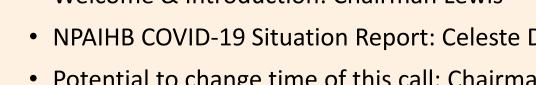
# NPAIHB COVID-19 Weekly Update

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 40<sup>th</sup> – 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 2<sup>nd</sup> and 4<sup>th</sup> Monday of every month at 2pm ET
  - Monday, September 13<sup>th</sup> 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>** 3<sup>rd</sup> Wednesday of every month at 12pm PT
  - Wednesday, September 15<sup>th</sup> 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

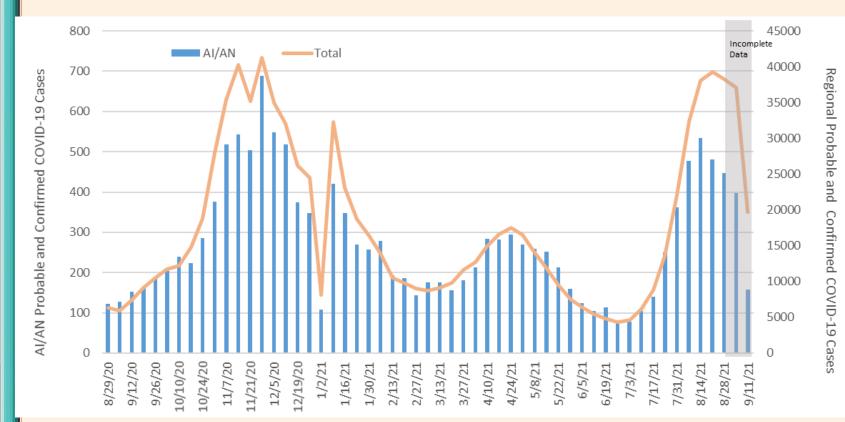
**Regional COVID-19 Data** 

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         | ,<br>6.7% | 5.3%       |
|             | Not Hospitalized     | 78.8%     | 78.4%      |
|             | Unknown              | 14.4%     | 16.3%      |

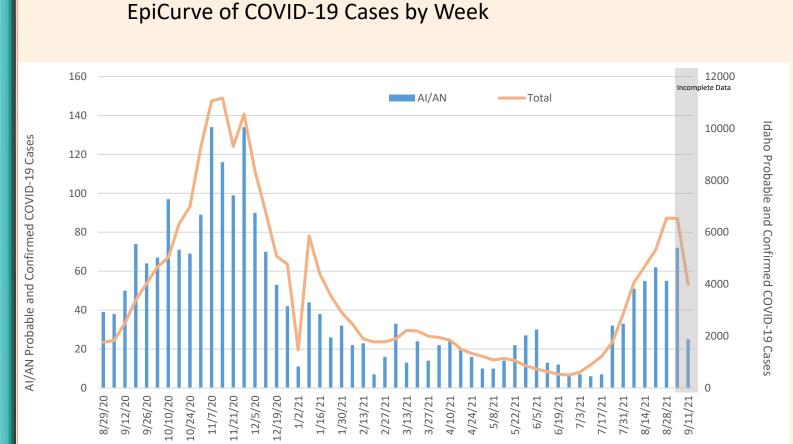


Data Source: CDC COVID-19 Case Surveillance Data

#### Idaho COVID-19 Data

**IDAHO** 

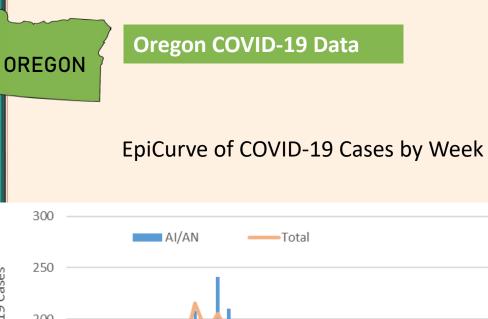
#### Characteristics of COVID-19 Cases through 9/13



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| 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%       |

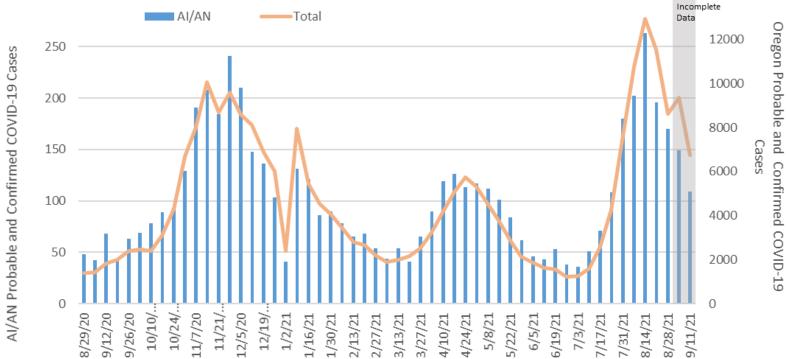
Data Source: CDC COVID-19 Case Surveillance Data



#### Characteristics of COVID-19 Cases through 9/13

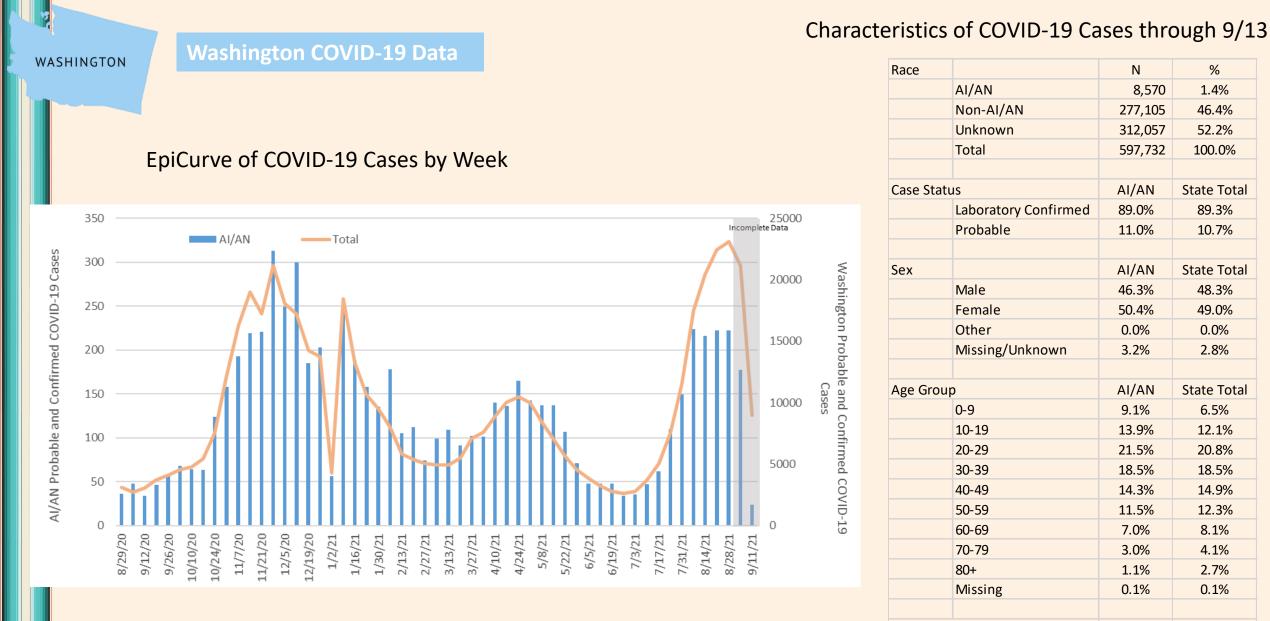
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| Race                   |                      | N       | %          |
|------------------------|----------------------|---------|------------|
|                        | AI/AN                | 6,651   | 2.3%       |
|                        | Non-AI/AN            | 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

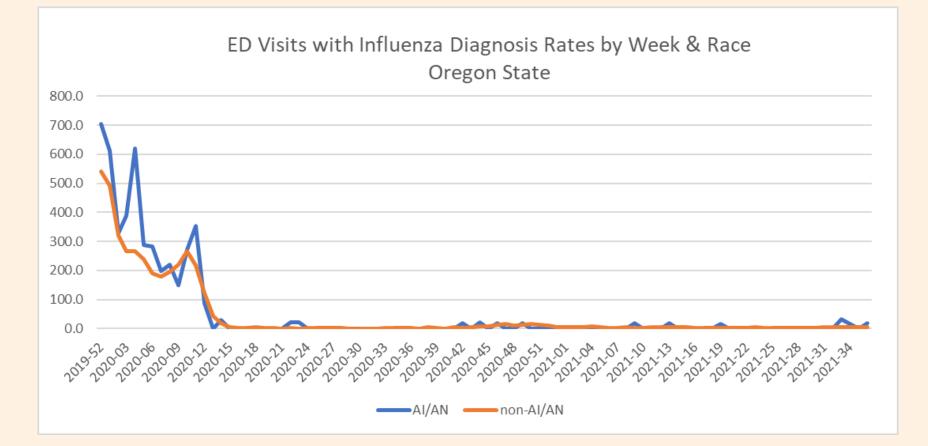


### Influenza Update

- 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>

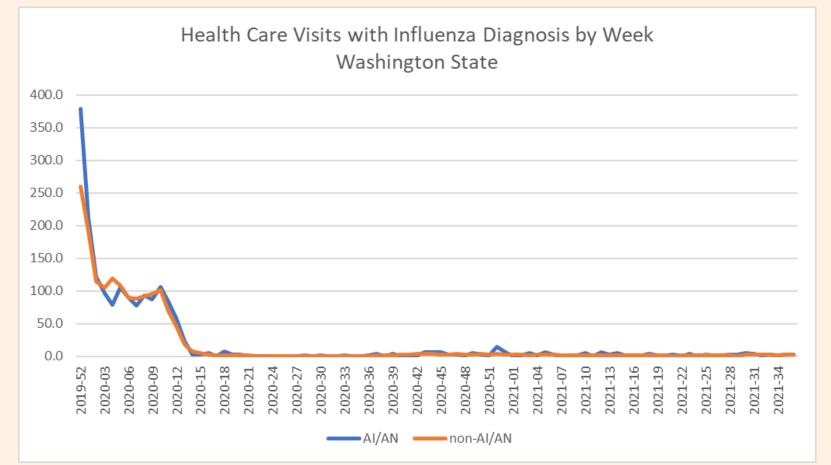


## Oregon State Influenza Diagnosis





# 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<br>10:00 AM Pacific   |  |
|---|--|--|
| Sep 14-16   | 2021 Virtual Broadcast Tribal Self-Governance Conference   |  |
| Sep 16  | HHS Region 10 Quarterly Tribal Call<br>3:00 PM Pacific   |  |
| Sep 21-23   | 2021 AI/AN Health Summit   |  |
| Sep 22  | OMB Tribal Consultation on FY 2023 Budget<br>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<br>11:00 AM Pacific   |  |
| NORTHWEST PORTLAND AREA<br>INDIAN HEALTH BOARD<br>Indian Leadership for Indian Health<br>Image: A contact Liz Coronado at <u>ecoronado@npaihb.org</u> or Candice<br>Jimenez at <u>cjimenez@npaihb.org</u> for more information on any of these<br>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**

