

HEALTH NEWS & NOTES



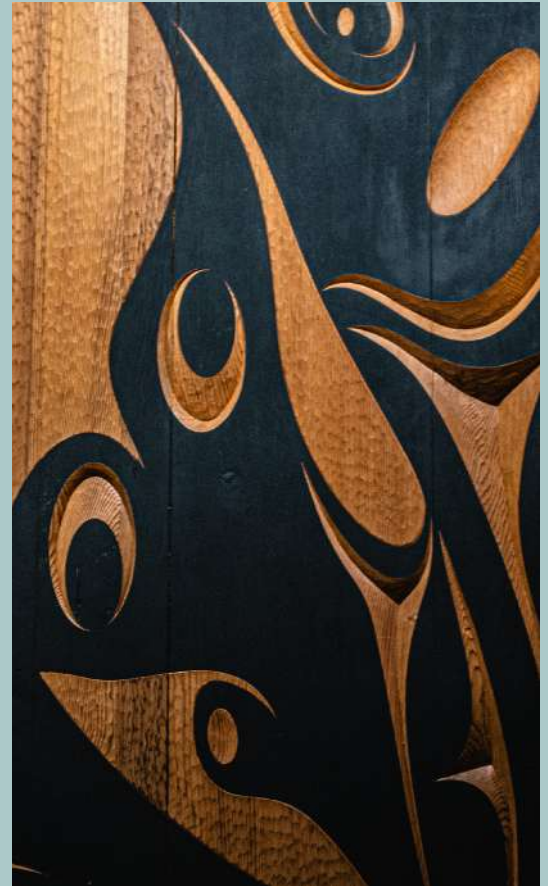
February | March 2026

FAMILY, COMMUNITY & NATION

PUBLICATION OF THE NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

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DELEGATES

EXECUTIVE COMMITTEE MEMBERS

Aaron Hines, Chairman, Conf. Tribes of Umatilla Indian Reservation

Greg Abrahamson, Vice Chair, Spokane Tribe of Indians

Rachel Edwards, Secretary, Nez Perce Tribe

Alison Boyd-Ball, Treasurer, Conf. Tribes of the Colville Reservation

Sharon Stanphill, Seargent-at-Arms, Cow Creek Band of Umpqua Tribe of Indians

DELEGATES

Twila Teeman, Burns Paiute Tribe

Gene James, Coeur d'Alene Tribe

Kim Coombs, Conf. Tribes of the Chehalis Reservation

Alison Boyd-Ball, Conf. Tribes of the Colville Reservation

Illiana Montiel, Conf. Tribes of Coos, Lower Umpqua & Siuslaw

Kelle Rowe, Conf. Tribes of Grand Ronde

Judy Muschamp, Conf. Tribes of Siletz Indians

Aaron Hines, Conf. Tribes of the Umatilla Indian Reservation

E. Austin Greene, Conf. Tribes of the Warm Springs

Jen Procter Andrews, Coquille Indian Tribe

Sharon Stanphill, Cow Creek Band of Umpqua Tribe of Indians

Kay Culbertson, Cowlitz Indian Tribe

Vacant, Hoh Tribe

Brent Simcosky, Jamestown S'Klallam Tribe

Nick Pierre, Kalispel Tribe of Indians

Tammy Anderson, Klamath Tribes

Jennifer Dickison, Kootenai Tribe of Idaho

Frances G. Charles, Lower Elwha S'Klallam Tribe

Maureen Kinley, Lummi Nation

Brook Sawyer, Makah Tribe

Jaison Elkins, Muckleshoot Indian Tribe

Rachel Edwards, Nez Perce Tribe

Michael Christensen, Nisqually Indian Tribe

Mary Brewer, Nooksack Tribe

Michelle Richards, Northwestern Band of the Shoshone Nation

Jolene Sullivan, Port Gamble S'Klallam Tribe

David Tonemah, Puyallup Tribe

Jolene Winger, Quileute Tribe

Noreen Underwood, Quinault Indian Nation

Sharon Paskewitz, Samish Indian Nation

Tempest Dawson, Sauk-Suiattle Indian Tribe

Delia Culp, Shoalwater Bay Indian Tribe

Donna K. Thompson, Shoshone-Bannock Tribes

Denese LaClair, Skokomish Indian Tribe

Steve de los Angeles, Snoqualmie Indian Tribe

Greg Abrahamson, Spokane Tribe of Indians

Nora Coxwell, Squaxin Island Tribe

Melissa Morgan, Stillaguamish Tribe of Indians

Steve Kutz, Suquamish Tribe

Alana Quintasket, Swinomish Indian Tribal Community

Teri Gobin, Tulalip Tribes

Marilyn Scott, Upper Skagit Indian Tribe

Katherine Saluskin, Yakama Nation



The Northwest Portland Area Indian Health Board (NPAIHB)
The Northwest Tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, they formed the Northwest Portland Area Indian Health Board (also referred to as NPAIHB or “the Board”) in 1972.

Guided by a vision of “Health and Wellness for the Seventh Generation,” NPAIHB is a 501(c)3 designated (non-profit) organization and Tribal organization, P.L. 93-638, under the Indian Self-Determination and Education Assistance Act (ISDEAA) serving the 43 federally recognized Tribes in the states of Idaho, Oregon, and Washington (Northwest Tribes). Tribes become voting members of the Board through resolutions passed by their governing body. Each member Tribe designates a delegate to serve on the NPAIHB Board of Directors.

Led by our Board of Directors, NPAIHB’s mission is 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.”** We have a staff of over 120 professionals dedicated to advancing Tribal health for the 7th generation in the Pacific Northwest.



Health and Wellness for the Seventh Generation.

NOTICE: THE USE OF GENERATIVE AI IS NOT PERMITTED FOR NPAIHB STAFF

Out of an abundance of care, **NPAIHB does not currently allow for employee use of Generative AI (GenAI)** in the development of any of its written or visual materials or during NPAIHB sponsored meetings or gatherings.

Why is NPAIHB Being So Cautious About GenAI?

NPAIHB is entrusted with tribal data, including sensitive and protected health data.

NPAIHB respects Tribal Data Sovereignty. Tribal Data Sovereignty is the inherent right of Tribes to control the collection, ownership, and use of their Tribal data. Tribal data should be protected and not shared without the permission of a Tribe or Tribes, which is granted through data sharing agreements.

The use of Gen AI without prior approval from Tribes may feed protected data and intellectual property to these learning models. This goes against the principles of Tribal Data Sovereignty.

NPAIHB, with the advice and counsel of our Member Tribes, **will continue to assess and evaluate our adoption and use of GenAI.**



**NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD**



ADMINISTRATION NPAIHB





NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2026 RESOURCE DIRECTORY



SCAN ME!

A GUIDE FOR:
Programs, Resources and
Services for Northwest Tribes

REVISED JANUARY 2026

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD



CLINICAL NPAIHB





INDIAN + COUNTRY
ECHO



NPAIHB
Indian Leadership for Indian Health

2026 *emRIC* Emergency Medicine with Rural and Indigenous Communities **GATHERING**

APRIL 27TH - 30TH, 2026

PORTLAND, OREGON

MARRIOTT DOWNTOWN WATERFRONT



RIISING TO THE CALL:

COMMUNITY, COLLABORATION, & CONTINUITY OF CARE



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-occurrence (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*



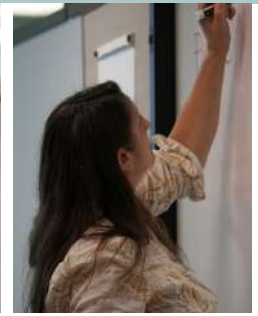
Intended Participants: Staff serving Indigenous and rural communities

Registration Cost: \$150 - \$600

Price varies based on ticket type

Both In-Person and Virtual
ticket options offered

For questions, contact us at ECHO@npaihb.org



TCHPP Programs

Our program partners with the 43 Federally Recognized tribes of Oregon, Washington, and Idaho, and invests in the future of our tribal nations by increasing access to high-quality, culturally appropriate community health, behavioral health, and oral health care.



PORTLAND AREA CHAP CERTIFICATION BOARD (PACCB)

Portland Area Chap Certification Board (PACCB) members create and develop culturally-responsive workforce providers and increase access to quality care by promoting and enhancing:

Certification Application Review Process that provides recommendations of healthcare providers to the Portland Area.

Certification of tribal education and training programs

Approval of continuing education

Addressing health inequities within the tribal health system by reviewing and recommending individuals, education programs, and continuing education.



DENTAL HEALTH AIDE PROGRAM (DHA)

Dental Health Aides (DHAs) are primary oral health providers trained in care that creates trust, transparency, and mutual decision-making.

DHAs focus on preventing oral diseases by sharing patient education and providing preventive services. There are four types of DHAs.

Services that DHAs can provide depend on the type of DHA.

Examples include fluoride treatments, dental assisting, simple dental cleanings, and placement of fillings.

A DHAT can provide exams, fillings, and extractions.



BEHAVIORAL HEALTH AIDE PROGRAM (BHA)

Behavioral Health Aides (BHAs) are licensed counselors, health educators, and advocates.

They help address individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse.

They also provide trauma-informed approaches to mental and spiritual health care, such as depression and anxiety resources.

BHAs practice under a master's-level licensed provider, such as a licensed clinical social worker, licensed professional counselor, or Level IV BHA Practitioner.



COMMUNITY HEALTH AIDE PROGRAM (CHA)

Community Health Aides (CHAs) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve.

Examples of CHA services include physical exams, taking vital signs, medication management and family planning.

CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider.



We'd love to hear from you and answer any questions you have!
Contact Kate Denny, TCHPP Manager via kdenny@npaihb.org





Tribal Community Health Provider Program

AI/AN leadership in healthcare for AI/AN communities

What is TCHPP?

The Tribal Community Health Provider Program (TCHPP) supports tribes in the Pacific Northwest so our communities can thrive in the way our ancestors intended.

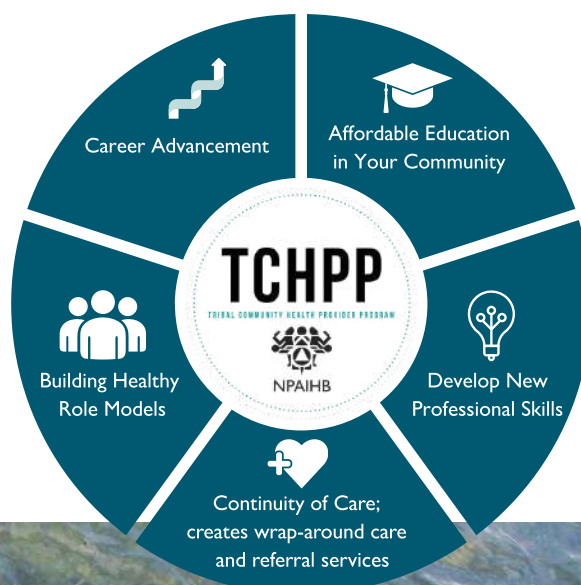
TCHPP builds and sustains educational programs to train dental, behavioral, and community health aides. Working in partnership with tribes and tribal health, our programs promote tribal self-governance and sovereignty by removing barriers to health care services and health education.

By creating infrastructure to train more AI/AN healthcare providers, we improve the health of tribal communities and nurture the voice of the next generation of AI/AN leadership.

TCHPP is a project of the Northwest Portland Area Indian Health Board (NPAIHB).



Why TCHPP?



WORKFORCE EQUITY AND DENTAL HEALTH AIDES IN CHAP: A SCOPING REVIEW



Pamela Ready

Puyallup Tribe

DHA Education Director

Oral health workforce shortages are a persistent challenge throughout the United States (US). The consequences of such workforce shortages include dental care access inequities predominantly among marginalized and/or minoritized communities throughout states nationwide. This direct impact of lack of access to dental care through an adequate and responsive workforce for these communities largely results in the absence of routine and preventative services that help to avoid oral diseases, maintain good oral health and general health.

American Indian and Alaska Native (AI/AN) people experience a disproportionately high and uncommon burden of chronic disease, including oral diseases, compared to their white counterparts due to multifactorial yet intertwined historical, social, and ecological determinants of health.

By the age of five AI/AN children experience nearly triple the incidence of dental caries that white children experience. Additionally, 80% of AI/AN children aged 6 to 9 years have a history of dental caries compared with only 45% of the general US population; and almost half of AI/AN children have untreated dental caries compared to just 17% of the general US population. Furthermore, severe periodontal disease was reported for 17% of AI/AN adults aged 35 years or older (28% for those who smoke), compared to 10% of US adults. Adult tooth loss is also common—83% of AI/AN adults ages 40–64 suffer a loss of at least one permanent tooth.

Many factors contribute to these disparities in oral health outcomes, including structural racism in education, housing, and healthcare, that have resulted in financial disparities, and mistrust of the health system. Dental provider shortage areas in US states contribute to a preventable lack of access to oral healthcare even where dental clinics exist among these communities. The most recent data available from 2014, indicate that more than 2.4 million AI/AN individual's live in counties with dental care shortage areas. In addition, AI/AN people are grossly underrepresented in the dental workforce with only 0.2% of dentists identifying as AI/AN—a fifth of 1%

Practical and innovative strategies are needed to improve access to dental care, especially among Indigenous remote and rural communities. The integration of additional, community-based providers is a viable means to improving access to dental healthcare. The Community Health Aide Program (CHAP) is a system of healthcare educational training programs with three disciplines: Behavioral Health Aides (BHA), Dental Health Aides (DHA) and Community Health Aides (CHA), and federal regulatory infrastructure, for AI/AN community members, who upon completing training, return to their community to provide culturally safe care. CHAP has evolved over the last 60 years to provide Tribal communities in Alaska with accessible, culturally affirming health provider education and patient-centered primary, oral, and behavioral healthcare in a community setting. There are more than 550 Community Health Aide/Practitioners (CHA/Ps), Behavioral Health Aide/Practitioners (BHA/Ps), and Dental Health Aide/Therapists (DHA/Ts) providers serving more than 170 rural Alaskan communities

The Dental Health Aide (DHA) program provides a culturally specific framework to diversify the oral healthcare workforce through accessible oral healthcare educational pathways for community members to become DHA providers in Tribal settings, academic enrichment, and mentorship for students, including AI/AN high school and undergraduate students, throughout their training and education. A DHA is an AI/AN oral healthcare provider serving in Tribal and IHS organizations, trained through varying levels of stepwise education, which refers to an approach where learning progresses in a series of defined stages or steps, with a logical progression for each step. A DHA provides dental services that focus on preventive and minimally invasive oral healthcare with a patient-centered focus.

The CHAP program, including the DHA discipline, was nationalized under the reauthorization of the Indian Health Care Improvement Act in 2010, allowing the expansion of all disciplines and types of health aides to Tribes throughout the country under Federal law, except for the Dental Health Aide Therapists, which require state authorization.

This creates unnecessary challenges to Tribal sovereignty and is an inappropriate delegation to the states of the federal trust responsibility, hinders existing programs from reaching full-service capacity, and limits the expansion of the program to many states in the lower 48. Tribal leaders and communities in Washington, Oregon and Idaho support the development of this program because it not only brings more health care providers to Tribal communities but creates educational pathways and employment opportunities for underrepresented and underserved communities.

In 2016, the Indian Health Service sought input from Tribes on their interest in expanding the CHAP to the lower 48, and in 2017 the Northwest Portland Area Indian Health Board, a Tribal organization that supports 43 federally recognized tribes in Washington, Oregon, and Idaho, passed a resolution in support of the expansion of the Community Health Aide Program nationally and in the Portland Area (Washington, Oregon, and Idaho).

The DHA helps to fill in the gaps of the dental health provider shortages in existing health systems by breaking down barriers to educational tracks for community members and increasing healthcare access for Tribal communities, though evidence of the success of these positions has not been widely studied. Lastly, partnerships with Tribal high schools, colleges, organizations, and clinics provide culturally responsive training within the respective communities, allowing students to enter the dental field without having to leave their support networks and cultural values behind, though this is severely understudied

Read the full article: <https://onlinelibrary.wiley.com/doi/10.1111/jphd.70022>



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Congratulations to the Portland Area CHAP Certification Board!

Congratulations to the Portland Area Community Healthy Aide Program (CHAP) Certification Board (PACCB) for receiving both a Portland Area Director's Award, and a 2024 Indian Health Service (IHS) Director's Award for the certification of CHAP Providers in the Portland Area (Idaho, Oregon, Washington). This recognition reflects the outstanding collective efforts of the Board in advancing the IHS mission and improving the health and well-being of American Indian and Alaska Native (AI/AN) people. The accomplishments of certifying Community Health Aide Providers, Behavioral Health Aides (BHAs) and Dental Health Aides (DHAs), supports the Indian Health Service's core goals and Agency's Mission, "expanding access to care, improving quality, enhancing patient safety, and strengthening operations". The award citation stated, "For certifying CHAP providers – the first in the lower 48 states – expanding workforce availability and access in AI/AN communities".

The PACCB received certification authority from IHS Director, Roselyn Tso, November 26, 2024. The PACCB's authority included certification of the following CHAP Provider types: Dental Health Aides, specifically Primary Dental Health Aides (PDHA-I) and Dental Health Aide Therapists (DHATs) and Behavioral Health Aides (BHA I-III) in accordance with the guidelines set forth in the Indian Health Care Improvement Act (IHCIA). CHAP certifications are designed to ensure health aides are equipped with the necessary qualifications and skills to provide high-quality care and support. The guidelines mandate that DHAs and BHAs meet specific training and competency standards to address the health needs of Tribal communities. The certification process involves rigorous training and evaluation to ensure these providers are well prepared to deliver comprehensive care.

The PACCB also oversees the following Portland Area Academic Review Committees: Portland Area Dental Health Aide Academic Review Committee (PA DARC), the Portland Area Behavioral Health Aide Academic Review Committee (PA BHARC) and the Portland Area Community Health Aide Academic Review Committee (PA CHARC).

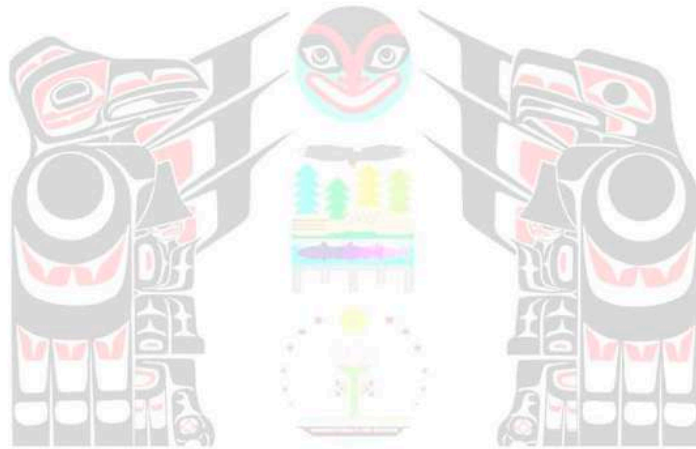
The PACCB consisted of the following Board members at the time of the awards: Kelle Little, Chair; Geniel Harrison, MD, Vice-Chair; Sue Steward, Secretary; Anna DeGaffenreid; Dolores



NPAIHB
CLINICAL

Jimerson; Libby Cope, ND; Rachel Hogan, DDS; Fred Martin; Julie Johnson; Meghan Regis; and YakaiYastai Gorman-Etl.

The PACCB is facilitated in partnership with the Northwest Portland Area Indian Health Board's (NPAIHB) Tribal Community Health Provider Program (TCHPP). The TCHPP supports tribes in the Portland Area so our communities can thrive in the way our ancestors intended! The TCHPP builds and sustains educational program to train Dental, Behavioral, and Community Health Aides. Working in partnership with tribes and tribal health, our programs promote tribal self-governance and sovereignty by removing barriers to health care services and health education. By creating infrastructure to train more AI/AN healthcare providers, we improve the health of tribal communities and nurture the voice of the next generation of AI/AN leadership.





COMMUNITY HEALTH AIDE/PRACTITIONER PROGRAM

Northwest Portland Area Indian Health Board

WHAT IS A COMMUNITY HEALTH AIDE/PRACTITIONER (CHA/P)?

CHA/P's are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve. In Oregon, Washington, and Idaho, they are community members of American Indian/Alaska Native communities who attend CHA/P educational programs approved by the Portland Area CHAP Certification Board and work within the tribal health and human systems.

WHAT HEALTHCARE SERVICES DO CHA/PS PROVIDE?

There are two CHA levels and the top level, Community Health Practitioner (CHP). The scope of practice for each provider advances from one level to the next. Depending on their level of certification, CHA/PS can provide services such as:

- Emergency care
- History and patient examinations and follow up
- Carrying out physicians treatment recommendations
- Patient and family focused education and instruction
- Preventive health programs
- Infection and disease control
- Immunizations
- Select appropriate prescription medication

CHR TO CHP PATHWAY



WHY CHA/P'S FOR TRIBAL HEALTH ORGANIZATIONS & COMMUNITIES?

Increased clinical services and wrap around care

Homegrown, culturally knowledgeable providers

Improving continuity of care

Local professional wage job opportunities for local community members.

Provides a unique opportunity for Tribes to improve current health & education systems

A solution to recruitment & retention in tribal health care systems

SCAN FOR CHA FAQ



Carrie Sampson, CHAP Program Director
csampsonsamuels@npaihb.org



Sasha Jones, CHAP Program Manager
sjones@npaihb.org
Cell: (208)598-1919



FROM VISION TO PRACTICE:

STRENGTHENING CHAP FOR THE NEXT GENERATION OF TRIBAL HEALTH

MAY
5TH - 7TH, 2026



REGISTER

BILLINGS HOTEL & CONVENTION CENTER | BILLINGS, MT | 59101

The 2026 National **Community Health Aide Program (CHAP)** Symposium is a three-day convening of Tribal leaders, health professionals, students, educators, administrators, policymakers, and partners committed to strengthening community-driven health systems in Tribal and rural communities.

Join us to share best practices, address regulatory and funding challenges, support Tribal workforce and student leadership development, and strengthen collaboration across Tribal, state, and federal systems.



Questions: Christina Freidt, ckfconsulting@outlook.com | Rosanna Pine, rosanna.pine@rmtlc.org

Rocky Mountain Tribal Leaders Council, 2929 3rd Ave N., Ste 300, Billings, MT 59101

PORTLAND AREA BEHAVIORAL HEALTH AIDE ACADEMIC REVIEW COMMITTEE (PA BHARC)

JOIN TODAY

PA BHARC Members help ensure that Behavioral Health Aide (BHA) training is responsive to Tribal priorities and community needs, culturally rooted and practice-informed, and aligned with certification standards.

Who Should Participate?

- Behavioral health providers from Tribal Health Organizations (THOs)
- State agency staff in the Portland Area (ID, OR, WA)
- Indian Health Service (IHS) staff



Date: Every 3rd Wednesday of the month

Time: 12:00 PM PST

Host: Tribal Community Health Provider Program (TCHPP)

To request additional information, please contact:

KATE DENNY

Tribal Community Health Provider Program (TCHPP) Manager,
Northwest Portland Area Indian Health Board

kdenny@napihb.org



THRIVE CONFERENCE

**Save
the
Date**



JUNE 22-26, 2026
PORTLAND, OR

REGISTRATION IS FREE AND WILL OPEN THE FIRST WEEK OF APRIL

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

What - Three to Four interactive workshop tracks

Where - Portland, OR

Why - Participants will:

- **Build protective factors through creative self-expression using traditional learning strategies**
- **Connect with other Native youth and mentors**
- **Learn about healthy behaviors and develop healthy coping mechanisms**
- **Embrace their cultural pride and enhance resiliency**

Northwest Portland Area Indian Health Board
THRIVE Project
Ph: (971) 282-4010
Email: THRIVE@npaihb.org
Website: www.npaihb.org/THRIVE



NWTEC
NPAIHB

TECS ROLE IN PUBLIC HEALTH AUTHORITY AND TRIBAL DATA SOVEREIGNTY



Victoria Warren-Mears, PhD, RDN, FAND

Director of NW-TEC

On February 13, 2026, the National Indian Health Board hosted a panel discussion titled, “Public Health Authority: Sovereignty in Action”. Panelists included:

- Yvette Roubideaux, MD, MPH, (Rosebud Sioux), Adjunct Professor in the Department of Health Systems, Management and Policy at the Colorado School of Public Health;
- Sheena Lambert, MPH (Eastern Band of Cherokee Indians), Eastern Band of Cherokee Indians Public Health Director, Public Health & Human Service Division; Director of the ECBI Medical IRB;
- Chief Marilyn “Lynn” Malerba (Mohegan Tribe);
- Carrie Field, MPH, Senior Research Analyst, National Indian Health Board, and
- Victoria Warren-Mears, PhD, RDN, FAND, Director of the Northwest Tribal Epidemiology Center (NW-TEC).

Public Health Authority and Tribal Sovereignty

The panel discussed how Tribes and TECs use public health authority as an expression of sovereignty. Tribal sovereignty is a Tribe’s inherent right to self-govern, and protect or enhance the health safety, and welfare of its citizens. Public health authority is the authority to protect population health and safety, which includes access to HIPAA-protected health data to surveil disease and evaluate health interventions. Panelists discussed how Tribes and TECs use public health authority to improve the health and well-being of Tribal communities.

Tribal Epidemiology Centers

Dr. Warren Mears discussed the work and role of Tribal Epidemiology Centers (TECs) in public health. The public health authority of TECs differs from the inherent authority that Tribes have as sovereign nations. TECs were granted public health authority through the reauthorization of the Indian Health Care Improvement Act of 2010 (25 U.S.C. §1621m). This allowed for TECs to access data, data sets, monitoring systems, delivery systems, and other protected health information to perform 7 core functions:

1. Collect data relating to, and monitor progress made toward meeting, each of the health status objectives of IHS, the Indian Tribes, Tribal organizations, and Urban Indian organizations in the Service Area.
2. Evaluate existing delivery systems, data systems, and systems that impact the improvement of Indian health.
3. Assist Indian Tribes, Tribal organizations, and Urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data.
4. Make recommendations for the targeting of services needed by the populations served.
5. Make recommendations to improve health care delivery systems for Indians and Urban Indians.
6. Provide requested technical assistance to Indian Tribes, Tribal organizations, and Urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community.
7. Provide disease surveillance and assist Indian Tribes, Tribal organizations, and Urban Indian communities to promote public health.

Access to Public Health Data

Both Tribes and TECs are federally authorized to access health data for public health surveillance; however, only Tribes can enact and enforce laws regarding public health. This includes laws and policies like vaccination requirements, safety regulations in occupational services, food inspections, and quarantine for infectious outbreaks. TECs work at the direction of and in support of the Tribes they serve.

Even with recognized public health authority, Tribes and TECs have difficulty accessing data from federal and state agencies. In a March 2022 Government Accountability Office report, officials found a lack of federal policy for TECs to access Health and Human Services data, resulting in agency officials not recognizing federal legal requirements to provide data and a lack of guidance for TECs to request data under federal law. Despite the obstacles TECs and Tribes face in accessing data, NWTEC works with state and federal partners to access data on behalf of the Tribes we serve. We work closely with the Indian Health Service to access and utilize patient registration information to reidentify American Indian and Alaska Native (AI/ AN) people in state and federal datasets, providing accurate statistical analysis for the Tribes we serve, helping increase the public health capacity of Tribes.

Building Lasting Relationships with Tribes

“You, as tribal leaders, can expect us to support important tribally driven initiatives at your request,” said Warren-Mears. To build lasting relationships with Tribes, it is important that Tribes lead strategic planning, and TECs recognize and uphold Tribal Sovereignty. Over the last several years, NWTEC has been working towards data modernization. This has improved and changed how TECs provide services to Tribes, including the use of cloud-based tools and decisions about the use of artificial intelligence (AI). One priority for NWTEC in modernization is to ensure we followed our member Tribes’ lead in developing a strategy and policy. At NW Tribes’ direction, we are building infrastructure to benefit Tribes, including: the update of our data governance policies and data sharing agreements to better align with Tribal sovereignty, the services we provide, and to adapt to each Tribe’s needs; on-demand Tribal access to area-level data through a cloud-based tool called the NW Tribal Data Hub; and pausing the use of AI at the direction of our Tribal partners.

AI and the Future of Tribal Sovereignty

AI is the next challenge or opportunity for tribal data sovereignty. While AI could increase capacity for Tribes to provide healthcare, economic stability, and governance, without appropriate oversight, data use policies could impact Tribes’ data sovereignty and environmental resources. Each Tribe will need to make decisions about how or whether to contribute data to AI training models. Lack of contribution could lead to erasure, underrepresentation, and even misrepresentation in AI systems; however, contribution to the data sets could lead to exploitation, surveillance, and ownership issues. Tribes have an opportunity to gain control over their data through the Tribal development of AI systems; however, Tribes will have important decisions to make about how they want to protect sovereignty and benefit from emerging technology. TECs play a role in providing technical assistance to Tribes as they navigate the impacts of AI in their communities.

Dr. Victoria Warren-Mears holds a bachelor’s and master’s degree in home economics from Washington State University and a doctorate in nutrition sciences from the University of Washington. She also completed a certificate of investigation in human subjects at Oregon Health & Science University. For the last 19 1/2 years she has had the honor and privilege of serving the 43 federally recognized tribes of Idaho, Oregon and Washington as the Director of the Northwest Tribal Epidemiology Center. Victoria has worked in Public Health for most of her career. She is passionate about the ethics of tribal data sovereignty, tribal public health systems, and providing support to tribes in public health practice and research, particularly community-based participatory research.

Tribal Public Health Emergency Preparedness Conference and Training

Registration

May 4 – 8, 2026
Quinault Beach Resort & Casino
78 State Route 115
Ocean Shores, WA 98569

Registration link:
<https://tinyurl.com/2026tphepReg>



Presenter Proposals:
<https://www.surveymonkey.com/r/2026Presenter>

Vendor applications
<https://www.surveymonkey.com/r/vendor2026>

Lodging: Reduced rate \$169.00 (Ocean view) \$129.00 (Non view) rooms available until **April 03, 2026, (1-888-461-2214 group code 4961)**

Questions? Contact the planning team @ NPAIHB at tphep@npaihb.org
Up to date information can be found on our landing page by clicking here:
NPAIHB.ORG/TPHEP2026

Conference funded by: Northwest Portland Area Indian Health Board, Oregon Health Authority, Public Health Division, Washington State Department of Health



NW TRIBAL DATA HUB ANNOUNCES A NEW TRAINING VIDEO SERIES



NW Tribal Data Hub Team

The NW Tribal Data Hub team is proud to announce the release of a new four-part video training series designed to simplify data access for Tribal communities. These on-demand tutorials provide a streamlined overview of the NW Tribal Data Hub, guiding users through the application interface and interactive dashboards. The series is headlined by Randy'L Teton, a prominent Shoshone-Bannock Tribal member, author, and celebrated Native American model—widely recognized as ‘the youngest and only living model’ to appear on U.S. Sacajawea golden dollar coin.

Beyond her public profile, Teton brings deep professional expertise to the series. Having served as a COVID-19 Public Information Officer and a leader in Tribal government relations, she has firsthand experience using data as a powerful tool for advocacy. In these videos, she translates that experience into practical guidance, helping users harness information from the NW Tribal Data Hub to protect and improve the health and wellness of their own communities.

The NW Tribal Data Hub is a project of the Northwest Tribal Epidemiology Center (NWTEC) and Northwest Portland Area Indian Health Board. At NWTEC, we believe:

- Tribe-led, Tribe-owned data makes communities healthier.
- When we share knowledge, we strengthen your Tribe’s health.
- Your data belongs to you.

The NW Tribal Data Hub is one way we are returning data to Tribes to support and empower you to protect and improve the health of your Tribal community, one dashboard at a time. The training videos cover a variety of topics, including logging in and navigating the application, and interacting with the dashboards. Each segment is about five minutes or less, offering a quick, user-friendly way to master the NW Tribal Data Hub and exercise data sovereignty.

Logging in to the NW Tribal Data Hub

This short video describes how to log in to the Northwest Tribal Data Hub, and provides resources to users on how to:

- Contact the NW Tribal Data Hub Team,
- Provide feedback, and
- How to book an appointment for technical assistance.

Navigating the NW Tribal Data Hub

This short video describes how to navigate within the Northwest Tribal Data Hub, and provides resources for users to:

- Get to a dashboard,

- Add widgets,
- Access your account information, and
- Defines each of the menu options and what they do.

Interacting with the NW Tribal Data Hub: Part 1

This short video is part 1 of 2, describing how to interact with the dashboards in the Northwest Tribal Data Hub, and provides resources for users to:

- Navigate between sheets in a dashboard,
- Use dashboard controls, and tools, including:
 1. Bookmarking views,
 2. Printing or generating a PDF of a view, and
 3. Sharing a view of the dashboard with other users

Interacting with the NW Tribal Data Hub: Part 2

This short video is part 2 of 2, describing how to interact with the dashboards in the Northwest Tribal Data Hub, and provides resources for users to:

- Navigate to links in a dashboard,
- Access data methodology documentation,
- Contact the NW Tribal Data Hub Team, or provide feedback, and
- Access resources related to a dashboard topic through the resources sheet.

The training video series can be found on the NW Tribal Data Hub website, under the Get Started and Technical Assistance tabs.

If you have not connected to your data through the NW Tribal Data Hub and would like to find out how, contact the NW Tribal Data Hub team at DataHub@npaihb.org.

NARCH SUMMER 2026 EDUCATION SERIES

Summer Research Training Institute

Develop your research skills this summer in Portland, Oregon! The SRTI will offer short courses in epidemiology, community-based participatory research, data science, and more. We encourage American Indian/Alaska Native health professionals, undergraduates, and graduate students with an interest in tribal health to attend.

Training dates: June 8-19, 2026

Deadline to register: May 1, 2026

Register here: <https://cvent.me/P81e9D>



Summer Research TRAINING INSTITUTE

for American Indian and Alaska Native Health
Professionals and Students

Improve your research skills
with short courses in
Epidemiology, Community
Based Participatory Research,
Data Science, and more!



June 8-19, 2026



9AM-4:30PM



Portland, Oregon



GOAL

The goal of the NW NARCH is to improve tribal health by increasing the number of American Indian and Alaska Native (AI/AN) people who are engaged in biomedical and social science research and who can bring the benefits of academic research into their communities.

APPROACH

The SRTI curriculum is designed for AI/AN health professional and student research training needs. Each trainee may create a customized course schedule. Certificates of completion are awarded at the end of each course.

SPONSORS

National Institutes of Health
under Award Number
1506GM141002

Northwest Portland Area Indian
Health Board

Native American Research
Center for Health

REGISTRATION COMING SOON

Questions? Email us at summerinstitute@npaihb.org



Research Support Fellowship Program

Aimed at increasing the number of well-trained AI/AN researchers who are prepared to conduct population health sciences research in diverse settings, this fellowship is offered yearly to AI/AN undergraduate and graduate students. Accepted fellows are compensated hourly for research completed, have opportunities to increase research competencies by attending the Summer Research Training Institute, and receive a travel award to attend national, regional and local research conferences. Applications are available on our website and are accepted on a rolling basis.

Visit our website to learn more: <https://www.npaihb.org/narch-programs/>

Research Support Fellowship

FOR AMERICAN INDIAN/ALASKA NATIVE STUDENTS



AWARD INCLUDES:

- Financial support on an hourly basis for research completed
- Mentorship
- Travel award for research conferences and in person workshops
- Virtual and in person learning

PAID EXPERIENCE

Undergraduate: \$20/hour
(max: 10 hours/week)

Graduate: \$27/hour
(max: 20 hours/week)



GOAL

To increase participation in population health sciences research among American Indian & Alaska Native (AI/AN) undergraduate students.

APPROACH

We support hands-on learning experiences for AI/AN students interested in population health research. Complete a mentored research project and attend skill-building courses in our Summer Research Training Institute, workshops, or scientific conferences.

SPONSORS

National Institute Of General Medical Sciences of the National Institutes of Health under Award Number S06GM145214

Northwest Portland Area Indian Health Board

Native American Research Centers for Health

CONTACT

Ashley Thomas, MPH
Sr. Program Manager
NW NARCH
athomas@npaihb.org



Tribal Researchers' Cancer Control Fellowship Program

This fellowship engages AI/AN graduate students, researchers and tribal health workers with a demonstrated interest in cancer prevention and control as they complete a mentored capstone project.

Applications for the TRCCFP are now closed. Accepted fellows will attend a two-week summer training from June 8-19th, 2026.

Topics include (not limited to):

- Cancer control study design
- Cancer Epidemiology
- Cancer screening
- Cohort studies among American Indians
- Community-based chronic disease programs
- Cultural considerations in cancer epidemiology
- Focus groups
- Grant writing

TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM

**APPLICATIONS DUE
MARCH 20, 2026**

FELLOWS WILL:

- Attend a 2-week in-person training June 8-19, 2026
- Receive distance learning, peer & career mentorship
- Connect with a network of experts in cancer control and prevention in Indian Country

FOR MORE INFO

- 👤 Ashley Thomas, MPH
Senior Program Manager
- ✉️ athomas@npaihb.org



SPONSORED BY

National Institute of Medical Sciences of the NIH | Award Number 506GM141002
Native American Research Centers for Health | Northwest Portland Area Indian Health Board



Institute Indigenous Addiction Research Program

Join us this summer to gain foundational knowledge and research skills in Indigenous addiction research. Drs. Kamilla Venner (Ahtna Athabaskan) and Aimee Campbell, each with over 25 years of substance use disorder research experience, will lead this training in Portland, OR. Trainees will learn about substance misuse prevention, treatment, recovery, harm reduction models and methods, partnering with Tribal communities, cultural adaptation and integration of traditional Tribal healing practices, and best research practices within American Indian and Alaska Native communities. We encourage community health workers, researchers, program managers, undergraduates, and graduate students to apply.

Training dates: June 22-26, 2026

Deadline to apply: April 2, 2026

Apply here: <https://forms.office.com/pages/responsepage.aspx?id=5mOFPOP1QUu-jcyKOf1u6dnihYBs3NJGqX-W5AZVZzjUOFZXRIBMNFBBDQUE1SDFXOEYQ0IzR1RQVS4u&route=shorturl>

NATIVE STAND CREATION STORY



Taylor Dean

Puyallup Tribe

Adolescent Health Outreach Coordinator

The creation story of Native Students Together Against Negative Decisions (Native STAND) weaves together a web of educators, researchers, and American Indian/Alaska Native health professionals united in improving the health of Native youth. The original Native STAND curriculum is one of 20 culturally relevant curricula housed in the Healthy Native Youth website (www.healthynativeyouth.org), a one-stop shop for educators and caring adults and a project of the Northwest Portland Area Indian Health Board (NPAIHB).

It has lessons that support healthy decision-making through interactive discussions and activities that promote self-esteem, goal setting, honoring diversity, team building, negotiation & refusal skills, and effective communication. Thousands of Native youth across Indian Country and Alaska have been empowered by Native STAND to take control of their health today, and given its continued use and popularity, many more lives will be changed by Native STAND curriculum implementation in native communities.

In the early 2000s, there were very few sexually transmitted infection (STI) prevention programs specifically designed for Native youth. In response, a partnership of the CDC, the National Coalition of STD Directors (NCSD) and Indian Health Service adopted and adapted the STAND curriculum by Dr. Michael U. Smith of Mercer University School of Medicine which was implemented amongst African American communities.

This partnership created a national workgroup to create Native STAND, a culturally relevant curriculum for STI prevention. Dr. Stephanie Craig Rushing (NPAIHB Adolescent Health co-Director and Principal Investigator) led the external evaluation to assess the effectiveness of the program during the first phase of the Native STAND pilot study.

This small-scale trial aimed to test the feasibility of the educational program in real-world settings. In 2010, Stephanie traveled to four off reservation boarding school pilot sites to conduct interviews and focus groups with students and educators using the program. Pre- and post-surveys were also collected from students who received the Native STAND curriculum. Stephanie's work led to the first publication written on Native STAND, which found that the curriculum increased knowledge on sexual & reproductive health, STI prevention, early pregnancy prevention, and effective communication skills.

In 2014 to 2018, the Center for Healthy Communities housed at OHSU Department of Public Health & Preventive Medicine partnered with the NPAIHB to lead the largest community-based participatory research project addressing teen pregnancy and STI prevention in Native communities.

Native STAND was implemented in 48 sites involving nearly 1000 youth across the U.S. with Michelle Singer as the project manager to coordinate with sites and researchers. The three cohorts involved in the core research project to recognize Native STAND as an Evidence Based Practice refer to their effort as a movement known as "Native STAND Nation."

Will Hess, Klamath tribe, was one of the educators trained to implement Native STAND in his community. Will shared his experience at the 2016 Native STAND training in Portland, OR:

“I remember I was young, 21 years old, and it was my first training outside my community with other tribal folks from other regions and areas. Michelle Singer and Stephanie Craig Rushing, who were leading the training, did a really good job helping us to feel we already had the tools to do this work in our community, and they were there to support us and give extra resources.”

Though Will's time teaching Native STAND came to an end in 2019, he said that one of his students is now a colleague of his. They recently shared with him that the program had a big impact on their life and expressed a desire to relaunch the Native STAND curriculum in the Klamath Tribe's community.

In 2019, the Native STAND core research project migrated from OHSU to NPAIHB with Michelle Singer travelling with it as it was folded into the Healthy Native Youth project under the NW Tribal Epi Center (NWTEC) Adolescent Health umbrella. In this next phase of the Native STAND story, the Healthy Native Youth project team brought 18 educators from the OHSU research cohort during the Summer Research Training Institute and THRIVE Youth Conference hosted by the NPAIHB to review the Native STAND curriculum and practice implementation with fellow trained educators.

Michelle Singer recalled that the late Robbie Bill, a Native STAND educator from Umatilla, was,

“very emotional because he was not formally trained in sexual health. He was initially very nervous about teaching but, like the youth at the THRIVE conference, transformed throughout the week with strength in his voice. The male educators realized the importance of positive Native male role models for youth facilitating on these important health topics.”

Reflecting on their experience, the seasoned educators requested that the Native STAND curriculum be condensed from – the original ‘three ring binder circus’– to one, shorten the length of the lessons, modernize the curriculum content and update the vocabulary to reflect today's native youth. From these recommendations, Native STAND 2.0 emerged from community voices and native educators.

In 2026, the future of Native STAND looks bright. To this day, Native STAND 2.0 is one of the most popular and utilized curricula on the Healthy Native Youth website and five public health scientific papers have been published about the Native STAND core research project spotlighting the OHSU-NPAIHB innovative partnership.

Stephanie Craig Rushing, NPAIHB Adolescent Health Director concluded that,

“There is a continued national and regional momentum to implement Native STAND 2.0 in Indian Country and Alaska; Healthy Native Youth's requests for the curriculum has grown exponentially each year. The quest to have Native STAND 2.0 be “formally recognized” as evidence-based practice is still elusive but is an ultimate goal. There are two national research activities currently in process, and the NPAIHB is a collaborative partner in these pursuits as a key stakeholder. These initiatives are building upon and leveraging what the NPAIHB and the Healthy Native Youth collective did in prior evaluations.”

Do you want to learn how to implement Native STAND 2.0 in your community? Join the Healthy Native Youth Community of Practice on April 8th and May 15th at 10 am PST to learn more and be a part of the Native STAND Nation!



HEALTHY NATIVE YOUTH

A Project of NPAIHB

The **Healthy Native Youth** project provides health promotion curricula and resources for American Indian and Alaska Native youth.

Health Topics

Curricula

Stand-Alone
Lessons

Community
of Practice

Resources

- **STI Prevention**
- **Mental Health**
- **Physical Health**
- **Goal Setting**
- **Healthy Relationships**
- **Drugs and Alcohol Prevention**
- **Boundary Setting**



Visit www.healthynativeyouth.org to view curricula, request technical assistance, and sign up for our Community of Practice.

HNY is a project of the NPAIHB and NWTEC funded by IHS ETHIC II grant fund.



COMMUNITY OF PRACTICE 2026



- 4/8/2026: Becoming a Sensitive Topics Pro with Native STAND 2.0
- 5/13/2026: Native STAND 2.0 Facilitator Virtual Training
- 6/10/2026: Introducing Native It's Your Game 3.0

CONTACT US:
native@npaihb.org

WHEN?

Virtual gatherings are held the second Wednesday of each month starting in September 2025.

Start Time:
10:00 AM PT



REGISTER HERE



INTRODUCING WE R NATIVE YOUTH ENGAGEMENT COORDINATOR; FORMER YOUTH DELEGATE



Tommy Ghost Dog, Jr.

Burns Paiute Tribe

We R Native Project Manager

Welcome Jeidah DeZurney to the Adolescent Health team!

We are excited to announce a new addition to our Adolescent Health team, Jeidah DeZurney (Confederated Tribes of Siletz Indians). Jeidah will lead our efforts to create a youth network as the We R Native Youth Engagement Coordinator.

Chela, Hello! My name is Jeidah DeZurney (she/her), I am a member of the Confederated Tribes of Siletz Indians, my bands are Chetco, Euchre Creek, Galice Creek, Klamath River, Molalla, Sixes, Tututni, and Yamhill. I am a first-generation college student graduating from Willamette University with a major in Anthropology.

I am so grateful to be joining the NPAIHB family as the We R Native Youth Engagement Coordinator, but this is not where my journey first starts at NPAIHB.

In 2016 I attended the annual THRIVE conference where I also became a We R Native Ambassador. Following this, I was able to return as a mentor for the next class of ambassadors, intern with the Adolescent Health team, receive a mini grant for my youth council, and eventually be introduced to the Tribal Youth Delegate program where I graduated in 2024. Some highlights of my involvement as a youth at the board has been being able to be on a panel in front of previous HHS Director Becerra, attending the iLead Conference in New Mexico, and the growth of support through friendships and mentorships here at the board.

After graduating college, I worked as a domestic violence advocate, an Indian Education Student Success Advocate, and most recently the Program Manager of Native Youth and Family Support at MESD. This journey shaped how I showed up in my careers in K-12 education, centering public health and the importance of access to culturally relevant materials in and out of the classroom. With the ongoing theme of bridging access of culture, my cousin and I founded the non-profit, Siletz Regalia Sharing Closet in 2024, with the mission of bringing regalia and traditional knowledge to tribal communities all over the PNW.

Having been involved in a couple of youth cohorts, both national and local, such as UNITY, CNAY, and the Siletz Tribal Youth Council, I have been able to see programs invest in youth and highlight them in a way that builds



their confidence. I have seen programs show up in a way of giving youth a voice and a seat at the table. I hope to bring this experience and knowledge to develop the National Youth Engagement Network with We R Native and the Adolescent Health Team.

Shu' 'aa-shin in-la, thanking, I am to you (Siletz Dee-ni)

For more information or questions regarding We R Native initiatives, contact the Adolescent Health team at native@npaihb.org



Northwest Intertribal Breastfeeding Coalition's

2026 Breastfeeding Gathering

SAVE THE DATE!

WHEN: July 14-15, 2026

WHERE: Portland, OR



Share your stories and learn
about other's experiences with
breastfeeding, midwifery, being
a doula, and more

Talking circle
Speakers from the Division of Indian Work
Minnesota and others
Coalition building
and more!



REGISTRATION DETAILS AND ACCOMMODATION
ARRANGEMENTS TO FOLLOW

EMAIL WEAVE@NPAIHB.ORG FOR MORE INFORMATION



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health



REQUEST TECHNICAL ASSISTANCE

We are in the development of an updated TA Request Form.
Please use the guide below to contact the appropriate NPAIHB Team.

CLINICAL SUPPORT

clinical@npaihb.org

ENVIRONMENTAL PUBLIC HEALTH

ehteam@npaihb.org

LEGISLATIVE & POLICY

policyteam@npaihb.org

NORTHWEST TRIBAL EPICENTER

epicenter@npaihb.org

DATA/RESEARCH REQUEST FORM

DRTA@npaihb.org



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