

NPAIHB

Weekly Update

June 24, 2025





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Agenda

- Welcome & Introduction: Nancy Bennett
- NPAIHB Announcements, Events, & Resources
- Policy and Legislative Update – Hilary Edwards
- IHS Updates – Dr Tara Perti
- Tribal Partner Updates
- Questions & Comments

Please sign in, using the chat box, with your full name and tribe or organization

Upcoming Indian Country ECHO Telehealth Opportunities

- **Care and Access for Pregnant People ECHO** – 4th Tuesday of every month at 11am PT
 - Tuesday, June 24th at 11am PT
 - Didactic Topic: *Diabetes Care in Pregnancy*
 - To join via Zoom: <https://echo.zoom.us/j/87128078680?pwd=c2hMOEFnWU9QWVZMd2dpL0J0ODNidz09>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, June 25th at 11am PT
 - Didactic Topic: *Syndemic Case Discussion*
 - To join via Zoom: <https://echo.zoom.us/j/537117924?pwd=OEExbERmK2pSUFFsMzV1SmVpb3g3dz09>
- **Early Relational Health (ERH) ECHO – Formerly MCH ECHO** – 4th Wednesday of every month at 12pm PT
 - Wednesday, June 25th at 12pm PT
 - Didactic Topic: *Healing Hearts, Building Trust: Trauma-Informed Care for Kids & Families*
 - To join via Zoom: <https://echo.zoom.us/j/86327376612?pwd=YVRiY0dxeXV1Ukl2ZE9objU2U2hrZz09>
- **Journey to Health ECHO** – 2nd & 4th Thursday of every month at 7am/12pm PT
 - Thursday, June 26th at 12pm PT
 - Didactic Topic: *The Promotion of Indigenous Connectedness through Multi-gen Wellness Workshops*
 - To join via Zoom: <https://echo.zoom.us/j/93413601610?pwd=YVhMN1NUNllyWHZUZk1CUnF0TEY5QT09>

Save the Date!

Northwest Tribal Brain Health + Dementia Summit

August 12-14, 2025

Clearwater Resort Casino, Suquamish, WA

More info to come! Please contact wminer@npaihb.org with questions or comments.



Public Health Equity Grant

20 25



Areas for Funding

- Environmental Public Health
- Lower Umatilla Basin Ground Water Management Area/Domestic Wells
- Preventing Environmental Exposures for Children's Health
- Commercial Tobacco Prevention
- Adolescent and School Health
- Overdose Prevention
- Community Resilience: Community Connection and Empowerment
- Community Resilience: Emergency Preparedness and Response
- Communicable Disease: Sexual Health and Prevention of Sexually Transmitted Infections
- Communicable Disease: Immunization

Info sessions:

07/02/25

2:00pm - 4:00pm PST

[Registration link](#)

07/09/25

1:00pm - 3:00pm PST

[Registration link](#)

07/08/25

11:00am - 1:00pm PST

[Registration link](#)

07/15/25

12:00pm - 2:00pm PST

[Registration link](#)

NPAIHB Weekly Update Schedule

July 1: Data Hub Update – Sunny Stone

July 8: NO Update, QBM Portland, OR

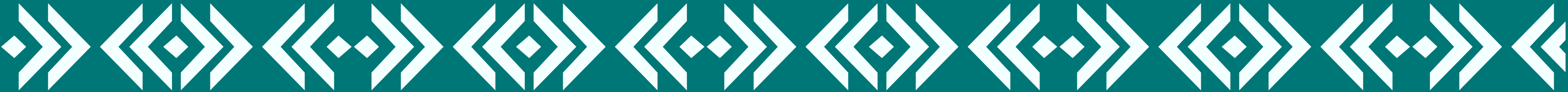
July 15: Marc Mason, Warm Springs (rescheduled
from 6/17/25)



Legislative & Policy Update

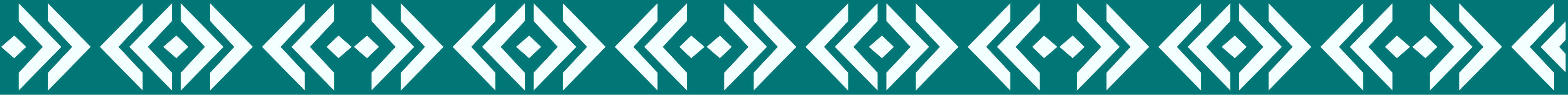
Veronica Smith





IHS Updates

Dr. Tara Perti



Partner Updates

Questions & Comments

LEGISLATIVE & POLICY UPDATE

June 24, 2025

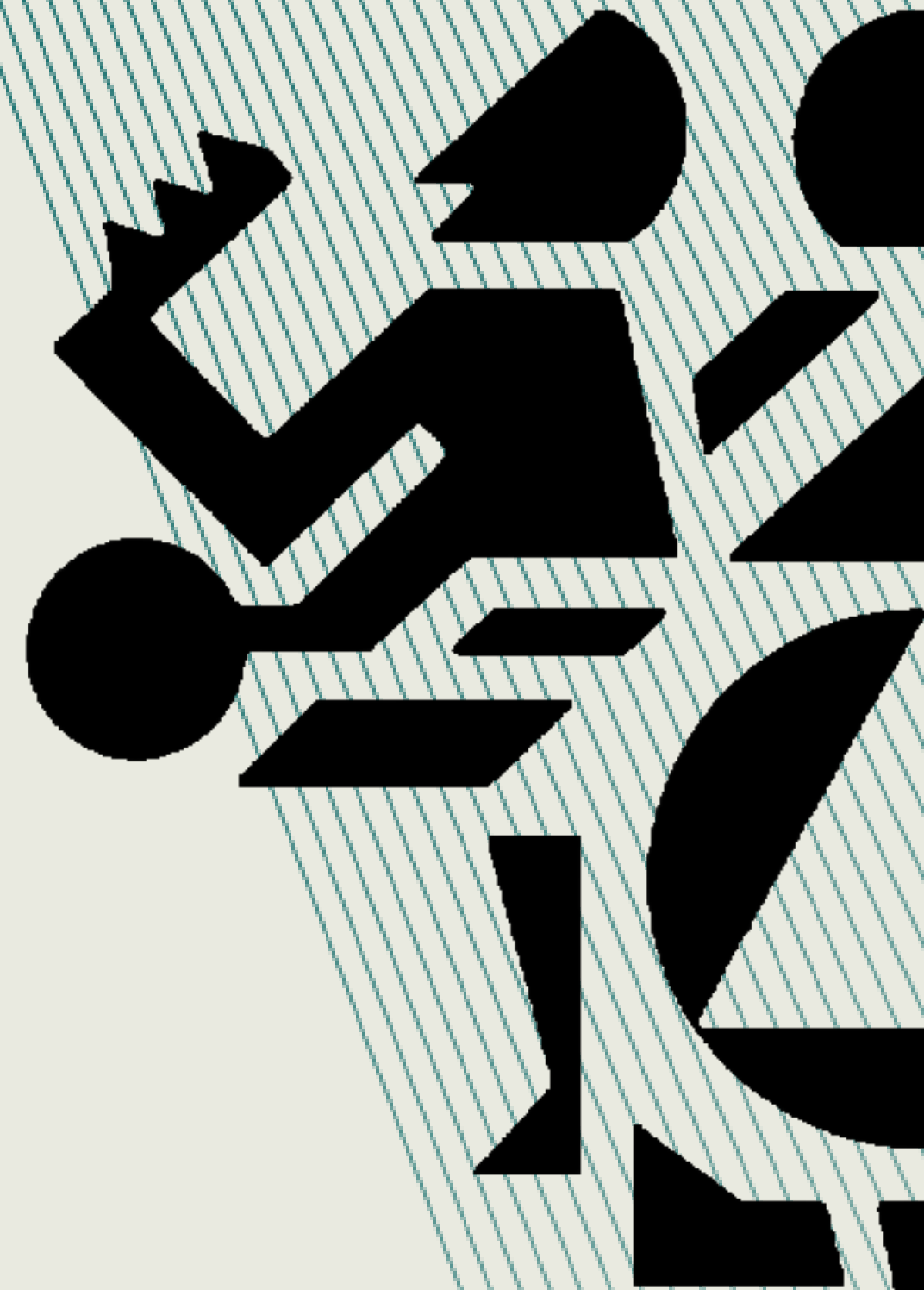


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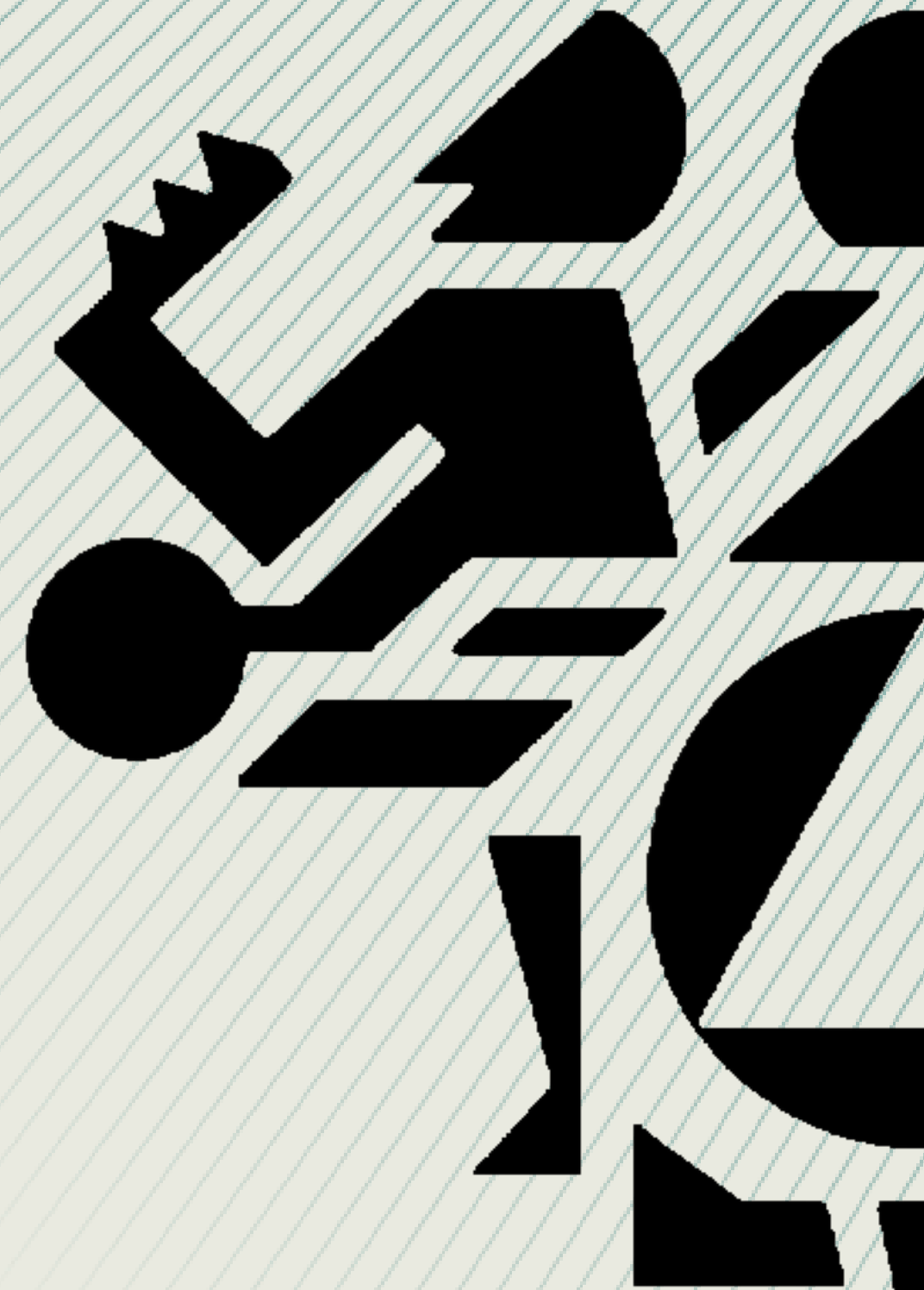
NPAlHB MISSION

To eliminate health disparities and improve the quality of life of American Indians and Alaska Natives by supporting Northwest Tribes in their delivery of culturally appropriate, high-quality health programs and services



AGENDA

- Congressional Updates
- Federal Updates
- State Updates
- DTLL
- Consultations, Listening Sessions & Written Comments
- National & Regional Meetings
- NPAIHB Policy Resources



Congressional



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FY 2025 BUDGET RECONCILIATION



Background:

- May 22, the House of Representatives voted and passed the reconciliation bill known as the “One Big Beautiful Bill Act,” or H.R. 1
- The Senate is reviewing the “One Big Beautiful Bill Act.”
- The Senate only requires a simple majority for passage
- Byrd Rule: only allows items with a significant budgetary impact to go through reconciliation in the Senate

As of today:

- Senate committees, all 9 of them, are working on reviewing and proposing amendments to their components of budget reconciliation
- Senate Majority Leader Thune is rumored to stay in session over the July 4th holiday to ensure the bill makes its way back to the House

HHS SENIOR ADVISOR



- Last week, Mark Cruz, a citizen of Klamath Tribes, was sworn in as Senior Advisor to HHS Secretary Kennedy
- Cruz's appointment fulfills a promise Secretary Kennedy made to tribal leaders during his confirmation process to ensure Native voices have a seat at the highest levels of the department.
- Cruz brings extensive experience in tribal and federal policy. He previously served at the U.S. Department of the Interior during the Trump administration as Deputy Assistant Secretary–Indian Affairs for Policy and Economic Development (DAS-PED), a role he assumed on September 24, 2018, after being appointed by then-Assistant Secretary–Indian Affairs Tara Mac Lean Sweeney.
- Before his time at the Interior Department, Cruz held key roles on Capitol Hill. He served as chief of staff to Representative Todd Rokita (R-Indiana) from 2017 to 2018, after working on Rokita's legislative team from 2014 to 2017. From 2013 to 2014, he was a legislative fellow in the office of Representative Tom Cole (R-Oklahoma).
During his time in Congress, Cruz focused on education, labor, civil service reform, appropriations, and oversight.

Dear Tribal Leader Letters



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IHS DTLL

On June 13, IHS Acting Director Benjamin Smith sent a DTLL out requesting comments and recommendations regarding the proposed realignment of the Indian Health Service (IHS).

The IHS is committed to receiving Consultation and Confer feedback from Tribal Leaders and UIO Leaders, with particular focus on these three areas:

- 1. Delivery of Direct Patient Care;**
- 2. Enterprise/Operational Management; and**
- 3. Supporting Tribal Self-Determination.**



The IHS will convene four (4) in-person Tribal Consultations and one (1) virtual Urban Confer to give Tribal Leaders and UIO Leaders multiple opportunities to provide feedback to the Agency. During these Tribal Consultations and Urban Confer, we would also like to discuss our current **Tribal Advisory Committees.**

NPAlHB TRIBAL CAUCUS



NPAlHB will be hosting a Tribal Caucus in preparation for the first in person tribal consultation, on Thursday, July 26 from 8:00-9:00 AM via Zoom.

Please email the Policy Team at policyteam@npaihb.org or Hilary Edwards at hedwards@npaihb.org for the invitation details.

Consultations, Listening Sessions & Written Comments



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IHS TRIBAL CONSULTATIONS

Tribal Consultation -
Seattle, WA

Date: Tuesday, July 8, 2025

Time: 10:00 AM- 2:00 PM PDT

Registration Link:

<https://www.surveymonkey.com/r/WWX62MH>

Address: Seattle Airport Marriott
3201 South 176th Street
Seattle, Washington 98188

Tribal Consultation -
Phoenix, AZ

Date: Thursday, July 10, 2025

Time: 10:00 AM – 2:00 PM MST

Registration Link:

<https://www.surveymonkey.com/r/J8TZHRR>

Address: Marriott Phoenix
Chandler
1600 South Price Road
Chandler, Arizona 85286

Tribal Consultation -
Washington D.C.

Date: Wednesday, July 23, 2025

Time: 10:00 AM – 2:00 PM EST

Registration Link:

<https://www.surveymonkey.com/r/J86FNWS>

Address: Hubert H. Humphrey
Building – Hall of Tribal Nations 200
Independence Ave SW, Washington,
DC 20201

Urban Confer - Virtual

Date: Monday, July 28, 2025

Time: 1:00 PM – 3:00 PM EST

Registration Link: <https://ihs.gov.zoomgov.com/meeting/register/q6joL7ncQgSlz5tf0xl9vw>



National and Regional Meetings



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NPAIHB Policy

Resources



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NPAIHB July QBM

The NPAIHB July QBM will be hosted in Portland, Oregon



Health and Wellness for the Seventh Generation



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MEET THE TEAM



Hilary Edwards
Dir. of Legal & Government Affairs

(Swinomish Indian Tribal Community)

E: hedwards@npaihb.org



Pakak Sophie Boerner
Data Hub & Policy Intern

(Iñupiaq, Native Village of Kiana)

E: psophieboerner@npaihb.org



Thank you

Portland Area IHS Communicable Diseases Update

TARA PERTI, MD, MPH

MEDICAL EPIDEMIOLOGIST

OFFICE, PORTLAND AREA IHS

June 24, 2025



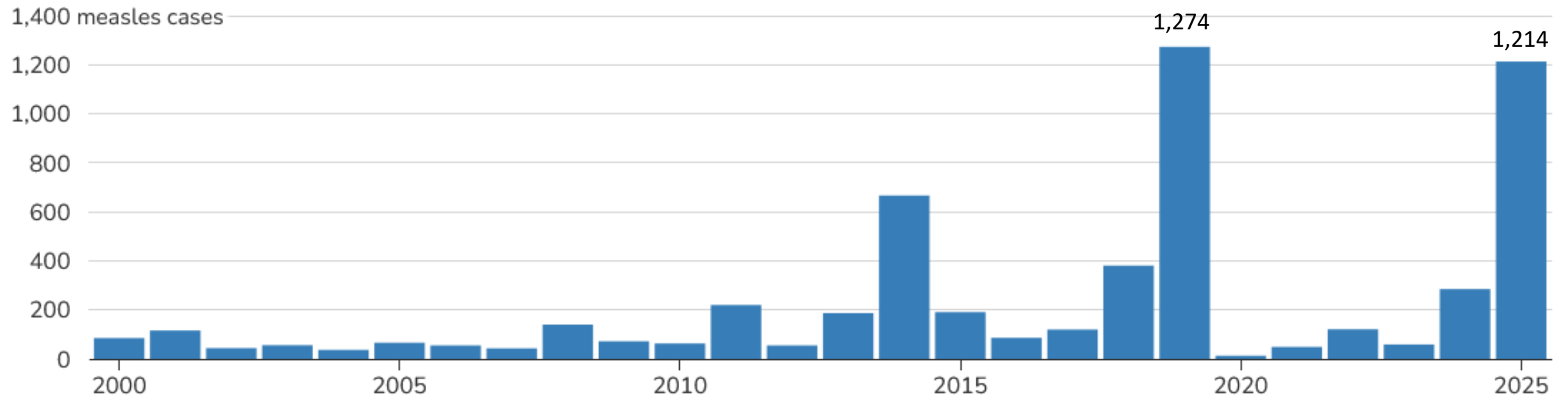
Outline

- Brief measles update
- Lenacapavir for HIV prevention - given subcutaneously every 6 months - now FDA approved

Yearly Measles Cases – United States, 2000-Present

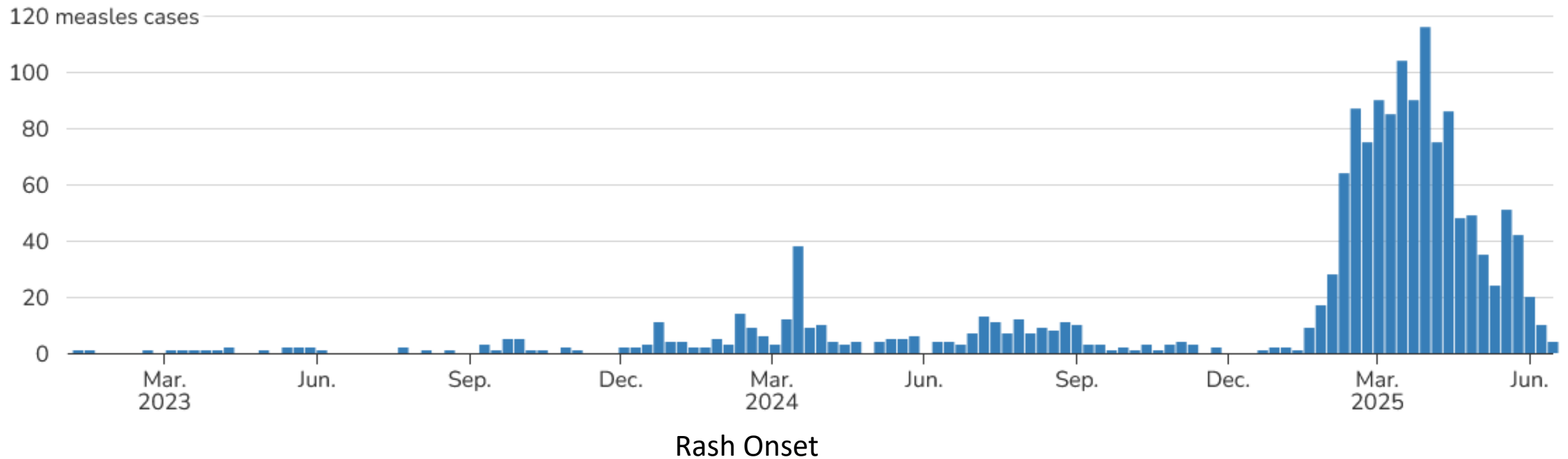
2000–Present*

1985–Present*



Measles – United States, 2023-2025 (through 6/19)

2023–2025* (as of June 19, 2025)



Measles — United States, 2025

- Overall, in the U.S., there have been 1214 **confirmed** cases of measles in 35 states through 6/19. 89% of cases are from one of 23 outbreaks (≥3 related cases).
 - <5 years old: 29%, 5-19 years: 37%, ≥ 20 years: 33% (unknown: 1%).
 - 12% hospitalized overall (21% of those <5 years-old hospitalized); 3 deaths among unvaccinated individuals; 2 in healthy school-aged children.
 - 95% unvaccinated or with unknown vaccination status, 2% with one MMR dose, 3% with two MMR doses.

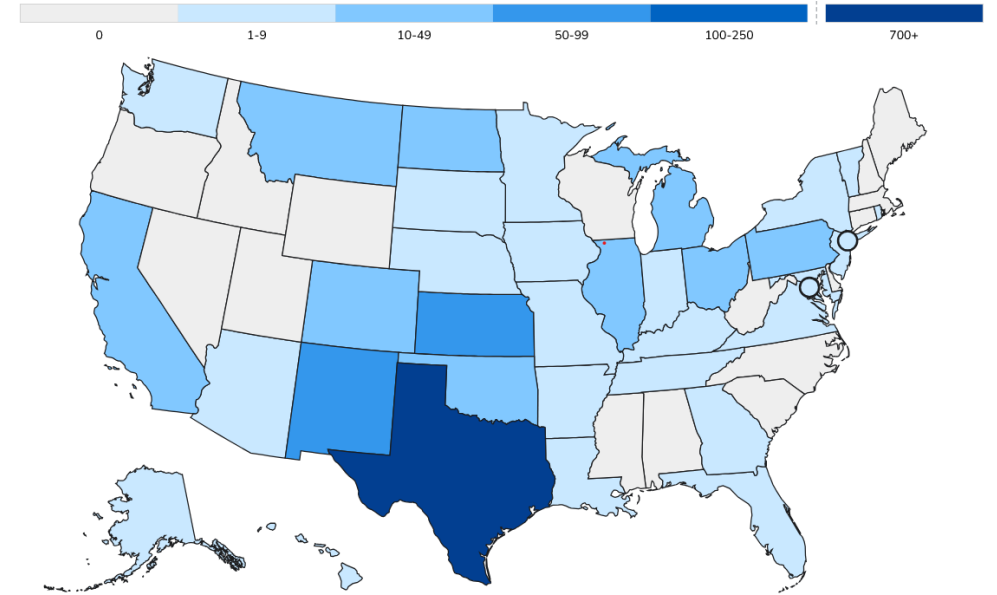
Southwest Outbreak:

- Texas: 750 confirmed cases; 2 deaths in a school-aged children (32 additional cases not associated with the W. Texas outbreak).
- New Mexico: 81 cases; 1 death
- Oklahoma: 17 cases

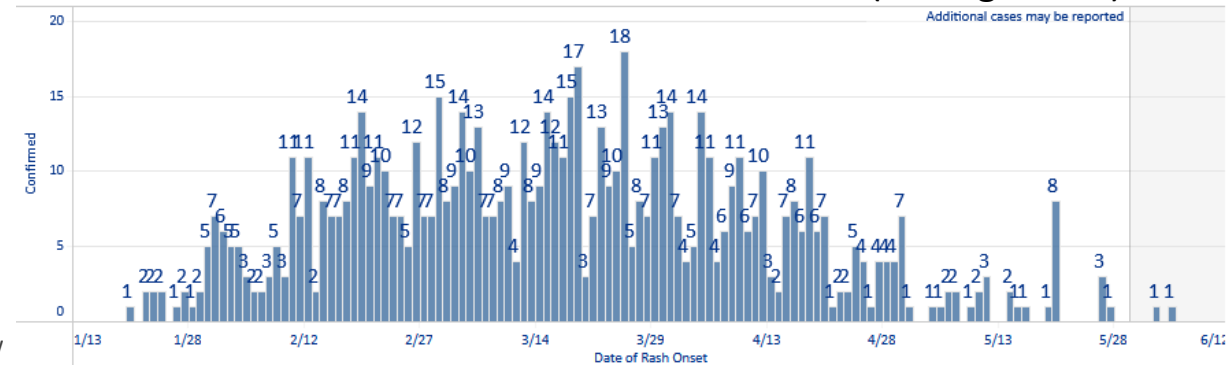
Some of Other States with Ongoing Outbreaks:

- Kansas: 80 cases (77 associated with an outbreak there)
- Ohio: 36 cases
- North Dakota: 34 cases
- Montana: 23 cases
- Colorado: 16 cases (outbreak: 10)
- Illinois: 10 cases
- Michigan: 12 cases (outbreak: 4)
- Arkansas: 8 cases
- Iowa: 6 cases
- Arizona: 4 cases

Prior: Pennsylvania: 15 cases in April. Indiana: 8 cases in April. Tennessee: 6 cases in May. Georgia: 3 cases in Feb (3 new cases in May-June). New Jersey: 3 cases in February.



Measles Outbreak Cases — Texas, 2025 (through 6/17)



Centers for Disease Control and Prevention. Measles Cases and Outbreaks. Available at: <https://www.cdc.gov/measles/data-research/index.html>

Texas Health and Human Services: <https://www.dshs.texas.gov/news-alerts/measles-outbreak-2025>

New Mexico Department of Health: <https://www.nmhealth.org/about/erd/ideb/mog/>

Oklahoma State Department of Health: <https://oklahoma.gov/health/health-education/acute-disease-service/rash-illness/measles.html>

Kansas Department of Health and Environment: <https://www.kdhe.ks.gov/2314/Measles-Data>

Ohio Department of Health: <https://data.ohio.gov/wps/portal/gov/data/view/summary-of-infectious-diseases-in-ohio>

North Dakota Department of Health and Human Services: <https://www.hhs.nd.gov/health/data>

Montana Department of Public Health and Human Services: <https://dphhs.mt.gov/publichealth/cdepi/diseases/Measles>

Colorado Department of Public Health and Environment: <https://cdphe.colorado.gov/diseases-a-to-z/measles/2025-case-information>

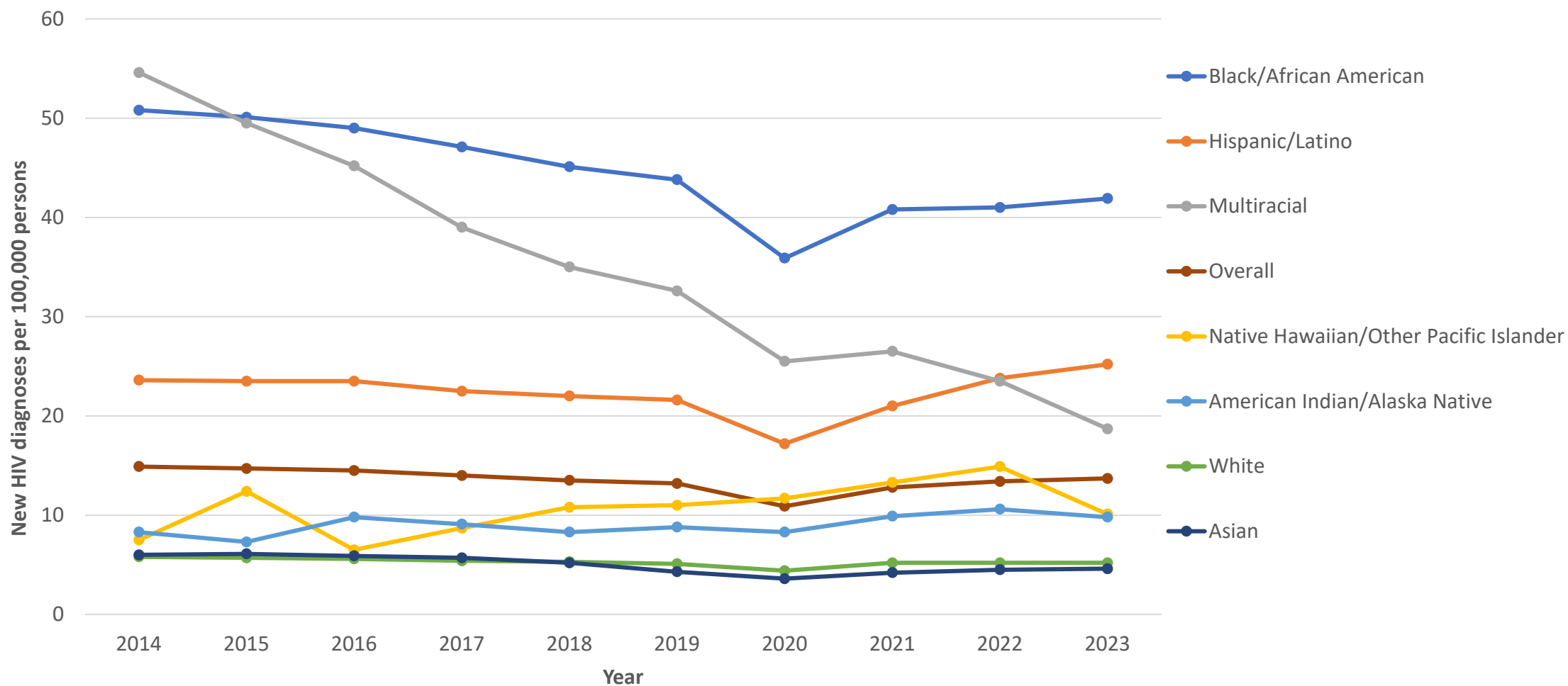
Illinois Department of Public Health: <https://dph.illinois.gov/topics-services/diseases-and-conditions/measles.html>

Michigan Department of Health and Human Services: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunizations/measlesupdates>

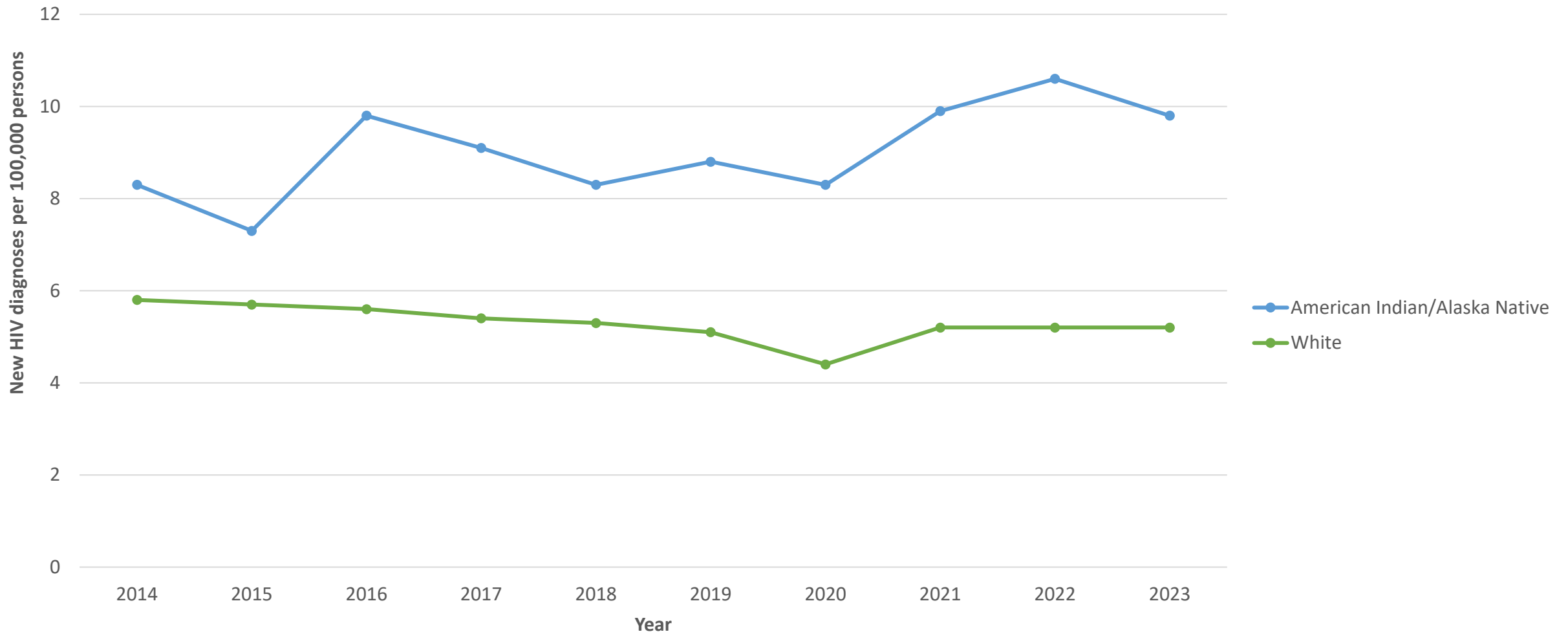
Arkansas Department of Health: <https://healthy.arkansas.gov/programs-services/diseases-conditions/communicable-diseases/measles-rubeola/arkansas-measles-exposure-locations/>

Navajo County: <https://www.navajocountyaz.gov/CivicAlerts.aspx?AID=82>

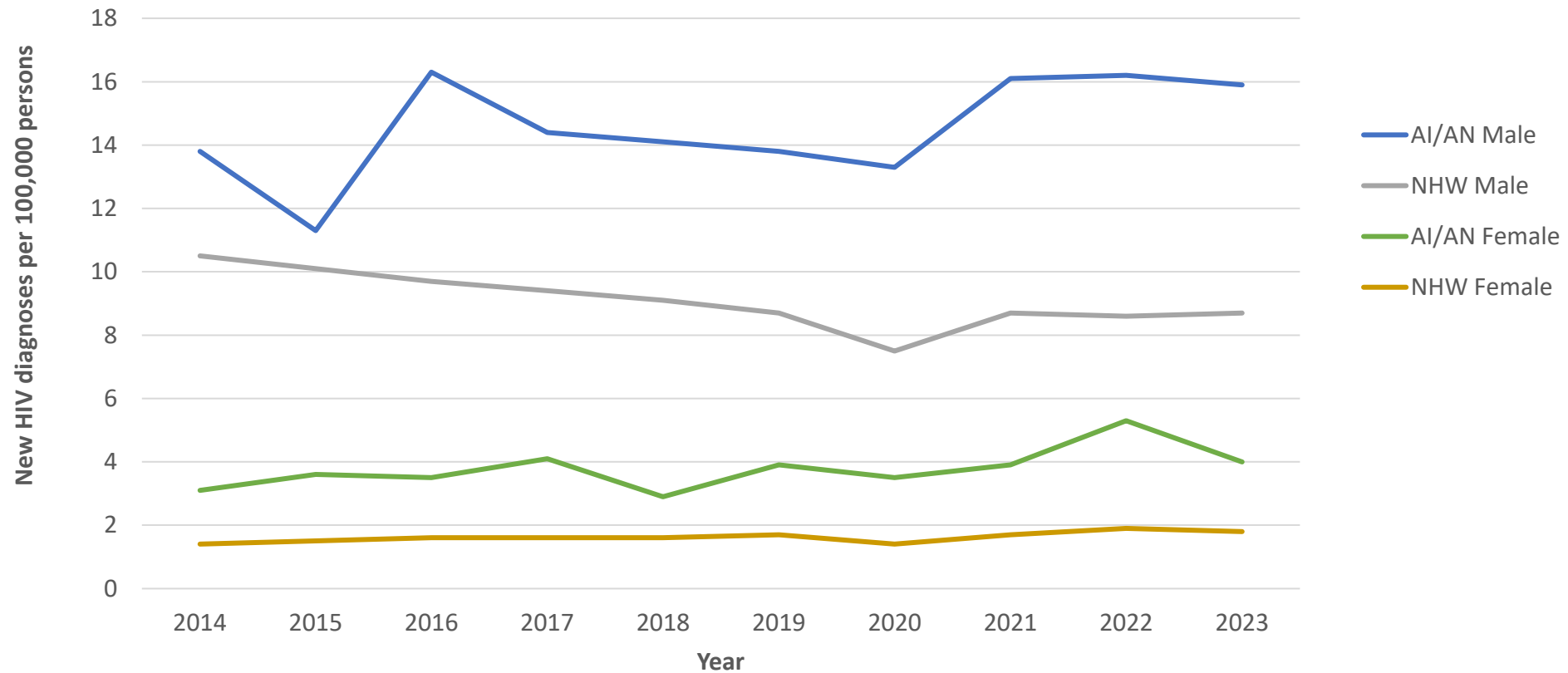
New HIV Diagnoses — United States, 2014-2023



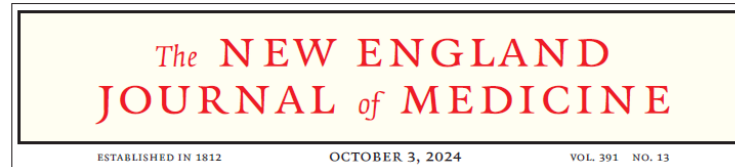
New HIV Diagnoses, AI/AN vs. NHW — United States, 2014-2023



New HIV Diagnoses, AI/AN vs. NHW, by Sex — United States, 2014-2023



Lenacapavir (LEN) every 6 months vs. Daily F/TAF vs. Daily F/TDF for HIV Prevention in Females



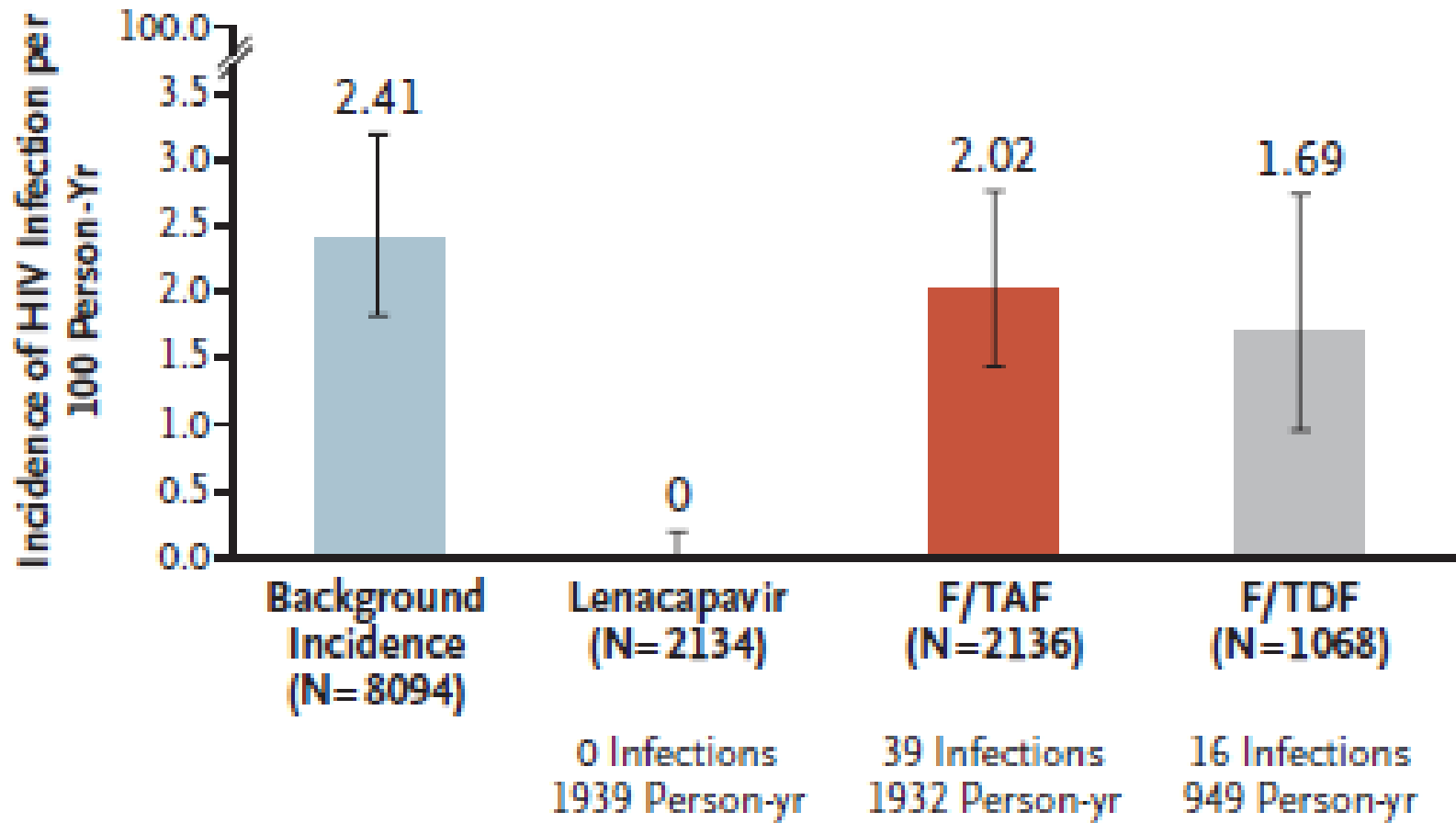
Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women

L.-G. Bekker, M. Das, Q. Abdool Karim, K. Ahmed, J. Batting, W. Brumskine, K. Gill, I. Harkoo, M. Jaggernath, G. Kigozi, N. Kiwanuka, P. Kotze, L. Lebina, C.E. Louw, M. Malahleha, M. Manentsa, L.E. Mansoor, D. Moodley, V. Naicker, L. Naidoo, M. Naidoo, G. Nair, N. Ndlovu, T. Palanee-Phillips, R. Panchia, S. Pillay, D. Potloane, P. Selepe, N. Singh, Y. Singh, E. Spooner, A.M. Ward, Z. Zwane, R. Ebrahimi, Y. Zhao, A. Kintu, C. Deaton, C.C. Carter, J.M. Baeten, and F. Matovu Kiweewa, for the PURPOSE 1 Study Team*

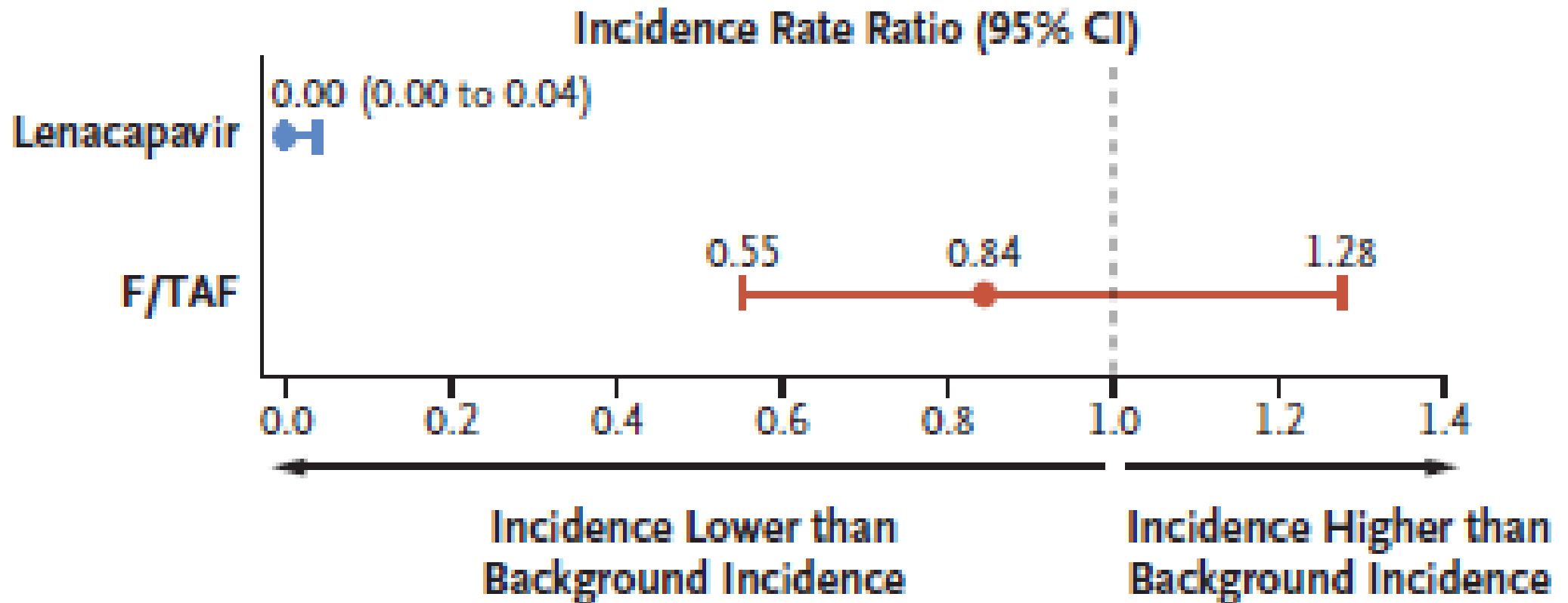
- Phase 3 double-blind RCT of lenacapavir (LEN) SC every 26 weeks vs. emtricitabine/tenofovir alafenamide (F/TAF) orally daily vs. emtricitabine/tenofovir disoproxil fumarate (F/TDF) orally daily in South Africa and Uganda (each arm also received alternative SC or oral placebo).
- Inclusion criteria: Sexually active females 16-25 years old, not using PrEP or had HIV testing in past 3 months.
- Exclusion criteria: Weight <35 kg, GFR <60 ml/min, pregnancy.
- After HIV testing, HIV negative females randomized 2:2:1. LEN: Two 1.5 mL SC injections q 6 months. Day 1 and 2: Oral loading doses of two 300 mg tablets also provided.
- Endpoint: Incident HIV infection.

Trial stopped prematurely after interim efficacy analysis reviewed by independent data monitoring committee finding that the pre-specified criteria for stopping due to efficacy had been met.

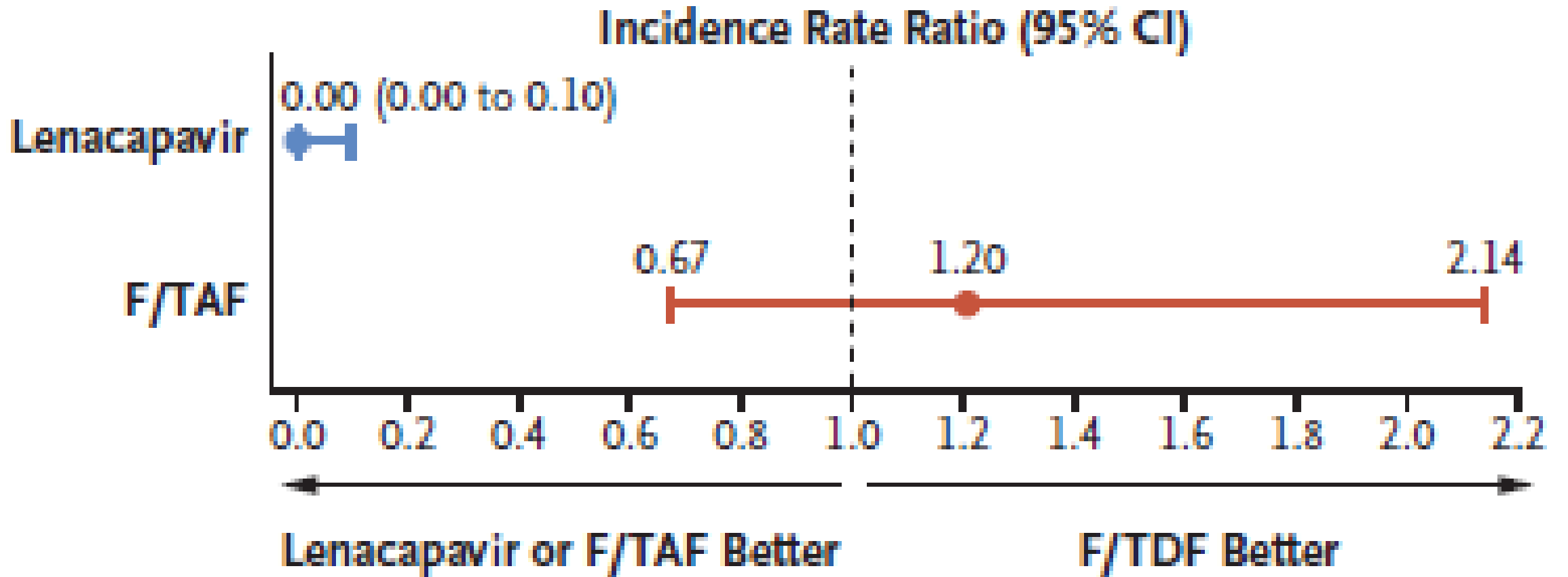
HIV Incidence in Each Arm and Background Incidence



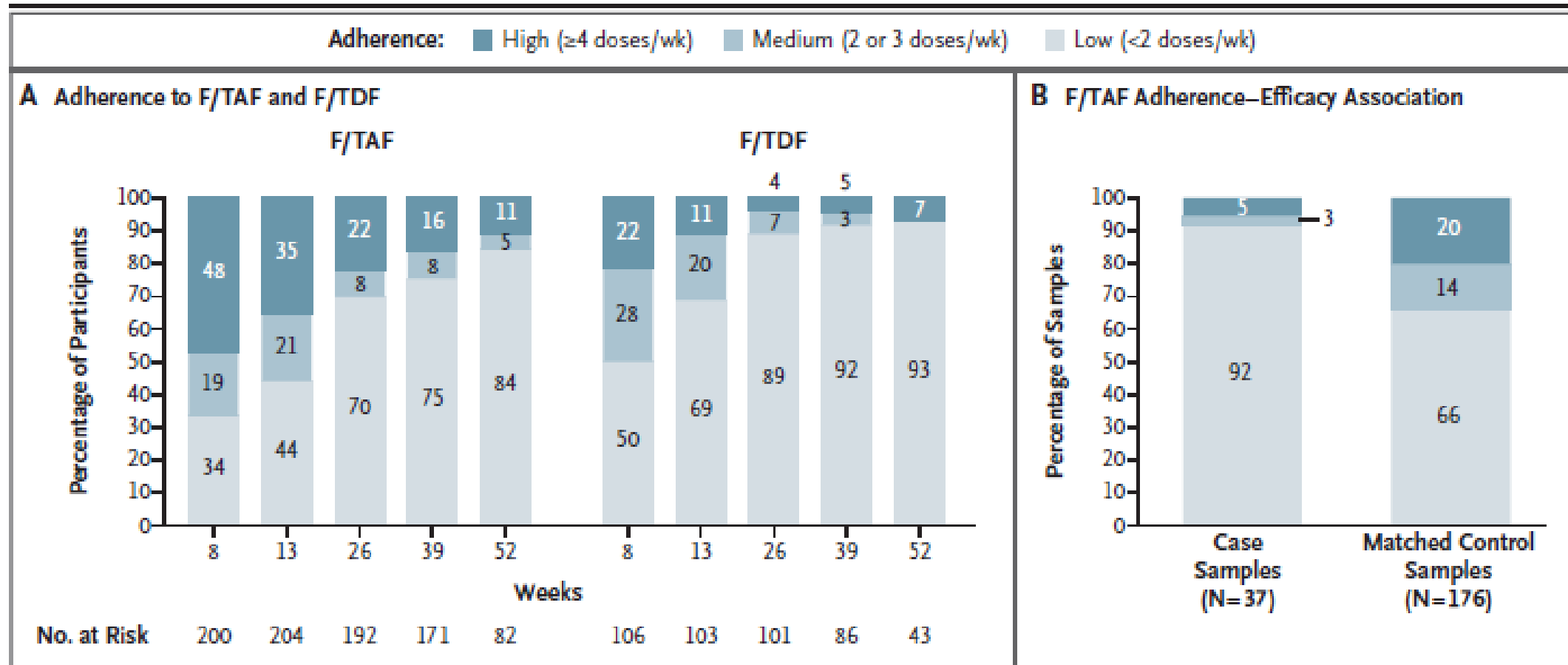
Incident Rate Ratio for LEN and F/TAF vs. Background Incidence



Incident Rate Ratio for LEN and F/TAF vs. F/TDF



Adherence to F/TAF and F/TDF



Adverse Events

- Injection site reactions: 68.8% in LEN arm vs. 34.9% in other arms (SC placebo). 4 participants (0.2)% discontinued LEN for this reason.
- No difference in laboratory abnormalities, and after excluding the injection site reactions, in overall adverse events or serious adverse events.
- Nausea and vomiting lower for LEN arm vs. F/TAF or F/TDF.

Lenacapavir (LEN) every 6 months vs. Daily F/TDF for HIV Prevention



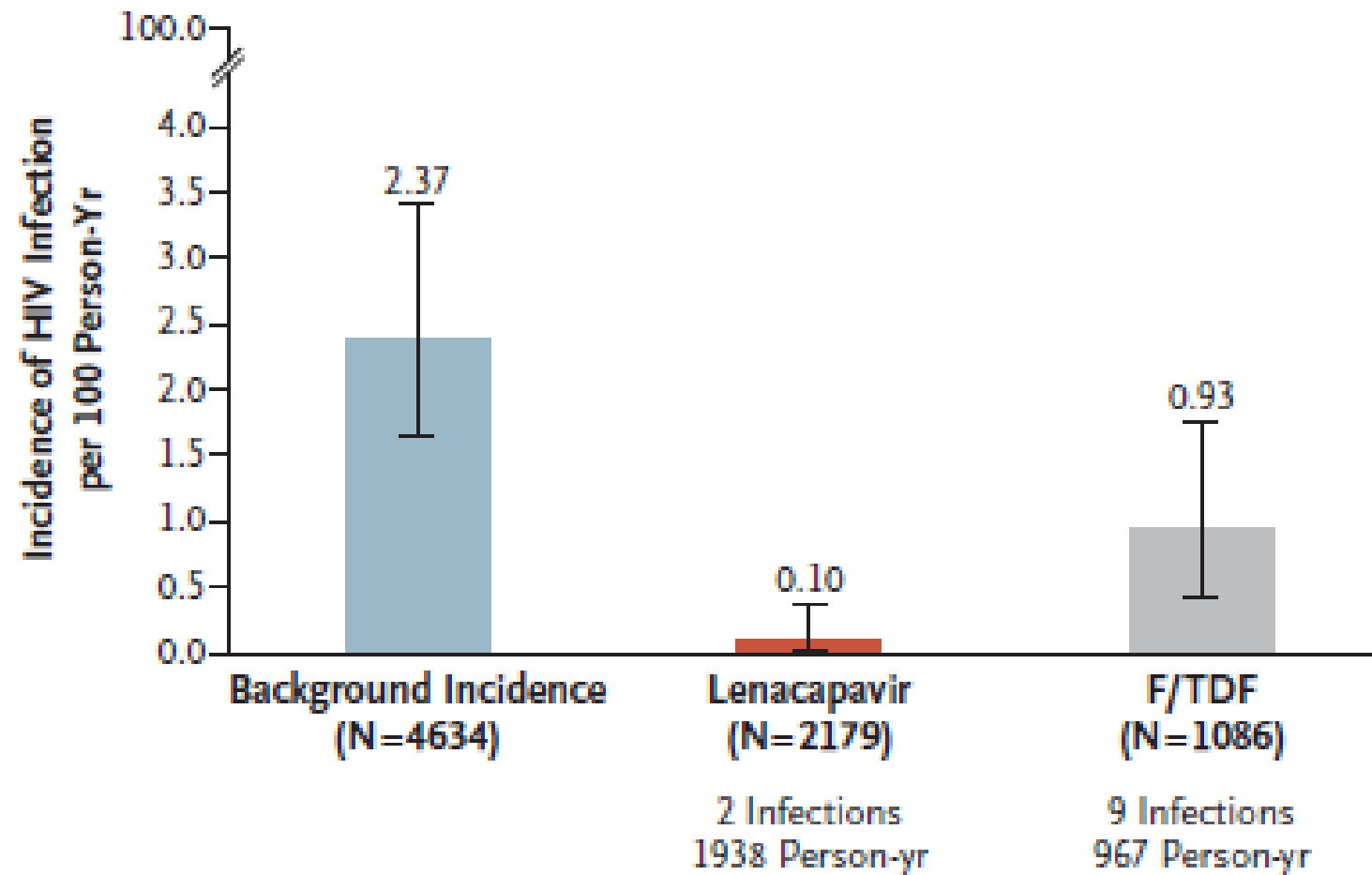
Twice-Yearly Lenacapavir for HIV Prevention in Men and Gender-Diverse Persons

C.F. Kelley,^{1,2} M. Acevedo-Quiñones,³ A.L. Agwu,⁴ A. Avihingsanon,⁵ P. Benson,⁶ J. Blumenthal,⁷ C. Brinson,⁸ C. Brites,⁹ P. Cahn,¹⁰ V.D. Cantos,¹¹ J. Clark,¹² M. Clement,¹³ C. Creticos,¹⁴ G. Crofoot,¹⁵ R.S. Diaz,¹⁶ S. Doblecki-Lewis,¹⁷ J.A. Gallardo-Cartagena,¹⁸ A. Gaur,¹⁹ B. Grinsztejn,²⁰ S. Hassler,²¹ J.C. Hinojosa,²² T. Hodge,²³ R. Kaplan,²⁴ M. Lacerda,²⁵ A. LaMarca,²⁶ M.H. Losso,²⁷ J. Valdez Madruga,²⁸ K.H. Mayer,²⁹ A. Mills,³⁰ K. Mounzer,³¹ N. Ndlovu,³² R.M. Novak,³³ A. Perez Rios,³⁴ N. Phanuphak,³⁵ M. Ramgopal,³⁶ P.J. Ruane,³⁷ J. Sánchez,³⁸ B. Santos,³⁸ P. Schine,³⁹ T. Schreibman,⁴⁰ L.S.Y. Spencer,⁴¹ O.T. Van Gerwen,⁴² R. Vasconcelos,⁴³ J.G. Vasquez,⁴⁴ Z. Zwane,⁴⁵ S. Cox,⁴⁶ C. Deaton,⁴⁷ R. Ebrahimi,⁴⁶ P. Wong,⁴⁶ R. Singh,⁴⁶ L.B. Brown,⁴⁶ C.C. Carter,⁴⁶ M. Das,⁴⁶ J.M. Baeten,⁴⁶ and O. Ogbuagu,⁴⁸ for the PURPOSE 2 Study Team*

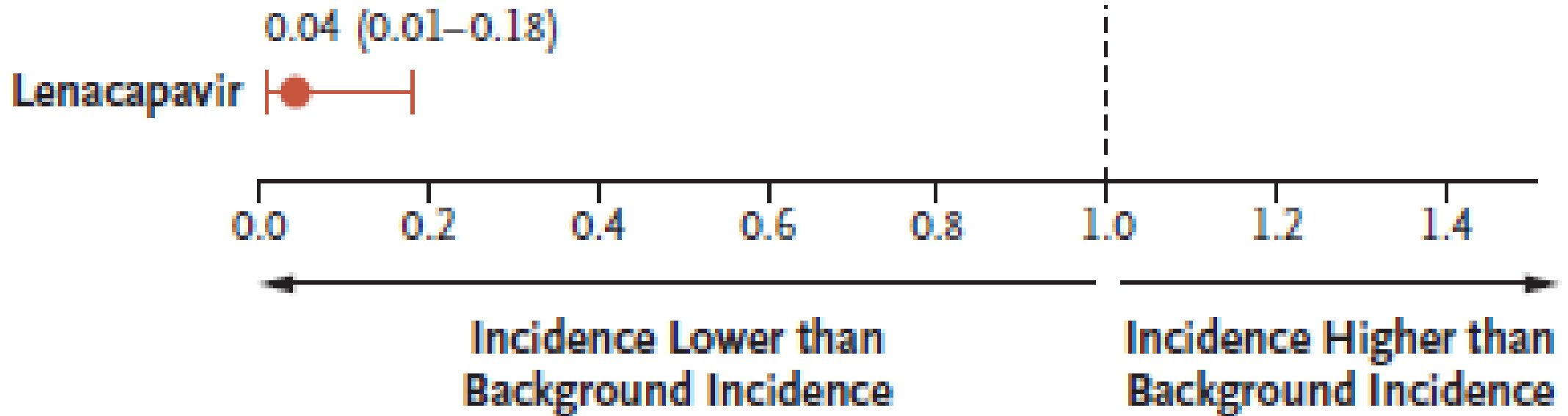
- Multinational phase 3 double-blind RCT of lenacapavir (LEN) SC every 26 weeks vs. F/TDF orally daily (each arm also received alternative SC or oral placebo)
- Endpoint: Incidence of HIV infection
- After HIV testing, HIV negative participants randomized 2:1. LEN: Two 1.5 mL SC injections q 6 months. Day 1 and 2: Oral loading doses of two 300 mg tablets also provided.

Trial stopped prematurely after interim efficacy analysis reviewed by independent data monitoring committee finding that the pre-specified criteria for stopping due to efficacy had been met.

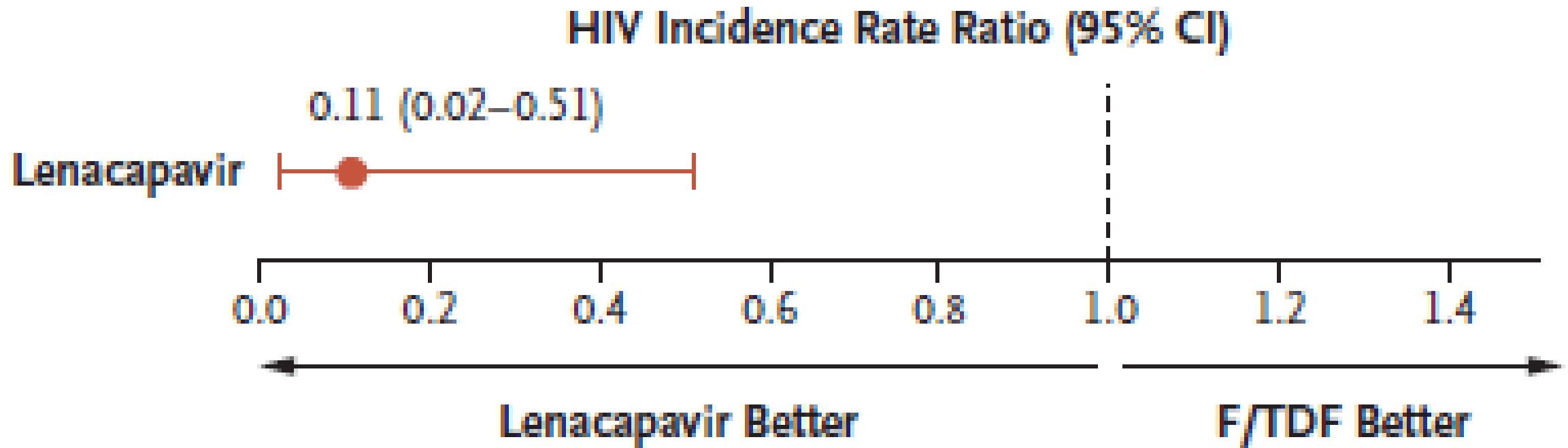
HIV Incidence in Each Arm and Background Incidence



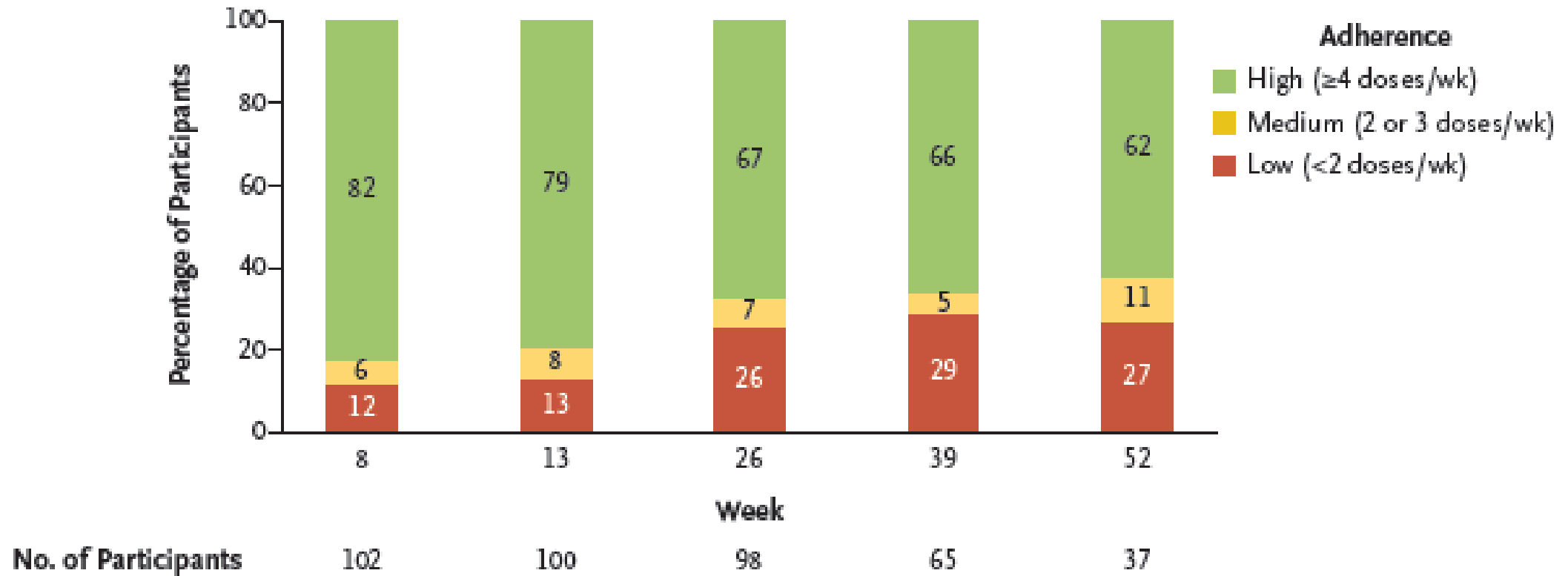
Incident Rate Ratio for Lenacapavir vs. Background Incidence



Incident Rate Ratio for Lenacapavir vs. F/TDF



Adherence to F/TDF



Summary

- Lenacapavir, given subcutaneously every 26 weeks (6 months) is more efficacious than F/TDF or F/TAF orally daily at preventing HIV infections. >99.9% of patients receiving LEN in clinical trials (PURPOSE 1 and 2) remained HIV negative.
- Excellent option, particularly for those who have concerns about privacy, don't want to take a pill every day, have difficulty with adherence, or have contraindications to TDF/FTC or TAF/FTC, and would prefer less frequent injections than the alternative (i.e. Cabotegravir q 2 months).
- Lenacapavir is now FDA approved for HIV prevention in adults and adolescents weighing at least 35 kg at risk for HIV infection.



WebEOC: Empowering Public Health Emergency Response with WebEOC

Real-Time Situational Awareness, Collaboration, and Decision Support Tailored for Public Health Responses



Key Features

- **Situation Reports (SitReps):** Create, share, and update incident-specific SitReps for leadership.
- **Resource Tracking:** Monitor medical assets, PPE, personnel, and vaccine inventory.
- **Facility Health:** Document facility capability: Water, Power, Open/Closed, etc.
- **Public Health Dashboards:** Custom dashboards for disease surveillance, testing, and vaccination efforts.
- **Interagency Collaboration:** Share data securely across agencies and jurisdictions.
- **Mobile Access:** Respond and report from anywhere, anytime.

Why Choose WebEOC for Public Health Response?

- Centralized Incident Management
- Streamlined Reporting & Communication
- Scalable for Local, Regional & State Events
- Mobile Applications
- Web-based



Contact for More Information:
dohwebeocadmin@doh.wa.gov