

# NPAIHB Weekly Update

December 13, 2022

Please sign in using the chat box:

Enter the tribe or organization you are representing  
and names of all people participating with you today



NORTHWEST PORTLAND AREA  
INDIAN HEALTH BOARD  
*Indian Leadership for Indian Health*

# 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** – 2<sup>nd</sup> Tuesday of every month at 12pm PT
  - Tuesday, December 13<sup>th</sup> 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/>
- **Diabetes ECHO** – 2<sup>nd</sup> Thursday of every month at 12pm PT
  - Thursday, December 15<sup>th</sup> 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/>
- **EMS ECHO** – 1<sup>st</sup> Tuesday & 3<sup>rd</sup> Thursday of every month at 5pm PT
  - Thursday, December 15<sup>th</sup> at 5pm PT
  - Didactic Topic: *Postpartum Hemorrhage/Eclampsia*
  - To learn more and join: <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](mailto:vgaede@npaihb.org)



# Portland Area IHS COVID -19 Update

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MARCUS MARTINEZ, GENIEL HARRISON, THOMAS WEISER

DECEMBER 13, 2022



# Topics for Today

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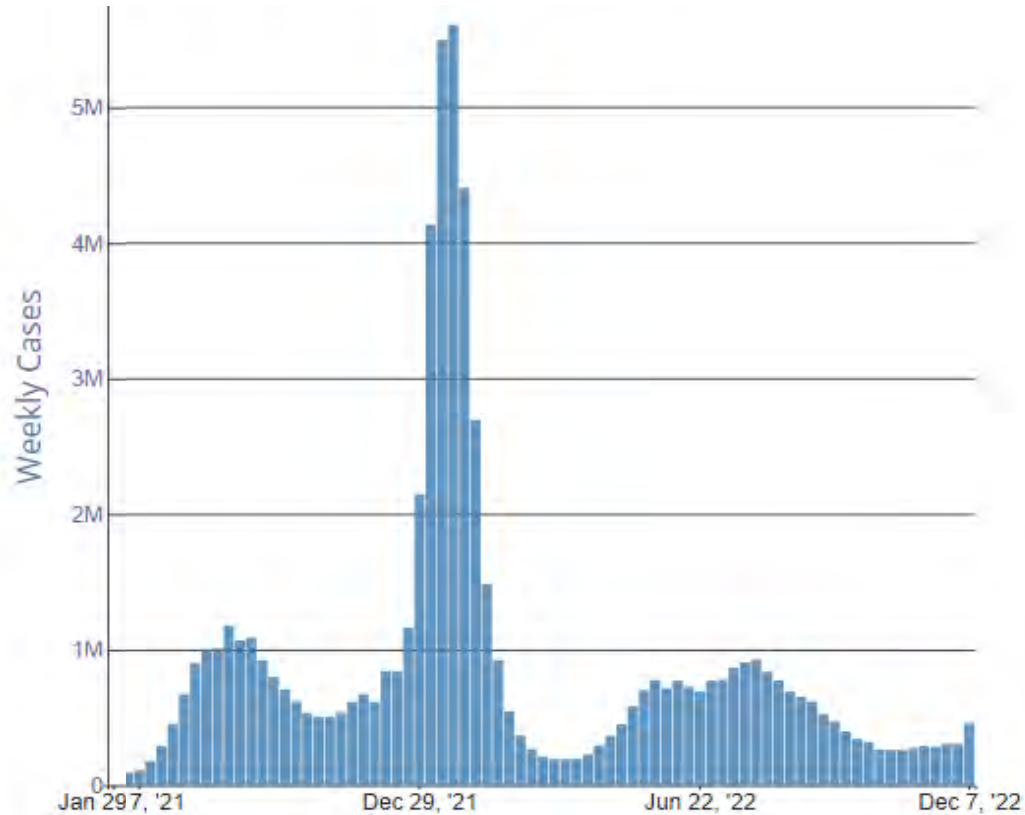
## Current Situation Report –

- COVID-19
- Influenza
- RSV
- Review Highlights of Interim Clinical Considerations for Use of COVID-19 Vaccines

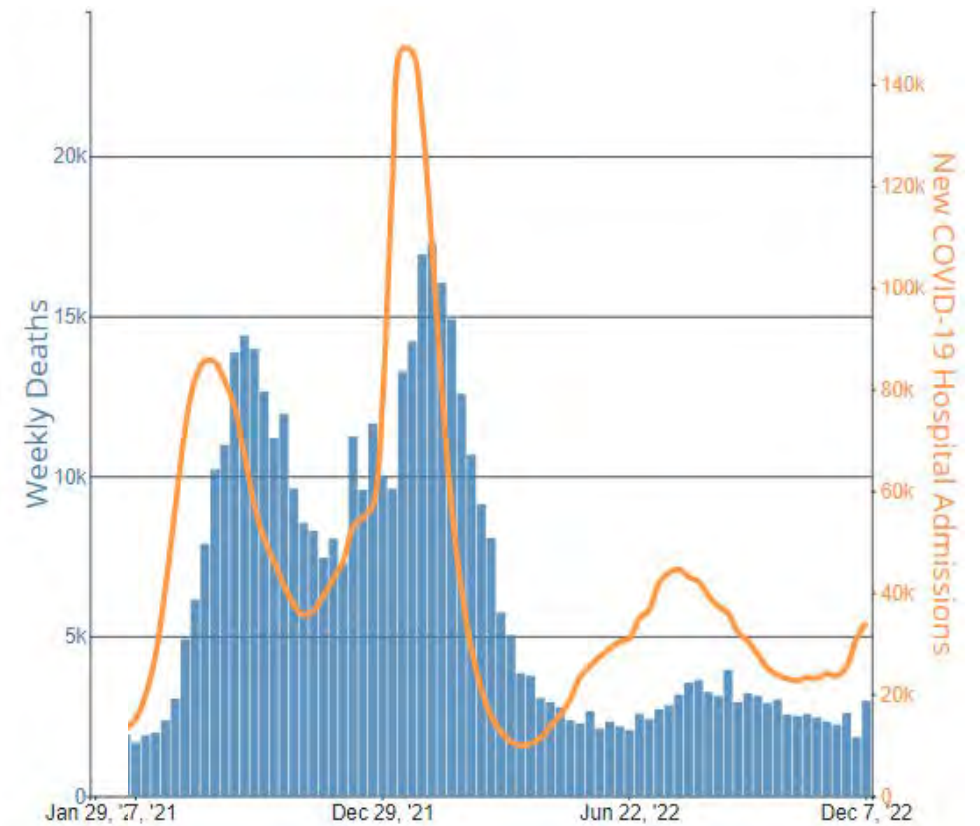


# U.S COVID-19 Cases, Hospitalizations and Deaths

[CDC COVID Data Tracker: Daily and Total Trends](#)



US WEEKLY CASES

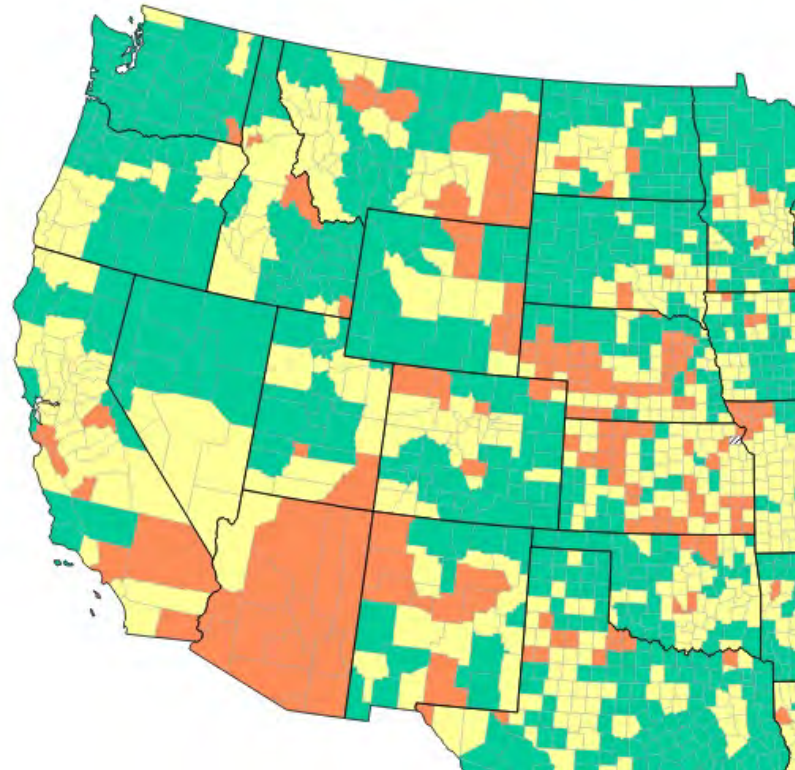
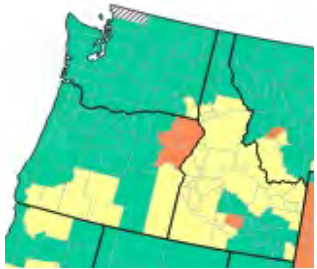


US WEEKLY DEATHS AND HOSPITALIZATIONS

# CDC Community Risk Levels

As of Dec 7, 2022

As of Dec 3, 2022



COVID-19 Community Levels in US by County

	Total	Percent	% Change
High	299	9.29%	3.63%
Medium	1134	35.24%	10.39%
Low	1785	55.47%	- 14.02%

[How are COVID-19 Community Levels calculated?](#)





















# Variants

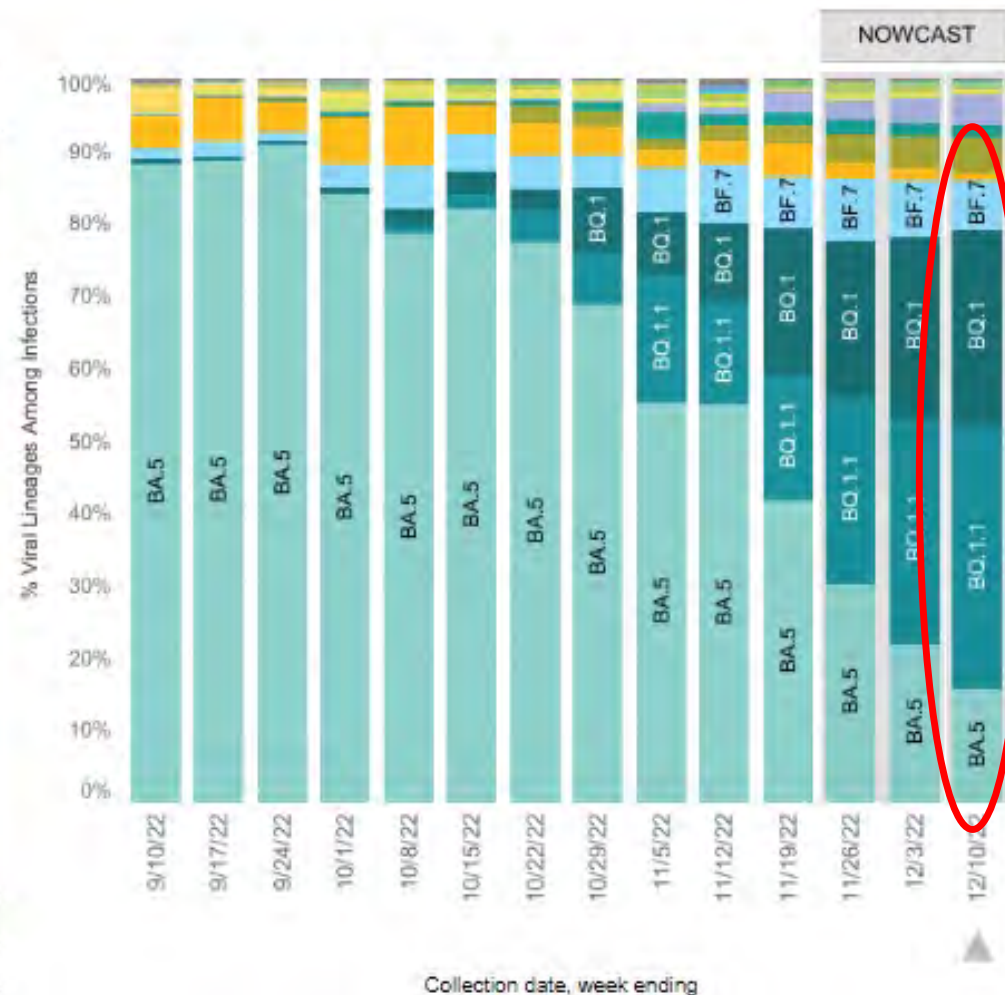
[CDC COVID Data Tracker: Variant Proportions](#)

HHS Region 10: 12/4/2022 – 12/10/2022 NOWCAST

HHS Region 10: 9/4/2022 – 12/10/2022

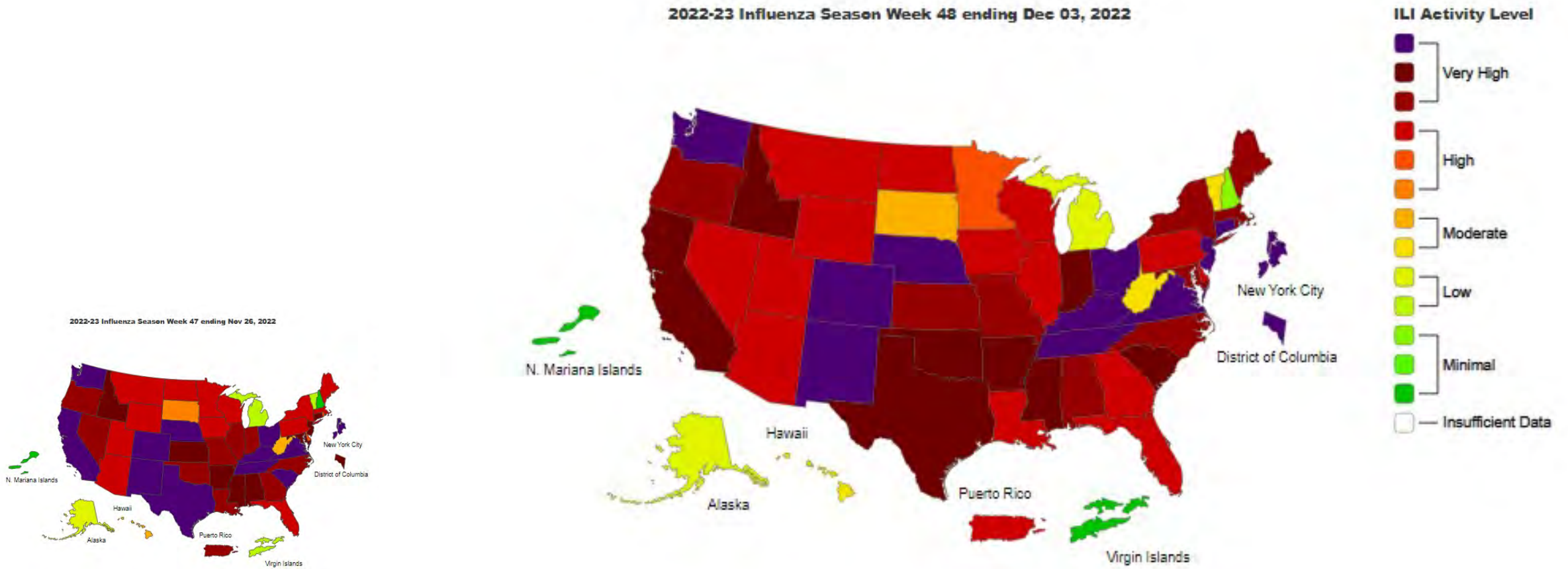
Region 10 - Alaska, Idaho, Oregon, and Washington

WHO label	Lineage #	US Class	%Total	95%PI	
Omicron	BQ.1.1	VOC	36.6%	31.4-42.0%	
	BQ.1	VOC	27.0%	21.6-33.1%	
	BA.5	VOC	15.6%	13.0-18.6%	
	BF.7	VOC	6.8%	5.8-7.9%	
BN.1	VOC	4.8%	3.6-6.5%		
XBB	VOC	4.2%	1.4-10.8%		
BA.5.2.6	VOC	1.7%	1.2-2.4%		
BA.4.6	VOC	1.1%	0.8-1.5%		
BA.2	VOC	0.8%	0.4-1.4%		
BA.2.75	VOC	0.6%	0.3-1.1%		
BA.2.75.2	VOC	0.4%	0.2-0.6%		
BF.11	VOC	0.3%	0.1-0.6%		
BA.4	VOC	0.0%	0.0-0.0%		
BA.1.1	VOC	0.0%	0.0-0.0%		
B.1.1.529	VOC	0.0%	0.0-0.0%		
BA.2.12.1	VOC	0.0%	0.0-0.0%		
Delta	B.1.617.2	VBM	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%	

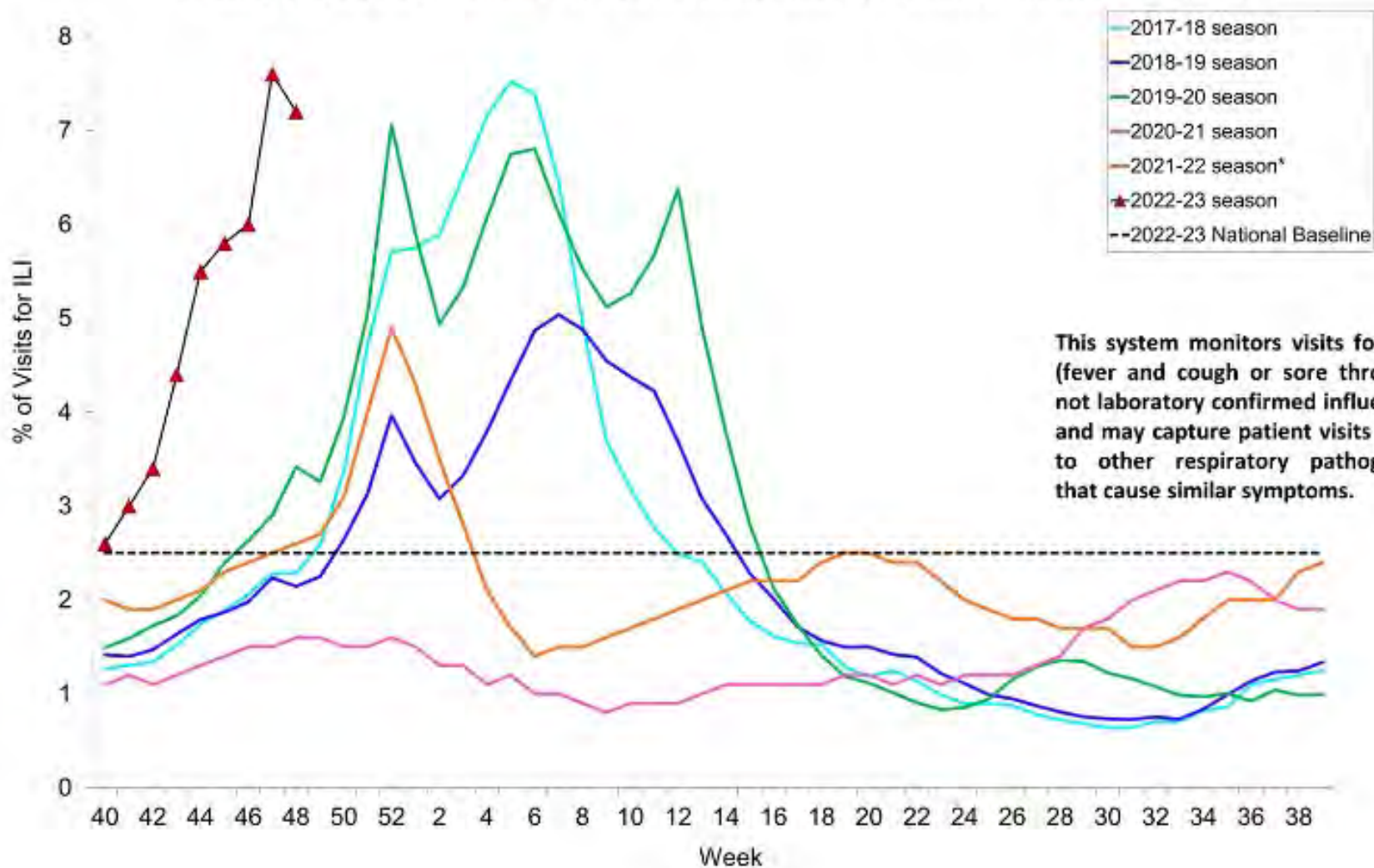


# Influenza

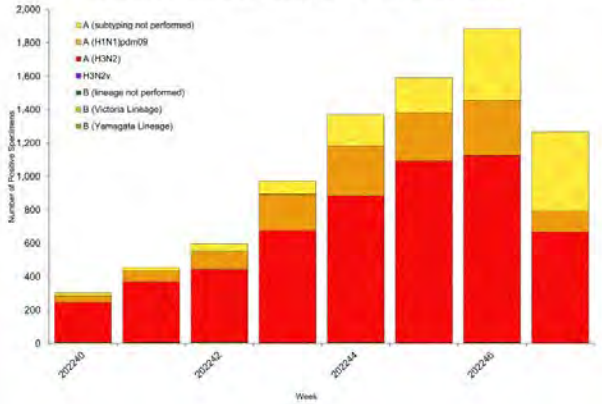
[Weekly US Map: Influenza Summary Update | CDC](#)



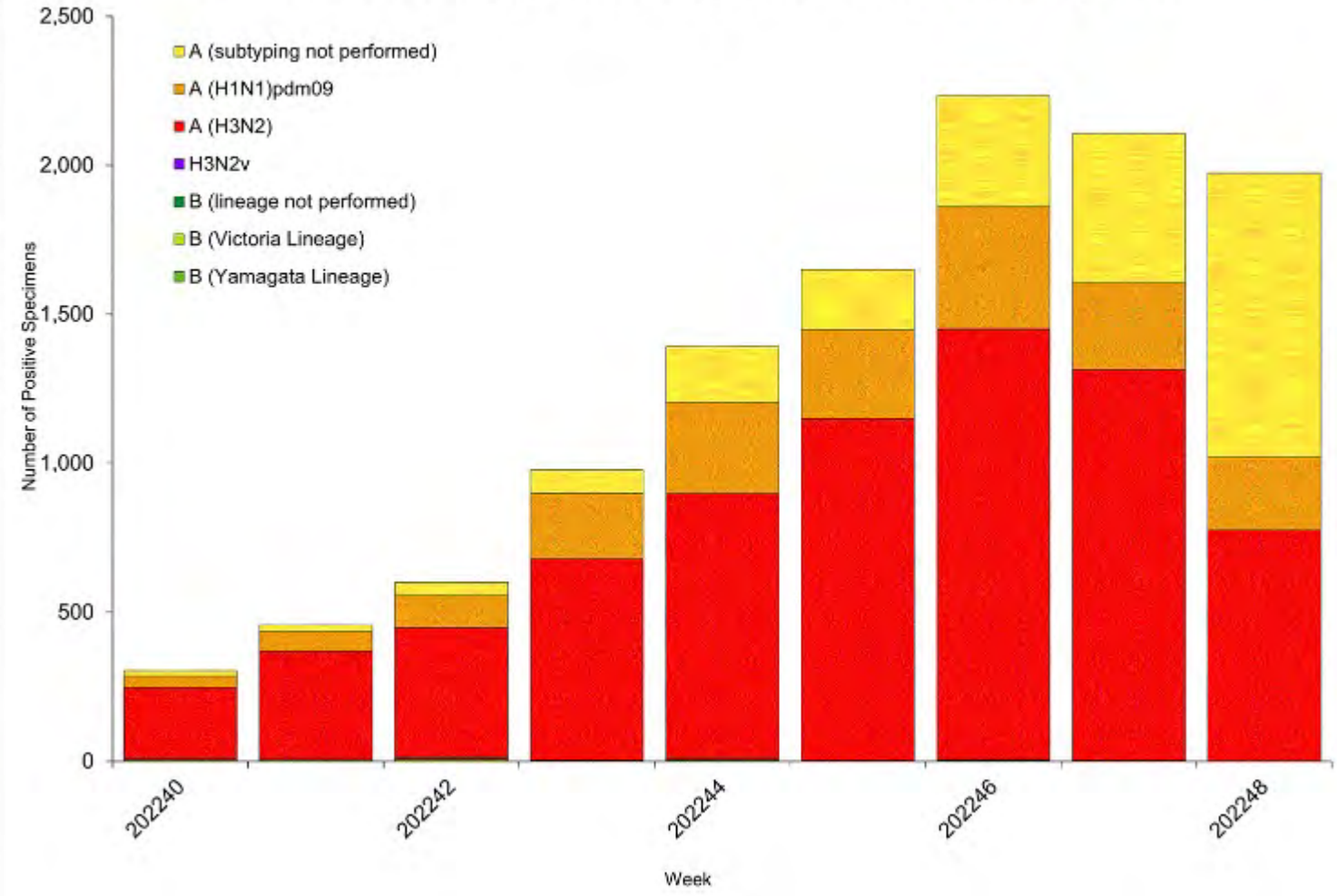
## Percentage of Outpatient Visits for Respiratory Illness Reported By The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2022-2023\* and Selected Previous Seasons



Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – November 26, 2022



Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, October 2, 2022 – December 3, 2022

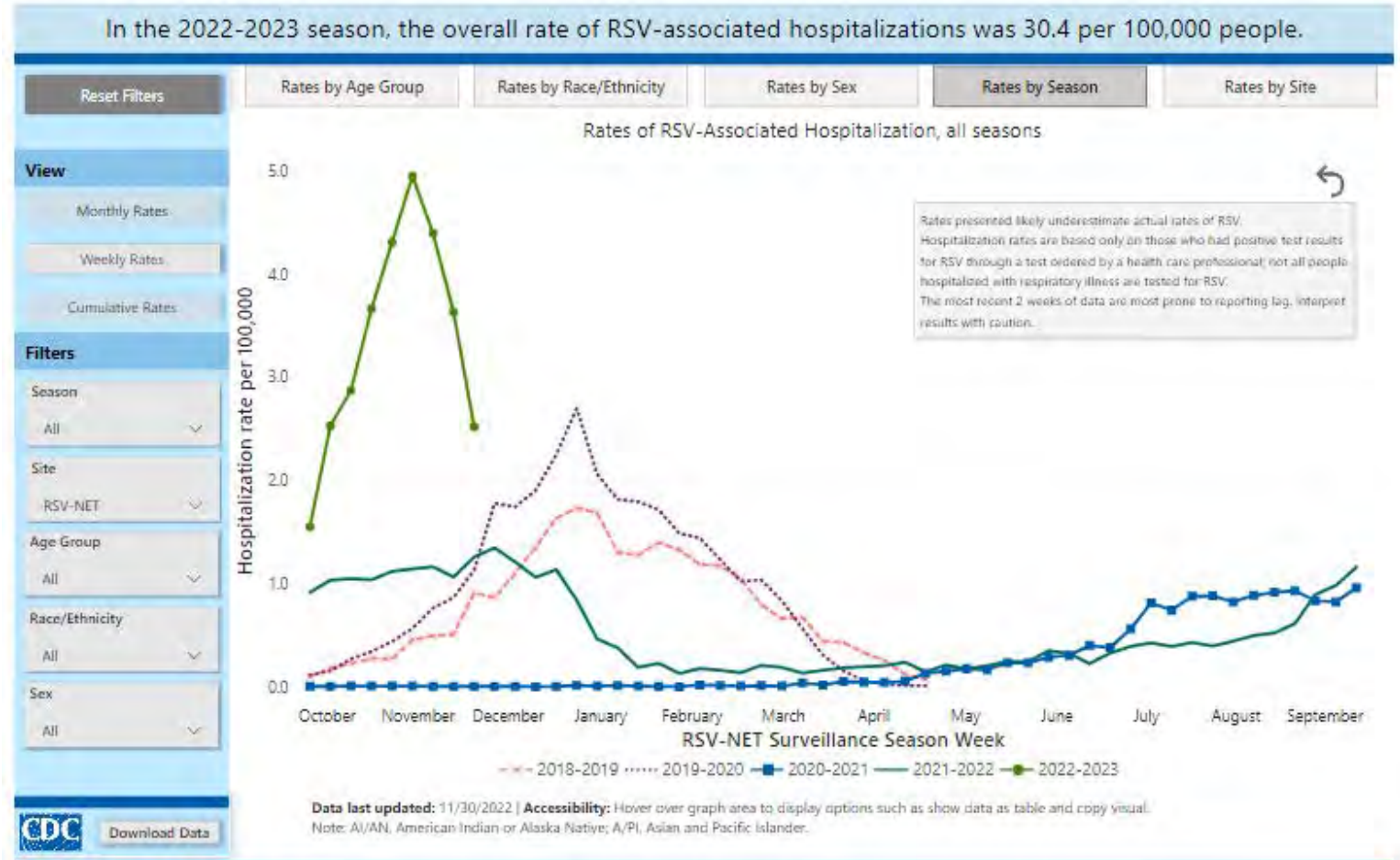


# CDC RSV-NET Interactive Dashboard

[RSV-NET Interactive Dashboard | CDC](#)

Rates of RSV hospitalization for the current season, shown in green were higher than any previously recorded season in October and November.

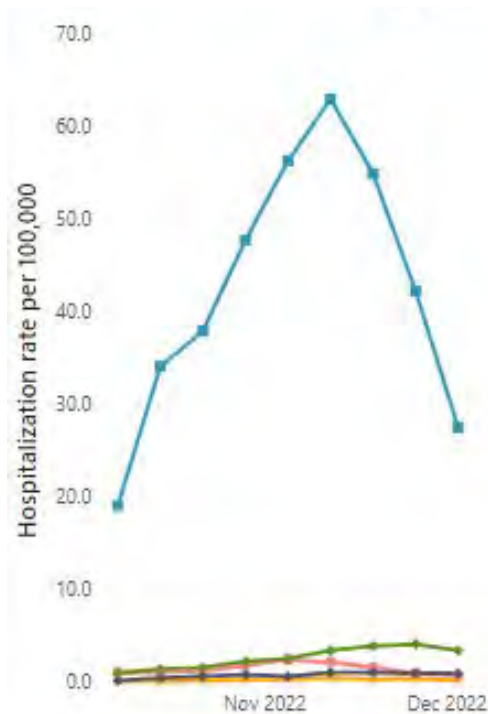
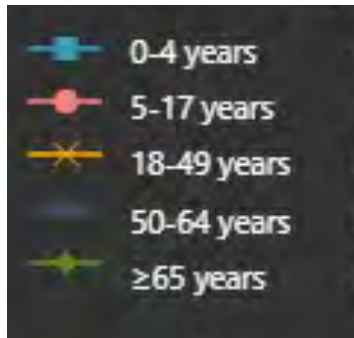
This is the 3rd consecutive week of decrease.



# RSV Hospitalizations by age and Race/Ethnicity

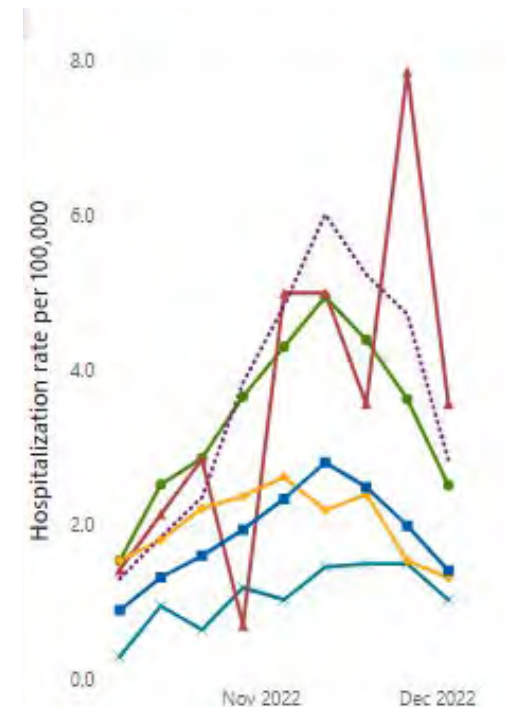
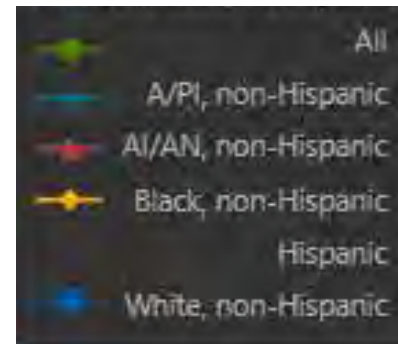
RSV Hospitalization Rates by Age

Children 0-4 yrs highest rates of RSV hospitalization



RSV Hospitalization Rates by Race and Ethnicity

AI/AN and Hispanic people have had the highest rates of RSV hospitalization this year



# Interim Clinical Considerations for the Use of COVID-19 Vaccines in the United States

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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](#)

# Summary Document for Interim Clinical Considerations

for Use of COVID-19 Vaccines Currently Authorized or Approved in the United States



## COVID-19 vaccine products currently approved or authorized in the United States

### Pfizer-BioNTech

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
					Dose	Injection volume	Dose	Injection volume
6 months–4 years	Monovalent (Use for 1st and 2nd Dose)*	Maroon	Maroon	Yes	Doses 1 and 2: 3 µg/0.2 mL		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.	
6 months–4 years	Bivalent (Use for 3rd Dose)	Maroon	Maroon	Yes	Dose 3: 3 µg/0.2 mL			
5–11 years	Monovalent	Orange	Orange	Yes	10 µg	0.2 mL	NA	NA
5–11 years	Bivalent	Orange	Orange	Yes	NA	NA	10 µg	0.2 mL
12 years and older	Monovalent	Gray	Gray	No	30 µg	0.3 mL	NA	NA
12 years and older	Bivalent	Gray	Gray	No	NA	NA	30 µg	0.3 mL

### Moderna

Age indication	Vaccine composition	Vaccine vial cap color	Label border color	Dilution required	Primary series		Booster doses	
					Dose	Injection volume	Dose	Injection volume
6 months–5 years	Monovalent	Dark blue	Magenta	No	25 µg	0.25 mL	NA	NA
6 months–5 years	Bivalent*	Dark pink	Yellow	No	NA	NA	10 µg	0.2 mL
6–11 years	Monovalent	Dark blue	Purple	No	50 µg	0.5 mL	NA	NA
6–11 years	Bivalent	Dark blue	Gray	No	NA	NA	25 µg	0.25 mL
12 years and older	Monovalent	Red	Light blue	No	100 µg	0.5 mL	NA	NA
12 years and older	Bivalent	Dark blue	Gray	No	NA	NA	50 µg	0.5 mL



# NEW Standing Orders

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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

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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> or by calling 1-800-822-7967.



# Reference Materials

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[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)





# CHAP Update

Christina Friedt Peters



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*Indian Leadership for Indian Health*

# Tribal Community Health Provider Project (TCHPP) Team



Christina Friedt  
Peters  
TCHPP Director



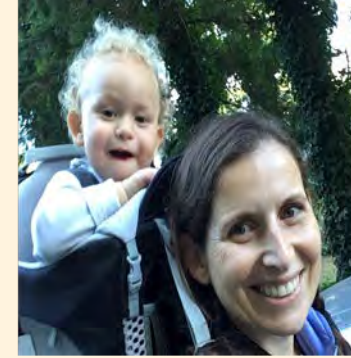
Tanya Firemoon  
TCHPP Manager



Carrie Sampson-  
Samuels  
CHAP Director



Danica Brown  
Behavioral Health  
Director



Miranda Davis  
NDTI Director

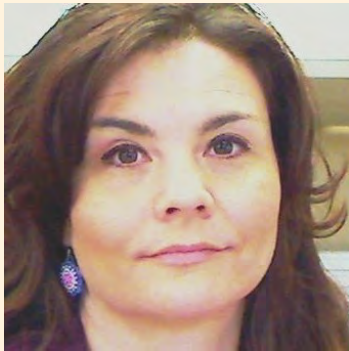


Pam Ready  
DHA Education Manager



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



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# 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



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# 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@npaih.org](mailto:csampsonsamuels@npaih.org)
  - Next meeting January 31, 2-3pm





# FRAMEWORK FOR NW TRIBAL-BASED COMMUNITY HEALTH AIDE/ PRACTITIONER (CHA/P) TRAINING



## 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

## 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



## 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



## 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



# Tribal Community Health Provider Program (TCHPP)

## **Northwest Tribal Health System Community Health Aide/Practitioner Needs Assessment**

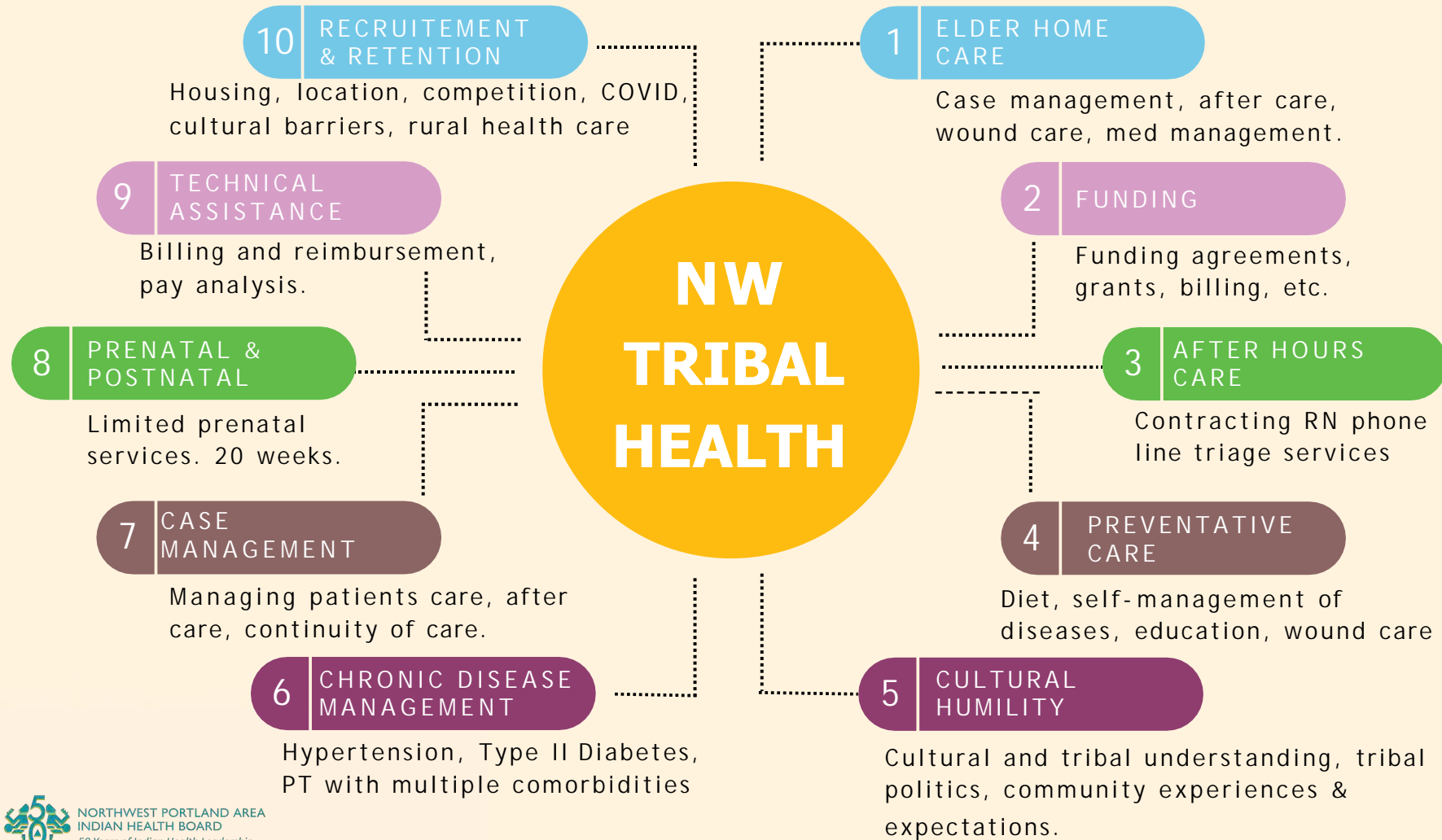


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*50 Years of Indian Health Leadership*



# NORTHWEST TRIBAL HEALTH NEEDS

MARCH 2022 - CURRENT



# 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 Update Continued

- 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](mailto: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 **dəx<sup>w</sup>x̣ayəbus** – Washington Dental Therapy Education Program



Skagit Valley College - 2019

- Program received CODA, began in Sept with first cohort of 6 students,
- Program will be accepting applications for next cohort beginning in January



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Learn more about dental therapy!

# Dental Therapy – Online e-learning course



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



<https://dentaltherapy-ohlh.talentlms.com>



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# 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](mailto: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



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**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](mailto: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@npaib.org](mailto:pready@npaib.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 2-3<sup>rd</sup> 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



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# 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](mailto:cpeters@npaihb.org).



# Upcoming Tribal Community Health Provider Meetings

## **Portland Area – Dental Academic Review Committee (PA – DARC)**

December 7, 2022

[pready@npaih.org](mailto:pready@npaih.org)

## **Portland Area – Behavioral Health Academic Review Committee (PA – BHARC)**

December 12, 2022, Virtual

[scooklari@npaih.org](mailto:scooklari@npaih.org)

## **Elders, Knowledge Holders & Culture Keepers: Indian Country ECHO**

{recurring}

December 13, 2022 Virtual

[scooklari@npaih.org](mailto:scooklari@npaih.org)

## **CHAP Learning Collaborative: Indian Country ECHO**

{recurring}

December 13, 2022, Virtual

[lgriggs@npaih.org](mailto:lgriggs@npaih.org)

## **Tribal Community Health Provider Advisory Workgroup**

January 31, 2023 Virtual

[sjones@npaih.org](mailto:sjones@npaih.org)

## **Portland Area CHAP Certification Board (PACCB) {quarterly}**

February 2-3, 2023

[lgriggs@npaih.org](mailto:lgriggs@npaih.org)

## **dəx<sup>w</sup>ǰayəbus (dahf-hi-ya-buus) - Washington Dental Therapy Education Program - Advisory Committee**

TBA

[mdavis@npaih.org](mailto:mdavis@npaih.org)

## **Save The Date – Community Health Aide Program Symposium**

June 12-16, 2023 – Northern Quest Resort & Casino, Spokane, WA

[lgriggs@npaih.org](mailto:lgriggs@npaih.org)



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*Save the Date!*



TCHPP.ORG

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



NPAIHB



# Why CHAP Matters

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**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**



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# Tribal Community Health Provider Project

## Northwest Portland Area Indian Health Board

**Christina Peters**, Tribal Community Health Provider (TCHP) Director

[cpeters@npaih.org](mailto:cpeters@npaih.org)

**Andrew Shogren**, TCHP Technical Operations Director

[ashogren@npaih.org](mailto:ashogren@npaih.org)

**Tanya Firemoon**, TCHP Manager

[tfiremoon@npaih.org](mailto:tfiremoon@npaih.org)

**Carrie Sampson-Samuels**, CHAP Director

[csampsonsamuels@npaih.org](mailto:csampsonsamuels@npaih.org)

**Sasha Jones**, CHAP Manager

[sjones@npaih.org](mailto:sjones@npaih.org)

**Katie Hunsberger**, BHA Student Support Coordinator

[khunsberger@npaih.org](mailto:khunsberger@npaih.org)

**Miranda Davis**, Native Dental Therapy Initiative (NDTI) Director

[mdavis@npaih.org](mailto:mdavis@npaih.org)

**Pam Ready**, Dental Health Aides (DHA) Education Manager

[pready@npaih.org](mailto:pready@npaih.org)

**Laura Palomo**, NDTI Coordinator

[lpalomo@npaih.org](mailto:lpalomo@npaih.org)

[www.tchpp.org](http://www.tchpp.org)

#DentalTherapyThursday



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# 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](mailto: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 Hurliaux, Integrated Infectious Disease, Hepatitis C, and Drug User Health Programs Manager, by email at [emalie.hurliaux@doh.wa.gov](mailto:emalie.hurliaux@doh.wa.gov) or by telephone at 360-236-2315.
- Contact Tamara Fife [tamara.fife@doh.wa.gov](mailto: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/DISEASESCONDITIONS/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



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