



**NPAIHB**

**Member Tribes of  
the Northwest  
Portland Area  
Indian Health  
Board:**

Burns Paiute Tribe  
Chehalis Tribe  
Coeur d'Alene Tribe  
Colville Tribe  
Coos, Siuslaw & Lower  
Umpqua Tribe  
Coquille Tribe  
Cow Creek Tribe  
Cowlitz Tribe  
Grand Ronde Tribe  
Hoh Tribe  
Jamestown S'Klallam  
Tribe  
Kalispel Tribe  
Klamath Tribe  
Kootenai Tribe  
Lower Elwha  
Klallam Tribe  
Lummi Tribe  
Makah Tribe  
Muckleshoot Tribe  
Nez Perce Tribe  
Nisqually Tribe  
Nooksack Tribe  
NW Band of  
Shoshoni Tribe  
Port Gamble S'Klallam  
Tribe  
Puyallup Tribe  
Quileute Tribe  
Quinault Tribe  
Samish Indian Nation  
Sauk-Suiattle Tribe  
Shoalwater Bay Tribe  
Shoshone-Bannock  
Tribe  
Siletz Tribe  
Skokomish Tribe  
Snoqualmie Tribe  
Spokane Tribe  
Squaxin Island Tribe  
Stillaguamish Tribe  
Suquamish Tribe  
Swinomish Tribe  
Tulalip Tribe  
Umatilla Tribe  
Upper Skagit Tribe  
Warm Springs Tribe  
Yakama Nation

2121 SW Broadway  
Suite 300  
Portland, OR 97201  
Phone: (503) 228-4185  
[npaihb.org](http://npaihb.org)

## RESOLUTION # 21-04-03

### **Support for NPAIHB EpiCenter Access and Record Linkages with Public Health Surveillance Systems in Idaho, Oregon, and Washington**

**WHEREAS**, the Northwest Portland Area Indian Health Board (hereinafter "NPAIHB" or "Board") was established in 1972 to assist Tribal governments to improve the health status and quality of life of Indian people; and

**WHEREAS**, the NPAIHB is a "tribal organization" as defined by the Indian Self-Determination and Education Assistance Act (P.L. 93-638 seq. et al) that represents forty-three federally recognized tribes in the states of Idaho, Oregon, and Washington; and

**WHEREAS**, in accordance with the definitions of the Indian Self-Determination and Education Assistance Act at 25 USC § 450b, a tribal organization is recognized as a governing body of any Indian tribe and includes any legally established organization of Indians which is controlled, sanctioned, or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; and

**WHEREAS**, the NPAIHB is dedicated to assisting and promoting the health needs and concerns of Indian people; and

**WHEREAS**, the primary goal of the NPAIHB is to improve the health and quality of life of its member Tribes; and

**WHEREAS**, in furtherance of this goal in 1997, NPAIHB established the Northwest Tribal Epidemiology Center (EpiCenter) in an effort to improve the quality of American Indian and Alaska Native (AI/AN) public health data; and

**WHEREAS**, the EpiCenter has gained national recognition for developing and implementing many useful and innovative projects to improve the health and quality of life of Northwest Tribes and has served as a national model for other Indian Health Service (IHS) areas to emulate in establishing their epi center programs; and

**WHEREAS**, with Board approval, the EpiCenter maintains the Northwest Tribal Registry (NTR) to perform record linkage studies to identify and correct racial misclassification in various public health surveillance systems to better assess the health status of Northwest AI/AN people; and

**WHEREAS**, previous studies by the EpiCenter has shown that morbidity and mortality estimates for Northwest AI/AN people are under-reported due to misclassification of race in public health surveillance systems; and

**WHEREAS**, AI/AN people in Idaho, Oregon, and Washington experience significant health disparities from many causes; and

**WHEREAS**, the correct identification of AI/AN in public health data is essential for monitoring tribal communities' health and planning prevention and intervention efforts; and

**WHEREAS**, the EpiCenter has consistently demonstrated adequate measures to ensure the physical security of data and has policies in place to control access to and release of data; and

**WHEREAS**, any dissemination of results to outside audiences will only be done in collaboration with and by approval of NPaiHB, the EpiCenter, the Portland Area IHS Institutional Review Board, and member tribes.

**THEREFORE BE IT RESOLVED**, that the NPaiHB endorses and supports efforts by staff of the EpiCenter, under the guidance of the Executive Director, to access, and when possible, complete record linkages with the following public health surveillance systems in Idaho, Oregon, and Washington to correct racial misclassification of AI/AN people and more accurately report health status data for AI/AN people in the Northwest:

- Vital records data, including birth and death records
- Hospital and emergency department surveillance and reporting systems
- Notifiable conditions surveillance systems, including but not limited to COVID-19, HIV, sexually transmitted infections, and Hepatitis B and C surveillance systems
- Disease registries, including but not limited to cancer, trauma, blood lead, stroke, and STEMI registries
- Medicaid claims data
- Prescription Drug Monitoring Program data
- Emergency Medical Services data
- Fatality Analysis Reporting and Motor Vehicle Accident reporting systems
- Violent Death Reporting System data
- Pregnancy Risk Assessment Monitoring System (PRAMS) data
- Adult and youth risk factor surveillance systems

### CERTIFICATION

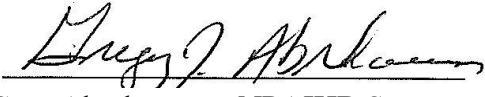
The foregoing resolution was adopted by the Board of Directors at the Quarterly Board Meeting, held virtually July 27 – 29, 2021, with a quorum present.



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Nickolaus D. Lewis  
Chair, Northwest Portland Area Indian Health Board  
Councilman, Lummi Indian Business Council

ATTEST:

A handwritten signature in black ink, appearing to read "Greg Abrahamson", written over a horizontal line.

Greg Abrahamson, NPAIHB Secretary