

# NPAIHB Weekly Update

March 4, 2025



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

# Information for Today's Call

## Agenda

- Welcome & Introduction: Bridget Canniff
- Announcements, Events, & Resources
- Situation Updates: Measles & Bird Flu
- IHS-PAO Update: Dr. Tara Perti
- State Partner & Tribal Updates
- Questions & Comments
- Please place yourself on mute unless speaking
- Please sign in, using chat box, with your full name and tribe/organization
- Use the chat box for questions, for Q&A after updates and announcements



## Upcoming Indian Country ECHO Telehealth Opportunities

- **Harm Reduction ECHO** - 1<sup>st</sup> Tuesday of every month at 12pm PT
  - Tuesday, March 4<sup>th</sup> at 12pm PT
  - Didactic Topic: *Data Systems Collaboration*
- **EMS ECHO** - 1<sup>st</sup> Tuesday & 3<sup>rd</sup> Thursday of every month at 5pm PT
  - Tuesday, March 4<sup>th</sup> at 5pm PT
  - Didactic Topic: *The Exam Detective: Leveling Up*
- **Hepatitis C ECHO** – Wednesdays at 11am PT
  - Wednesday, March 5<sup>th</sup> at 11am PT
  - Didactic Topic: *Patient Case Presentations*
- **SUD ECHO** – 1<sup>st</sup> Thursday of every month at 11am PT
  - Thursday, March 6<sup>th</sup> at 11am PT
  - Didactic Topic: *Resiliency in Motivational Interviewing*

# Upcoming Indian Country Training Opportunities

- **What:** 2025 emRIC (Emergency Medicine with Rural and Indigenous Communities) Gathering
- **When:** April 28<sup>th</sup> – May 1<sup>st</sup>, 2025
- **Where:** Seattle, WA Area – Muckleshoot Casino Resort
- **Description:** Staff serving indigenous and rural communities are invited to participate in a multi-day gathering (both in-person and virtual options available) to empower healthcare professionals to not only provide excellence in emergency medical care, but to do so in a manner that honors and respects the historical and cultural context of the communities they serve. CE will be available.
- **To learn more and register:**  
<https://www.indiancountryecho.org/emric-2025/>

<https://www.eventbrite.com/e/2025-emergency-medicine-with-rural-indigenous-communities-gathering-tickets-962374135947>



**2025**  
*emRIC*  
Emergency Medicine  
with Rural and Indigenous Communities  
**GATHERING**  
APRIL 28TH - MAY 1ST, 2025  
SEATTLE, WA AREA  
MUCKLESHOOT CASINO RESORT



**THE THEME THIS YEAR:**  
**BRIDGING CULTURES, STRENGTHENING COMMUNITIES**



**LEARN FROM TOP  
EMERGENCY MEDICAL EXPERTS**

Gain valuable insights and practical knowledge from leading professionals in emergency medicine. Discover the latest advancements, best practices, and strategies to enhance patient care and outcomes in diverse and challenging environments.



**HONOR INDIGENOUS CULTURE  
& CHAMPION WELLNESS**

Engage in meaningful discussions, gain insights into culturally respectful care, and deepen your understanding of practices that support holistic health and well-being in indigenous and rural communities.



**GET HANDS ON EXPERIENCE**

Participate in immersive workshops on our clinical skills lab day. Build essential skills for rural and indigenous care, including high-acuity, low-resource (HALO) procedures, point-of-care ultrasound, and regional anesthesia. Tailored tracks to gain practical skills to enhance patient care in resource-limited environments.



**GROW YOUR NETWORK**

Connect with a diverse community of healthcare professionals, community leaders, and educators. Build meaningful relationships, exchange ideas, and collaborate with others who share your passion for advancing emergency care in rural and indigenous communities.

**TO LEARN MORE & REGISTER:**

Click *HERE*

**Intended Participants:** Staff serving  
Indigenous and rural communities

**Registration Cost:** \$150 - \$600

Price varies based on ticket type

Both In-Person and Virtual  
ticket options offered

For questions, contact us at [Echo@naih.org](mailto:Echo@naih.org)

Visit our website at [IndianCountryEcho.org/emric-2025](https://www.IndianCountryEcho.org/emric-2025)



- NativeBoost Native American Youth Vaccine Survey
- Gathering input from AI/AN youth ages 11-18 on vaccine education
- Please share with youth in your community!



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Survey link:

<https://docs.google.com/forms/d/e/1FAIpQLScsgPMVxD6okqs1a6LPTbpSeV8ob9SAYGMJpcCc7iGPQfPzRw/viewform?usp=header>




# NPAIHB Website Updates

- **NPAIHB website** is back online at [www.npaihb.org](http://www.npaihb.org)!
  - About Us
  - Member Tribes
  - Calendar of Events, NPAIHB Weekly Update
  - Job Portal
- Contact NPAIHB Project Staff directly or using the project/  
department email contacts on the website



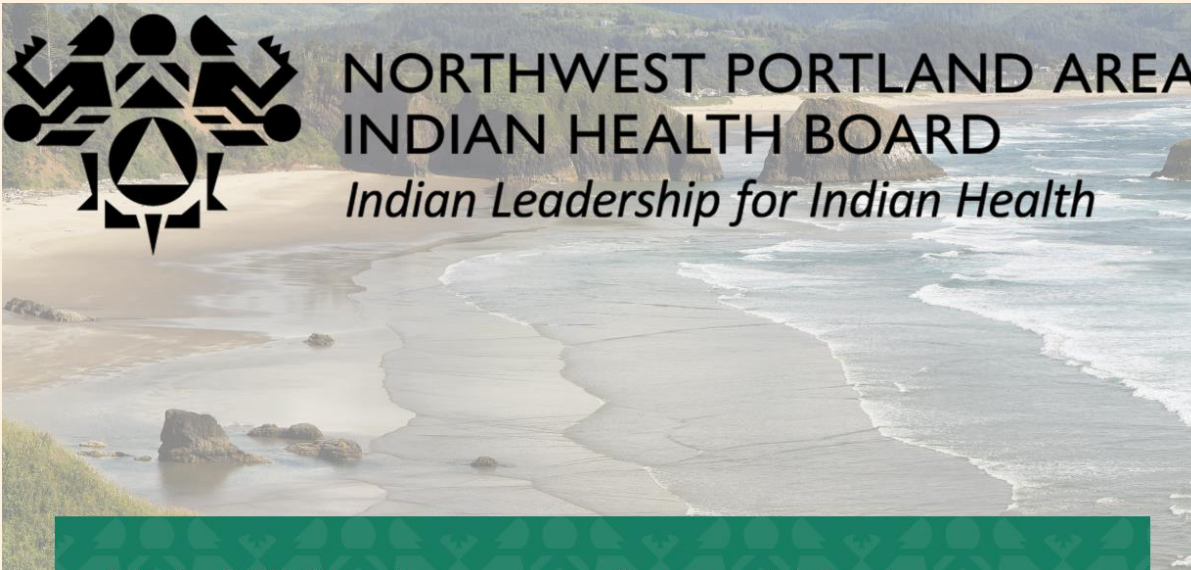
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# NPAIHB Website Updates



## NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD


*Indian Leadership for Indian Health*



[Submit a DATA Request](#)[Learn More](#)

[Browse our Job Openings](#)[Learn More](#)

Established in 1972, the Northwest Portland Area Indian Health Board (NPAIHB or the Board) is a non-profit tribal advisory organization serving the forty-three federally recognized tribes of Oregon, Washington, and Idaho. Our mission is to eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their



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Note: NPAIHB.ORG is undergoing maintenance at this time, please be aware that not all pages will be available.

[ABOUT US](#)  
Learn more about our organization.

[NW MEMBER TRIBES](#)  
Discover our federally recognized tribal members.

[OUR PROJECTS](#)  
Connect with our various teams.

[CONTACT US](#)  
Looking to get into contact with our organization?

### Weekly Update

February 11, 2025 Weekly Update: Tribal Injury Project

February 4, 2025 Weekly Update: NWTEC Update: Respiratory Illness Surveillance

January 28, 2025 Weekly Update: Legislative & Policy Updates

January 21, 2025 Weekly Update: Tribal Community Health Provider Program

January 7, 2025 Weekly Update: Data Sharing

### Upcoming Events

20  
MAR  
Thursday, NPAIHB

MARCH CHILD SAFETY SEAT CHECKUP

EVENT DETAIL

02 - 05  
APR  
Wednesday - Saturday, Coeur d'Alene Casino Health Center

TRIBAL CHILD PASSENGER SAFETY TECHNICIAN CERTIFICATION

EVENT DETAIL

08 - 10  
APR  
Tuesday - Thursday, Coeur d'Alene Casino Hotel

2025 SAVVY CAREGIVER IN INDIAN COUNTRY TRAINING

EVENT DETAIL

21 - 24  
APR

ON AGING 2025 CONFERENCE

EVENT DETAIL

# Weekly Update Schedule: March

**March 11:** NWTEC Update

**March 18:** Healthy Native Youth Resources

**March 25:** Legislative & Policy Updates, Health Policy Team



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For more information or the calendar invitation and Zoom link, email: [weeklyupdate@npaihb.org](mailto:weeklyupdate@npaihb.org)



# Measles Update



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# Measles Symptoms & Complications

- Measles is a highly contagious disease that can lead to serious complications
- Symptoms usually begin 7 to 14 days after infection:
  - Initial symptoms: High fever (may spike to more than 104°), cough, runny nose, red watery eyes
  - 2-3 days after initial symptoms: Koplik spots – tiny white spots inside the mouth
  - 3-5 days after initial symptoms: measles rash – flat red spots on the face at hairline, spreading downward to neck, trunk, arms, legs, and feet
- Measles can be dangerous, especially for babies and young children



# Serious Complications from Measles

- Hospitalization: about 20% of unvaccinated people in US
- Pneumonia: about 5% of children; most common cause of measles death in children
- Encephalitis: 1 child out of every 1,000; can lead to convulsions, deafness, intellectual disability
- Death: nearly 1-3 of every 1,000 children infected will die from respiratory and neurological complications
- Complications during pregnancy: premature birth, low birth-weight



# Vaccination: MMR & MMRV

- Two doses of MMR vaccine are recommended to protect against Measles, Mumps, and Rubella
- Children may get 2 doses of MMRV vaccine instead: Measles, Mumps, Rubella, and Varicella (Chicken Pox)



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Children need 2 doses of MMR vaccines:

12–15 months old	1st dose
4–6 years old	2nd dose

**Older children, adolescents, & adults**—Also need 1 or 2 doses of MMR vaccine if they don't have evidence of immunity. [A](#) Doses should be separated at least 28 days apart.

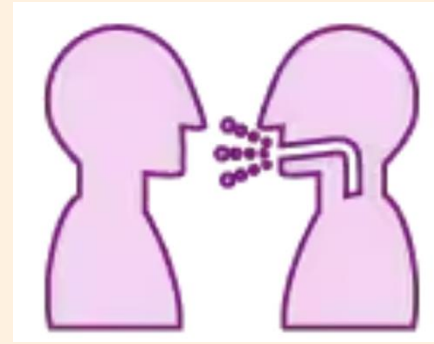
**Anyone traveling internationally**—Should be fully vaccinated [before traveling](#). Infants 6–11 months old should get 1 dose of the MMR vaccine before travel. Then they should get 2 more doses after their first birthday.

**Children** 12 months through 12 years of age may be given 2 doses of MMRV vaccine. Each dose is usually given at:

12–15 months old	1st dose
4–6 years old	2nd dose (can also be given 3 months after 1st dose)

Source: [www.cdc.gov/measles/vaccines/index.html](http://www.cdc.gov/measles/vaccines/index.html)

# How Measles Spreads

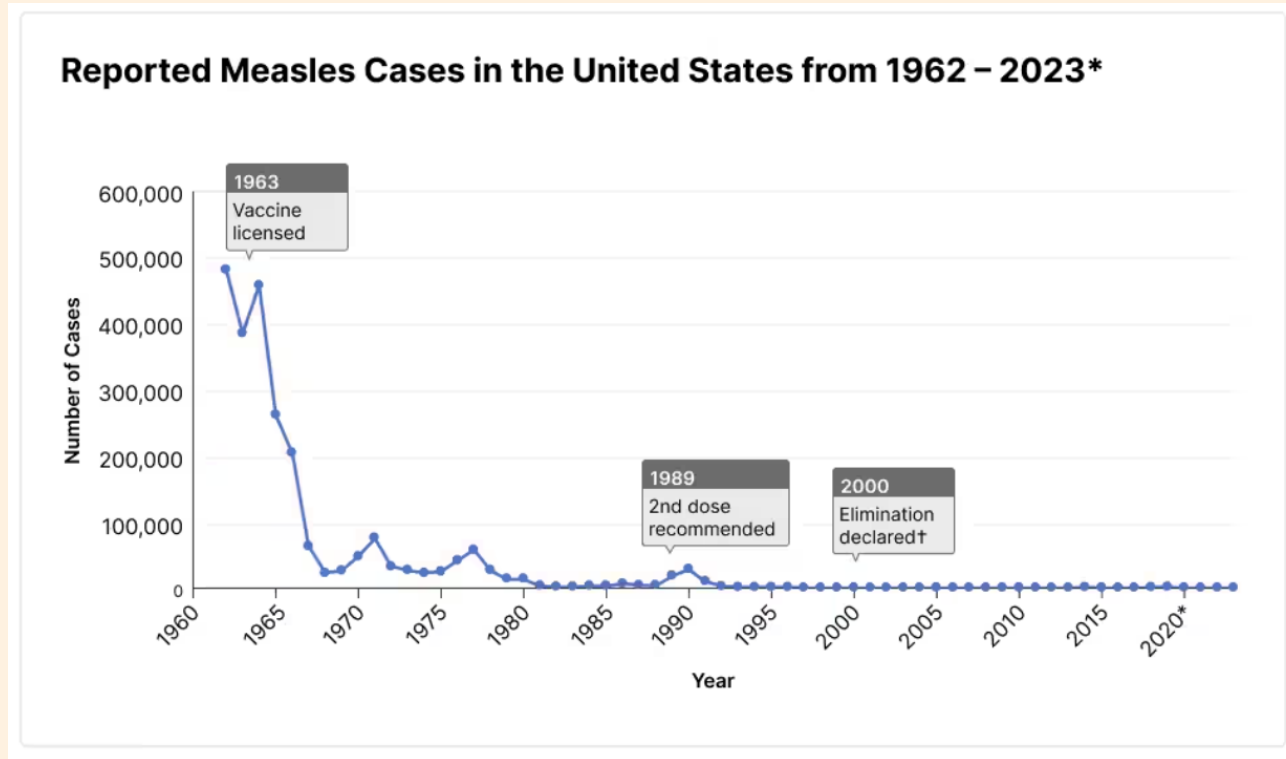


- Measles is highly contagious – it can spread when an infected person coughs or sneezes
- Measles can live for up to 2 hours in an airspace after an infected person leaves an area
- Call your healthcare provider immediately if exposed
- If you have measles, up to 90% of people close to you who are not immune will also become infected
- Measles can be spread to others from 4 days before through 4 days after the rash appears





# History of Measles Cases in the US



- Measles was officially eliminated from the US in 2000 – a historic public health achievement
- 2023-2024 Percent Vaccinated:
  - ID: Less than 90%
  - OR: 90-94.9%
  - WA: 90-94.9%



# Measles Situation Update

- As of February 27, 2025, total of 164 measles cases reported in the US since the beginning of 2025
  - Alaska
  - California
  - Georgia
  - Kentucky
  - New Jersey
  - New Mexico
  - New York
  - Rhode Island
  - Texas
- 3 outbreaks reported (3+cases)
  - 93% (153 of 164) are outbreak related
- Vaccination status: 164 cases
  - Unvaccinated or unknown: 95%
  - One MMR dose: 3%
  - Two MMR doses: 2%
- Hospitalizations: 20% (32 of 164)
- US Deaths in 2025: 1

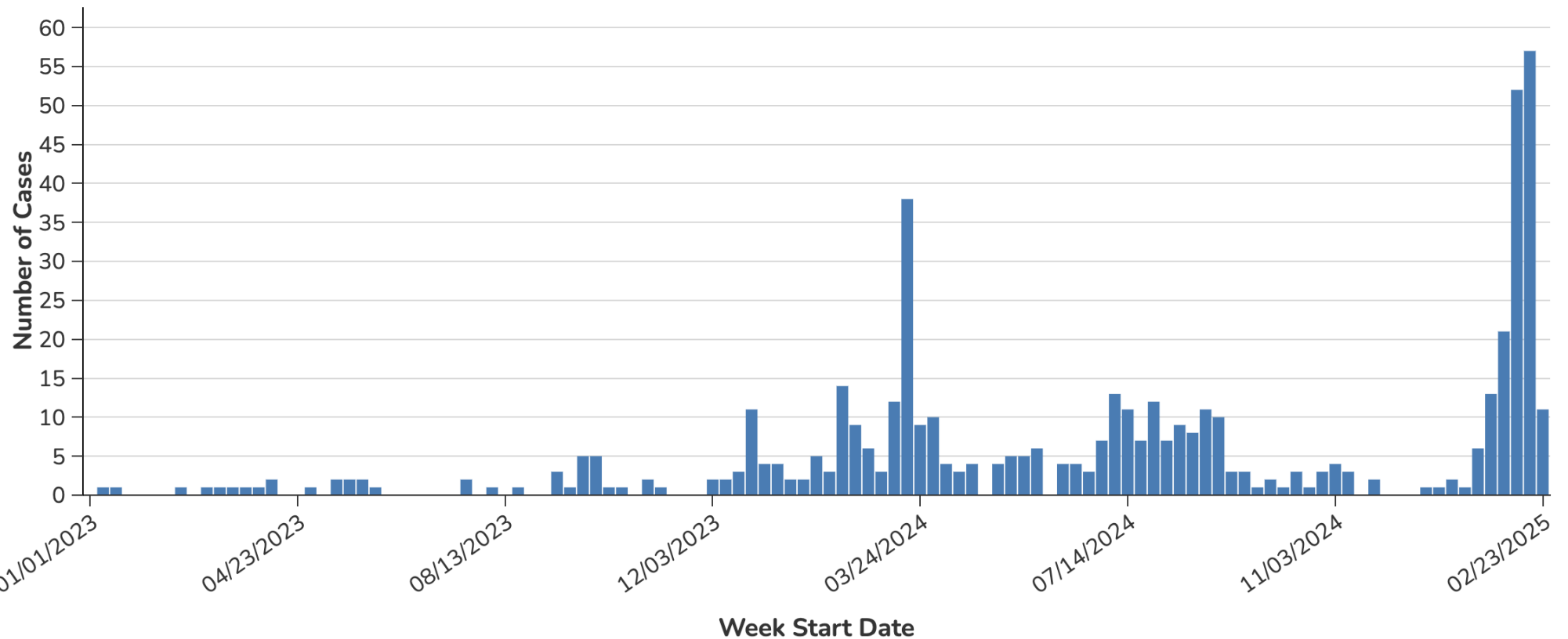


# Weekly Measles Cases: 2023-2025

## Weekly measles cases by rash onset date

2023–2025\* (as of February 27, 2025)

Source: [www.cdc.gov/measles/data-research](https://www.cdc.gov/measles/data-research)



# Bird Flu (H5) Update



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# Avian Flu (H5) Situation Update

- H5 bird flu is widespread in wild birds worldwide, causing outbreaks in poultry & US dairy cows, several recent human cases
- Current public health risk: **LOW**
- CDC continues to monitor for H5 bird flu activity in people



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## February 2022 – Present

CDC and state and local health departments monitor people exposed to infected birds, poultry, dairy cows or other animals for 10 days after exposure. Between February 2022 and now, there have been

- At least 24,700 people monitored and
- At least 1,140 people tested for novel influenza A

## Current HPAI Outbreak (2024)

CDC and state and local health departments monitor people exposed to infected birds, poultry, dairy cows and other animals for 10 days after exposure. Between March 24, 2024, and now, there have been

- At least 15,300 people monitored
  - At least 8,900 with exposures to dairy cows
  - At least 6,400 with exposures to birds and other animals including poultry (non-dairy cow source)
- At least 840 persons tested for novel influenza A
  - At least 217 with exposures to dairy cows
  - At least 630 with exposures to birds and other animals including poultry (non-dairy cow source)

Source: [www.cdc.gov/bird-flu/h5-monitoring/index.html](https://www.cdc.gov/bird-flu/h5-monitoring/index.html)



# Avian Flu (H5) Situation Update

Source: [www.cdc.gov/bird-flu/situation-summary/index.html](http://www.cdc.gov/bird-flu/situation-summary/index.html)

## National Total Cases: 70

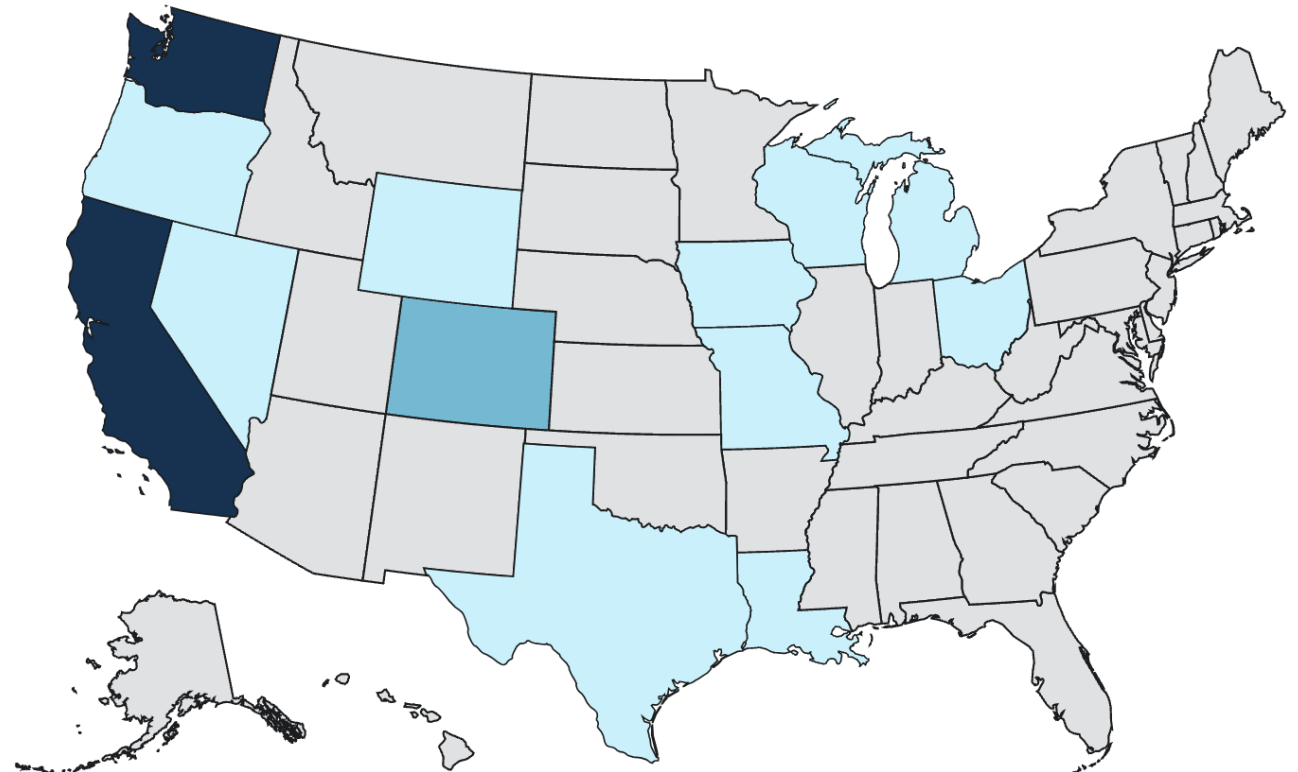
Cases	Exposure Source
41	Dairy Herds (Cattle)*
24	Poultry Farms and Culling Operations*
2	Other Animal Exposure†
3	Exposure Source Unknown‡

NOTE: One additional case was previously detected in a poultry worker in Colorado in 2022. Louisiana reported the first H5 bird flu death in the U.S.

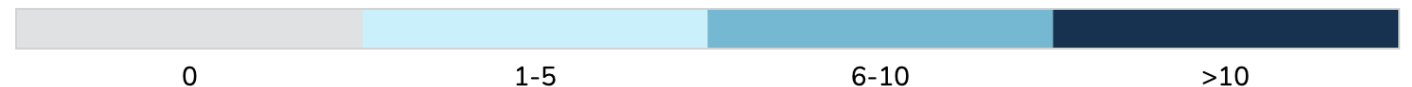
\*Exposure Associated with Commercial Agriculture and Related Operations

†Exposure was related to other animals such as backyard flocks, wild birds, or other mammals

‡Exposure source was not able to be identified

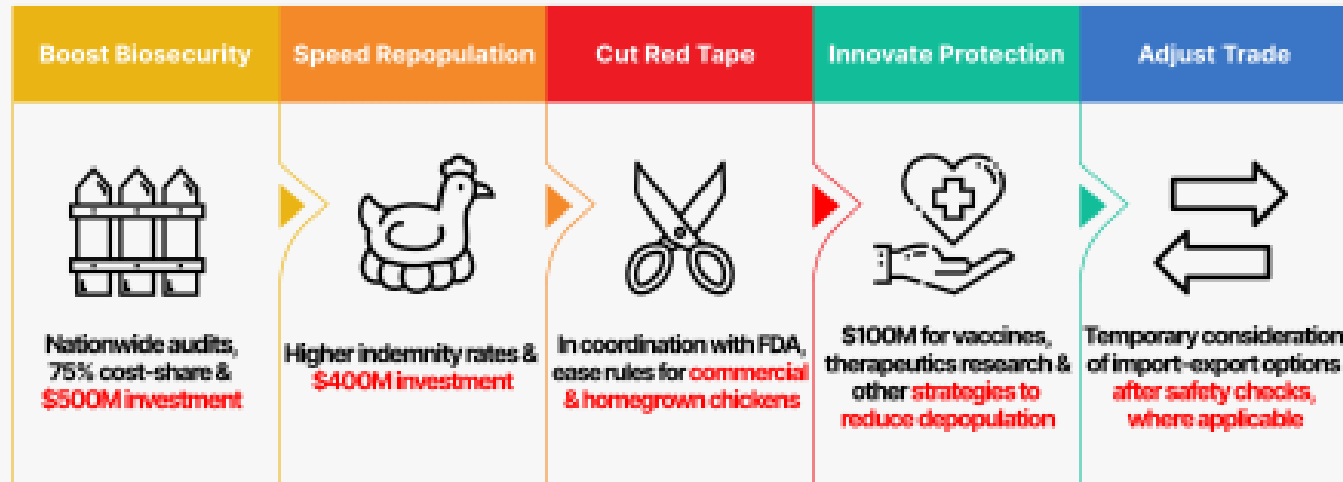


## Total cases



# Avian Flu Situation Update

## USDA **\$1 Billion Plan** to Fight Avian Flu & Lower Egg Prices



Source: [www.usda.gov/about-usda/news/press-releases/2025/02/26/usda-invests-1-billion-combat-avian-flu-and-reduce-egg-prices](https://www.usda.gov/about-usda/news/press-releases/2025/02/26/usda-invests-1-billion-combat-avian-flu-and-reduce-egg-prices)



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- USDA's Five-Pronged Approach to Address Avian Flu
  - Invest in biosecurity measures for all US poultry producers
  - Increase farmer relief for repopulation
  - Remove unnecessary burdens on chicken & egg industry
  - Explore potential new vaccines, therapeutics, etc. to protect egg-laying chickens
  - Consider temporary import-export options to reduce costs

# Portland Area IHS Communicable Diseases Update

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TARA PERTI, MD, MPH  
MEDICAL EPIDEMIOLOGIST  
OFFICE, PORTLAND AREA IHS  
March 4, 2025

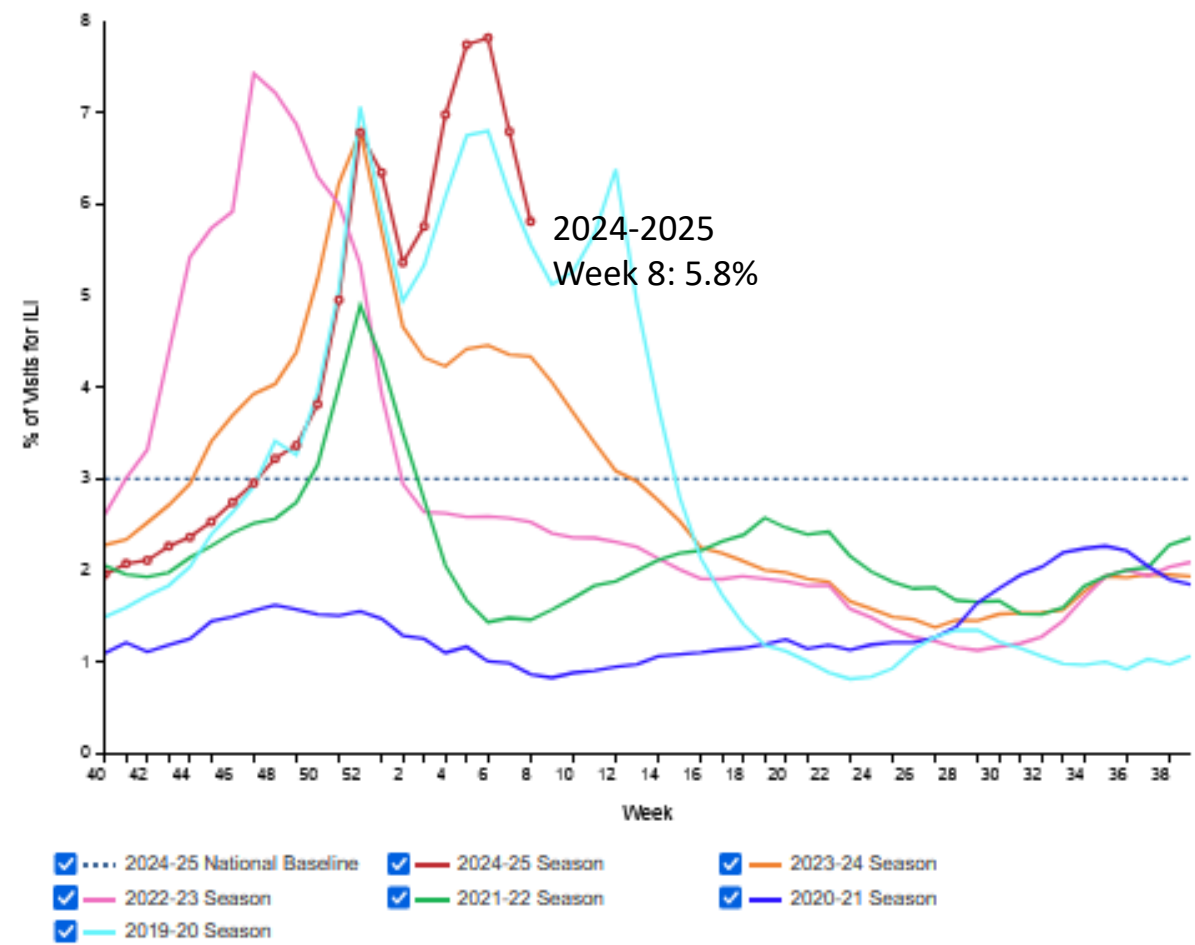


# Outline

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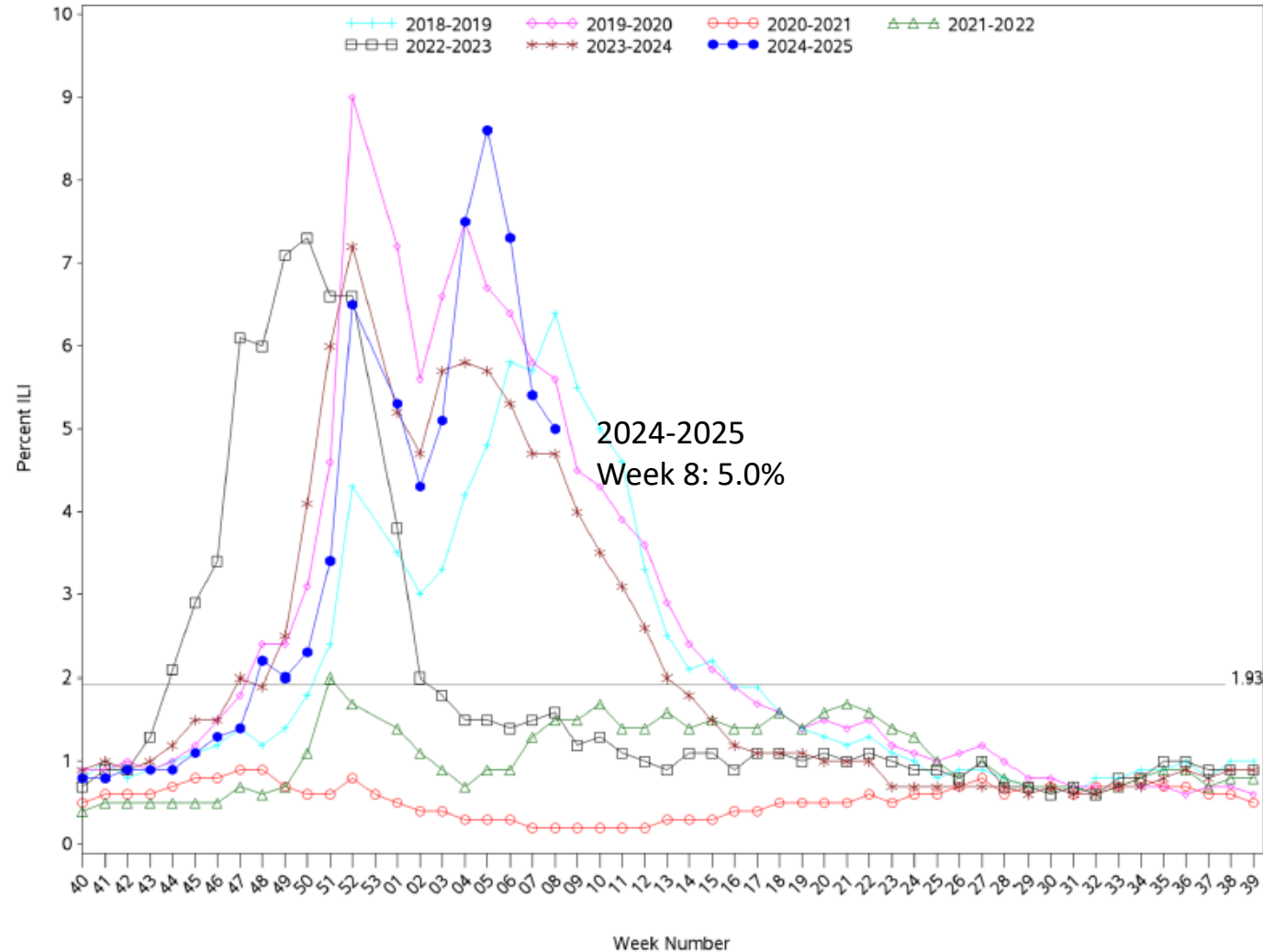
- Outpatient ILI Activity
- Influenza activity
- Influenza immunization rates (IHS)
- RSV activity in Idaho
- Norovirus
- Congenital syphilis

# Percentage of Outpatients Visits for Influenza-like Illness (ILI) — United States



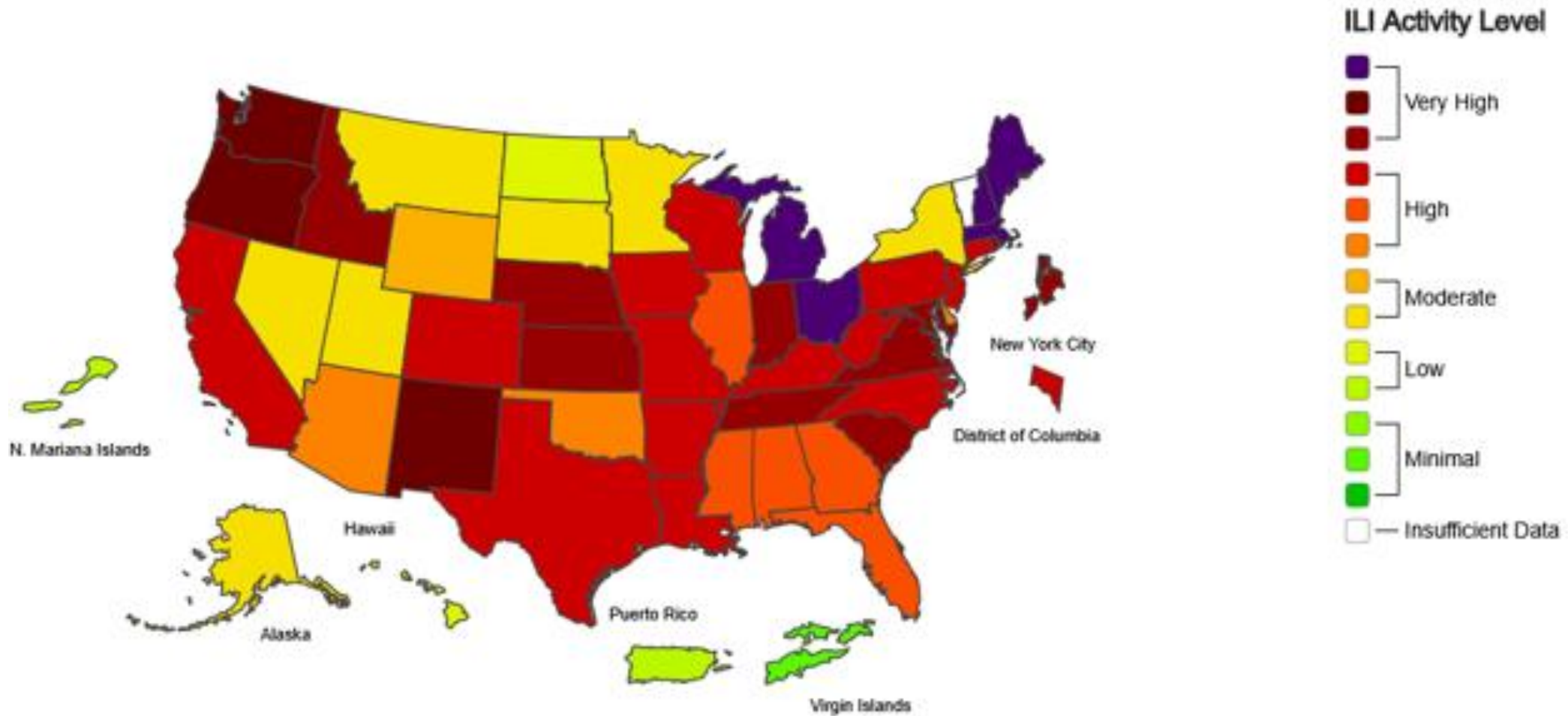


# Percentage of Outpatients Visits for Influenza-like Illness — IHS (IHS Influenza Awareness System)

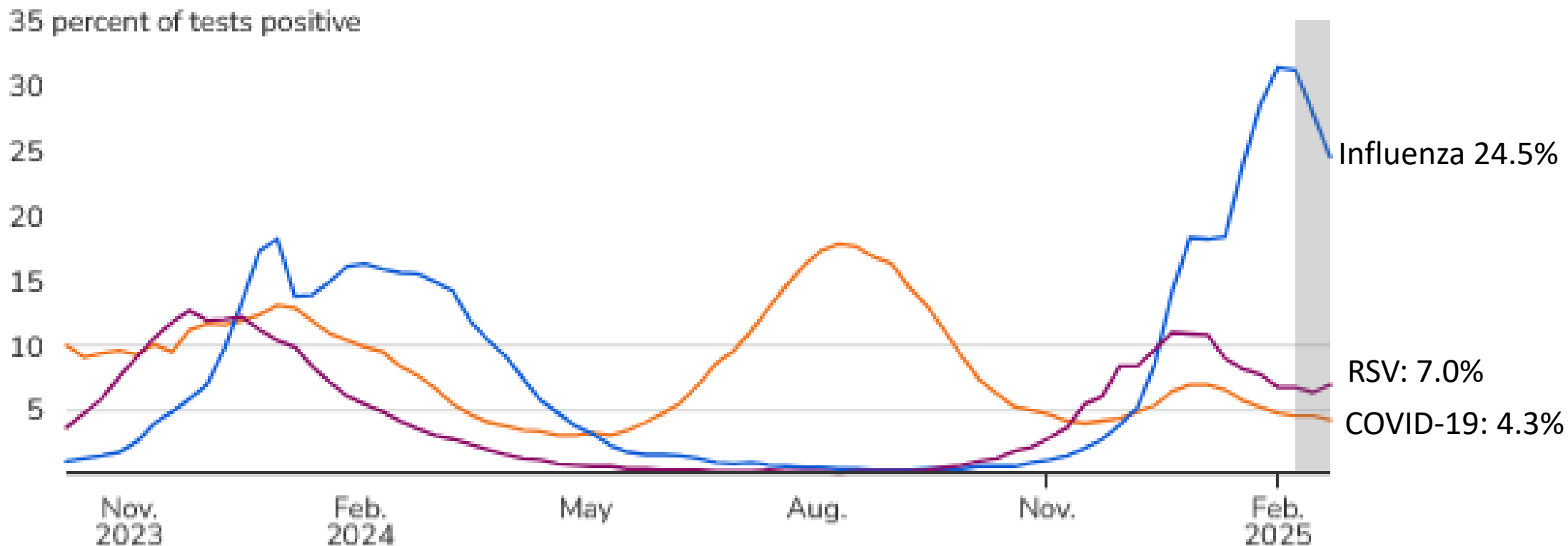


	% ILI Visits Week 7	% ILI Visits Week 8
Portland Area	6.2	6.0
National	5.4	5.0

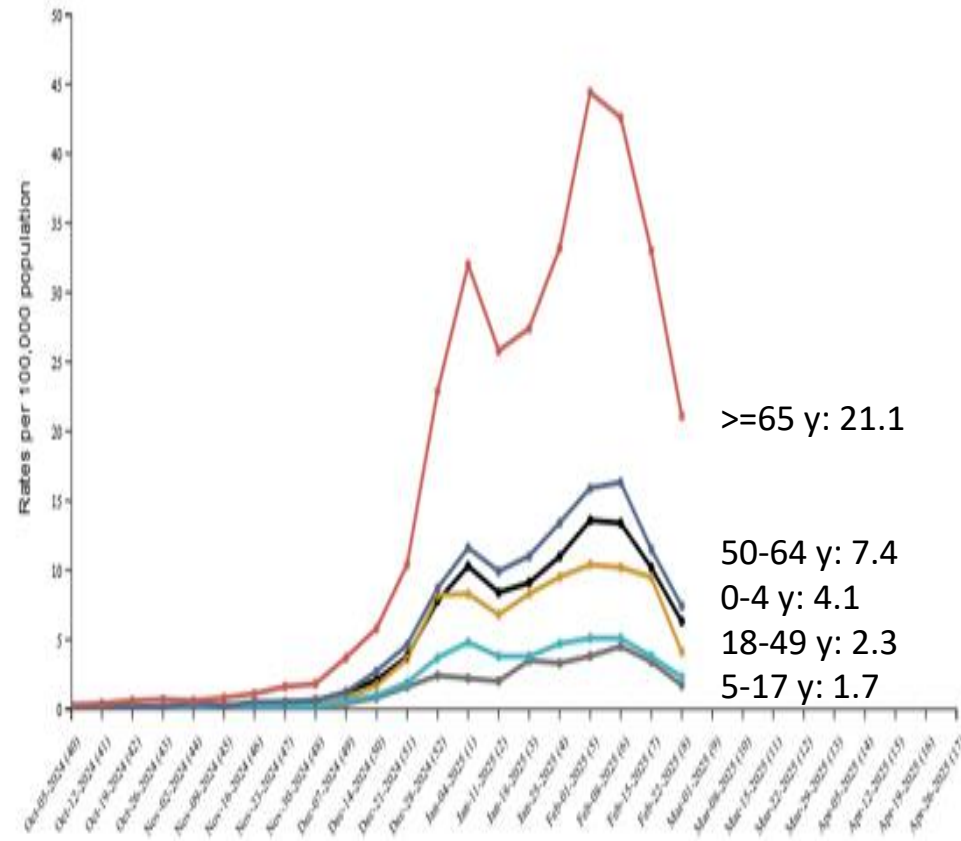
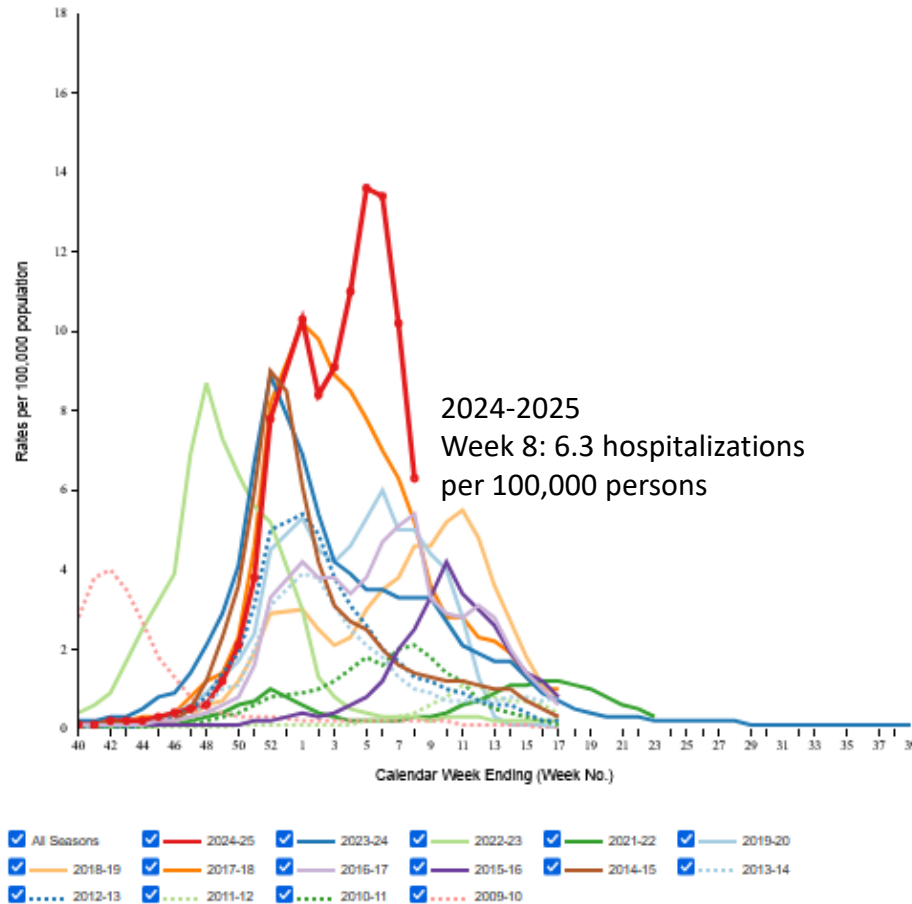
# ILI Activity — United States, 2025 (Week 8)



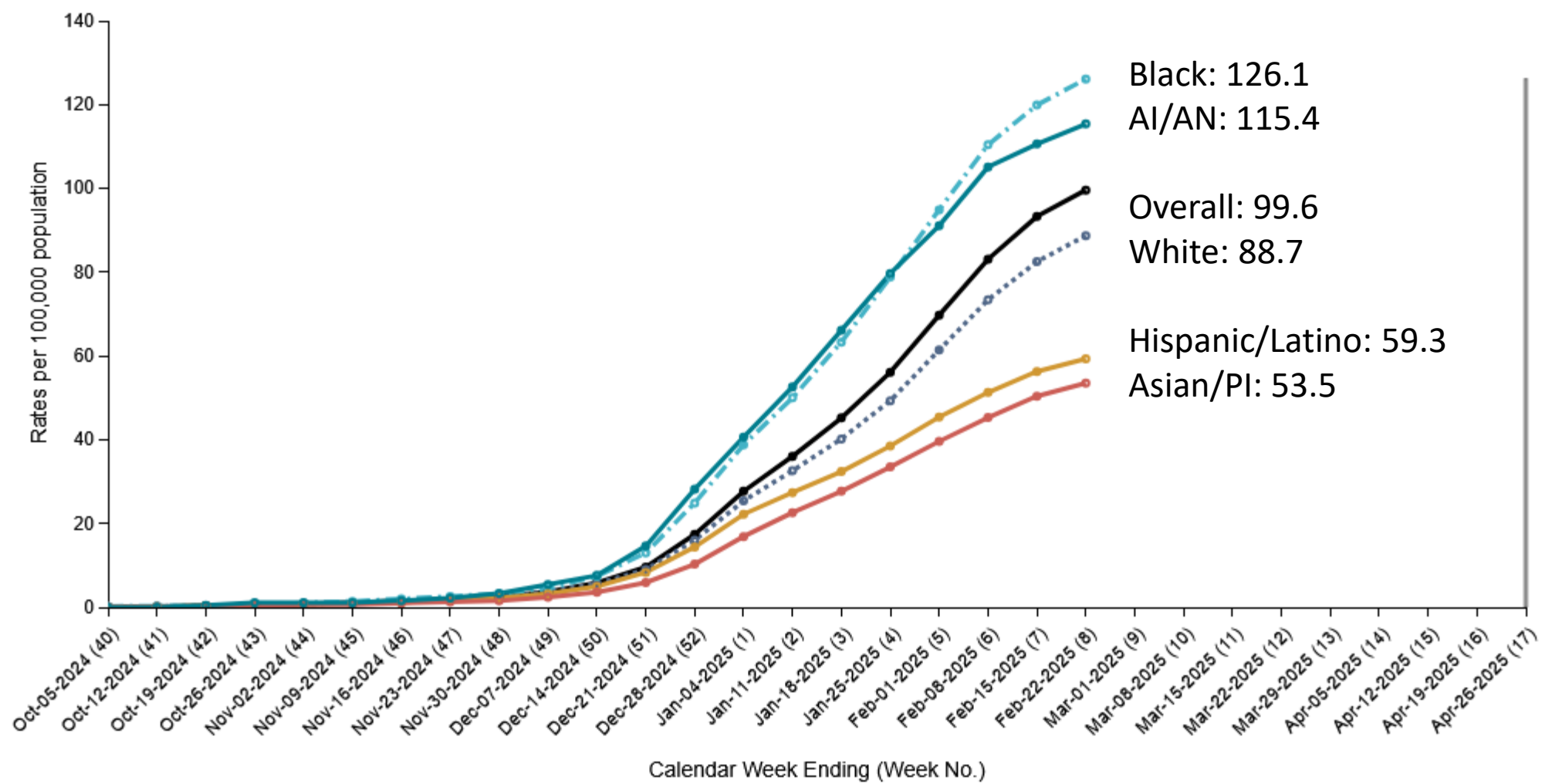
# Percent of Tests Positive for Influenza, RSV, and COVID-19 — United States, 2024-25 through week 8



# Hospitalizations Associated with Influenza — United States (FluSurv-Net), 2024-25 through week 8



# Cumulative Hospitalization Rate Associated with Influenza by Race/Ethnicity — United States (FluSurv-Net), 2024-25 through week 8

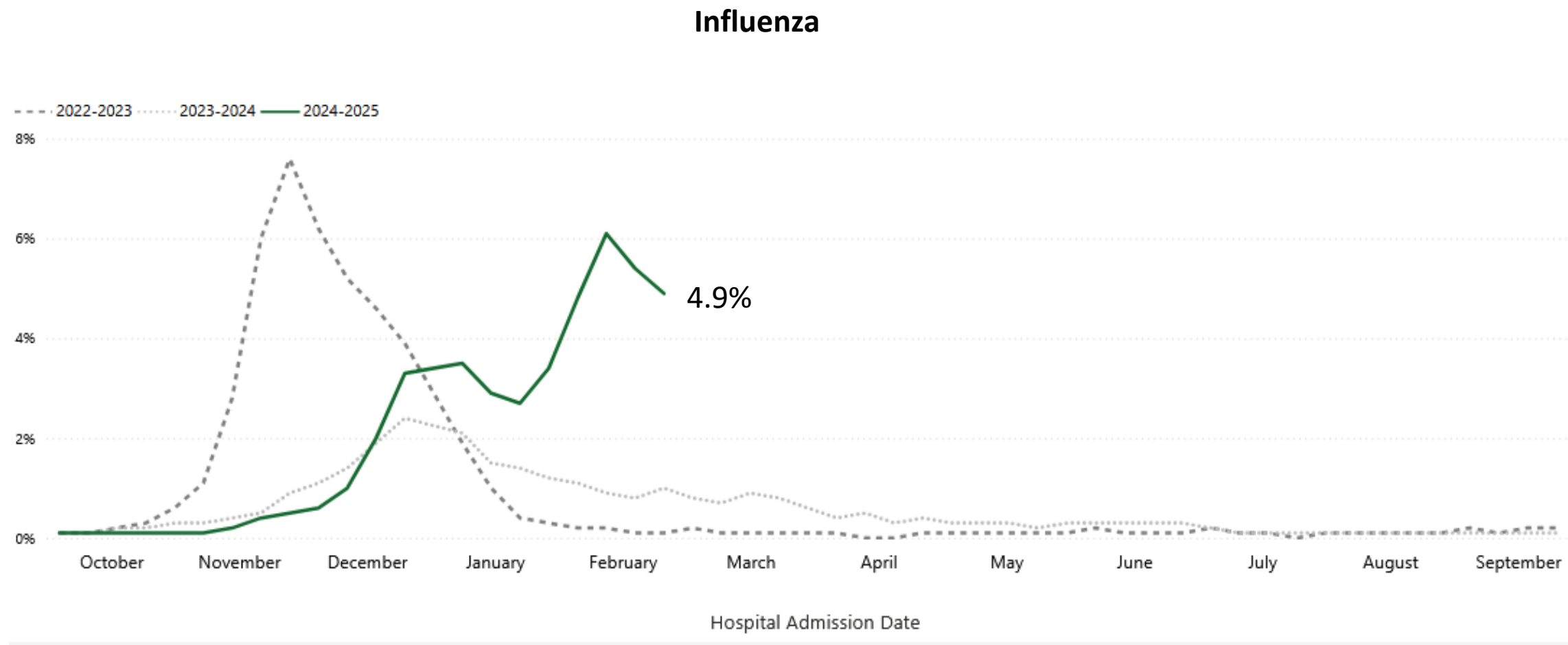




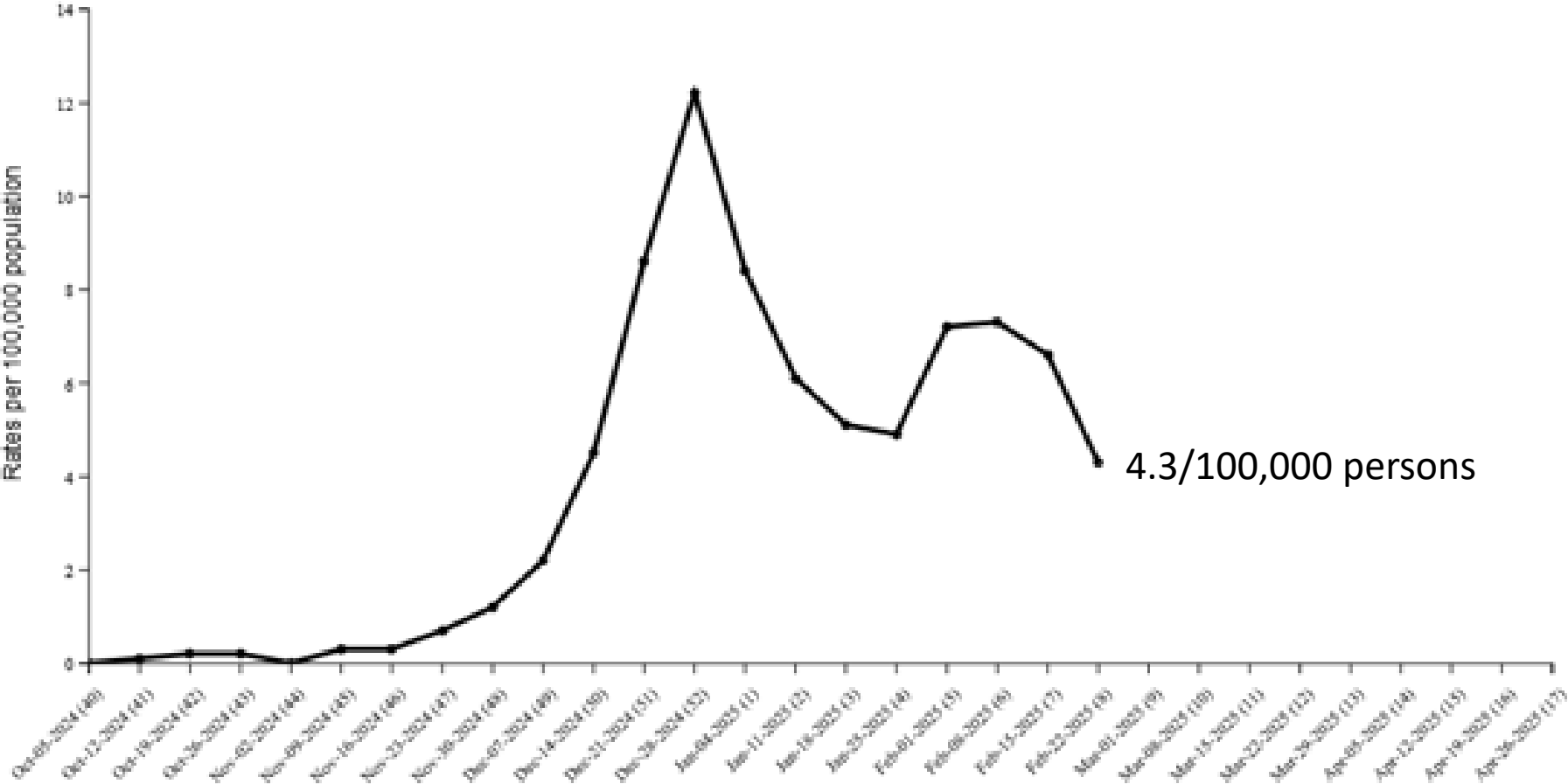
# Rate Ratios of Hospitalization, ICU Admission, and In-Hospital Death by Race and Ethnicity — United States, 2009-2019

Outcome	Rate ratio (95% CI)				
	Non-Hispanic				
	White	Black	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic
Hospitalization, age group, y					
≤4	1 [Reference]	2.21 (2.10-2.33)	3.00 (2.55-3.53)	1.26 (1.16-1.38)	1.87 (1.77-1.97)
5-17	1 [Reference]	1.99 (1.88-2.11)	1.48 (1.16-1.90)	0.81 (0.72-0.91)	1.28 (1.19-1.36)
18-49	1 [Reference]	2.52 (2.44-2.59)	1.72 (1.51-1.96)	0.61 (0.57-0.65)	1.29 (1.24-1.34)
50-64	1 [Reference]	2.50 (2.43-2.57)	1.54 (1.34-1.76)	0.63 (0.59-0.67)	1.25 (1.20-1.31)
65-74	1 [Reference]	1.74 (1.68-1.81)	0.96 (0.79-1.17)	0.84 (0.78-0.89)	1.18 (1.12-1.25)
≥75	1 [Reference]	1.05 (1.02-1.09)	0.79 (0.66-0.94)	1.02 (0.98-1.06)	0.93 (0.89-0.98)
ICU admission, age group, y					
≤4	1 [Reference]	2.74 (2.43-3.09)	3.51 (2.45-5.05)	1.31 (1.06-1.61)	1.96 (1.73-2.23)
5-17	1 [Reference]	2.00 (1.77-2.26)	1.88 (1.18-3.00)	0.97 (0.78-1.22)	1.16 (1.00-1.34)
18-49	1 [Reference]	1.85 (1.72-1.99)	1.84 (1.40-2.42)	0.57 (0.49-0.66)	1.14 (1.04-1.24)
50-64	1 [Reference]	2.09 (1.96-2.23)	1.17 (0.84-1.63)	0.61 (0.53-0.71)	1.04 (0.93-1.15)
65-74	1 [Reference]	1.50 (1.37-1.64)	1.34 (0.91-1.98)	0.87 (0.75-1.00)	1.11 (0.98-1.27)
≥75	1 [Reference]	1.26 (1.15-1.37)	0.72 (0.42-1.21)	1.21 (1.08-1.34)	0.88 (0.77-1.00)
In-hospital death, age group, y					
≤4	1 [Reference]	3.39 (1.40-8.18)	6.71 (0.85-52.97)	4.35 (1.55-12.22)	2.98 (1.23-7.19)
5-17	1 [Reference]	1.19 (0.62-2.28)	4.17 (1.00-17.41)	1.55 (0.68-3.51)	0.80 (0.38-1.69)
18-49	1 [Reference]	1.22 (0.94-1.57)	2.20 (1.04-4.67)	0.55 (0.35-0.87)	1.07 (0.81-1.41)
50-64	1 [Reference]	1.53 (1.28-1.83)	1.24 (0.55-2.77)	0.46 (0.31-0.70)	1.08 (0.83-1.40)
65-74	1 [Reference]	1.19 (0.94-1.51)	0.60 (0.15-2.42)	1.00 (0.72-1.39)	1.07 (0.77-1.48)
≥75	1 [Reference]	0.93 (0.79-1.10)	0.44 (0.14-1.35)	1.22 (1.02-1.46)	0.71 (0.56-0.91)

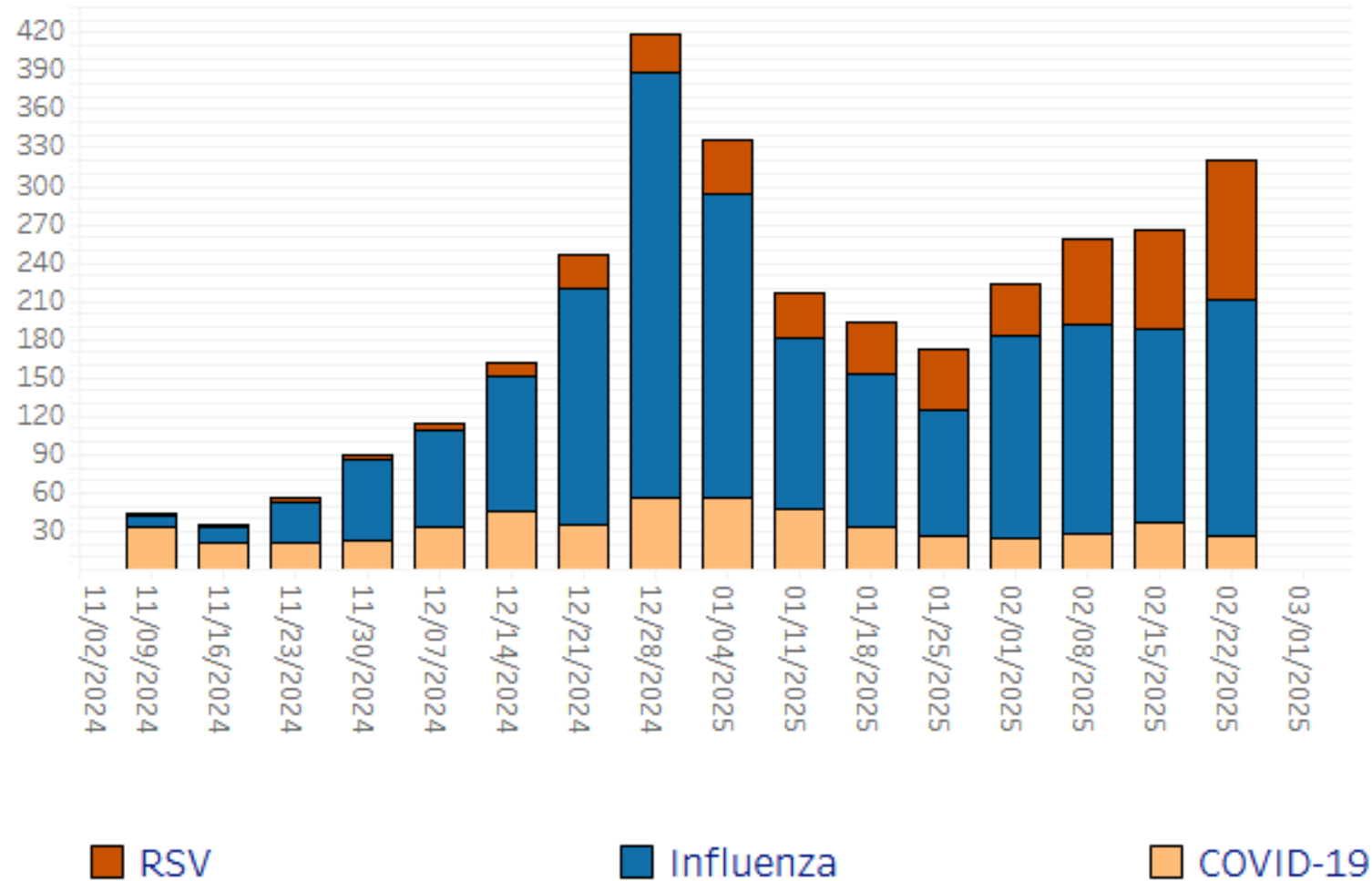
# Percent of Hospitalizations Associated with Influenza — Washington, 2024-25 through week 8



# Weekly Rates of Hospitalizations Associated with Influenza — Oregon, 2024-25 through week 8



# Number of Hospitalizations Associated with Influenza, COVID-19, and RSV — Idaho, 2024-25



# Influenza Immunization Rates – Portland Area vs. National, Dec. 31, 2024

<b>Age Group</b>	<b>% Vaccinated Portland Area (at least 1 dose)</b>	<b>% Vaccinated Nationally (at least 1 dose)</b>
10-23 months (at least 1 dose)	24%	26%
2-4 years (at last 1 dose)	16%	17%
5-17 years	15%	21%
18-49 years	13%	17%
50-64 years	28%	31%
65 + years	38%	45%
Overall	21%	25%

\*Based on 12 (26.7%) of 45 reporting facilities including 6 of 6 IHS Service Units  
National Immunization Reporting System Reports

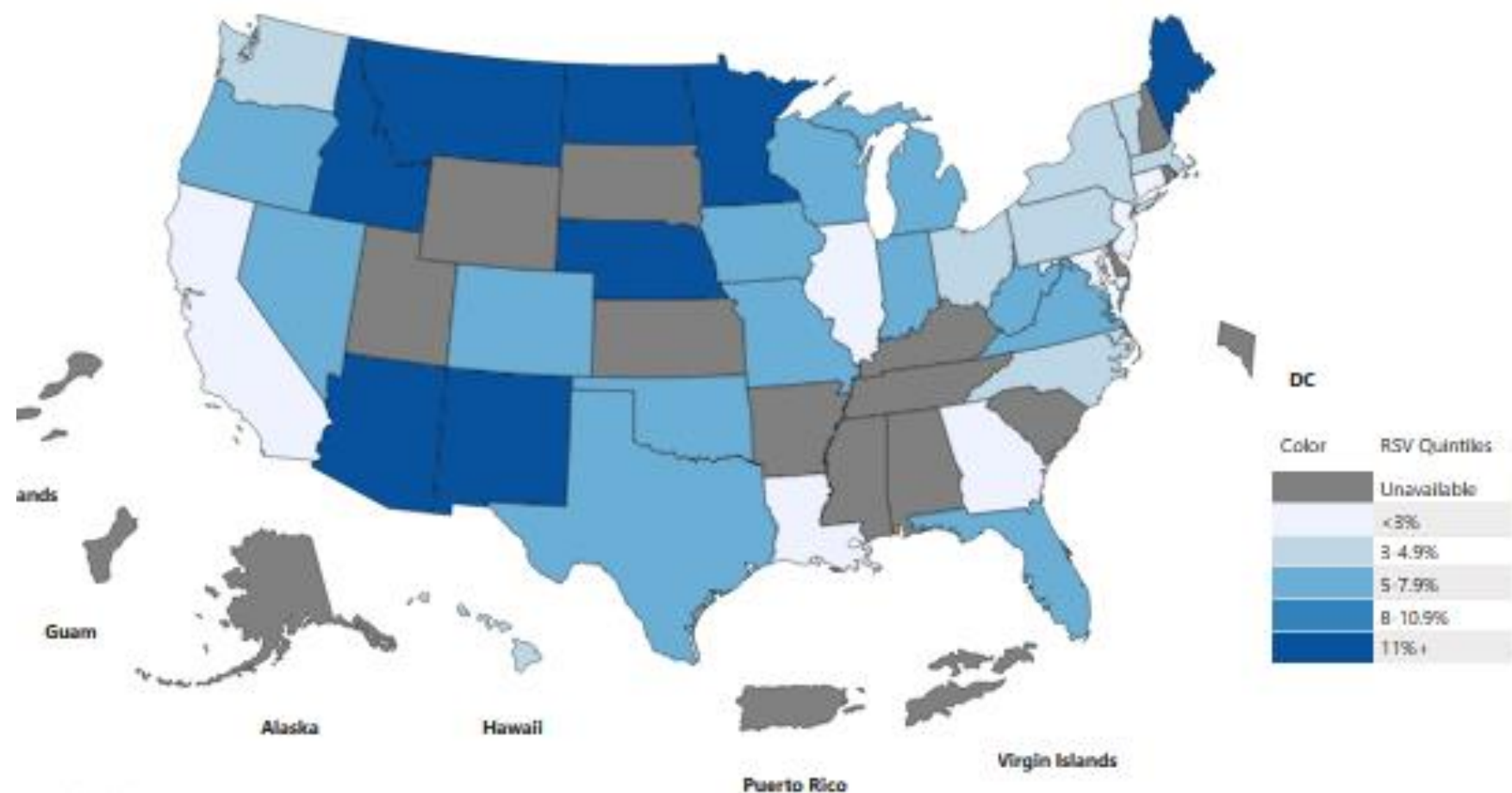
# Influenza Immunization Rates – Portland Area IHS, 2024-2025 (Week 8)

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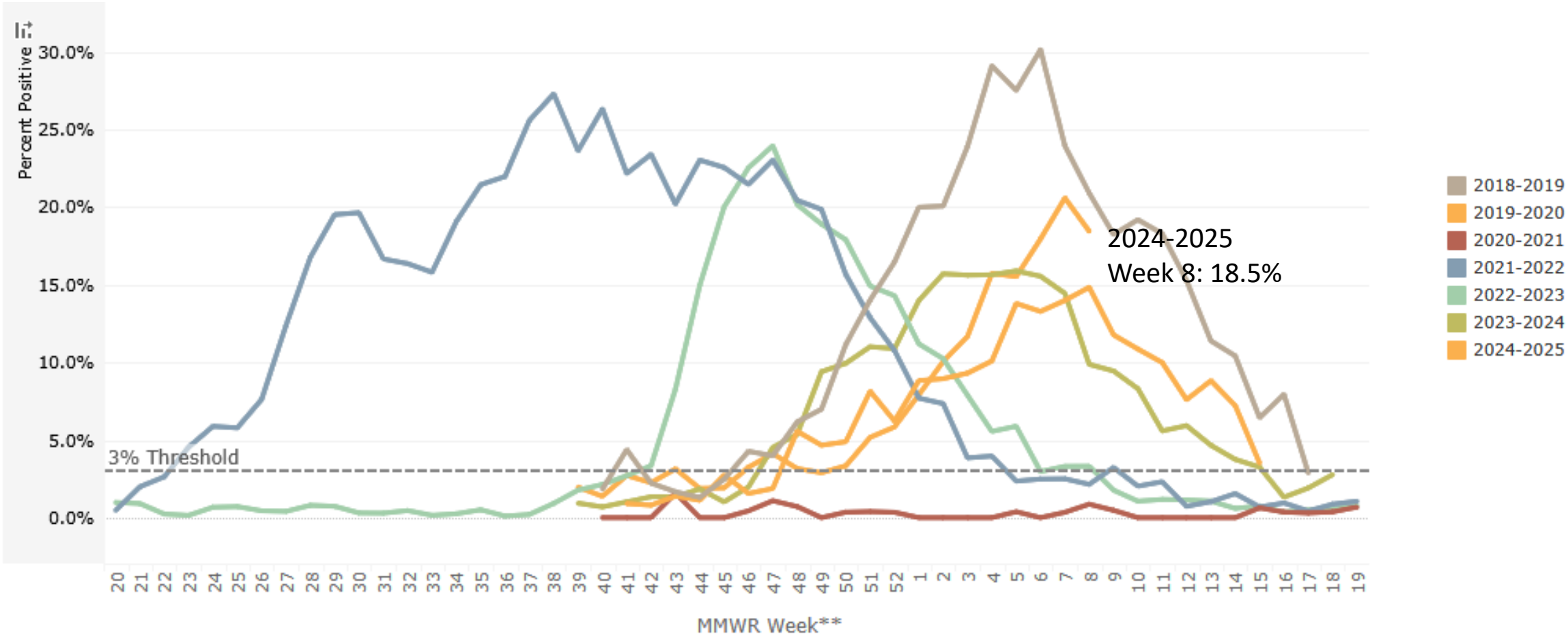
Age Group	% Vaccinated
6 mo – 17 years	15.4
18+ years	23.0
65 + years	46.0
Overall (6 months +)	21.3



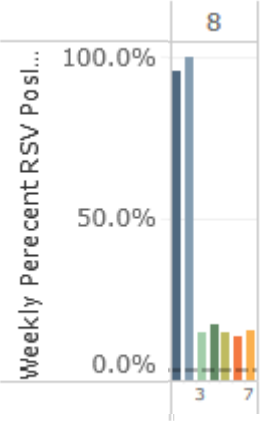
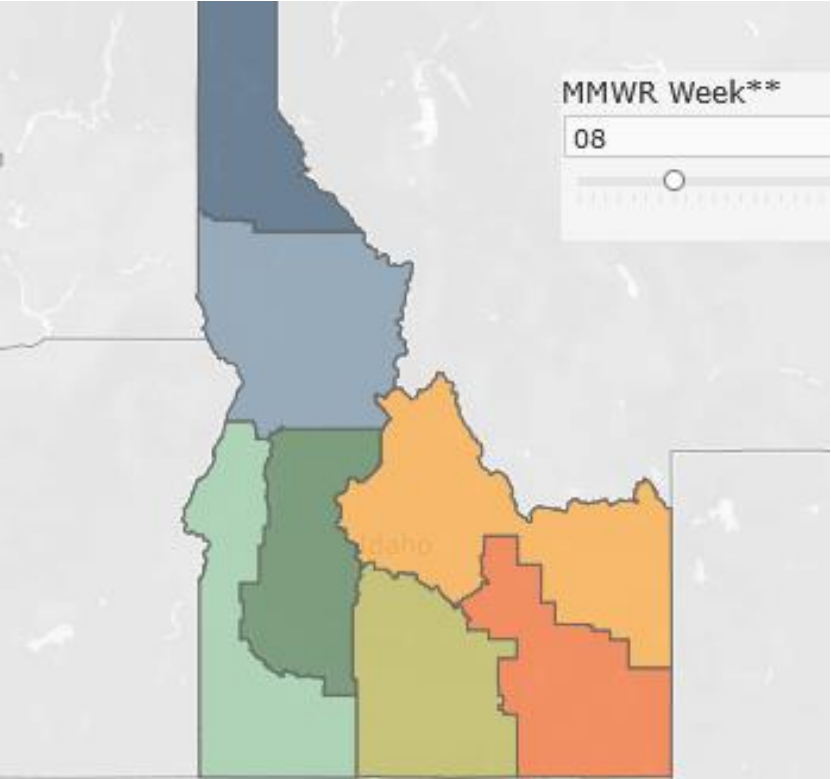
# Percent of Tests Positive for RSV — United States, 2025 (Week 8)



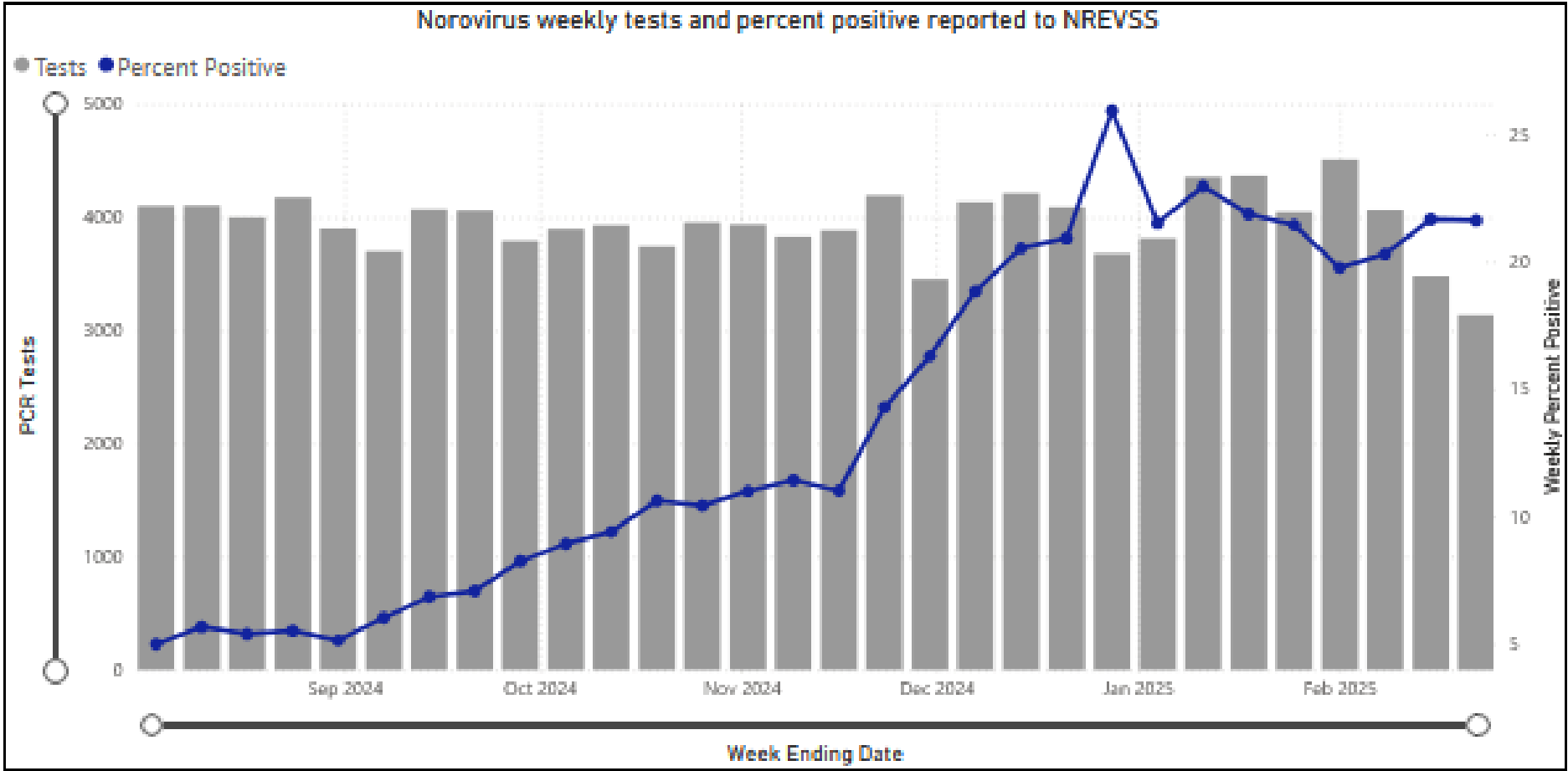
# Percent of Tests Positive for RSV — Idaho, 2024-25 through week 8



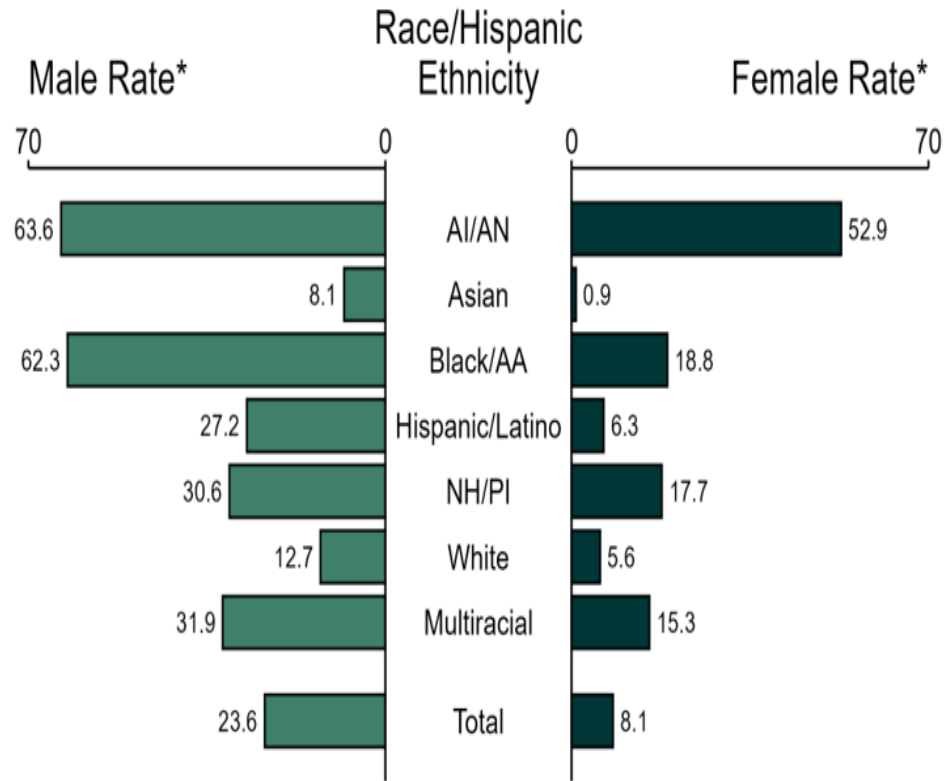
# Percent of Tests Positive for RSV — Idaho, 2024-25 through week 8



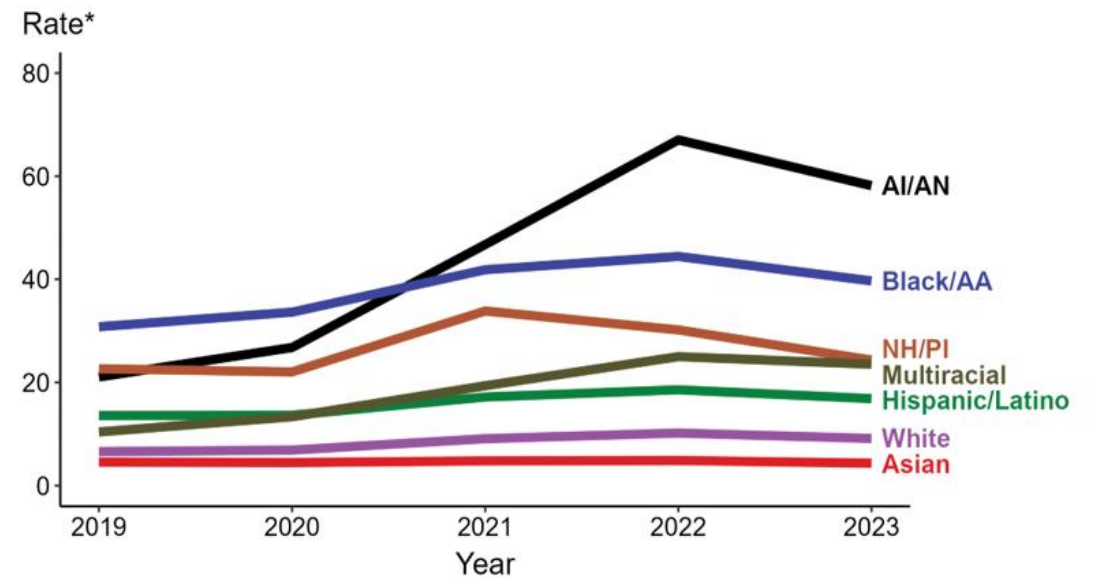
# Percent of Tests Positive for Norovirus RSV — United States, 2024-25



# Primary and Secondary Syphilis States – Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2023



\* Per 100,000

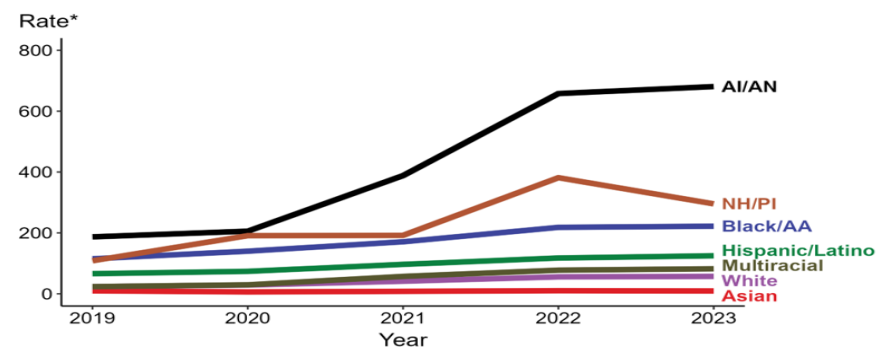


# Cases of Congenital Syphilis — Oregon, Washington, Idaho, and U.S., 2023-2024

	2023	2024
Oregon	30	45
Washington	57	
Idaho	0	
U.S.	3,800	

Including 178 cases among AI/AN  
Incidence among AI/AN: 680.8 cases/100,000 persons  
Incidence among NHW: 57.3 cases/100,000 persons

**Congenital Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity of Birth Parent and Year of Birth, United States, 2019–2023**





# Summary

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- ILI Activity is decreasing, but still very high in Washington and Oregon; in Idaho it has increased again from high to very high.
- Hospitalization rates for influenza are declining nationally as well as in Washington and Oregon, but during week 8 increased again for Idaho. Hospitalization rates in the U.S. are still higher at this time in the season than the past 15 years.
- RSV hospitalizations continued to increase in Idaho during week 8; the % positivity has started to decrease.
- Norovirus continues to remain elevated nationwide.
- Despite slight decreases in the incidence of syphilis in 2023, Oregon is reporting an increased number of congenital syphilis cases in 2024.

# Recommendations

- **Keep vaccinating** your patients for seasonal influenza.
- **Treatment** is recommended as soon as possible for hospitalized patients, patients with severe, complicated suspected or progressive illness, or those at higher risk for influenza complications.
- **Isolation:**
  - Respiratory viruses: Stay home until symptoms are improving and no fever for 24 hours, with masking for an additional 5 days.
  - Norovirus: Stay home until 2 days after symptoms stop. Do not cook, prepare, or serve food, or care for others until symptoms stopped for 2 days. Wash your hands with soap and water (not hand sanitizer). Clean surfaces with a bleach solution (5 to 25 tablespoons of household bleach [5% to 8%] per gallon of water) or use a disinfectant EPA-registered for norovirus.
- **Syphilis** [IHS Recommended Guidelines for Syphilis Testing, Treatment, and Prevention:](#)
  - Offer annual syphilis testing for persons 13 years or older: Turn on Annual Electronic Health Record Reminder (sites with RPMS)
  - Screening all pregnant women for syphilis at their first prenatal visit, the beginning of the third trimester (28 weeks), and at delivery.
  - Benzathine Penicillin G (2.4 MU IM X 1 for primary/secondary/early latent syphilis; Benzathine Penicillin G 2.4 MU IM weekly X 3 for late latent syphilis).
  - See IHS Guidelines for additional recommendations



# Washington State Department of Health Update

Kathy Pierre



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





# **Overdose Data to Action in States Tribal RFA Overview**

Injury and Violence Prevention Section



# Overdose Data to Action in States (OD2A-S)



Federal funds

Cooperative  
Agreement with the  
Centers for Disease  
Control and  
Prevention

Performance Period  
ends August 31, 2028



## Purpose of OD2A-S

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- Data continues to show that American Indian and Alaskan Native populations are disproportionately impacted by drug overdose deaths
- This supports the need for community-led overdose prevention initiatives
- DOH is seeking to fund 5-7 eligible tribal entities to implement community-driven overdose prevention activities across the following strategies:



CLINICIAN/HEALTH  
SYSTEM  
ENGAGEMENT



PUBLIC SAFETY  
PARTNERSHIPS



HARM REDUCTION



COMMUNITY BASED  
LINKAGE TO CARE

# Application Timeline

RFA release date	Est. after January 21, 2025
*Q&A call #1 for Tribal Nations	January 27, 2025
*Q&A call #2 for Tribal Organizations and Communities	February 5, 2025
Application Due	March 14, 2025
Successful applicants notified	March 24, 2025
All applicants notified	March 26, 2025
Tentative contract start date	May 15, 2025

# Eligible Applicants

**Tribal Nations:** Federally recognized tribes listed in the Governor's Office on Indian Affairs Tribal Directory

**Tribal Organizations:** Organizations that serve tribes and tribal communities on and near reservation areas

**Tribal Communities:** Tribal centers, nonprofits, businesses, and treaty tribes without federal recognition

# Application Requirements

Apply for a minimum of two (2) Required Activities.

Show that at least 60% of proposed activities in your workplan are for direct client services.

Engage in evaluation activities by:

- Collecting quantitative and qualitative performance measures
- Collaborating with the DOH evaluator on an in-depth evaluation of navigation activities

# Projected Funding Overview

	OD2A-S (Federal Funds)	One-Time Enhancement (Federal Funds)	State Funding	TOTAL for all Tribal Entities
Year 1	\$321,266	\$321,266	\$133,333	\$775,865
Year 2	\$321,266	\$0	TBD	\$321,266
Year 3	\$321,266	\$0	TBD	\$321,266
Year 4	\$321,266	\$0	TBD	\$321,266


# Award Breakdown

5-7 Tribal Public Health entities will receive an award/funding



Estimated award amount for Y1

\$64,943-\$90,920/year + up to \$50,000 One-Time-Enhancement



Estimated award amount for Y2, Y3, & Y4

\$45,895-\$64,253/year



# Estimated contract terms

**Year 1:**

March 15, 2025 – August 31, 2025

Possibility of annual renewals:

**Year 2:**

September 1, 2025 – August 31, 2026

**Year 3:**

September 1, 2026 – August 31, 2027

**Year 4:**

September 1, 2027 – August 31, 2028

# Questions?

Email Overdose Prevention Program Manager  
Anjali Shankar – [anjali.shankar@doh.wa.gov](mailto:anjali.shankar@doh.wa.gov)



## Comments & Questions



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