

NPAIHB Weekly Update

March 5, 2024

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: Bridget Canniff
- Upcoming Indian Country ECHO Sessions
- Upcoming NPAIHB Weekly Update Sessions
- NPAIHB Project Update – 988 Suicide & Crisis Lifeline: Colbie Caughlan and Shane Lopez-Johnston
- IHS and/or State Partner Updates
- Questions & Comments

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

- **Harm Reduction ECHO** - 1st Tuesday of every month at 12pm PT
 - Tuesday, March 5th at 12pm PT
 - Didactic Topic: *Naloxone Part 2*
 - To learn more and join: <https://www.indiancountryecho.org/program/harm-reduction/>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, March 5th at 5pm PT
 - Didactic Topic: *Reactive Airway Diseases: Asthma, COPD, Anaphylaxis*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medical-services-echo/>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, March 6th at 11am PT
 - Didactic Topic: *Pediatric HCV Treatment*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>

Upcoming Indian Country ECHO telehealth opportunities

- **SUD ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, March 7th at 11am PT
 - Didactic Topic: *Resiliency, Responsiveness & Radical Acceptance*
 - To learn more and join: <https://www.indiancountryecho.org/program/substance-use-disorder/>
- **Diabetes ECHO** – 2nd Thursday of every month at 12pm PT
 - Thursday, March 7th at 12pm PT
 - Didactic Topic: *Correction Insulin & Sick Day Insulin*
 - To learn more and join: <https://www.indiancountryecho.org/program/diabetes/>

Weekly Update Schedule Preview: March-April

March 12: NWTEC Epi/Data Update

March 19: Public Health Update – NW Tribal Support Center / Public Health Dentistry

March 26: Legislative & Policy Update

April 2: Public Health Update – Native CARS / Child Passenger Safety / Injury Prevention

April 9: NWTEC Epi/Data Update – Northwest AI/AN Opioid Overdose Mortality Data Brief

April 16: Public Health Update – OR Poison Control Center (tentative)

April 23: **No Update** – NPAIHB QBM Week



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

OR TRIBES COMMUNITY HEALTH DISCUSSION SERIES



Oregon NPAIHB Delegates, Tribal leaders, health directors & program staff, and Oregon Tribal and Urban AI/AN community members are invited to join this conversation with NPAIHB and Oregon Health Authority staff

Goal: To drive the usefulness of health data to make it more meaningful for Tribal communities

Session 1: Tuesday, March 5, 2024 at 12:00 pm, or Wednesday, March 6, 2024 at 4pm (*Feel free to join either session*)

- **Location:** (Virtual)

<https://us06web.zoom.us/j/87280890899?pwd=Yw9lyHrjBFtc6BJYhbng7ExRMfl9a.1>

Session 2: April QBM

- **Location:** Jamestown S’Klallam Tribe (*Travel support available*)



More info/RSVP:

Valorie Gaede at
vgaede@npaihb.org



WHAT KEEPS YOUR COMMUNITY HEALTHY?

HELP INFORM THE WAYS WE
LEARN ABOUT COMMUNITY
FACTORS THAT INFLUENCE HEALTH
IN OREGON



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD



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Indian Leadership for Indian Health

Northwest Tribal Public Health Emergency Preparedness Conference

June 10-12, 2024

Registration link:

<https://bit.ly/TPHEP2024RegistrationLanding>

Call for proposals due 4/12/24 use link below to submit proposal:

<https://www.surveymonkey.com/r/TPHEP2024>

All links are available on the NPAIHB events calendar at:

www.npaihb.org/npaihb-events/

Spirit Mountain Casino

27100 SW Salmon River Hwy

Grand Ronde, OR 97347

<https://bit.ly/2024TPHEPHotelReservation>

Tribal travel scholarships are available

Questions?? Contact the planning team @ NPAIHB at
tphep@npaihb.org

Conference funded by:

*Northwest Portland Area Indian Health Board
Oregon Health Authority Public Health Division
Washington State Department of Health
Idaho Department of Health and Welfare*



Funding for this conference was made possible in part by Grant CDC-RFA-TP19-1901 from the Centers for Disease Control and Prevention (CDC). The views expressed in written conference materials or publications and by speakers and moderators do not reflect the official policies of the Idaho Department of Health and Welfare or the Centers for Disease Control and Prevention, nor does mention of trade names, commercial practices, or organizations imply endorsement by the US Government.

Northwest Tribal Dental Support Center & Northwest Tribal Elders Project

Join the training webinar and hear about Periodontal disease and association to
development of Alzheimer's disease

March 14th, 2024
12 pm- 1 pm PST



Presented by:

Northwest Portland Area Indian Health Board
Northwest Tribal Dental Support Center &
Northwest Tribal Elders Project

Designed for:

- Oral Health/Dental Clinical providers and staff
- Dental Students
- Tribal Elder Services/programs
- Caregivers
- Senior Center Programs
- Community Health Representatives/Worker's
- Tribal Health Professionals
- Clinical Provides
- Social Workers

Trainer/Presenter: CAPT Dr. Eric Jewell,
Indian Health Service National
Periodontal Consultant

Facilitators:

Ticey Mason, Project Director
Northwest Tribal Dental Support Center
Chandra Wilson, Project Director
Northwest Tribal Elders Project
Building Our Largest Dementia Network

Register Here:



Learning Objectives:

Links between oral health and dementia
Risk Reduction – reducing the onset of
dementia and importance of dental care
who may have early symptoms.
Periodontal Disease and chronic
inflammation associated with Vascular
Dementia





Save The Date

May 7th-9th, 2024



2024 Portland Area Dental Meeting

May 7th-9th, 2024, Salishan Coastal Lodge in Gleneden Beach, OR

Inviting all dental staff! We strongly encourage Dental Directors/Supervisors, Prevention Coordinators and Health Directors to attend this meeting. You are welcome to invite other staff as well. Please make sure they register individually.

Date:	Content:	Time:
Monday, May 6th, 2024	Early registration	3:00 pm – 5:00 pm
Tuesday, May 7th, 2024	Dental Director's Mtg	8:30 am – 12:00 pm
	NTDSC Orientation	1:00 pm – 3:30 pm
Wednesday, May 8th, 2024	Portland Area Dental Meeting	8:30 am – 4:30 pm
	Reception	6:00 pm – 9:00 pm
Thursday, May 9th, 2024	Portland Area Dental Meeting	8:30 am – 12:00 pm

For online booking go to:
[Link to direct group reservation](#)
Use Group ID: 21886

For reservations by phone:
To make reservations, your attendees must call the Salishan Coastal Lodge Group Reservation Department at 541-764-3600 between the times of 7:00am – 7:00pm and identify themselves as participants of this event to receive the special rates quoted.

- Press #1 for Lodging Reservations
- Press #2 for Designated Group Reservations

Room Rate: \$131 + tax
Salishan Coastal Lodge | 7760 North Highway 101
Gleneden Beach, OR 97388
(541) 764-3600 | www.salishan.com

Please contact Ticey Mason for details at tmason@npaihb.org

Registration:



Or visit www.surveymonkey.com/r/2024_PADM

Reservations must be booked by April 6th 2024



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

988 Tribal Response

Shane Lopez-Johnston, THRIVE 988 Project Director
Colbie Caughlan, THRIVE and TOR Project Director



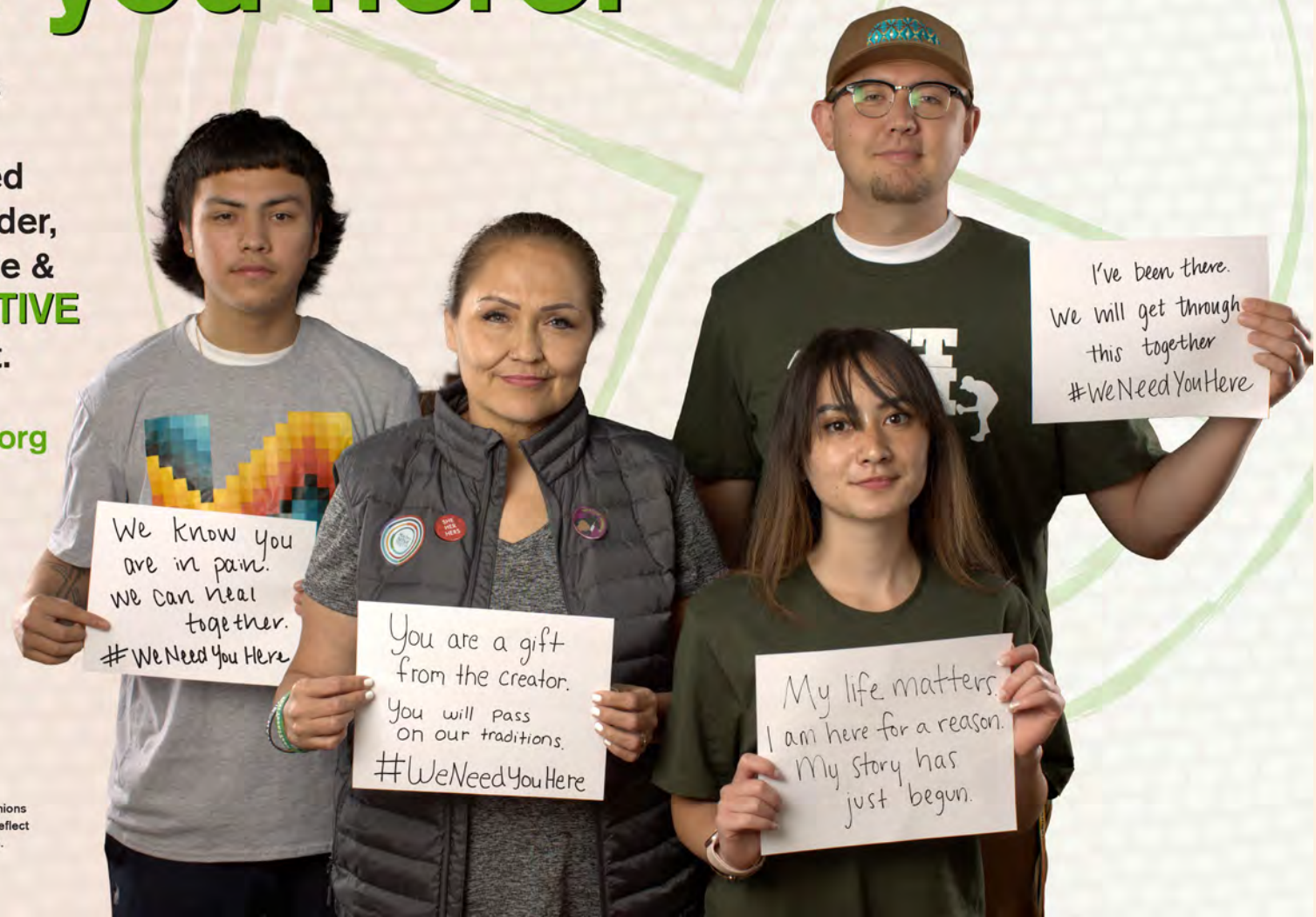
NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



We are connected. We need you here.

If you or someone you know has been showing signs of suicide, please get help. Contact a trusted adult, spiritual advisor, healer, elder, health professional or the Suicide & Crisis Lifeline at **988**, or text **NATIVE** to **741741** for free 24/7 support.

To learn more, visit www.wernative.org or 988Lifeline.org.



www.npaihb.org



THRIVE

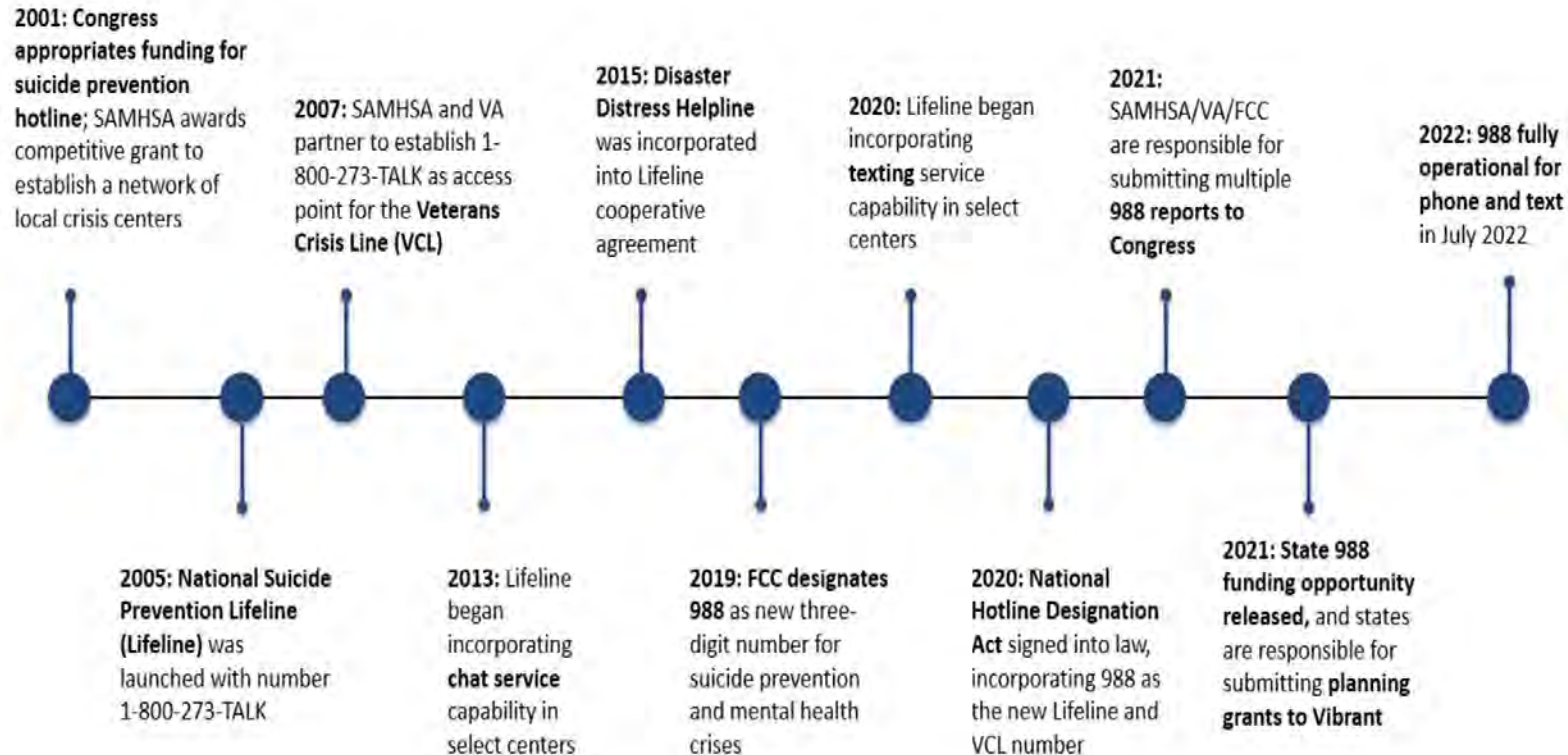
This poster was developed, in part under grant number SM082106 from SAMHSA. The views, opinions and content of the publication are those of the authors and contributors, and do not necessarily reflect the views, opinions, or policies of CMHS, SAMHSA, or HHS, and should not be construed as such.

988 Suicide and Crisis Lifeline

- Nation wide suicide crisis lifeline
- Provides crisis intervention and offers support for anyone experiencing mental health and/or substance use related crises.
 - Press one for the Veteran's crisis line
 - Press two for Spanish speaking support
 - Press three to talk to a specialized LGBTQI+ trained counselor
 - In Washington State press four to speak to the Native and Strong call center



Timeline leading up to 988



- Fall 2022 first 988 Tribal Response grants awarded
- Fall 2023 second 988 Tribal Response grants awarded – NPAIHB awarded



Goals of 988

Establish three-digit number for mental health and substance use disorder crises by call, chat, and text.

Build capacity within Tribes, Territories, States to provide crisis care and behavioral healthcare for those who contact 988. (This is over time)

- Mobile Crisis Response
- Crisis Stabilization



THRIVE 988 Tribal Response

- Educate and bring awareness about the 988 call centers and services to the NW Tribes and AI/AN community members in the Northwest.
- Facilitate collaborative, trusting relationships between Tribes and 988 call center staff to increase resources and services for tribal members with open lines of communication and education about call center protocols.
- Staff will administer new tribal assessments to receive current wants and needs of the Tribes in regard to suicide and SUD prevention, treatment, education, awareness, and accessibility.
- Work collaboratively with existing Crisis Lines and resources to improve and embed the development, use, and delivery of culturally and trauma-informed suicide and SUD crisis response within and in partnership with NW Tribes.



Goals and Objectives

1. Improve intertribal and interagency collaboration and communication about the 988 Suicide & Crisis Lifeline, suicide prevention, and treatment in order to share and maximize limited resources, by working collaboratively with local, regional, and state partners.
2. Promote mental health and improve the social acceptability of mental health services for AI/AN people.
3. Through partnerships, increase the capacity of local 988 centers to implement a comprehensive and coordinated response to Tribal individuals at risk for suicide.
4. Increase tribal capacity and expand their delivery of suicide and SUD prevention, early intervention, and crisis intervention strategies in NW tribal settings.



Recruiting Subgrantees

- **Five subgrantees but always looking for more. Tribal subgrantee options:**
 - Suicide prevention trainings for staff or the community and promote 988 as a resource
 - Assistance with policies or setting up a 24hr crisis line staffed by Tribe(s) who can choose to take 988 calls if they would like
 - Assistance with policies or setting up an after hours crisis line staffed by Tribe(s)
 - Contract with a local crisis line and promote their local number within the community to answer crisis calls and connect to services or even to help make phone calls during “transition” times a community member may be having
 - Help NPAIHB provide culturally informed training for call centers to ensure their staff are educated about local Tribes, history, and how to have helpful trauma-informed discussions with callers
 - Promote local and national Crisis Call Centers like the Suicide & Crisis Lifeline
 - What else? There are many opportunities, contact the THRIVE team to discuss!



988 Tribal Response Work

- Director position hired
- Coordinator position offered
- Monthly calls with SAMHSA GPO
- Currently we have 5 subgrantees
- Monthly meetings for subgrantees
- Contracts are being developed
- Scopes of work defined
- NPC Research evaluation contract completed
- Question, Persaud, Refer training offered
- Washington State Tribal Behavioral Health meeting
- Media Campaign
- Quality Improvement Plan submitted
- Continuation application submitted



Year 2 Grant Expectations

- Year 2 will the 988 videos all completed
- Will have had at least one meet and greet for the Tribes to visit the centers
 - Rotating meet and greet
- Better intertribal and interagency communication for services and resources
- Quality improvement plan for year two completed (vision for the future)
- Cultural training offered to all subgrantees
- Identified points of contact in each Tribe for crisis call center referrals and follow-up
- Tribes involved in data collection conversation with call centers
- Washington State Tribal Behavioral Health Meetings happening quarterly
- Call centers offering regular referrals to Tribal resources and able to offer follow-up
- Create more awareness for 988 through resource hub



Thinking About 988 Through a Cultural Lens

- Cultural adaptation is crucial for offering Tribal communities' sustainable practices
- Meeting Tribal clients and callers with traditional knowledge
- Offering support to address balance from all facets of life (mental, emotional, spiritual, physical)
- Relatability/connectedness
- Trust and relationship building
- Communication that involves Tribes from the beginning instead of the middle or at the end
- Training that helps non native staff better understand these important issues
- Bringing in and offering Tribal Based Practices





Mission and Vision of Tribal Services at Volunteers of America Western Washington

Acknowledging Our Tribal Nations and Lands

We acknowledge that Volunteers of America Western Washington is on the ancestral lands of the Coast Salish Peoples, particularly Tulalip, Snohomish, Stillaguamish, and Sauk-Suiattle.

These tribes and nations ceded millions of acres of land in exchange for a small amount of money and permanent protection by the United States government under the Treaty of Point Elliott in 1855. This treaty preserved the right of Native peoples to retain their fishing, hunting, and gathering rights, and it remains as relevant today as it was the day it was signed.

Our responsibility to recognize the injustices of colonization – stolen land, forced assimilation, dispersion, and violence – is the foundation of a pledge to address enduring trauma by becoming better allies to our Tribal communities.

We see you. We seek to cultivate authentic relationships and honor our commitments. We respect your sovereignty and right of self-determination.

Accordingly, we challenge all who engage with us in our mission of strengthening our communities to actively support Native peoples. Embrace their narratives, advocate for equitable opportunities, endorse Native-owned businesses, and honor their lands and waters by being a good steward of the earth.



Calling Native and Strong Lifeline

Any tribally affiliated person in the state of Washington

This includes:

- American Indians, Alaska Natives, First Nations, Tribally enrolled and *unenrolled* people who are of Indigenous descent
- This service is not specific to any one Washington Tribe but is inclusive of all tribal people in the state whether their tribe is located in Washington or elsewhere
- Not only can individuals access this service but so can concerned family members, Indian Health Care Providers, Social Workers, etc.
- Connection to Native Resource Hub – Tribal Services 211 database



*If you are struggling,
you don't have to do it alone.*

**Native and Strong
Lifeline
is here for you.**

Call 988 and choose option 4.

Calls are answered by trained crisis counselors who are Tribal members and descendants with close ties to their community.



Native and Strong Lifeline logo artist: Jason LaClair, Lummi Nation and Nooksack Indian Tribe

Who am I calling? An All Native staff!

- Every crisis counselor at the Native and Strong Lifeline is an Indigenous person
- This means that our counselors include enrolled Tribal members, and descendants closely affiliated with their Native Community or Tribe
- You are calling another Native person who cares to listen and connect with you
- You are connecting with a trained crisis counselor; just as the non-Tribal Lifeline is trained, so are the Native and Strong Lifeline Counselors
- The training difference is that we have added traditional and cultural elements as well as training on historical and intergenerational trauma



Connection Opportunities for Tribes

- Enhance tribally run crisis lines with technical assistance
- Promoting a culture of healing across Indian Country
- Bringing AI/AN mental health into focus
- Connection to Tribal Designated Crisis Responders protocols
- Follow-up services that include Tribal Indian Health Care Provider referrals and case management



How to Connect with us.

The Native and Strong
Lifeline is accessible by
dialing 988 and selecting
option 4.

The Native Resource Hub
1-866-491-1683

Rochelle Williams, Director of Tribal
Services rwilliams@voaww.org

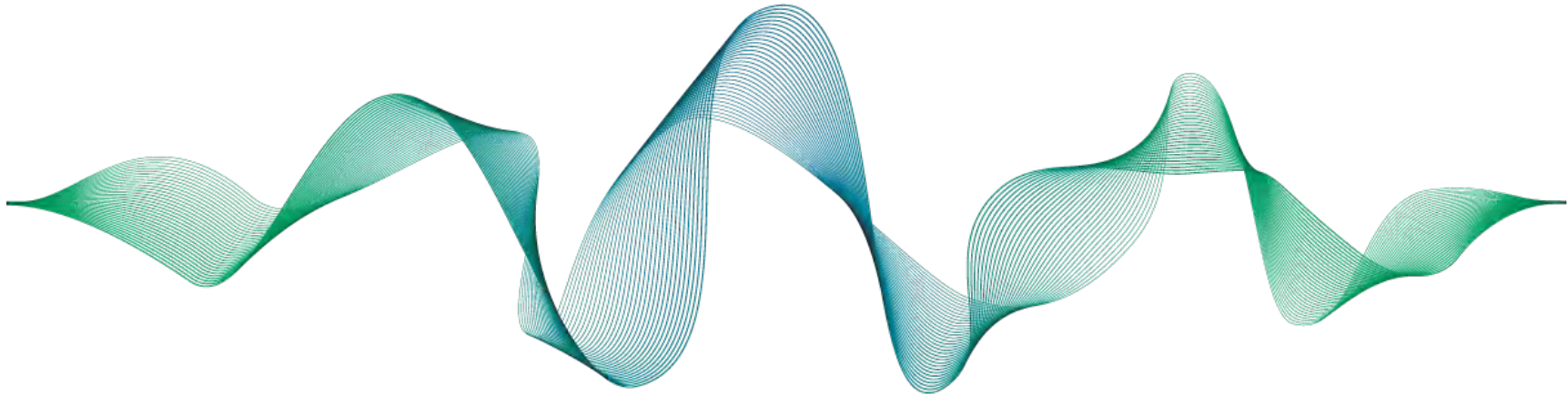
Amanda White Crane, Tribal Services
Program Manager,
awhitecrane@voaww.org

Mia Klick, NSLL Coordinator
mklick@voaww.org

Clarissa Young-Weiser, Tribal Hub
Coordinator,
cyoungweiser@voaww.org

voaww.org/tribalservices





How does the 988 Crisis Center provide support?

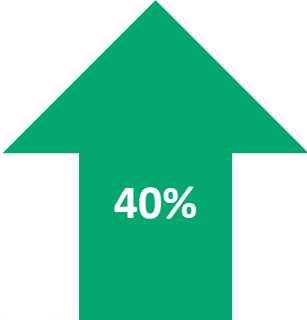
- Humanistic Counseling Model
- Trauma Informed Approach
- Person-Centered
- Strength-Based
- Dedicated to finding the least invasive way to support the caller in staying safe.



Lines for Life has seen a **40%** increase in calls over the last year.

29,976

July 2021-June 2022
Call Volume



41,852

July 2022-June 2023
Call Volume



The Numbers

July 2022 – June 2023 Calls

- Answer Rate: **98%**
- Abandonment Rate: **2%**
- Average Answer Speed: **15 seconds**

July 2022 – June 2023 Texts & Chats

- Total Text & Chats Received: 11,669
- Text Answer Rate: 85%
- Chat Answer Rate: 87%

Crisis De-escalation: July 2022-June 2023

- Total Lifeline Calls with Suicide Risk: **39%**
- De-escalated with call center clinicians: **97.36%**
- EMS called for assistance: **2.25%**
- Connected to county for mobile or other local response **0.39%**

Need help?

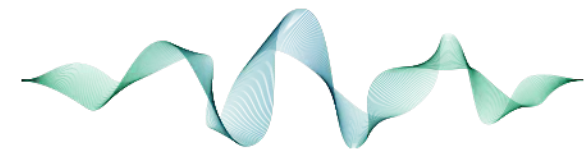
let's talk.

4-10pm daily

TALK
877.968.8491

TEXT
NATIVE TO 839863

CHAT
OregonYouthLine.org



WHAT IS YOUTHLINE?



Peer to Peer, crisis, help and support

Confidential

Free

Nationally available via call, text chat and email

Not just for crisis; no problem is too big or too small

YOUTHLINE NATIVE

- Native Youth peer counselors supported by Native clinicians
- Uses aliases to preserve anonymity of peer supports
- 60 hours of training, including self-care and community care
- Financial, educational, and food support







YOUTHLINE OFFICES

WHERE WORK AND FUN COLLIDE

Resources

- The 988 Convening Playbook for States, Territories, and Tribes
https://www.nasmhpd.org/sites/default/files/988_Convening_Playbook_States_Territories_and_Tribes.pdf
- Suicide & Crisis Lifeline materials,
<https://988lifeline.org/media-resources/>
- Suicide & Crisis Lifeline materials for Indian Country,
<https://www.npaihb.org/social-marketing-campaigns/>



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



SAVE THE DATE

THRIVE CONFERENCE

2024



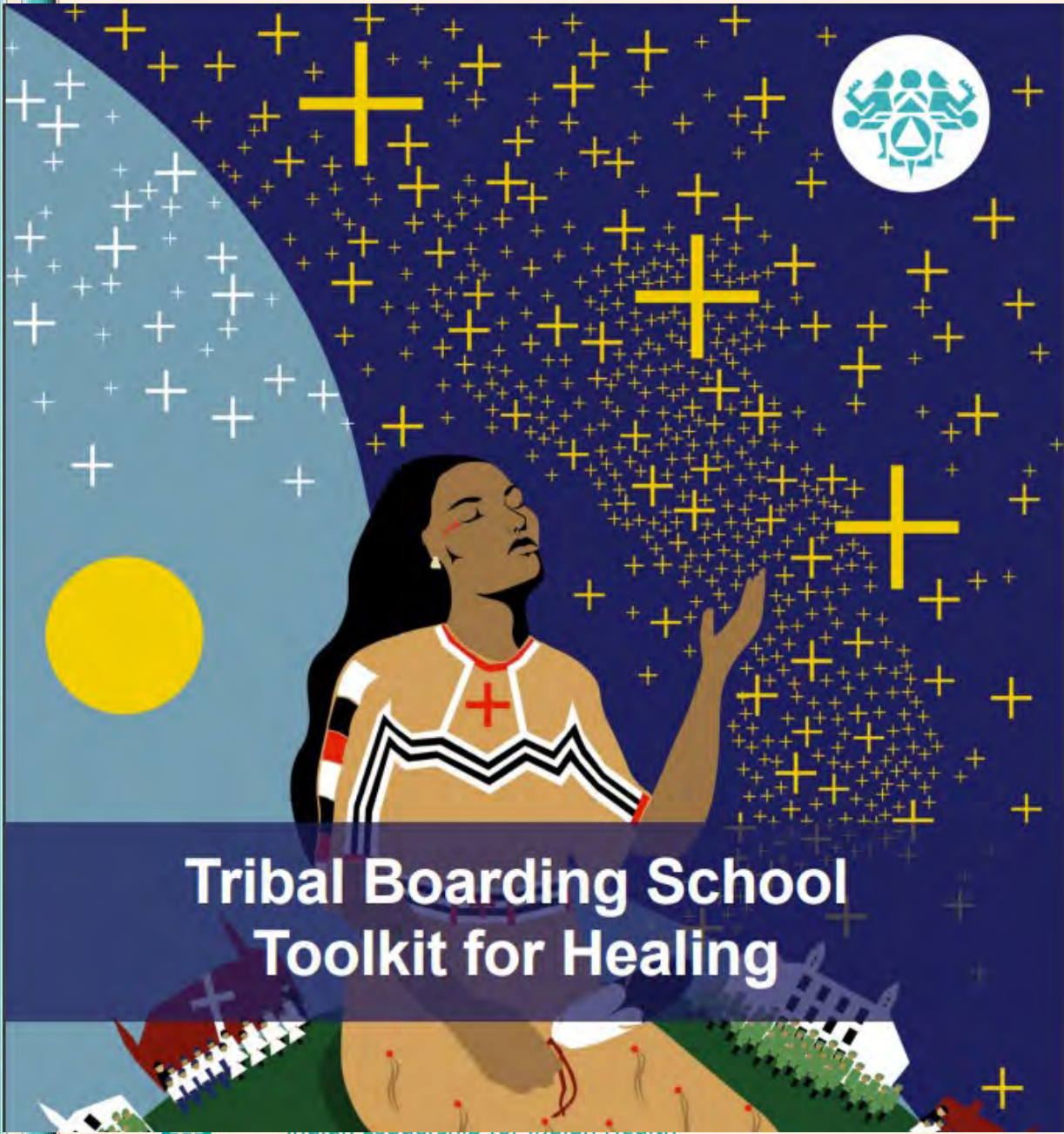
JUNE 24-28
PORTLAND, OR

Who - American Indian and Alaska Native youth 13-19 years old

What - Four to five interactive workshop tracks

THRIVE
Linktree





Tribal Boarding School Toolkit for Healing

The Tribal Boarding School Toolkit For Healing was created to provide **RESOURCES** for those working with AI/AN communities.

IT OFFERS:

- + Discussion Guides
- + Infographics
- + Experiential Therapies



THRIVE
at the Northwest Portland Area Indian Health Board



KAUFFMAN
AND ASSOCIATES INCORPORATED

Growing Together by Going Deeper

How to discuss U.S. Indian boarding schools with friends and strangers in order to foster empathy and build community.

over: Practice self-care
aging in conversations
Indian boarding
perience, in order to
raumatization and or
on fatigue.

START

So, you want to know more about the Indian boarding school experience in the U.S.?



THRIVE Team Contacts



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Coming to Indian Country: 988 and the National Suicide Prevention Lifeline



Why do we need 988?

Suicide is the second leading cause of death for Native youth ages 10-24. Native communities experience the highest rates of suicide amongst all racial and ethnic groups in the United States, and suicide rates among American Indian and Alaska Native communities rose by 118% between 1999 and 2017.

Suicide is preventable. 988 is one step in the direction of saving lives. This early intervention can reduce the burden on 911 and hospital services. 988 will move mental health and substance use services out of the shadows and into the mainstream; it will send a message that healing and getting help are normal and important parts of life.



What is 988?

988 is a direct three-digit line to trained National Suicide Prevention Lifeline crisis counselors that will go live **July 16, 2022**. With an easy to remember 3-digit number, the Lifeline hopes to reach many more people in emotional crisis. This service is provided free of charge to the caller. Any person of any age can call or text 988; services will be available 24/7, year round. They will include a text option, translation services for non-English speakers, accessible options for people who are deaf or hard of hearing, and services for minors.

When you've got a police, fire, or rescue emergency, you call 911.
When you have a mental health emergency, you call/text 988.

How will this affect my community?

The impact of 988 will vary from community to community. If your community has reliable phone and 911 services, it will now have access to 988 24/7. Community members will be able to receive confidential services during mental health emergencies with minimal involvement of police or hospitals. If you live in an area where connecting to 911 services is difficult, you may experience the same with 988. Please know that chatting via the [suicidepreventionlifeline.org](https://www.suicidepreventionlifeline.org) website, texting NATIVE to the Crisis Text Line at 741741, or texting 988 when available may be the best ways to connect in these communities.



Lifeline Crisis Centers are Local and Effective

The National Suicide Prevention Lifeline provides free, 24/7 confidential emotional support to people in suicidal crisis or emotional distress in the United States. **The Lifeline is effective in reducing suicidal and emotional distress.**

- The Lifeline has served over 10 million people since its inception
- Call centers in the Lifeline divert hundreds of thousands of calls from 911 every year
- Independent evaluations demonstrate that Lifeline centers are effective in reducing emotional distress and suicidality

The Lifeline is a network of over 180 local crisis call centers. Crisis centers are connected to local community resources including community mental health, hospitals, social services, and first responders. The Lifeline's crisis call centers provide the specialized care of a local community with the support of a national network.

There are no Lifeline tribal crisis call centers—yet! Tribes may partner with regional non-profits to provide coverage to tribal communities as well as open tribal crisis lines in their community. To learn more about the capacities needed to open a crisis call center, review the [SAMHSA National Guidelines for Behavioral Health Crisis Care](#).

What happens when you call (or text) 988?

You will be connected with a trained crisis worker from a local crisis center. Wait times are anticipated to be under one minute. The caller can talk about any emotional crisis, not just suicide. The crisis worker will use active listening to assess risk, determine if a person is in danger, and assist the person in feeling better and accessing resources. If the crisis worker believes the caller is in danger, they will work with the caller to create a safety plan that does not require calling emergency services. **Less than 3% of calls result in dispatching 911 services.**

If you are calling about a friend or family member who is in distress, the person on the phone will walk you through how to help and provide resources.

How will this change be resourced and promoted?

With the passage of the National Suicide Hotline Designation Act, the federal government has set aside a 5% Mental Health Block Grant for crisis services and a single time Mental Health Block Grant of \$1.5 Billion. States can also exercise their authority to implement a 988 fee, similar to the current 911 fee. In 2018, 911 fees generated \$2.6 Billion. Tribes can contact the SAMHSA Office of Tribal Affairs and Policy to discuss possible funding to support 988 in their region, or reach out to the state closest to them to discuss funding partnerships.

In addition to federal efforts, non-profit agencies all over the nation will be disseminating information about 988. For tribal promotional materials or consultation in Washington, Oregon, or Idaho, contact the Northwest Portland Area Indian Health Board's THRIVE Suicide Prevention Project Coordinator at mnore@npaih.org.

How can tribal communities partner with 988?

Tribes and Tribal communities can:

- Contact their state's 988 Implementation Coalition to get involved in the rollout of 988.
- Partner with local crisis service centers to provide culturally appropriate services. To get connected or learn more about your local crisis service center, visit the [Lifeline's Network webpage](#).
- Establish tribally specific crisis service centers to become part of the Lifeline network.

Portland Area IHS COVID -19 Update

GENIEL HARRISON, MD
CHIEF MEDICAL OFFICER
OFFICE, PORTLAND AREA IHS
MARCH 5, 2024



Topics for Today

Current Situation Report –

- Updated CDC COVID Isolation Guidelines
- Outpatient Influenza like Illnesses
- National ED visits total and by ages
- COVID-19
- Influenza
- RSV

CDC COVID Isolation Guidelines Update

- Dropping the 5-day isolation period
- 2024 recommendation people isolate until they've been fever-free for 24 hours (without fever-reducing medication, symptoms are improving)
- After isolation, practice enhanced hygiene, wear a well-fitted mask, and practice physical distance
 - Enhanced hygiene—covering coughs and sneezes, washing or sanitizing hands often, cleaning frequently touched surfaces
- Combining recommendations for COVID, Flu, and RSV
- Test those at high risk and have symptoms
- Mask up for 5 days (after isolation)

*Guidance does not apply to healthcare settings (nursing homes, hospitals). The 5-days isolation remains in place.

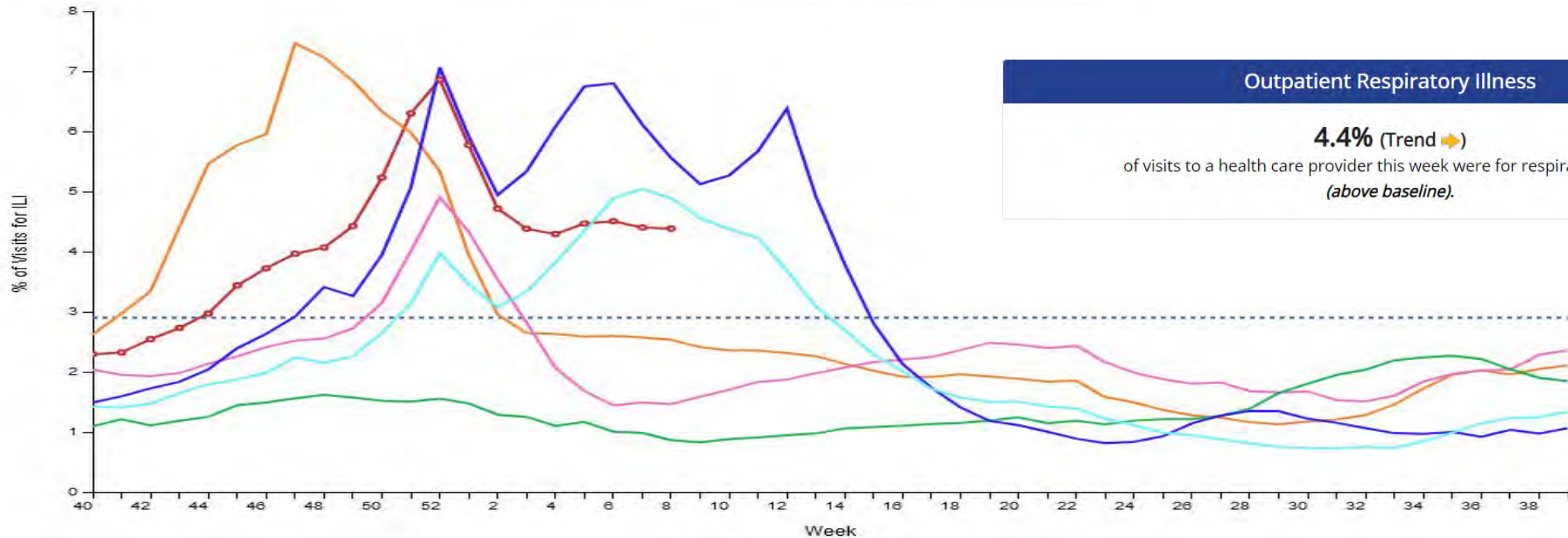
CDC COVID Isolation Guidelines Update

- Core prevention steps and strategies:
 - Stay up to date with vaccinations
 - Practicing good hand hygiene
 - Focusing on ventilation and cleaner air by opening doors/windows (fresh air)
 - Changing filters frequently
 - Turn thermostat on the “ON” position vs “AUTO”
 - Use air purifiers (HEPA) indoor
 - Gather outside instead of inside
- Updated COVID-19 vaccine expected this fall
 - Expect another updated vaccine at the same time as the flu vaccine

Outpatient Respiratory Illness Visits

Season: 2023-24 and 5 previous seasons

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2023-24 Season and Selected Previous Seasons



Outpatient Respiratory Illness

4.4% (Trend ↗)

of visits to a health care provider this week were for respiratory illness
(above baseline).

- 2023-24 National Baseline
- 2023-24 Season
- 2022-23 Season
- 2021-22 Season
- 2020-21 Season
- 2019-20 Season
- 2018-19 Season

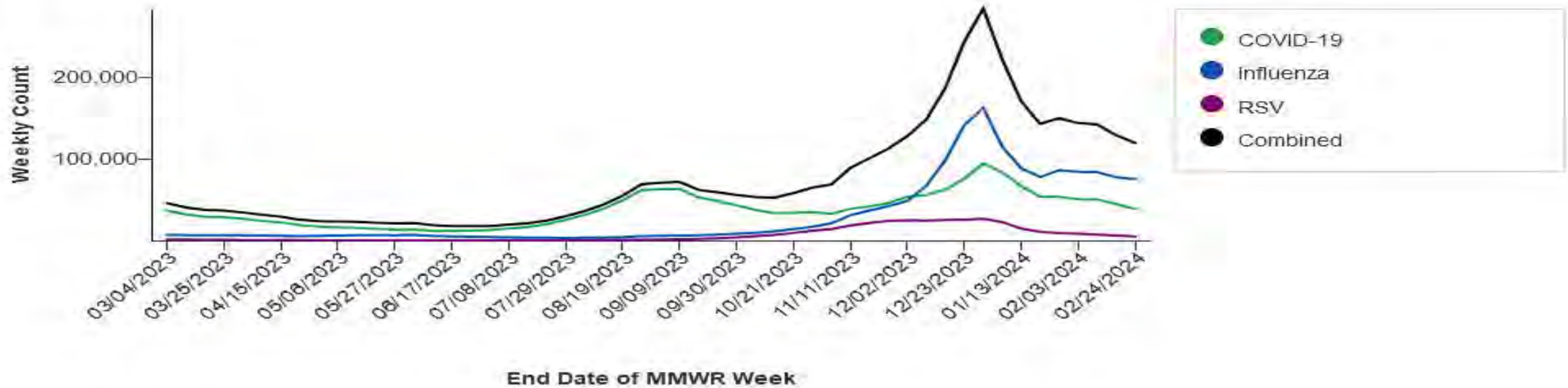
National ED Visits for COVID, Flu, RSV

Weekly Emergency Department Visits by Age Group

Make a selection from the filters to change the visualization information.

Age Group

All Ages



COVID-19 Update in the US

COVID-19 Update for the United States

Early Indicators

Test Positivity >

% Test Positivity

7.4%

(February 18 to February 24, 2024)

Trend in % Test Positivity

-0.9% in most recent week



Jan 6, 2024

Feb 24, 2024

Emergency Department Visits >

% Diagnosed as COVID-19

1.5%

(February 18 to February 24, 2024)

Trend in % Emergency Department Visits

-14.6% in most recent week



Jan 6, 2024

Feb 24, 2024

Severity Indicators

Hospitalizations >

Hospital Admissions

17,310

(February 18 to February 24, 2024)

Trend in Hospital Admissions

-10.3% in most recent week



Jan 6, 2024

Feb 24, 2024

Deaths >

% of All Deaths in U.S. Due to COVID-19

2.1%

(February 18 to February 24, 2024)

Trend in % COVID-19 Deaths

-8.7% in most recent week



Jan 6, 2024

Feb 24, 2024

These early indicators represent a portion of national COVID-19 tests and emergency department visits. [Wastewater](#) information also provides early indicators of spread.

Total Hospitalizations

6,851,629

Total Deaths

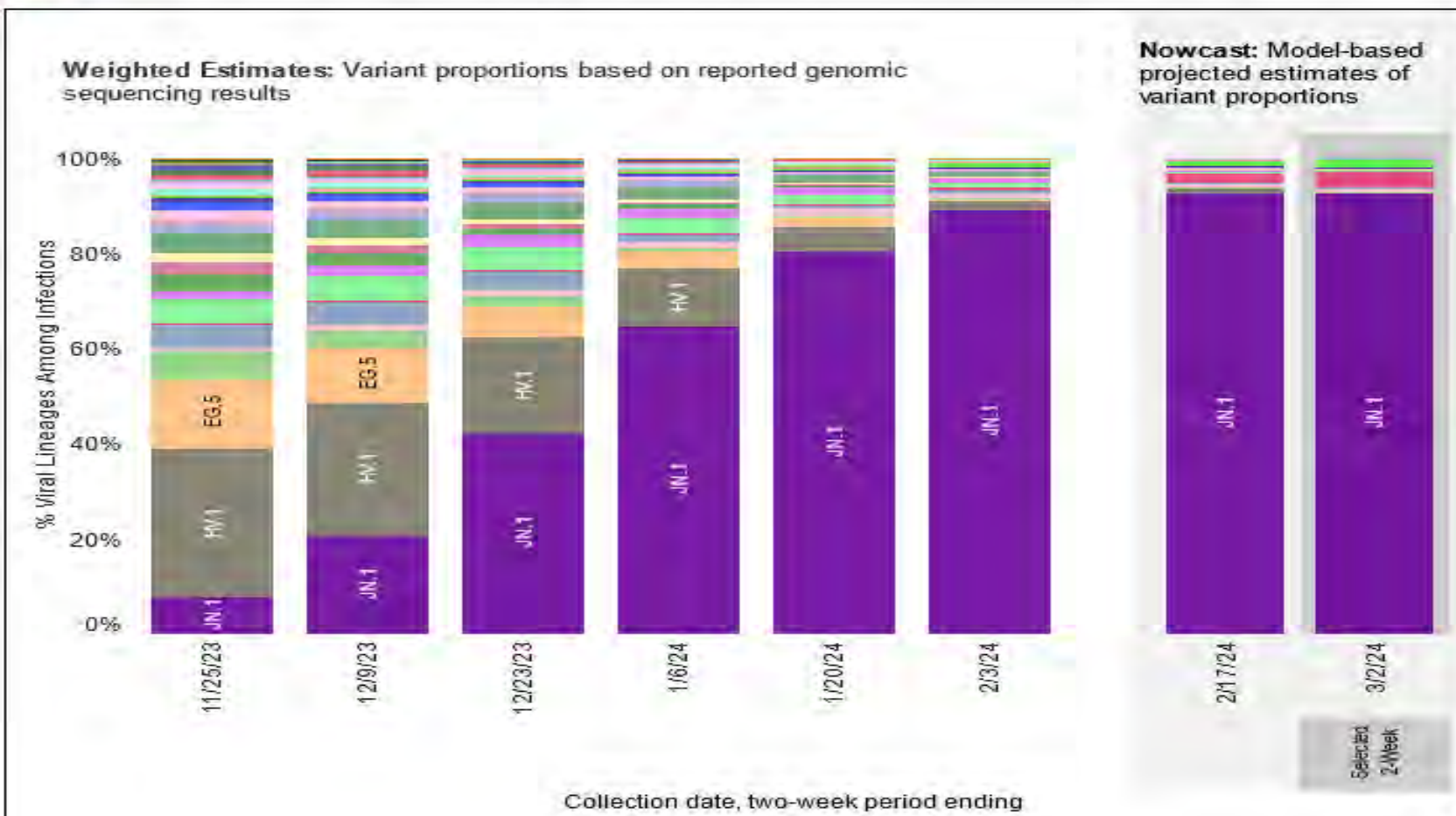
1,181,607

Variants

Weighted and Nowcast Estimates in United States for 2-Week Periods in 11/12/2023 – 3/2/2024

Nowcast Estimates in United States for 2/18/2024 – 3/2/2024

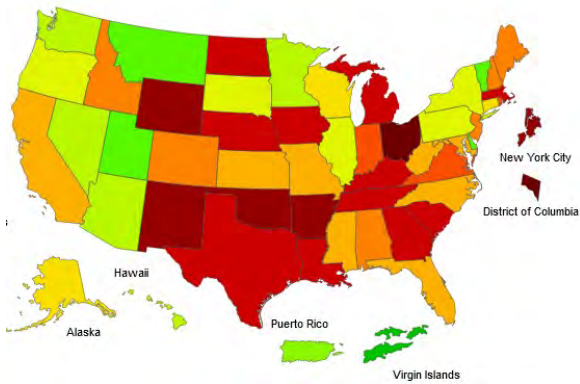
Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



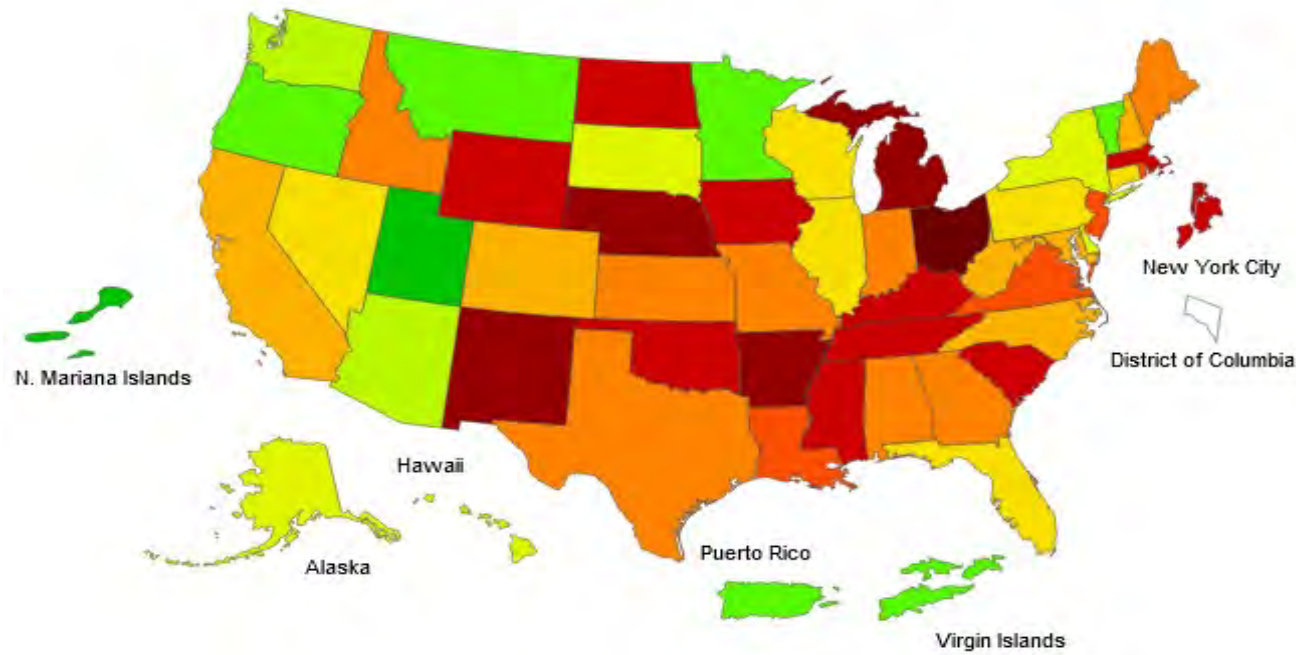
USA			
WHO label	Lineage #	%Total	95%PI
Omicron	JN.1	92.3%	90.5-93.8%
	JN.1.13	3.3%	1.8-5.7%
	JN.1.18	1.8%	1.1-2.9%
	HV.1	0.4%	0.3-0.5%
	BA.2.86	0.3%	0.2-0.5%
	JG.3	0.2%	0.1-0.2%
	BA.2	0.2%	0.0-0.7%
	JD.1.1	0.1%	0.1-0.2%
	HK.3	0.1%	0.0-0.1%
	EG.5	0.0%	0.0-0.0%
	XBB	0.0%	0.0-0.0%
	GE.1	0.0%	0.0-0.1%
	EG.5.1.8	0.0%	0.0-0.0%
	JF.1	0.0%	0.0-0.0%
	XBB.1.9.1	0.0%	0.0-0.0%
	FL.1.5.1	0.0%	0.0-0.0%
	XBB.1.16.15	0.0%	0.0-0.0%
	XBB.1.5.70	0.0%	0.0-0.0%
	XBB.2.3	0.0%	0.0-0.0%
	XBB.1.16.6	0.0%	0.0-0.0%
	XBB.1.16.11	0.0%	0.0-0.0%
HF.1	0.0%	0.0-0.0%	
GK.1.1	0.0%	0.0-0.0%	
XBB.1.16	0.0%	0.0-0.0%	
GK.2	0.0%	0.0-0.0%	
XBB.1.9.2	0.0%	0.0-0.0%	
XBB.1.5	0.0%	0.0-0.0%	
XBB.1.42.2	0.0%	0.0-0.0%	
XBB.1.16.1	0.0%	0.0-0.0%	
EG.6.1	0.0%	0.0-0.0%	
Other	Other*	1.1%	0.6-2.0%

2023-24 Flu Season Week 8

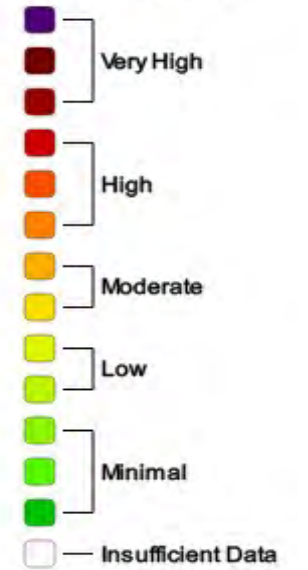
Week 7



2023-24 Influenza Season Week 8 ending Feb 24, 2024



ILI Activity Level





State Partner Updates

- Washington
- Oregon
- Idaho



Questions and Comments



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health