 6 AI/AN adults aged 45 years and older reported experiencing Subjective Cognitive Decline
  - 63% of these people had to give up day-to-day activities
  - The majority (88%) of these people had at least one chronic condition
  - 50% of people with Subjective Cognitive Decline said it interfered with social activities, work, or volunteering

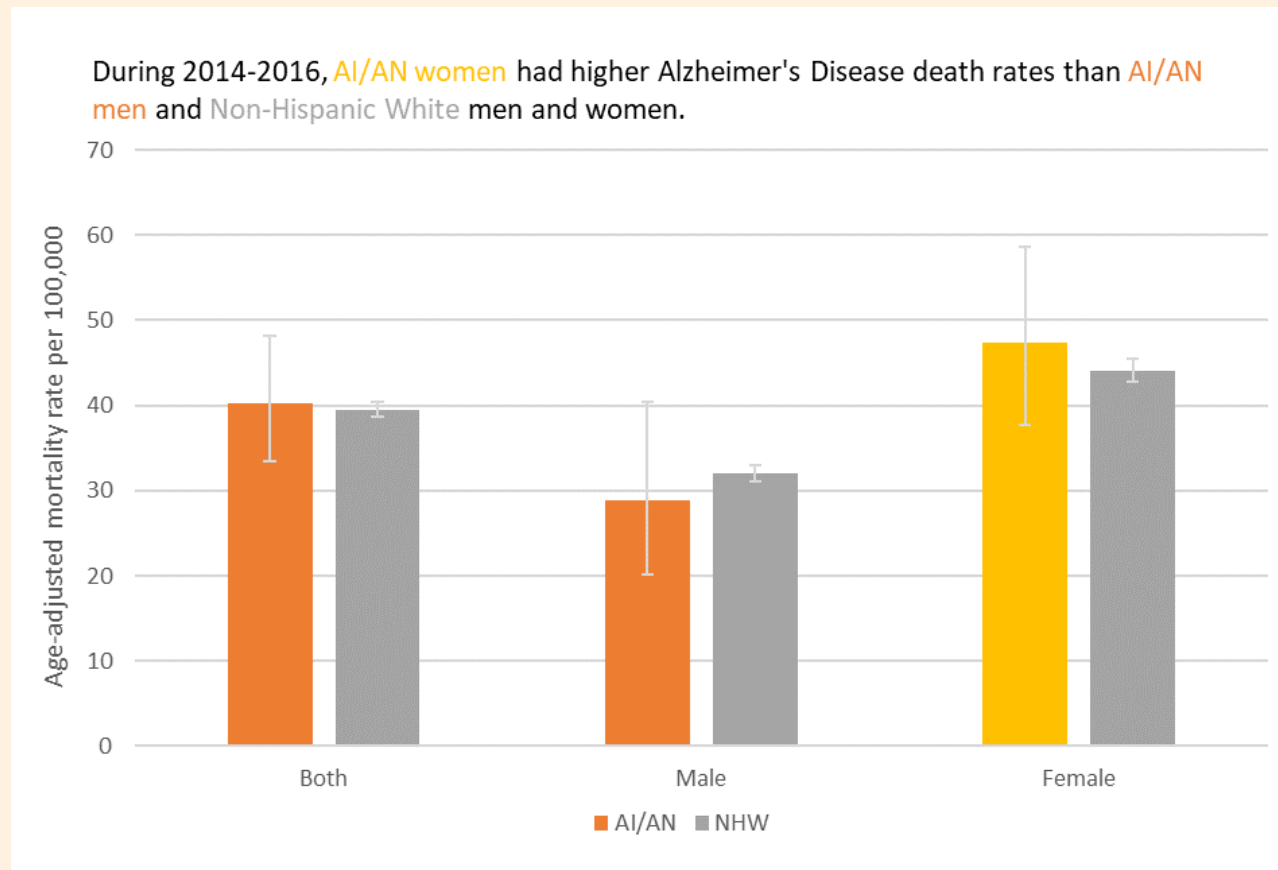
Source:

Centers for Disease Control and Prevention. Subjective Cognitive Decline among American Indian/Alaska Native Adults. April 2019. Available at: <https://www.cdc.gov/aging/data/pdf/2015-2017-american-indian-alaska-native-cognitive-decline-h.pdf>.



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# Alzheimer's Disease Mortality for Northwest AI/AN people





# Northwest Tribal Elders Project

## Building our Largest Dementia Infrastructure (BOLD)

- 3 Year Funding Cycle: Capacity Building – CDC funding
- Year 1 Focus
  - Establish Tribal Advisory Committee (Elder Committee)
  - Capacity Building in NPAIHB tribal programs
  - Needs Assessment with Tribal Communities/health programs
  - Develop a strategic plan addressing ADRD
  - Using first-ever public health guide focused on dementia in AI/AN (CDC Road Map for Indian Country)
  - Year 2 – awareness campaign, provide resources and training (community, provider, and caregiver)

Project staff:

Kerri Lopez, Project Director [Klopez@npaihb.org](mailto:Klopez@npaihb.org)

Chandra Wilson, Project Coordinator [cwilson@npaihb.org](mailto:cwilson@npaihb.org)



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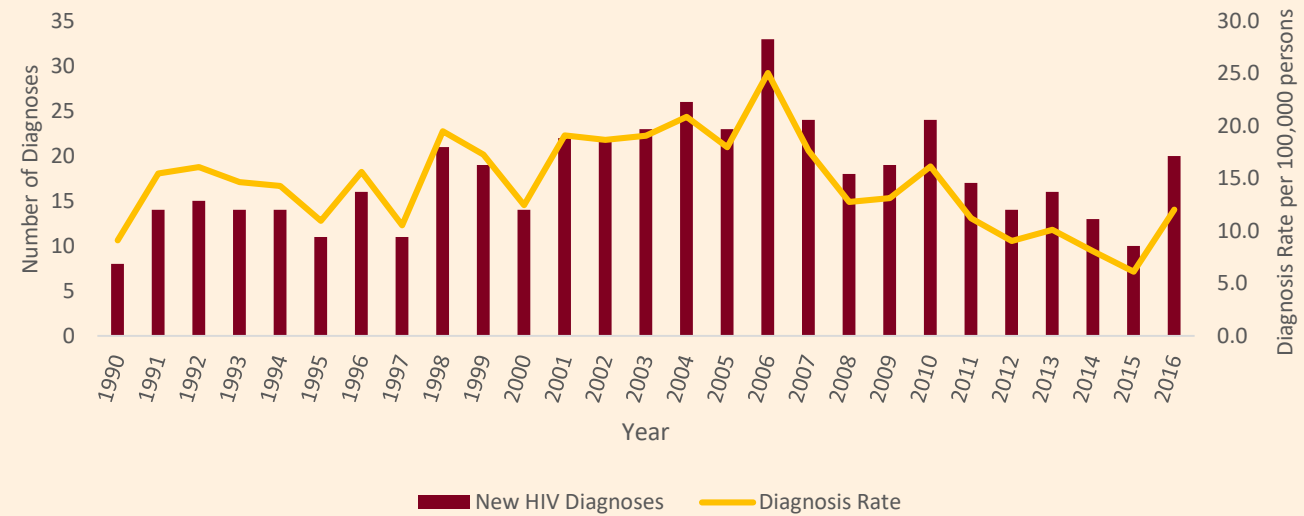


# Washington HIV



- As of 2016, there were 13,312 people living with HIV in Washington, 504 (nearly four percent) of whom were American Indian/Alaska Native.
- Diagnosis rates among AI/AN vary between 1990 and 2016, with an overall decline in diagnoses over the last ten years.
  - In 2016, there was an increase in both the number and rate of new HIV diagnoses.

New HIV Diagnoses of Current Washington Residents, AI/AN  
1990-2016

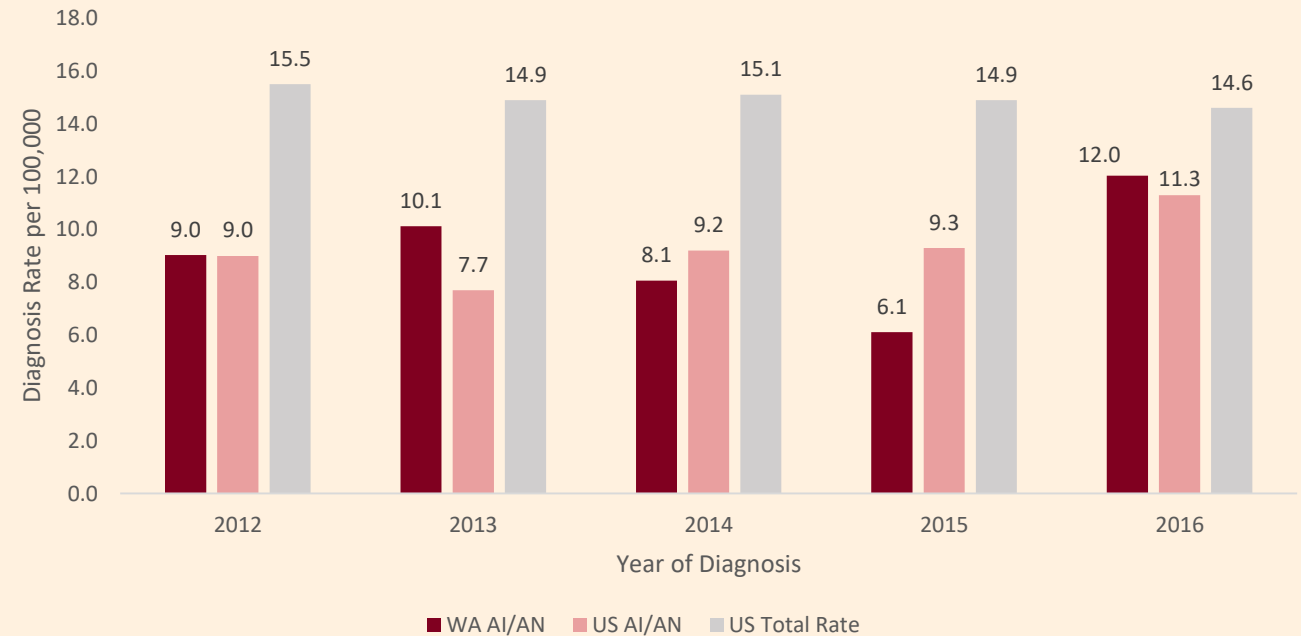


# Washington HIV



- Overall, AI/AN HIV diagnosis rates in Washington have been lower than the US diagnosis rate.
- With the exception of 2013 and 2016, Washington AI/AN HIV diagnosis rates have been either the same or slightly lower than the US AI/AN diagnosis rate.

AI/AN HIV Diagnosis Rates Washington and the US

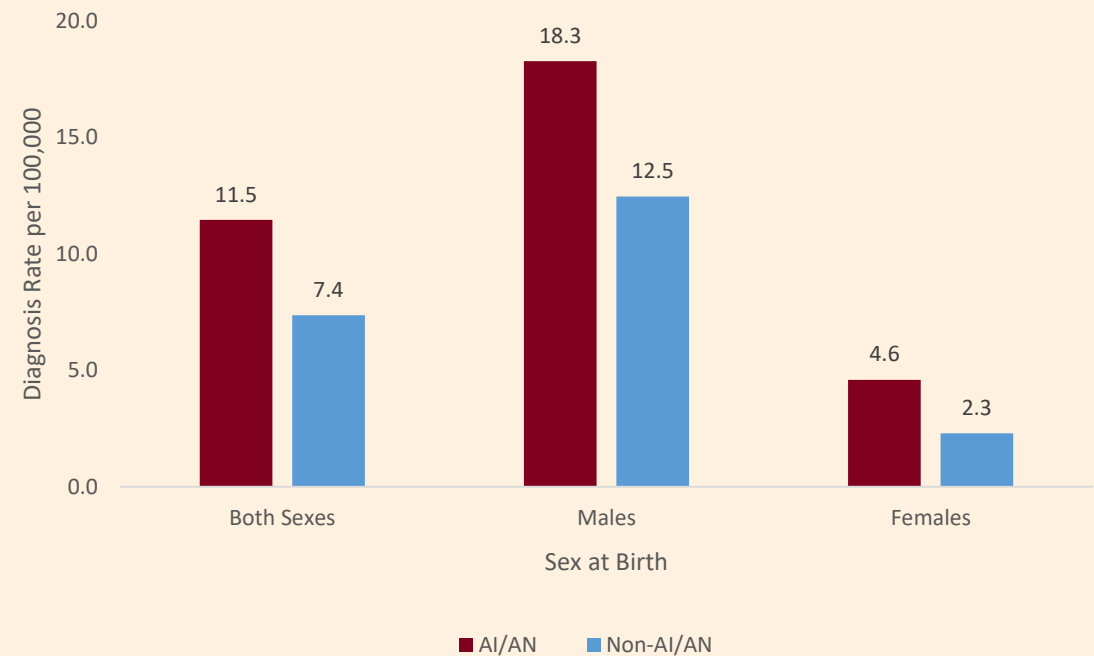


# Washington HIV



- The AI/AN HIV diagnosis rate for both males and females between 2007 and 2016 in Washington was 1.6 times higher than their Non-AI/AN counterparts.
- The male AI/AN diagnosis rate was 1.4 times higher than the male Non-AI/AN diagnosis rate and the female AI/AN diagnosis rate was two times higher than the female Non-AI/AN diagnosis rate.

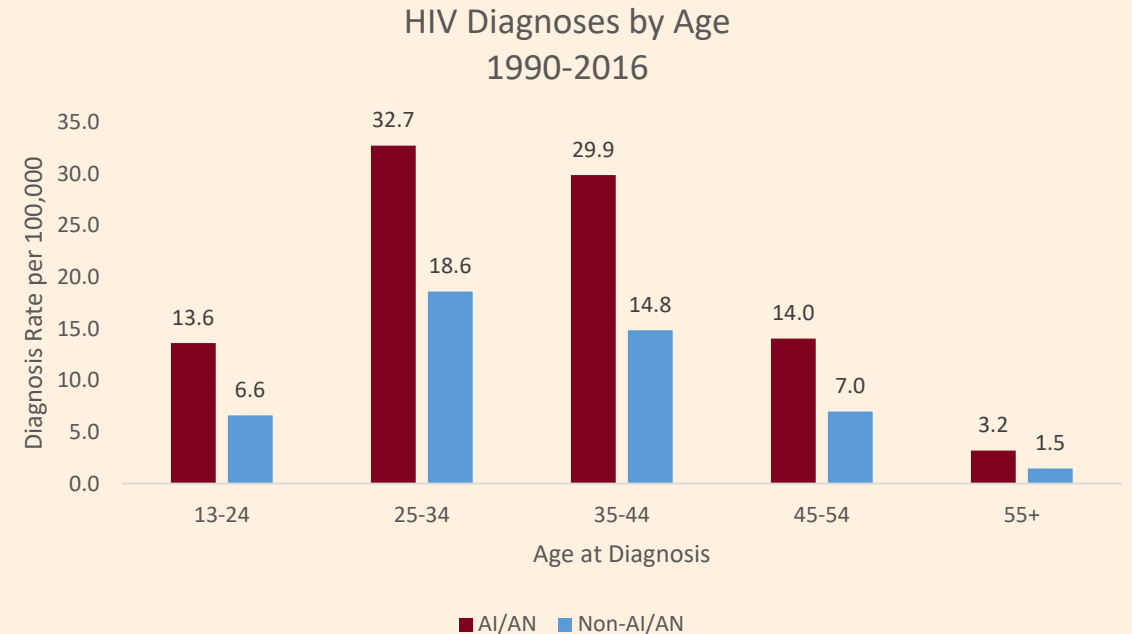
HIV Diagnosis Rates by Sex at Birth 2007-2016



# Washington HIV



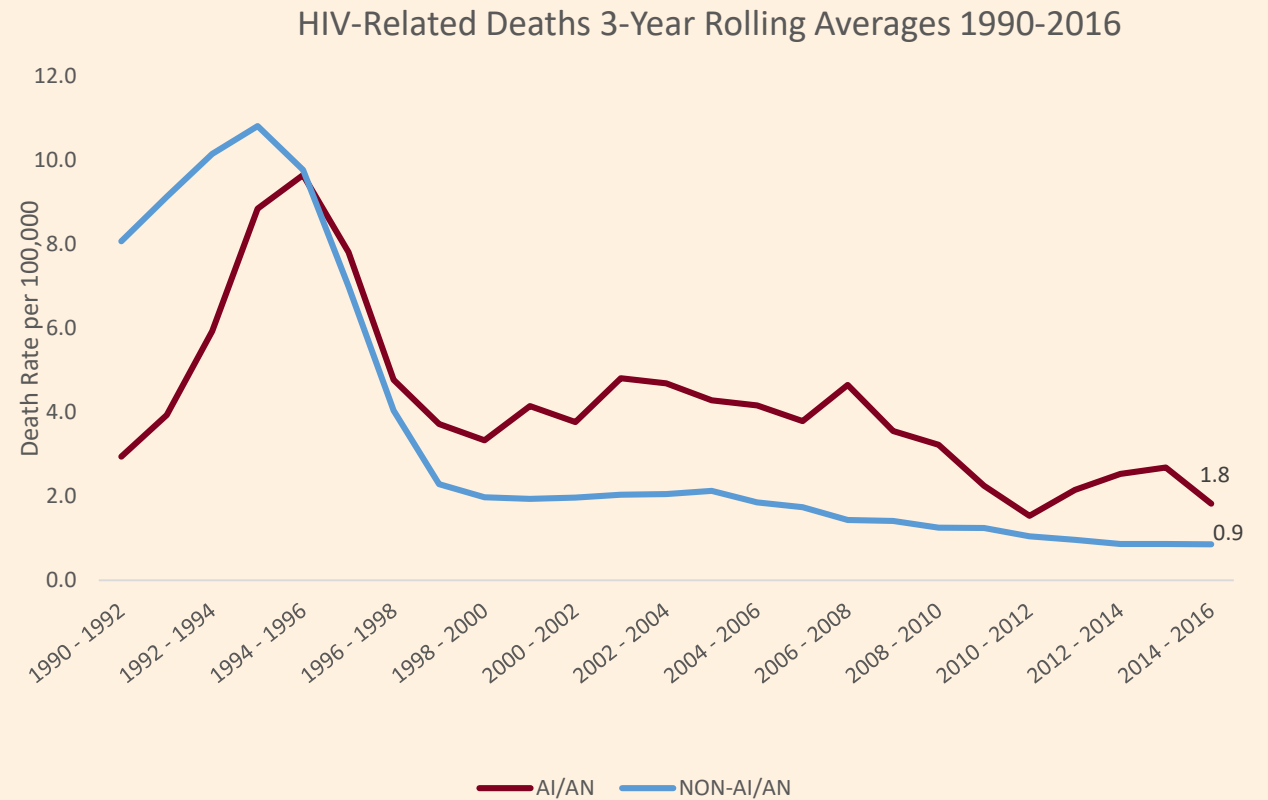
- Most HIV diagnoses among AI/AN in Washington occurred between the ages of 25 and 44 and is highest among those between the ages of 25 and 34.
- The overall age distribution of HIV diagnoses in Washington is similar between AI/AN and Non-AI/AN.
  - However, the rate of diagnosis is double in almost every age category.



# Washington HIV



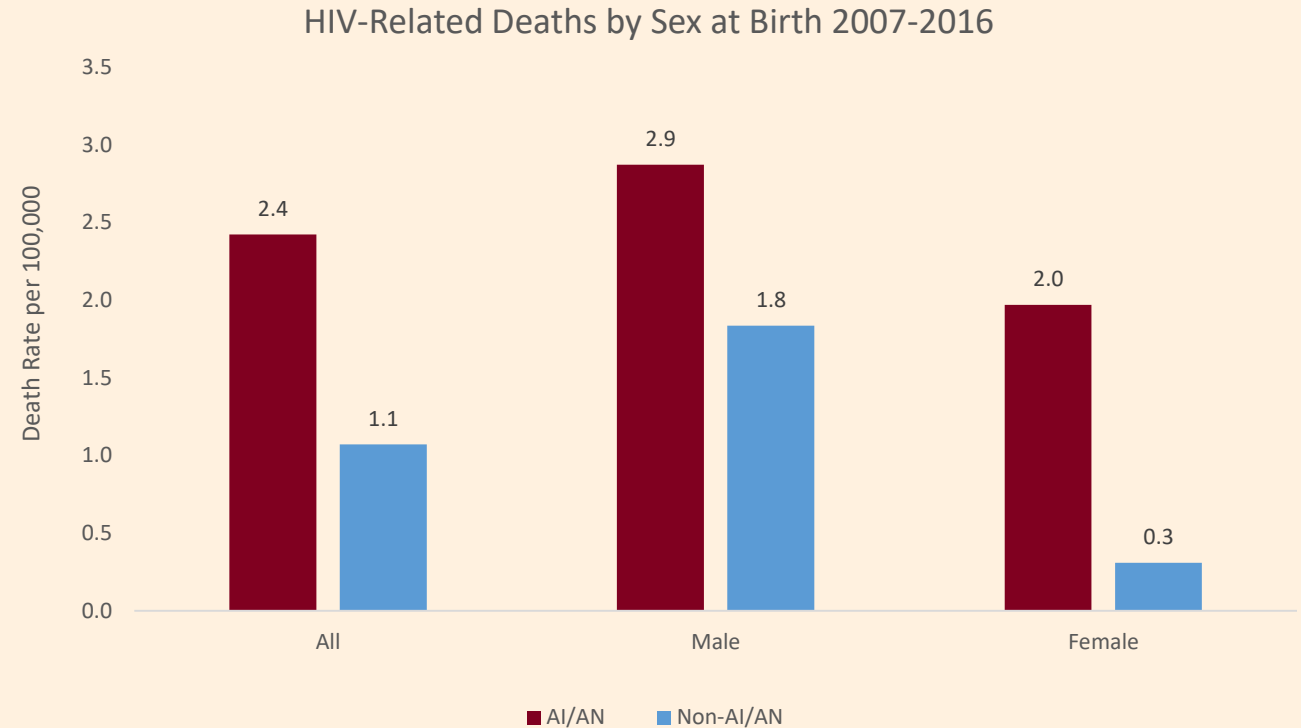
- While HIV-related deaths have fallen since the early to mid-nineties for all persons living with HIV, AI/AN HIV death rates are still disproportionately higher than their Non-AI/AN counterparts, with an average rate double the death rate of Non-AI/AN in 2014-2016.



# Washington HIV-Related Deaths



- Between 2007 and 2016, overall death rates for AI/AN in Washington were double those of their counterparts.
- When examining rates specific to sex at birth, the death rate for AI/AN males is 1.6 times higher than Non-AI/AN and females have a death rate **nearly seven times** that of Non-AI/AN females.

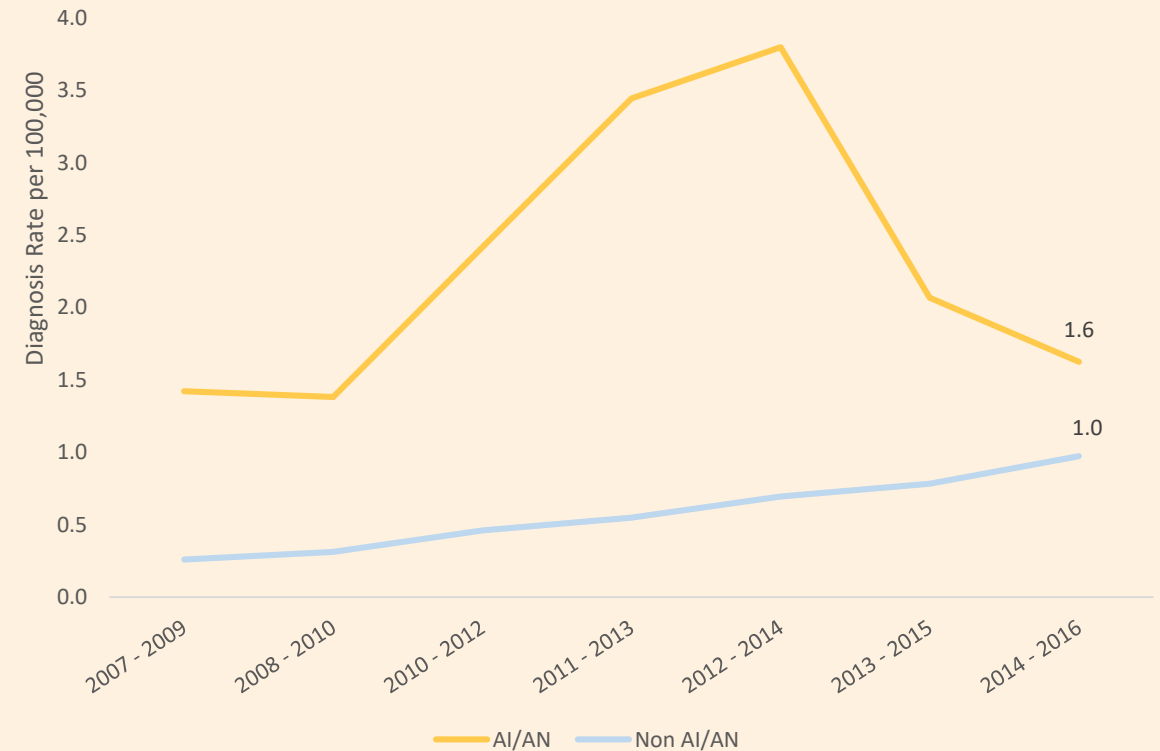


# Washington Acute Hepatitis C



- A total of 30 cases of acute HCV were reported among AI/ANs in Washington between 2007-2016, which was nearly six percent of all acute HCV diagnoses during the ten-year period.
- New HCV infection diagnoses fluctuated during this time, with a low between 2009-2011 and a peak in 2012-2014, mirroring the peak in new acute HBV diagnoses among AI/AN in Washington during the same period.

Acute Hepatitis C Diagnoses, 3-Year Rolling Averages\*  
2007-2016



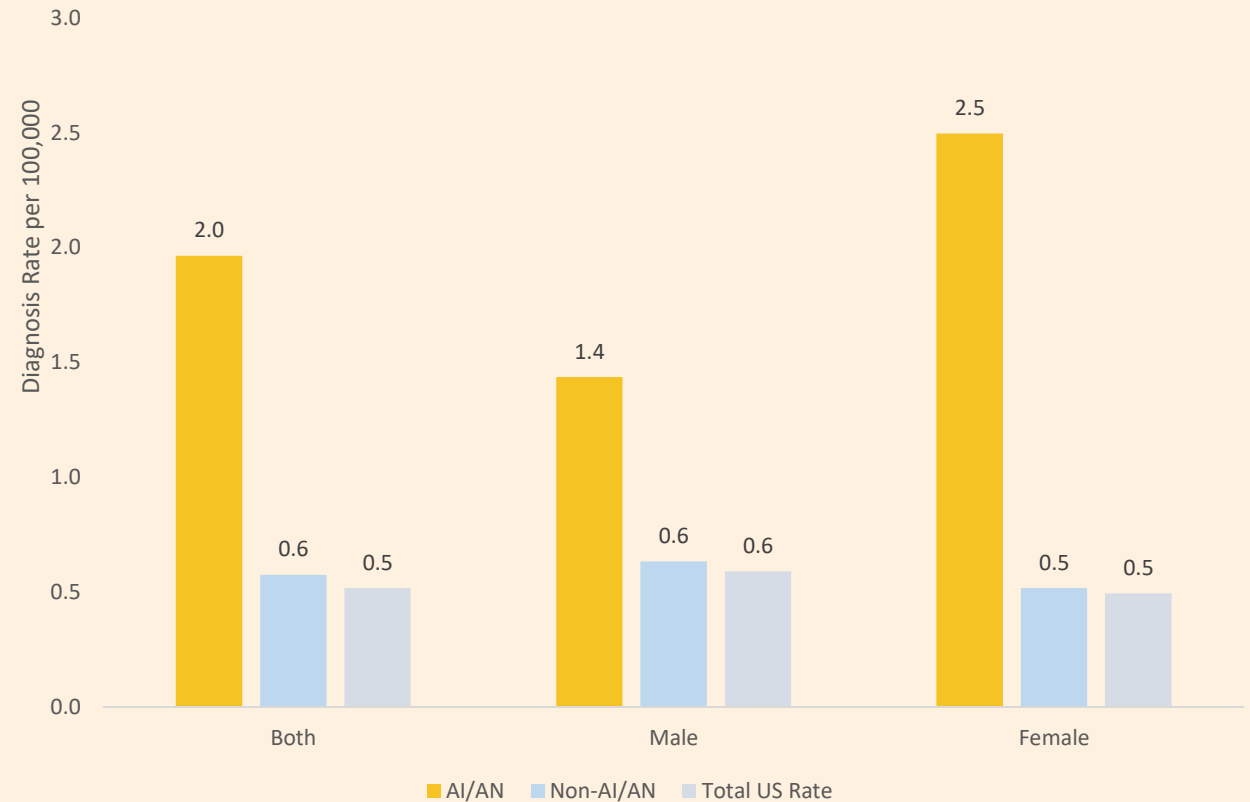




# Washington Acute Hepatitis C

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

Acute Hepatitis C Diagnoses  
2007-2016

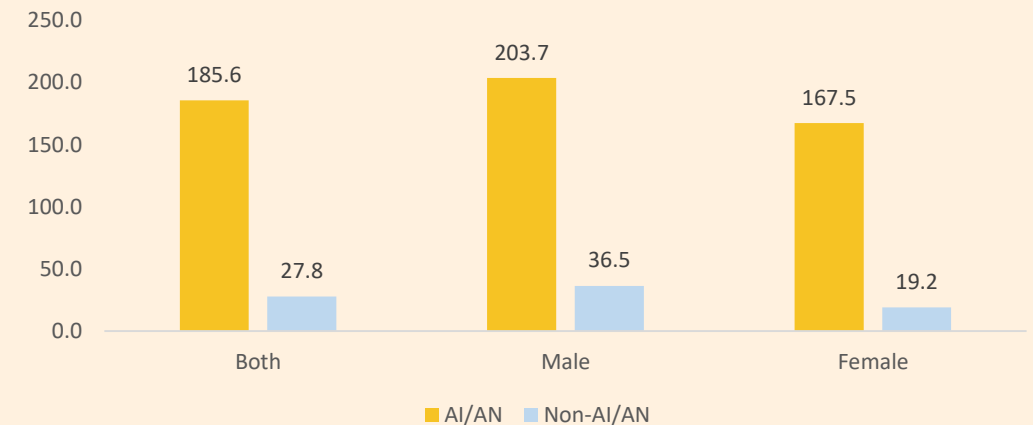


# Washington Chronic Hepatitis C



- There were a total of 2,835 chronic HCV diagnoses among AI/ANs in Washington during the 2007-2016 period, which accounted for nearly five percent of all chronic HCV diagnoses.
- Chronic HCV diagnoses were 6.7 times higher for AI/ANs in Washington than Non-AI/ANs between 2007-2016.
  - While the rate for AI/AN males was 5.6 times higher than Non-AI/AN males, the greatest disparity was between AI/AN females and their Non-AI/AN peers: AI/AN females had a diagnosis rate nearly nine times that of Non-AI/AN females.

Chronic Hepatitis C Diagnoses by Sex at Birth  
2007-2016

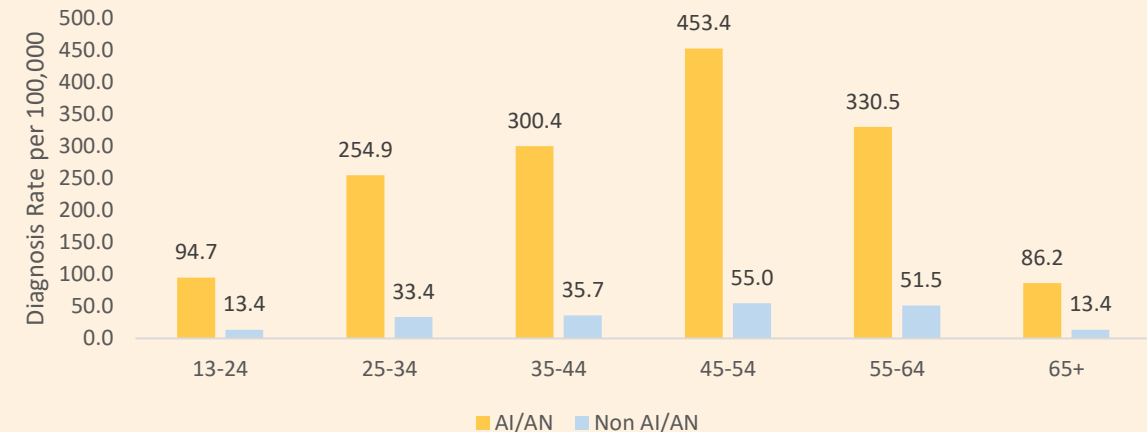


# Washington Chronic Hepatitis C



- All age groups for AI/AN chronic HCV diagnoses were at least seven times higher than Non-AI/AN persons in Washington.
- The greatest disparities were between the ages of 35-44 and 45-54, with diagnosis rates for AI/AN persons 8.4 and 8.2 times higher than Non-AI/AN persons, respectively.

Chronic Hepatitis C Diagnoses by Age\*  
2007-2016



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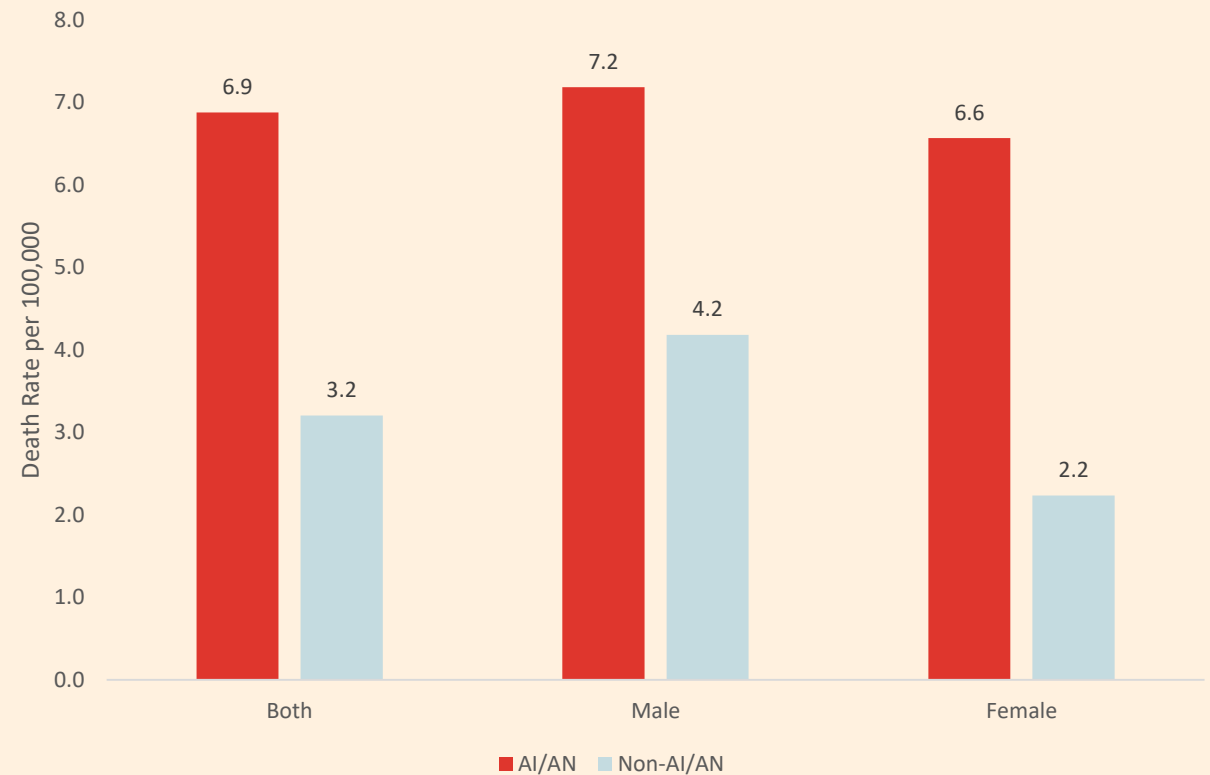
\*Diagnosis rates for persons under the age of 13 have been suppressed due to the small amount of diagnoses for these age groups (cases <5).

# Washington Hepatitis C-Related Deaths



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

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

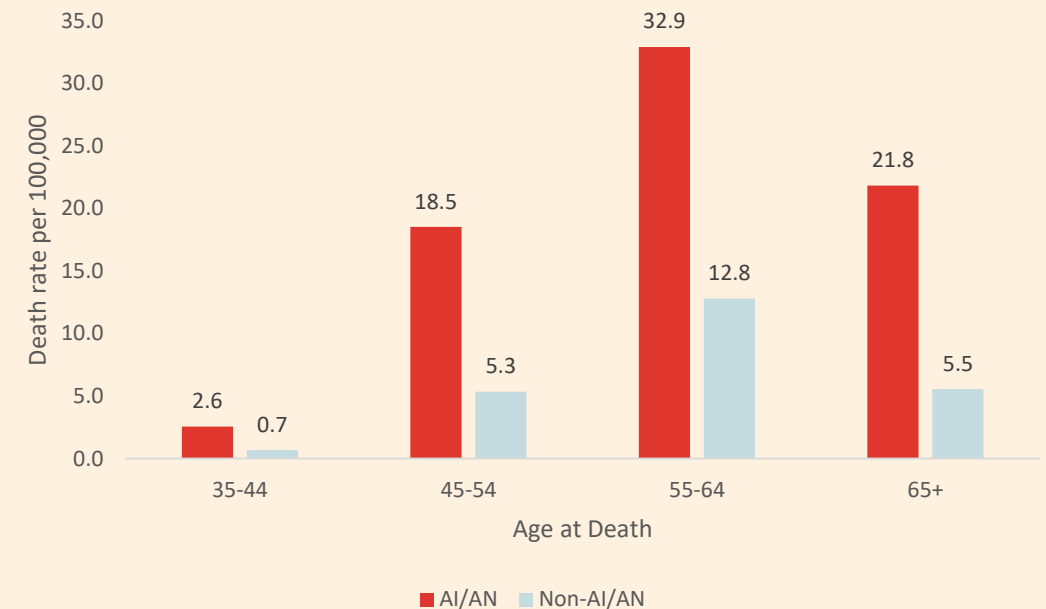


# Washington Hepatitis C-Related Deaths



- While every age group for AI/AN persons in Washington had a death rate at least twice as high as Non-AI/AN persons, adults aged 35-44 and 65 and older had a death rate four times that of Non-AI/AN persons.

Hepatitis C-Related Deaths by Age\*  
2007-2016



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\*Diagnosis rates for persons under the age of 35 have been suppressed due to the small amount of diagnoses for these age groups (cases <5).

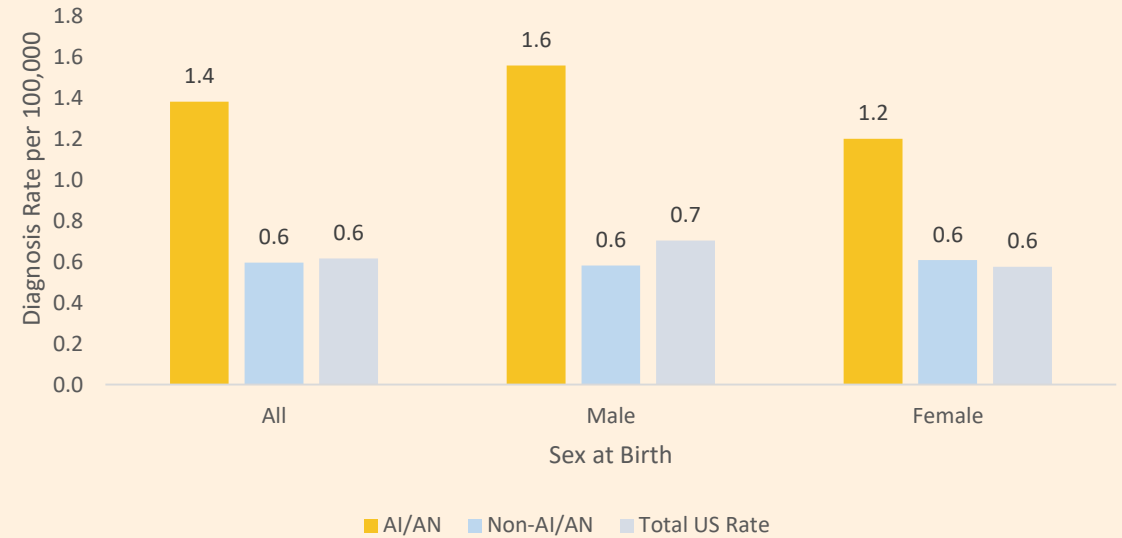


# Oregon

## Acute Hepatitis C

- A total of 14 cases of acute HCV were reported among AI/AN persons in Oregon between 2007-2018, which was nearly five percent of all acute HCV diagnoses during the twelve-year period.
- The diagnosis rate for new HCV infections for AI/AN persons in Oregon was over two times that of Non-AI/AN persons in Oregon and of the total national rate.
  - Male AI/AN persons had a rate 2.7 times higher than Non-AI/AN persons.

Acute Hepatitis C Diagnoses by Sex at Birth  
2007-2018



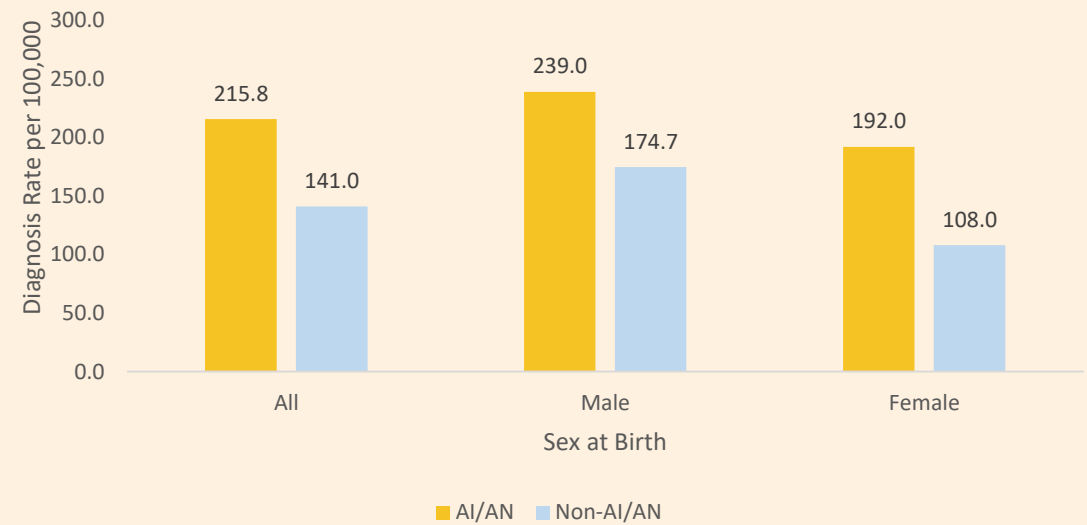


# Oregon Chronic Hepatitis C



- There were a total of 2,187 hepatitis C diagnoses for AI/AN persons between 2007 and 2018 in Oregon, which accounted for three percent of all HCV diagnoses within that time period.
- Between 2007 and 2018, the diagnosis rate of chronic HCV for AI/ANs in Oregon was 1.5 times higher than that of their Non-AI/AN peers.
  - AI/AN males had a diagnosis rate 1.4 times higher than their Non-AI/AN peers and AI/AN females had a diagnosis rate nearly two times that of Non-AI/AN females.

Chronic Hepatitis C Diagnoses by Sex at Birth  
2007-2018



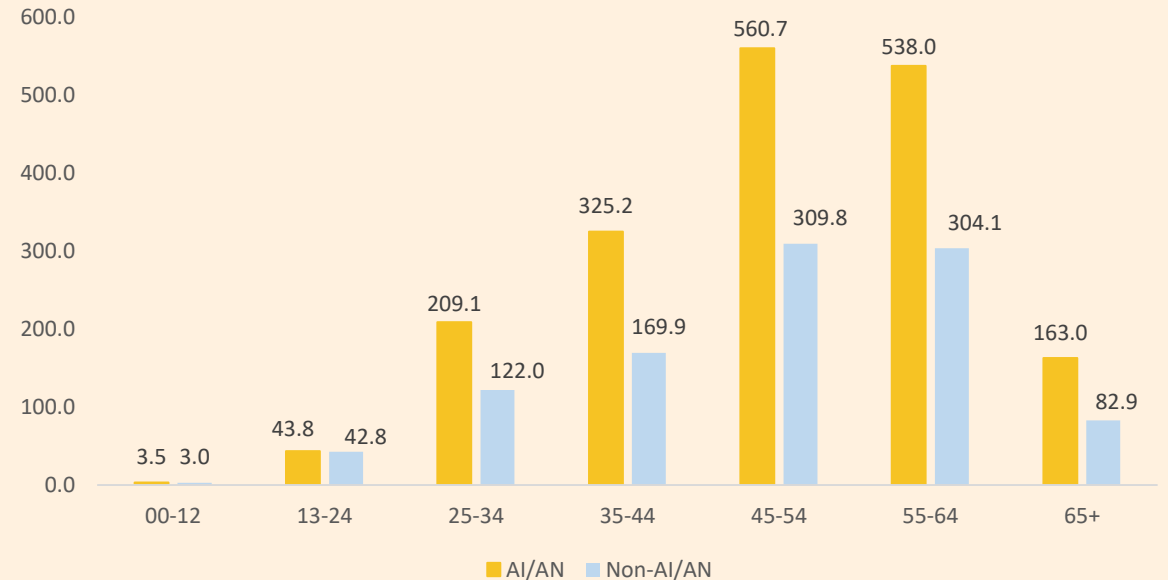


# Oregon Chronic Hepatitis C



- While diagnosis rates were greater for AI/AN persons across all age groups, the rate for those aged 25 and older was nearly two times that of Non-AI/AN persons.

Age Specific Rates for Chronic Hepatitis C Diagnoses  
2007-2018

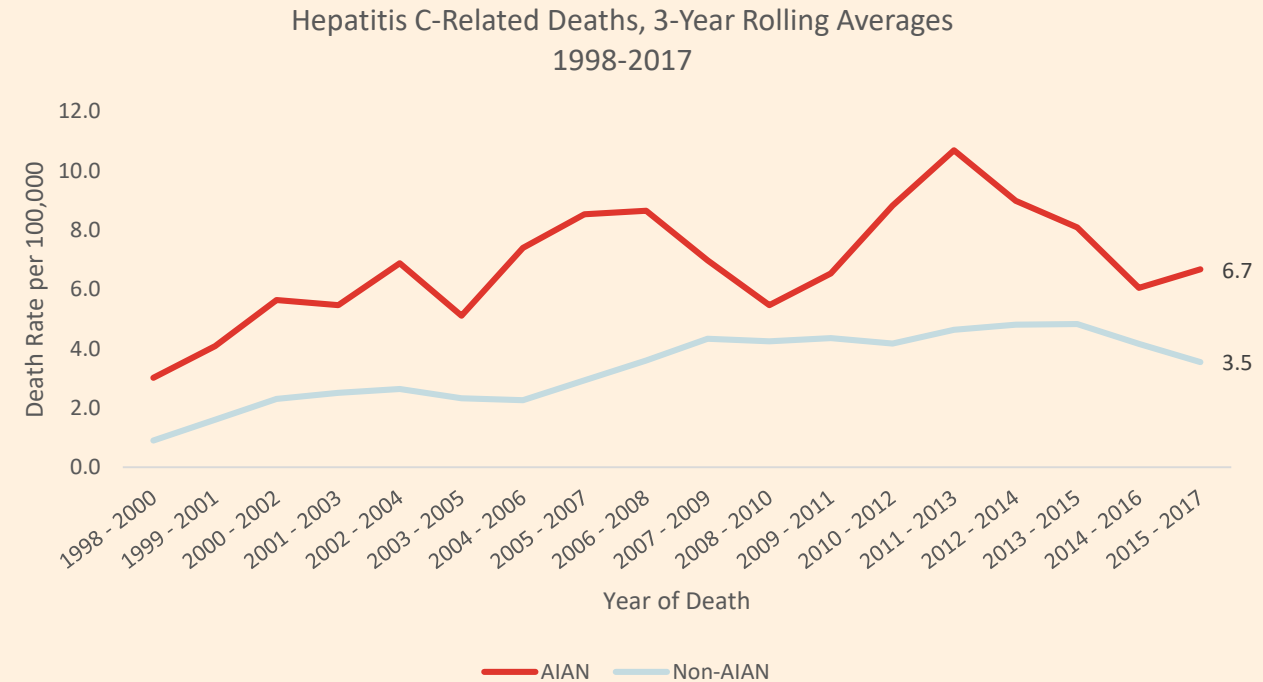


# Oregon

## Hepatitis C-Related Deaths



- The rate of HCV-related deaths in Oregon among AI/AN persons fluctuated over the last twenty years, with a low of 3.0 deaths per 100,000 between 1998 and 2000 and a high of 10.7 deaths per 100,000 between 2011-2013.
- While the death rate for AI/ANs in Oregon between 2015 and 2017 was below the national AI/AN death rate for HCV-related deaths in 2017 (10.24 deaths per 100,000), the trend shows a slight increase from the previous three years.



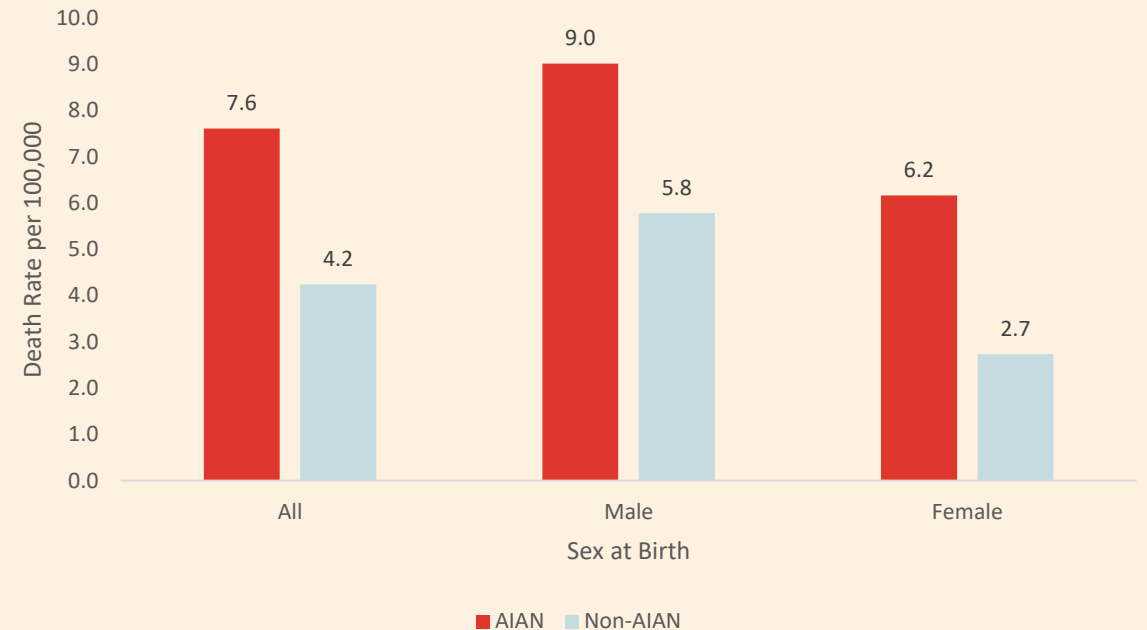
# Oregon

## Hepatitis C-Related Deaths



- The overall death rate for AI/ANs in Oregon between 2007 and 2017 was nearly two times higher than the death rate of their Non-AI/AN peers.
- When examining death rates by sex at birth, AI/AN males had a death rate 1.6 times higher than that of Non-AI/AN males and women had the greatest disparity, with a death rate two times higher than Non-AI/AN females.

Hepatitis C-Related Deaths by Sex at Birth  
2007-2017



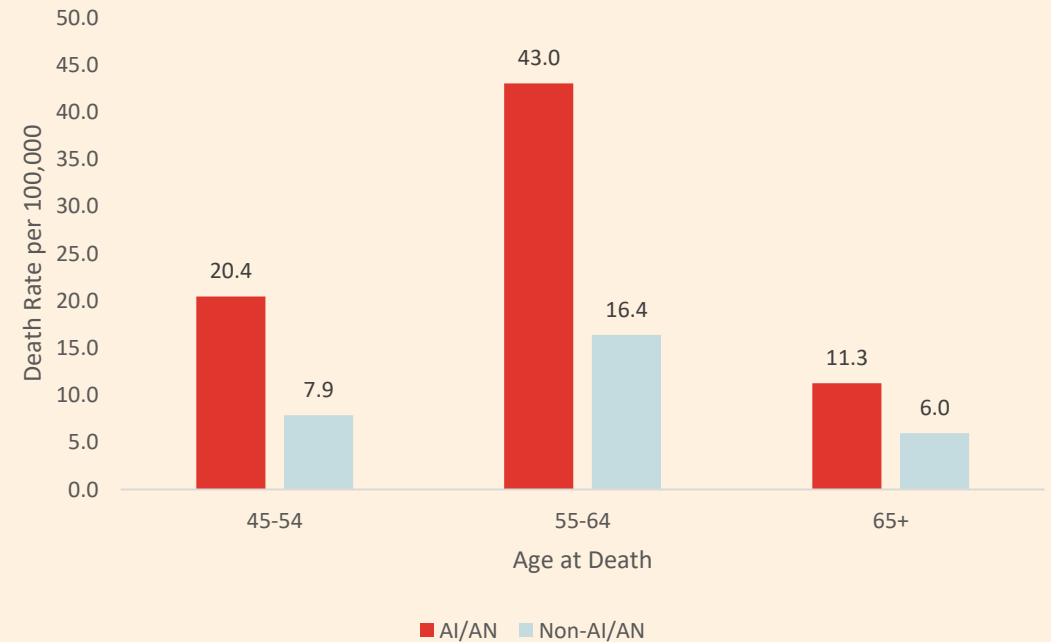


# Oregon

## Hepatitis C-Related Deaths

- While the HCV-related death rate for AI/AN persons was higher than Non-AI/AN persons across the age groups examined, the disparity was greatest among those between the ages of 45 and 64, with a death rate 2.6 times higher than Non-AI/AN persons.

Hepatitis C-Related Deaths by Age\*  
2007-2017



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\*Diagnosis rates for persons under the age of 45 have been suppressed due to the small amount of diagnoses for these age groups (cases <5).

# About the Data

- Counts less than five have been suppressed.
- Crude rates are used for both diagnoses rates and death rates for all data briefs.
- HIV Deaths includes records with the following ICD codes for HIV as the underlying cause of death: ICD-9 (042, 043, 044), ICD-10 (B20, B21, B22, B23, B24).
- HCV Deaths includes records with the following ICD codes for HCV as the underlying cause of death: ICD-10 (B17.1, B18.2).

## Data Sources:

- **Washington Data Sources:**

- Department of Health Office of Infectious Disease HIV Surveillance
- Washington Department of Health STD Program
- Washington Department of Health Viral Hepatitis Program
- Washington state death certificates
- Washington Department of Health Tuberculosis Program

- **Oregon Data Sources:**

- Oregon Health Authority

- **National Data Sources:**

- Centers for Disease Control and Prevention (CDC) WONDER
- National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus



# Tribal Food Sovereignty

- **Surveys and Assessments have launched!**
  - UW Food Security during COVID-19 in WA State
- **Regional Food Sovereignty Assessment (ID, OR, WA)**
- **Scholarship opportunities will be available soon:**
  - Funds up to \$500/scholarship to support Native Agriculture-related business (including farmers, ranchers, fishers, and community gardens) for training and education purposes. Up to 16 awards will be available.
- **NW Tribal Food Sovereignty Coalition Annual Gathering 2021 goes virtual!**
  - A series of virtual gathering events will begin in June and will include community spotlight presentations, cooking demonstrations, and other trainings/activities focused on food sovereignty/food systems work in our region





# NW Native American Research Center for Health (NARCH)

- Key participants: Warren-Mears, Weiser, Thomas, Cunningham, Davis, Livingston, Blackshear, Becker
- Current projects:
  - Improving asthma management
  - Cancer prevention and control fellowships
  - Graduate school fellowships
- Pending: Three additional training grants in sciences (? Summer start)
- Preparing now: Undergraduate and high school science enrichment (with the blessing of the delegates; our Advisory group has approved)





# Trans & Gender-Affirming Care Strategic Plan



## TABLE OF CONTENTS

- 6 Guiding Principles
- 8 Policy
- 10 Best Practice Care for Gender-diverse Patients
- 14 Ensuring Affirming Physical Environments
- 15 IHS/Tribal/Urban Systems Support

The Northwest Portland Area Indian Health Board, together with the Native Advocacy Workgroup for Trans Health, has recently published the [\*Trans & Gender-Affirming Care in I/T/U Facilities Strategic Vision and Action Plan\*](#). This plan includes information designed to ensure clinical environments serving Indigenous people are affirming for all clients, especially those who identify as trans or gender-diverse. The plan includes sample policies and strategies to make clinical environments more affirming.

Access the strategic plan: [bit.ly/2slgbtqstrategicplan](https://bit.ly/2slgbtqstrategicplan)



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## NPAIHB telehealth/Indian Country ECHO opportunities

- PrEP
- Pharmacy Led SUD Care
- Hep C/SUD
- Diabetes
- Trans & Gender-Affirming Care
- Peer Recovery
- COVID-19
- HIV/AIDS
- Tuberculosis
- Community Health
- Maternal and Child Health
- Harm Reduction
- Community Health Aide Program
- Behavioral Health

# Affirming Environments Self-Assessment

We've already worked with five PNW tribes to enhance affirming environments.

Individual clinical consultations are available to determine current level of affirmation and strategies for improvement.

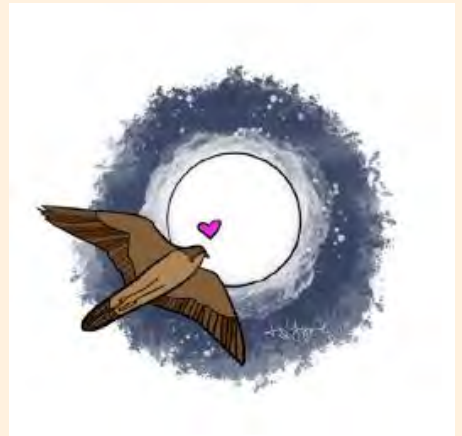
- Contact Morgan at [mthomas@npaihb.org](mailto:mthomas@npaihb.org)

Two Spirit & LGBTQ Affirming Environments Clinical Self-Assessment:

- Visit [bit.ly/2slgbtqaffirming](https://bit.ly/2slgbtqaffirming).
- Text ASSESS to 97779



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# Funding Still Available for Youth Sexual Health Project

- 4-6 WA Tribal Sub recipients, Youth Access to and Experience with Sexual Health Care
- Applications Due:
  - April 26, 2021
  - May 24, 2021
- Applications are reviewed on a rolling basis, the last week of each month. Applicants will be notified by the NPAIHB within two weeks
- Open office hours: Tuesday's and Thursday's via Zoom
- Contact, Celena McCray [cmccray@npaihb.org](mailto:cmccray@npaihb.org)



# Questions or Comments



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