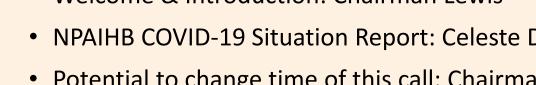
NPAIHB COVID-19 Weekly Update

Please sign in using the chat box: Enter the tribe or organization you are representing and names of all people participating with you today



Information for Today's Call Agenda

- Welcome & Introduction: Chairman Lewis
- NPAIHB COVID-19 Situation Report: Celeste Davis
- Potential to change time of this call: Chairman Lewis
- Data Update: Victoria Warren-Mears
- Indian Health Service Update: Dean Seyler, Geniel • Harrison, Ashley Tuomi
- State Partner Updates:
 - Washington: Lou Schmitz, Tamara Fife, Jessie Dean, and Tam Lutz
 - Oregon: Julie Johnson, Candice Jimenez, and Sue Steward
 - Idaho: Joyce Broadsword, and Jessica Leston



Guidelines

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



NPAIHB COVID-19 Situation Report

Celeste Davis



COVID-19 Emergency Response - NPAIHB Situation Report: 9/14/21

Roughly one-third of the globe is vaccinated, the USA ranks 40th – We Can Do Better

Be vaccinated, Mask up, Maintain space and avoid crowds, Wash hands, Stay home when ill

• Trends continue in the wrong direction

- Level of community transmission remains high for all counties in the PNW
- Increased testing must be sustainable
- Hospital capacity strained crisis standards of care in ID
- Vaccination Rates too Low = Vaccine Requirements
 - BIE and Head Start (and IHS) require vaccination of staff
 - All employers with > 100 employees require vaccinated staff NEW OSHA RULE
 - Boosters for all? Likely; Vaccine for kids<12y.o.? This Fall (hopefully)
- Return to Work and School, Open Buildings for Occupancy
 - Assure adequate ventilation and improve the IAQ to help mitigate risk of spread

Let us know about testing supply and capacity challenges or other unmet public health or medical needs







Upcoming Indian Country ECHO telehealth opportunities

- Trans & Gender-Affirming Care ECHO 2nd and 4th Monday of every month at 2pm ET
 - Monday, September 13th at 2pm ET
 - To learn more and join: <u>https://www.indiancountryecho.org/program/trans-and-gender-affirming-care/</u>
- **<u>COVID-19 ECHO</u>** 3rd Wednesday of every month at 12pm PT
 - Wednesday, September 15th at 12pm PT
 - To learn more and join: <u>https://www.indiancountryecho.org/program/covid-19/</u>



Potential Day Change for this Meeting

Chairman Nick Lewis



Data Update

Victoria Warren-Mears



COVID-19 Case Surveillance Data Summary

Data pulled on 9/13/2021



Characteristics of COVID-19 Cases through 9/13

Three-State Region

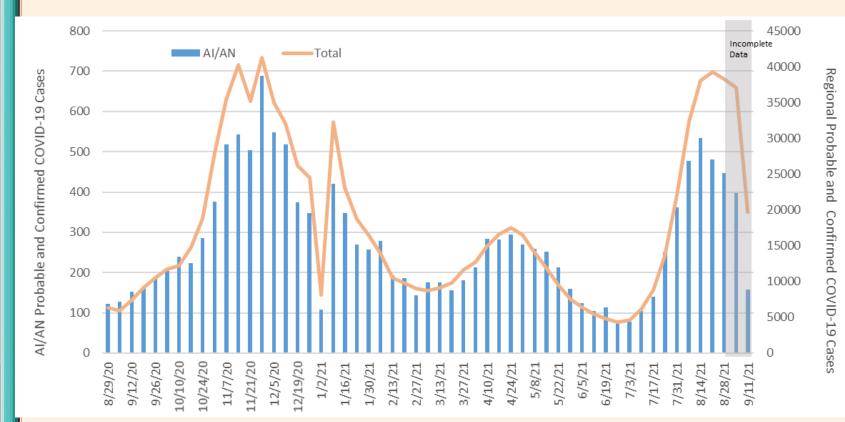
Regional COVID-19 Data

WA

ID

OR

EpiCurve of COVID-19 Cases by Week



| Deec | | N | 0/ |
|-------------|----------------------|-----------|------------|
| Race | | N | % |
| | AI/AN | 18,044 | 1.6% |
| | Non-AI/AN | 651,185 | 58.3% |
| | Unknown | 448,199 | 40.1% |
| | Total | 1,117,428 | 100.0% |
| Case Status | | AI/AN | State Tota |
| | Laboratory Confirmed | 90.8% | 89.2% |
| | Probable | 9.2% | 10.8% |
| Sex | | AI/AN | State Tota |
| - | Male | 45.4% | 48.0% |
| | Female | 52.3% | 50.0% |
| | Other | 0.0% | 0.0% |
| | Missing/Unknown | 2.2% | 2.0% |
| Age Group | | AI/AN | State Tota |
| U | 0-9 | 8.4% | 5.8% |
| | 10-19 | 14.2% | 12.0% |
| | 20-29 | 20.8% | 20.6% |
| | 30-39 | 18.8% | 17.9% |
| | 40-49 | 14.5% | 15.0% |
| | 50-59 | 11.3% | 12.5% |
| | 60-69 | 7.4% | 8.5% |
| | 70-79 | 3.3% | 4.7% |
| | 80+ | 1.3% | 2.9% |
| | Missing | 0.0% | 0.0% |
| Hospita | lization Status | AI/AN | State Tota |
| | Hospitalized | , 6.7% | 5.3% |
| | Not Hospitalized | 78.8% | 78.4% |
| | Unknown | 14.4% | 16.3% |

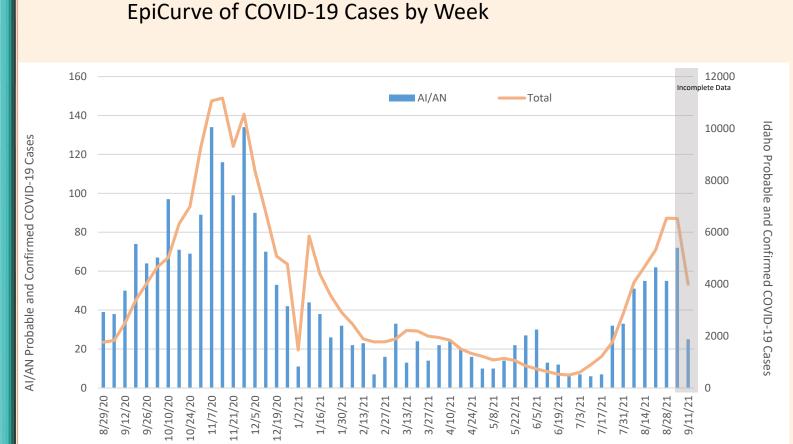


Data Source: CDC COVID-19 Case Surveillance Data

Idaho COVID-19 Data

IDAHO

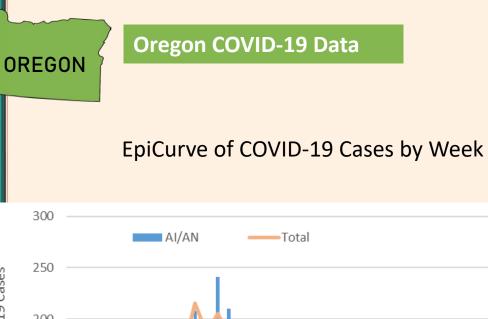
Characteristics of COVID-19 Cases through 9/13



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD Indian Leadership for Indian Health

| Race | | Ν | % |
|----------------|----------------------|-------------|-------------|
| | AI/AN | 2,823 | 1.2% |
| | Non-AI/AN | 156,380 | 66.9% |
| | Unknown | 74,437 | 31.9% |
| | Total | 233,640 | 100.0% |
| | | | |
| Case Status | | AI/AN | State Total |
| | Laboratory Confirmed | 82.1% | 79.7% |
| | Probable | 17.9% | 20.3% |
| Sex | | AI/AN | State Total |
| oc. | Male | 42.3% | 47.6% |
| | Female | 55.9% | 51.8% |
| | Other | 0.0% | 0.0% |
| | Missing/Unknown | 1.8% | 0.6% |
| A Cuaura | | A 1 / A N I | Chata Tata |
| Age Group | 0.0 | AI/AN | State Total |
| | 0-9 | 7.2% | 4.1% |
| | 10-19 | 15.4% | 12.2% |
| | 20-29 | 19.2% | 20.2% |
| | 30-39 | 18.7% | 16.8% |
| | 40-49 | 14.0% | 15.3% |
| | 50-59 | 10.4% | 12.9% |
| | 60-69 | 8.6% | 9.5% |
| | 70-79 | 4.3% | 5.6% |
| | 80+ | 2.1% | 3.4% |
| | Missing | 0.0% | 0.0% |
| Hospitalizatio | n Status | AI/AN | State Tota |
| | Hospitalized | 7.0% | 4.5% |
| | · · | | |
| | Not Hospitalized | 59.6% | 60.9% |

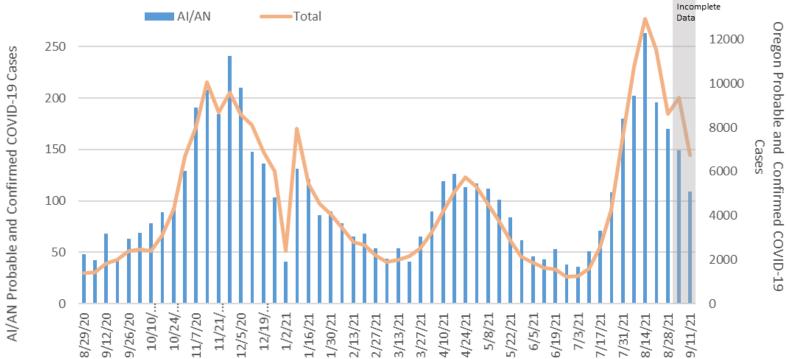
Data Source: CDC COVID-19 Case Surveillance Data



Characteristics of COVID-19 Cases through 9/13

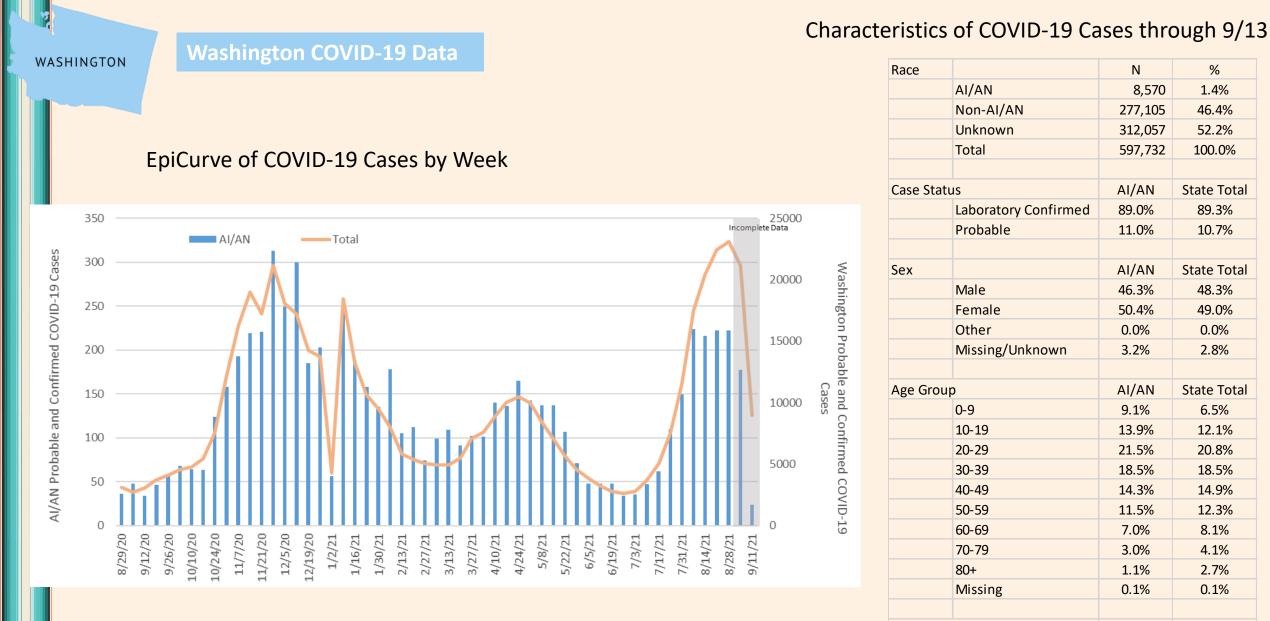
14000

| Race | | N | % |
|------------------------|----------------------|---------|------------|
| | AI/AN | 6,651 | 2.3% |
| | Non-AI/AN | 217,700 | 76.1% |
| | Unknown | 61,705 | 21.6% |
| | Total | 286,056 | 100.0% |
| Case Status | | AI/AN | State Tota |
| | Laboratory Confirmed | 96.7% | 96.7% |
| | Probable | 3.3% | 3.3% |
| Sex | | AI/AN | State Tota |
| | Male | 45.5% | 47.8% |
| | Female | 53.3% | 50.7% |
| | Other | 0.1% | 0.0% |
| | Missing/Unknown | 1.2% | 1.5% |
| Age Group | | AI/AN | State Tota |
| | 0-9 | 8.0% | 5.6% |
| | 10-19 | 14.0% | 11.8% |
| | 20-29 | 20.6% | 20.5% |
| | 30-39 | 19.1% | 17.6% |
| | 40-49 | 14.9% | 15.1% |
| | 50-59 | 11.4% | 12.6% |
| | 60-69 | 7.3% | 8.7% |
| | 70-79 | 3.4% | 5.0% |
| | 80+ | 1.2% | 3.2% |
| | Missing | 0.0% | 0.0% |
| Hospitalization Status | | AI/AN | State Tota |
| | Hospitalized | 7.3% | 5.4% |
| | Not Hospitalized | 67.7% | 59.2% |
| | Unknown | 25.0% | 35.4% |





Data Spurce: CDC COVID-19 Case Surveillance Data



%

1.4%

46.4%

52.2%

100.0%

State Total

89.3%

10.7%

State Total

48.3%

49.0%

0.0%

2.8%

State Total

6.5%

12.1%

20.8%

18.5%

14.9%

12.3% 8.1%

4.1% 2.7%

0.1%

State Total

5.6%

94.4%

0.0%

AI/AN

6.2%

93.8%

0.0%

Hospitalization Status

Hospitalized

Unknown

Not Hospitalized



Data Source: CDC COVID-19 Case Surveillance Data

Data Notes

• Data Source: CDC's COVID-19 Case Surveillance Data, accessed through the HHS Protect System

• Data Notes:

- Data include probable and laboratory confirmed cases of SARS-CoV-2 reported to CDC by state health departments
- AI/AN cases include all records where the variable race_aian = "Yes"
- Data are restricted to cases among residents of Idaho, Oregon, and Washington

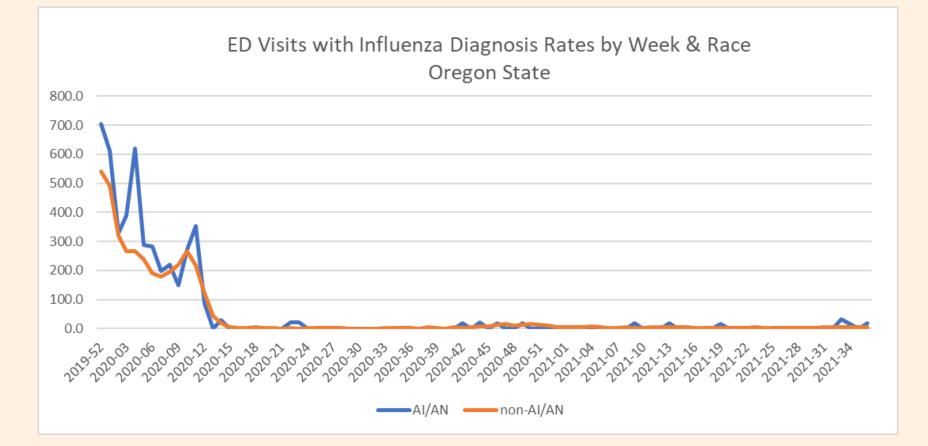


Influenza Update

- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications.
- If vaccine supply is limited, see priority groups for vaccination in the ACIP statement.
- Vaccine should be ideally administered by the end of October, but should continue to be offered as long as influenza viruses are circulating locally and unexpired vaccine is available
- <u>https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm</u>

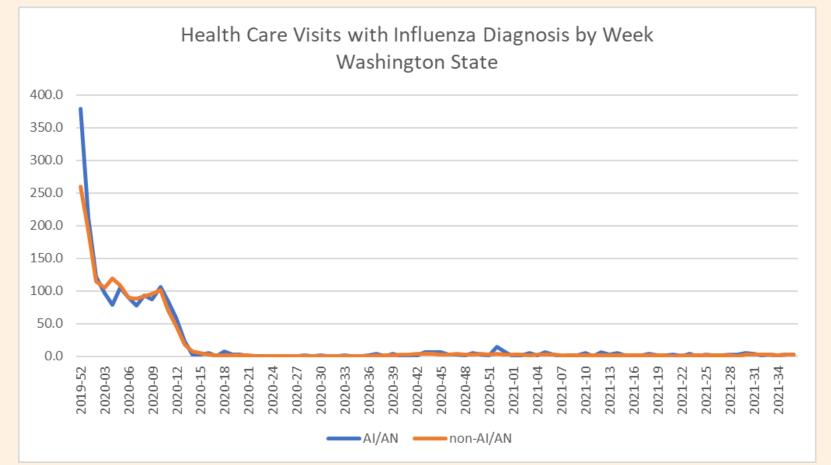


Oregon State Influenza Diagnosis





Washington State Influenza Diagnosis





COVID 19 Vaccine Hesitancy Update CDC

- Emerging themes in <u>social media</u>:
- Some parents are desperate to vaccinate children under 12 years old, while others question the need.
- Some consumers believe ivermectin is safer and more effective than COVID-19 vaccines.
- Consumers faced layered misinformation aimed at discrediting the safety and effectiveness of the newly approved Pfizer-BioNTech COVID-19 Vaccine (Comirnaty).
- <u>https://www.cdc.gov/vaccines/covid-19/vaccinate-with-confidence.html#reports</u>



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Dual Messaging Needed

- Promote COVID-19 Vaccination and factual information about vaccines
- Promote seasonal influenza vaccination with the goal of vaccination by the end of October, as per CDC information.
 - Continue vaccinating as long as vaccine is available and flu is circulating.



Indian Health Service Update

Dean Seyler, Geniel Harrison, Ashley Tuomi



Legislative and Policy Update

September 14, 2021 NPAIHB COVID-19 Update

virtual



Legislative and Policy Update Agenda

- FY 2022 Budget Resolution
- Administrative & Regulatory
- Upcoming Tribal Consultations
- Upcoming Deadlines
- Upcoming Regional & National Meetings
- NPAIHB Policy Resources



FY 2022 Budget Resolution Updates

• Biden's Build Back Better Plan

 \odot To address priorities such as climate change, the tax code, health care, and immigration

 \circ Incorporates reconciliation instructions with the following:

- \$20.5 billion for the Senate Committee on Indian Affairs;
- \$1.8 trillion investment for working families, elderly, and environment and historic tax cut for those making less than \$400k to the Finance Committee;
- \$726 billion for the Committee on Health, Education, Labor and Pensions;
- \$25.6 billion for House Natural Resources Committee



Administrative and Regulatory Updates

HRSA Tribal Health Affairs Reorganization

- New HRSA Office of Intergovernmental and External Affairs (IEA)
- Led by Natasha Coulouris, MPH, Associate Administrator
- CMS Releases Guidance on Extension of 100% FMAP for UIOs
- CMS Medicare Physician Fee Schedule Proposed Rule
 - NPAIHB Submitted Comments on Sep. 13



Administrative and Regulatory Updates

- HRSA Health & Public Safety Workforce Resiliency TA
 Center
 - Date(s) to apply: July 16, 2021 thru September 20, 2021
 - $\,\circ\,$ Estimated award date: January 1, 2022

 Not Invisible Joint Commission on Reducing Violent Crime Against Indians

• Nominations are due Sep. 20, 2021 to consultation@bia.gov



Upcoming Tribal Consultations

- OMB Tribal Consultation on FY 2023 President's Budget
 - Sep 23, 2021 11 am Pacific
 - Comments due Oct. 4, 2021
- IHS Tribal Consultation on Designating AZ as PRC Delivery Area
 - Session 1 Sep 22, 2021 2-3 pm Pacific
 - Session 2 Sep 28, 2021 10-11:30 am Pacific
- HRSA Annual Tribal Consultation
 - Oct 8, 2021 8-10 am Pacific
 - Testimony is due Sep 24, 2021



Upcoming Regional & National Meetings

| Sep 14 | TLDC Meeting 10:00 AM Pacific | |
|---|--|--|
| Sep 14-16 | 2021 Virtual Broadcast Tribal Self-Governance Conference | |
| Sep 16 | HHS Region 10 Quarterly Tribal Call 3:00 PM Pacific | |
| Sep 21-23 | 2021 AI/AN Health Summit | |
| Sep 22 | OMB Tribal Consultation on FY 2023 Budget 11:00 AM Pacific | |
| Sep 23 | IHS Tribal Consultation on Designating AZ as Purchased Referred Care Designated Area 2:00 PM Pacific | |
| Sep 24 | ISAC Monthly Meeting 11:00 AM Pacific | |
| NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD Indian Leadership for Indian Health Image: A contact Liz Coronado at <u>ecoronado@npaihb.org</u> or Candice Jimenez at <u>cjimenez@npaihb.org</u> for more information on any of these meetings. | | |

NPAIHB Policy Resources

- Weekly COVID-19 Call Lists (Mondays)
- Weekly Legislative and Policy Updates (Tuesdays)
 Federal Health Agency and Congress Tracker (FHACT)
- Weekly Cindy Darcy's D.C. Legislative Update (Fridays)
- Monthly Tribal Advisory Committee updates
- NPAIHB COVID-19 Funding Chart
 - Emailed Aug 2, 2021; will be included in the Leg and Policy Update



Questions or Comments



Candice Jimenez, <u>cjimenez@npaihb.org</u> Liz Coronado, <u>ecoronado@npaihb.org</u>



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State Partner Updates

Washington AIHC/DOH/HCA: Lou Schmitz, Tamara Fife, and Tam Lutz Oregon OHA: Julie Johnson, Candice Jimenez, and Sue Steward Idaho DHW: Joyce Broadsword, Liz Coronado, and Jessica Leston



Questions or Comments

