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
• IHS Update: Marcus Martinez, Geniel Harrison, and Thomas Weiser
• NPAIHB Project Update - CHAP: Christina Friedt Peters
• State Partner Updates:
  • Washington
  • Oregon
  • Idaho

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
Upcoming Indian Country ECHO telehealth opportunities

• **NW Elders, Knowledge Holders and Culture Keepers ECHO** – 2nd Tuesday of every month at 12pm PT
  - Tuesday, December 13th at 12pm PT
  - Didactic Topic: *Culturally Affirming Practices in Higher Education Transforming Healthcare of Indigenous People*
  - To learn more and join: [https://www.indiancountryecho.org/program/nw-elders-knowledge-holders-and-culture-keepers/](https://www.indiancountryecho.org/program/nw-elders-knowledge-holders-and-culture-keepers/)

• **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
  - Thursday, December 15th at 12pm PT
  - Didactic Topic: *Diabetes & Heart Failure: Overview of Consensus Report from the ADA*
  - To learn more and join: [https://www.indiancountryecho.org/program/diabetes/](https://www.indiancountryecho.org/program/diabetes/)

• **EMS ECHO** – 1st Tuesday & 3rd Thursday of every month at 5pm PT
  - Thursday, December 15th at 5pm PT
  - Didactic Topic: *Postpartum Hemorrhage/Eclampsia*
  - To learn more and join: [https://www.indiancountryecho.org/program/emergency-medical-services-echo/](https://www.indiancountryecho.org/program/emergency-medical-services-echo/)
Tribal Subaward Request for Proposals

- NPAIHB’s Public Health Improvement & Training (PHIT) project has funding available for tribal subawards to strengthen public health systems and enhance delivery of the 10 Essential Public Health Services
- Up to $30,000 per tribe to at least 3-5 Northwest Tribes
- Rolling applications; submit by January 20, 2022 for priority consideration
- Q&A sessions:
  - January 10, 2023, 3:00-3:30 PM Pacific via Zoom
  - January 12, 2021, 1:00-1:30 PM Pacific via Zoom
- Download application or contact Valorie Gaede at vgaede@npaihb.org
Topics for Today

Current Situation Report –
  ◦ COVID-19
  ◦ Influenza
  ◦ RSV
  ◦ Review Highlights of Interim Clinical Considerations for Use of COVID-19 Vaccines
U.S COVID-19 Cases, Hospitalizations and Deaths

CDC COVID Data Tracker: Daily and Total Trends

US WEEKLY CASES

US WEEKLY DEATHS AND HOSPITALIZATIONS
CDC Community Risk Levels

As of Dec 7, 2022

As of Dec 3, 2022

CDC COVID Data Tracker: County View
Percentage of Outpatient Visits for Respiratory Illness Reported By The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2022-2023* and Selected Previous Seasons

This system monitors visits for ILI (fever and cough or sore throat), not laboratory confirmed influenza and may capture patient visits due to other respiratory pathogens that cause similar symptoms.
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – December 3, 2022

Number of Positive Specimens

- A (subtyping not performed)
- A (H1N1)pdm09
- A (H3N2)
- H3N2v
- B (lineage not performed)
- B (Victoria Lineage)
- B (Yamagata Lineage)
Rates of RSV hospitalization for the current season, shown in green were higher than any previously recorded season in October and November.

This is the 3rd consecutive week of decrease.
RSV Hospitalizations by age and Race/Ethnicity

Children 0-4 yrs highest rates of RSV hospitalization

AI/AN and Hispanic people have had the highest rates of RSV hospitalization this year
Summary of recent changes (last updated December 9, 2022):

New recommendation for children ages 6 months–4 years who complete a Moderna primary series to receive 1 bivalent Moderna booster dose at least 2 months after completion of the primary series.

Children age 5 years who complete a Moderna primary series may receive either the previously authorized bivalent Pfizer-BioNTech booster dose or the newly authorized bivalent Moderna booster dose at least 2 months after completion of the Moderna primary series.

The previously authorized 3-dose Pfizer-BioNTech primary series for children ages 6 months–4 years has been revised as follows: a monovalent Pfizer-BioNTech vaccine is administered for the first and second doses, followed by 1 bivalent Pfizer-BioNTech vaccine as the third primary series dose, at least 8 weeks after the second monovalent primary series dose. A booster dose is not authorized for children in this age group who receive a Pfizer-BioNTech 3-dose primary series, including children who previously received a 3-dose monovalent Pfizer-BioNTech primary series.

Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC
## COVID-19 vaccine products currently approved or authorized in the United States

### Pfizer-BioNTech

<table>
<thead>
<tr>
<th>Age Indication</th>
<th>Vaccine composition</th>
<th>Vaccine vial cap color</th>
<th>Label border color</th>
<th>Dilution required</th>
<th>Primary series</th>
<th>Booster doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months–4 years</td>
<td>Monovalent (Use for 1st and 2nd Dose)*</td>
<td>Maroon</td>
<td>Maroon</td>
<td>Yes</td>
<td>Doses 1 and 2: 3 µg/0.2 mL</td>
<td>Dose 3: 3.3 µg/0.2 mL</td>
</tr>
<tr>
<td>6 months–4 years</td>
<td>Bivalent (Use for 3rd Dose)</td>
<td>Maroon</td>
<td>Maroon</td>
<td>Yes</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>5–11 years</td>
<td>Monovalent</td>
<td>Orange</td>
<td>Orange</td>
<td>Yes</td>
<td>10 µg</td>
<td>0.2 mL</td>
</tr>
<tr>
<td>5–11 years</td>
<td>Bivalent</td>
<td>Orange</td>
<td>Orange</td>
<td>Yes</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12 years and older</td>
<td>Monovalent</td>
<td>Gray</td>
<td>Gray</td>
<td>No</td>
<td>30 µg</td>
<td>0.3 mL</td>
</tr>
<tr>
<td>12 years and older</td>
<td>Bivalent</td>
<td>Gray</td>
<td>Gray</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### Moderna

<table>
<thead>
<tr>
<th>Age Indication</th>
<th>Vaccine composition</th>
<th>Vaccine vial cap color</th>
<th>Label border color</th>
<th>Dilution required</th>
<th>Primary series</th>
<th>Booster doses</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months–5 years</td>
<td>Monovalent</td>
<td>Dark blue</td>
<td>Magenta</td>
<td>No</td>
<td>25 µg</td>
<td>NA</td>
</tr>
<tr>
<td>6 months–5 years</td>
<td>Bivalent*</td>
<td>Dark pink</td>
<td>Yellow</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>6–11 years</td>
<td>Bivalent</td>
<td>Dark blue</td>
<td>Purple</td>
<td>No</td>
<td>50 µg</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>6–11 years</td>
<td>Bivalent</td>
<td>Dark blue</td>
<td>Gray</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>12 years and older</td>
<td>Monovalent</td>
<td>Red</td>
<td>Light blue</td>
<td>No</td>
<td>100 µg</td>
<td>0.5 mL</td>
</tr>
<tr>
<td>12 years and older</td>
<td>Bivalent</td>
<td>Dark blue</td>
<td>Gray</td>
<td>No</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

*A booster dose is not authorized for children who received a 3-dose primary series regardless which vaccine (monovalent or bivalent) was administered for Dose 3.*
NEW Standing Orders

Pfizer 6mos - 4 years:
Pfizer-BioNTech COVID-19 Vaccine: 6 Months Through 4 Years of Age • Standing Orders for Administering Vaccine (cdc.gov)

Moderna 6mos - 5 years:
Moderna COVID-19 Vaccine: Standing Orders for Administering Vaccine • Formulation: 6 Months through 5 Years of Age (cdc.gov)
Reporting of vaccine adverse events

Vaccine administration errors whether or not associated with an adverse event

**Serious adverse events**, irrespective of attribution to vaccination

Cases of Multisystem Inflammatory Syndrome (MIS) in adults and children

Cases of myocarditis after a Pfizer-BioNTech, Moderna, or Novavax vaccine

Cases of pericarditis after a Pfizer-BioNTech, Moderna, or Novavax vaccine

Cases of COVID-19 that result in hospitalization or death

Information on how to submit a report to VAERS is available at [https://vaers.hhs.gov](https://vaers.hhs.gov) or by calling 1-800-822-7967.
Reference Materials

Summary Document for Interim Clinical Considerations (Updated 12/12/2022)
Interim COVID-19 Immunization Schedule (Updated 12/12/2022)
COVID-19 Vaccination Schedule Infographic (6 months and older) (12/08/2022)
COVID-19 Vaccination Schedule Infographic (summary, most people)
COVID-19 Vaccination Schedule Infographic (summary, immunocompromised)
Special Situations for COVID-19 Vaccination of Children and Adolescents: Age Transitions and Interchangeability (Updated 12/09/2022)
FAQs for the Interim Clinical Considerations (Updated 12/09/2022)
Tribal Community Health Provider Project (TCHPP) Team

Christina Friedt Peters
TCHPP Director

Tanya Firemoon
TCHPP Manager

Carrie Sampson-Samuels
CHAP Director

Danica Brown
Behavioral Health Director

Miranda Davis
NDTI Director

Pam Ready
DHA Education Manager

Lisa Griggs
TCHPP Specialist
Sarah Cook-Lalari
BHA Program Director

Rebecca Pazdernik
PA-C
TCHPP Contractor

Sasha Jones
CHAP Project Manager

Katie Hunsberger
BHA Student Support Coordinator

Laura Palomo
NDTI Coordinator

Kari Kuntzelman
DHA Education Specialist
CHAP Implementation Timeline

• 2020 IHS Circular No. 20-06 published to implement, outline, and define a National CHAP Policy

• 2021 – Portland Area CHAP Certification Board (PACCB) is established and begins work to approve Portland Area Standards and Procedures, design forms and build a secure data storage plan

• 2021 PACCB forms Academic Review Committees

• 2021 IHS informs PACCB that it is required to use federal forms that have gone through a federal approval process to collect and store data because the collection and storage of data for the purpose of certifying providers is an inherently federal function.
Area Certification Boards (ACB) are Important

• Area Certification Boards act as the **regulatory board** for CHAP providers – **like a state licensing board**

• Area Certification Boards act as the **accrediting body** for CHAP education programs – **like national accreditation organizations**
  • Discipline specific Academic Review Committees seated with experts in the field of medicine/dental/behavioral health, and educators to ensure that the curriculum is up to date and state of the art

• Area Certification Boards are **foundational** to the ability for the Areas to tailor CHAP to their specific needs, are **nimble and responsive** to the needs of their communities, and are an important for collecting and utilizing data about CHAP providers
What Do Area Certification Boards Do?

• Area Certification Boards collect information about the potential CHAP provider and determine whether or not they have met the qualifications for certification.

• Once that determination is made, the Area Certification Board makes a recommendation to the Area Director for certification.

• Area CHAP Certification Boards also maintain the Academic Review Committees which are responsible for ensuring that CHAP education programs meet the qualifications for certification, examine requests for approving CE, ensure that the education programs are current and state-of-the-art.

• Area Certification Board represent a broad representation of the provider types, the supervising provider types, tribal health programs in the Area, and other necessary expertise to ensure that the CHAP in that specific Area is responsive to the health system needs of that Area.
Inherent Federal Function – Collection and Storage of Data?

• IHS is asserting that the collection and storage of data for the purpose of certifying providers in an inherent federal function.

• Data in this instance is the personal information like name, birth date, education, etc.

• Under the ISDEAA, an inherent federal function is something that cannot legally be delegated to an Indian Tribe. See 25 U.S.C. § 5381(a)(4). Typical examples include the approval of an ISDEAA contract, compact, and funding agreements, or putting a budget together for a federal agency.

• The term does not normally include—
  • gathering information for or providing advice, opinions, recommendations, or ideas to Federal Government officials
Assertion of inherent federal function for the collection and storage of data represents a misunderstanding of how CHAP certification boards work

• In Alaska the CHAP Certification Board collects and stores all of the data for the purpose of making a recommendation to the Area Director for an individual to be certified.

• The Portland Area CHAP Certification Board was set up to mirror the Alaska process.

• The final decision to certify is the decision of the Area Director.

• The recommendation from the Area Certification Board does not preempt the Federal officials’ decision-making process, discretion or authority.
Challenges – Asserted Inherent Federal Function

• The Portland Area CHAP Certification Board has been in a holding pattern in terms of ability to certify providers since its inception because IHS has asserted inherent federal function around the collection and storage of data for the purpose of certifying providers.

• Without being able to certify providers, those providers cannot work within their scope of practice for CHAP and have had to rely on similar state provider types to provide some of their scope of practice.

• The Portland Area will have over 30 providers eligible for certification by the end of 2022.

• Existing providers are burnt out and there is a shortage of providers in Indian country – we need our CHAP Providers to be serving their communities NOW.
Tribal Resolutions to Support NPAIHB Administration of PACCB

- NPAIHB staff are reaching out to individual tribal governments in the Portland Area to pass resolutions to support and authorize the Northwest Portland Area Indian Health Board (NPAIHB/the Board) to incorporate Portland Area CHAP Certification Board (PACCB) operations into the Programs, Functions, Services, and Activities of the NPAIHB’s ISDEAA contract.

- The Tribal Community Health Provider Project (TCHPP) is the project at NPAIHB that is responsible for Community Health Aide Program implementation in the Portland Area. The TCHPP staff is currently managing the operations of the PACCB. IHS has received funds for this function, however, currently, IHS is not providing financial support for this work.

- At the July 2022 NPAIHB Quarterly Board Meeting (QBM), the Board supported and adopted resolution #2022-04-03 Support for Incorporating Portland Area CHAP Certification Board Programs, Functions, Services, and Activities in ISDEAA Contract.

- Resolution background materials and template available.
Updates and Looking Ahead
Community Health Aide Update

• Developing a NW CHA curriculum to pilot at 4 Tribal sites – 1 in WA, 1 in OR and 2 in ID – anticipated in Q4 of 2023 with 2 students per site
  • Lummi Nation CHAP has contracted an experienced Physician and prior Medical Director to contribute to this development.
  • Northwest Indian College is working closely with CHA curriculum team to align with higher education accreditation standards for future CHA Degree.

• Beginning the development of a Community Health Aide Manual (CHAM)

• If you would like to be involved, join the Tribal Community Health Provider Advisory Workgroup meetings by contacting Carrie at csampsonsamuels@npaihb.org
  • Next meeting January 31, 2-3pm
FRAMEWORK FOR
NW TRIBAL-BASED
COMMUNITY HEALTH AIDE/
PRACTITIONER (CHA/P) TRAINING

Logistics
Training will be hybrid: web-based didactic and in-person skills
- Secure space and lab/skills equipment
- Secure web based equipment
Identify THO point of contact
Provide CHAP training to clinic staff

Student Recruitment
THO to recruit 2 students and 1 alternate
- Employed as entry level staff member within the tribal health organization
- Be a Tribal or community member
- Have a high school diploma or equivalent and minimum of 8th grade reading and math

CHA/P Curriculum
Curriculum components are outlined in the Portland Area Standards & Procedures
Curriculum development with subject matter experts, anticipated completion Aug 2023
Utilize NW CHA/P needs assessment to prioritize curriculum subjects

Certification Framework
Member of THO participates on regulatory bodies - Academic Review Committee, etc.
Portland Area CHAP Certification Board reviews and approves training site
Portland Area CHAP Certification Board reviews and approves provider certification

Formal Processes
Establish Memorandum of Understanding with Tribal site and NPAIHB
Resolution from Tribal leadership
Mutually agreed timeline for training
THO initiates funding agreement discussion with IHS area office
Tribal Community Health Provider Program (TCHPP)

Northwest Tribal Health System
Community Health Aide/Practitioner Needs Assessment
NORTHWEST TRIBAL HEALTH NEEDS
MARCH 2022 - CURRENT

1. **ELDER HOME CARE**
   - Case management, after care, wound care, med management.

2. **FUNDING**
   - Funding agreements, grants, billing, etc.

3. **AFTER HOURS CARE**
   - Contracting RN phone line triage services

4. **PREVENTATIVE CARE**
   - Diet, self-management of diseases, education, wound care

5. **CULTURAL HUMILITY**
   - Cultural and tribal understanding, tribal politics, community experiences & expectations.

6. **CHRONIC DISEASE MANAGEMENT**
   - Hypertension, Type II Diabetes, PT with multiple comorbidities

7. **CASE MANAGEMENT**
   - Managing patients care, after care, continuity of care.

8. **PRENATAL & POSTNATAL**
   - Limited prenatal services. 20 weeks.

9. **TECHNICAL ASSISTANCE**
   - Billing and reimbursement, pay analysis.

10. **RECRUITEMENT & RETENTION**
    - Housing, location, competition, COVID, cultural barriers, rural health care
Clinical Supervisor Workgroup

Learning Opportunities

• Collaboration and networking
• Brainstorming
• Ongoing technical assistance

1) Support Tribal communities to bridge the gap in clinical supervision and connect them to clinical supervisors
2) Provide support to BHA students who need clinical supervision to matriculate through the program
3) Advise on the development of a clinical supervision training program from Native people

Last Thursday of every month from 2-3 p.m.
• DHAT education program at Skagit Valley College HAS RECEIVED INITIAL CODA ACCREDITATION!!!!!!

• The first class will begin in September. Please contact Miranda Davis at mdavis@npaihb.org for more information about applying to this program.
NPAIHB 2022-2023 Goals: Developing and Expanding DHA education

• Build partnerships with Tribal clinics, community centers and programs, Tribal High Schools and partnering colleges to initiate conversations about a DHA education program
• Identify potential educational training/clinical sites for DHA Education Program in the NW
  • Outreach to tribal communities to identify community needs
  • Assessment with Tribal dental clinics to determine current dental clinic gaps
• Learning lessons with Alaska DHA training centers
Skagit Valley College and the Swinomish Tribe collaborate to create dəxʷx̕ayəbəs – Washington Dental Therapy Education Program

- Program received CODA, began in Sept with first cohort of 6 students,
- Program will be accepting applications for next cohort beginning in January
Dental Therapy – Online e-learning course

- Self-paced
- Free
- For everyone
- CDE credits: 3

https://dentaltherapy-ohlh.talentlms.com

NEW!
Behavioral Health Aide (BHA) Update

• The TCHP Project is excited to announce that the Behavioral Health Aide (BHA) Education Program is now accepting applications for its second northwest cohort! We are actively recruiting students for the 2023 Cohort – set to start January 2023. Contact Katie Hunsberger at khunsberger@npaihb.org

• The BHA Education Programs offer culturally-specific, community-based educational pathways for those interested in pursuing a career in Behavioral health. This 2-year education program prepares BHAs with the knowledge, skills, and abilities necessary to provide quality behavioral health care to Tribes and communities to increase access & services in a culturally-responsive and holistic manner.
BHA Update Continued

• There are two educational pathways established:
  • Associate of Technical Arts at Northwest Indian College
    • Hybrid; mostly online courses
    • Located on Lummi Nation in Bellingham, Washington
  • BHA Certificate at Heritage University
    • Hybrid; mostly in-person courses
    • Located on the Yakama Nation in Toppenish, Washington

• NPAIHB is providing this cohort with a stipend/scholarship with a total amount of $12,500
BHA Education Programs
Northwest Indian College
Bellingham, WA

• 2-year program
• Full-time
• Quarter based
• Embedded in ATA in Chemical Dependency
  • Human Services and behavioral health courses
• Practicum built within:
  • Critical thinking, reflection, writing, healing the healers, Indigenous Wellness practices

Heritage University
Toppenish, WA

• 2-year program
• Full-time
• Semester based
• Embedded in BA of Social Work
  • Foundational general courses
  • BHA Knowledge & Skills
• Seminar classes with faculty and traditional knowledge scholars
  • Critical thinking, reflection, healing the healers, Indigenous Wellness practices
Dental Health Aide Update

• NDTI would like to collect and share stories from anyone who has received care from a DHAT! If you know someone who would like to share their story, please contact Miranda Davis at mdavis@npaihb.org.

• DHA I/II curriculum is being updated and this training can be offered to individuals in your community. (DHA-II can work in the clinic as a dental assistant.) Please contact Pam Ready at pready@npaihb.org for more information about providing DHA I/II training in your community.

• Oregon Board of Dentistry has finalized its Rules for Dental Therapy Licensure. Dental therapists will soon be able to apply for a license in Oregon. Dental clinics in Oregon may soon hire licensed dental therapists in the next few months.
Portland Area CHAP Certification Board and Academic Review Committees

The PACCB is an Area run federal regulatory body governed by the Portland Area Standards and Procedures and provides certification recommendations for individual applicants and education and training programs within the three Tribal Community Health Provider disciplines that are part of CHAP (Dental Health Aide (DHA/T), Behavioral Health Aide (BHA/P), and Community Health Aide (CHA/P).

Latest PACCB Activities:

• Develop Behavioral Health Aide and Dental Health Aide Certification Application Forms and Process: Federal Review Development

• Vacant seat – WA State Agency Rep

• Introduction and overview of Community Health Aide Manual (CHAM)

• Most Recent Meeting: November 2-3rd Hybrid, Toppenish, WA

Under the PACCB are the Academic Review Committees, responsible for ensuring that the education programs for Tribal Community Health Providers in the CHAP are state of the art, in line with current education and practice requirements, and are appropriate and adequate for our Area.

Behavioral Health Academic Review Committee

• In the process of reviewing the seating matrix

• Finalize and adopt bylaws

• Nominate Officers: Chair, Vice-Chair, and Secretary

• Next Meeting: TBA

Dental Academic Review Committee

• Nominated officers: Chair, Vice-Chair, and Secretary

• Recommend to the PACCB the committee will accept Alaska’s dental health aid curriculum including those who attended the Alaska’s Dental Therapy Education Program (ADTEP) prior to CODA accreditation

• Identifying Process for certification of programs

• Next Meeting: TBA
CHAP PFSA/AFA

• If your THO has opted to include health aide providers into your respective PFSA and AFA, and you would like to discuss the process, please provide feedback to Christina Peters cpeters@npaihb.org.
Upcoming Tribal Community Health Provider Meetings

Portland Area – Dental Academic Review Committee (PA – DARC)
December 7, 2022
pready@npaihb.org

Portland Area – Behavioral Health Academic Review Committee (PA – BHARC)
December 12, 2022, Virtual
scooklalari@npaihb.org

Elders, Knowledge Holders & Culture Keepers: Indian Country ECHO
{recurring}
December 13, 2022 Virtual
scooklalari@npaihb.org

CHAP Learning Collaborative: Indian Country ECHO
{recurring}
December 13, 2022, Virtual
lgriggs@npaihb.org

Tribal Community Health Provider Advisory Workgroup
January 31, 2023 Virtual
sjones@npaihb.org

Portland Area CHAP Certification Board (PACCB) {quarterly}
February 2-3, 2023
lgriggs@npaihb.org

dəxʷəyəbus (dahf-hi-ya-buus) - Washington Dental Therapy Education Program - Advisory Committee
TBA
mdavis@npaihb.org

Save The Date – Community Health Aide Program Symposium
June 12-16, 2023 – Northern Quest Resort & Casino, Spokane, WA
lgriggs@npaihb.org
Save the Date!

COMMUNITY HEALTH AIDE PROGRAM (CHAP) SYMPOSIUM
NORTHERN QUEST RESORT AND CASINO
SPokane, WA
JUNE 13-15, 2023

TCHPP.ORG

NPAIHB
Why CHAP Matters

Proven history of safe, quality care in Alaska for over 50 years

Uniquely developed for American Indians/Alaska Natives by American Indians/Alaska

Tribes can tailor their programs to fill healthcare gaps and meet their needs

Increases AI/AN Providers and local workforce

Decreases travel for routine or non emergency care

Home grown, culturally knowledgeable and respected providers

Competency based, skilled providers who increase access to care

Extend the reach of services into hard to access areas

Creates wrap around care and referral services for Tribes

Creates an education and career pathway for AI/AN providers
Tribal Community Health Provider Project
Northwest Portland Area Indian Health Board

Christina Peters, Tribal Community Health Provider (TCHP) Director
cpeters@npaihb.org

Andrew Shogren, TCHP Technical Operations Director
ashogren@npaihb.org

Tanya Firemoon, TCHP Manager
tfiremoon@npaihb.org

Carrie Sampson-Samuels, CHAP Director
csampsonsamuels@npaihb.org

Sasha Jones, CHAP Manager
sjones@npaihb.org

Katie Hunsberger, BHA Student Support Coordinator
khunsberger@npaihb.org

Miranda Davis, Native Dental Therapy Initiative (NDTI) Director
mdavis@npaihb.org

Pam Ready, Dental Health Aides (DHA) Education Manager
pready@npaihb.org

Laura Palomo, NDTI Coordinator
lpalomo@npaihb.org

www.tchpp.org
#DentalTherapyThursday
State Partner Updates

Washington

• A small amount of health equity funding available that is earmarked for contracting with one or two tribal partners to help us develop an equity plan for Strong Start education and outreach. We are looking for an “inside-out” approach to planning strategies and activities to increase developmental screening rates, access to services, and use of the Strong Start data system. The funds would be about $25-30K per contractor, and would need to be expended by June 30, 2023. Contact tamara.fife@doh.wa.gov if interested.

• Overdose Education and Naloxone Distribution Program has $500,000 of a state budget proviso for harm reduction supplies to provide naloxone and technical assistance and is interested in partnering with tribes to increase naloxone access for your community members. We anticipate continuing to set aside this funding annually as resources permit and welcome your collaboration. Contact: Emalie Huriaux, Integrated Infectious Disease, Hepatitis C, and Drug User Health Programs Manager, by email at emalie.huriaux@doh.wa.gov or by telephone at 360-236-2315.

• Contact Tamara Fife tamara.fife@doh.wa.gov if you would like a copy of the Dear Tribal Leader letter sent 12/12/2022 from the Office of the Secretary of Health regarding the Consultation Request from American Indian Health Commission on AI/AN Data in Population Health Reports, set for 2/8/2023.
State Partner Updates, Continued

Oregon

• Communications Toolkit for RSV/Flu (12/7/2022) available at: https://www.oregon.gov/oha/PH/DISEASECONDITIONS/DISEASESAZ/Pages/rsv.aspx
• COVID-19 cases for OR: 5002 new cases, 28 new deaths

Idaho

• RSV numbers have been climbing in the Treasure Valley Area and we continue to have a shortage of staffed Pediatric and NICU beds in the State. The State has been diligently watching Ebola Virus information and mitigation. Idaho currently has 26 Individuals around the State who are being monitored; none of those have high-risk exposures.
• Another opportunity to view what is happening in relation to the Department can be found on our blog at: https://healthandwelfare.idaho.gov/dhw-voice
Questions/Comments