



HEALTH NEWS & NOTES



Fish Martinez participating in the 2026 THRIVE Youth Conference (Portland, O

FOOD SOVEREIGNTY

JUNE — JULY

A Publication of The Northwest Portland Area Indian Health Board

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DELEGATES

EXECUTIVE COMMITTEE MEMBERS

Aaron Hines, Chairman, Confederated Tribes of Umatilla Indian Reservation
Greg Abrahamson, Vice Chair, Spokane Tribe of Indians
Brandon Tupper, Secretary, Klamath Tribes
Alison Boyd-Ball, Treasurer, Confederated Tribes of the Colville Reservation
Sharon Stanphill, Sergeant-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
Brandon Tupper, Klamath Tribes
Jennifer Dickison, Kootenai Tribe of Idaho
Frances G. Charles, Lower Elwha Klallam Tribe
Maureen Kinley, Lummi Nation
Brook Sawyer, Makah Tribe
Jaison Elkins, Muckleshoot Indian Tribe
Alexis Walker, Nez Perce Tribe
Vacant, 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
Vacant, 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
Vacant, 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 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 the vision of *‘Health and Wellness for the Seventh Generation,’* NPAIHB is a 501(c)(3) nonprofit Tribal organization under the Indian Self-Determination and Education Assistance Act (ISDEAA), serving the 43 federally recognized Tribes in Idaho, Oregon, and Washington.

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.”***



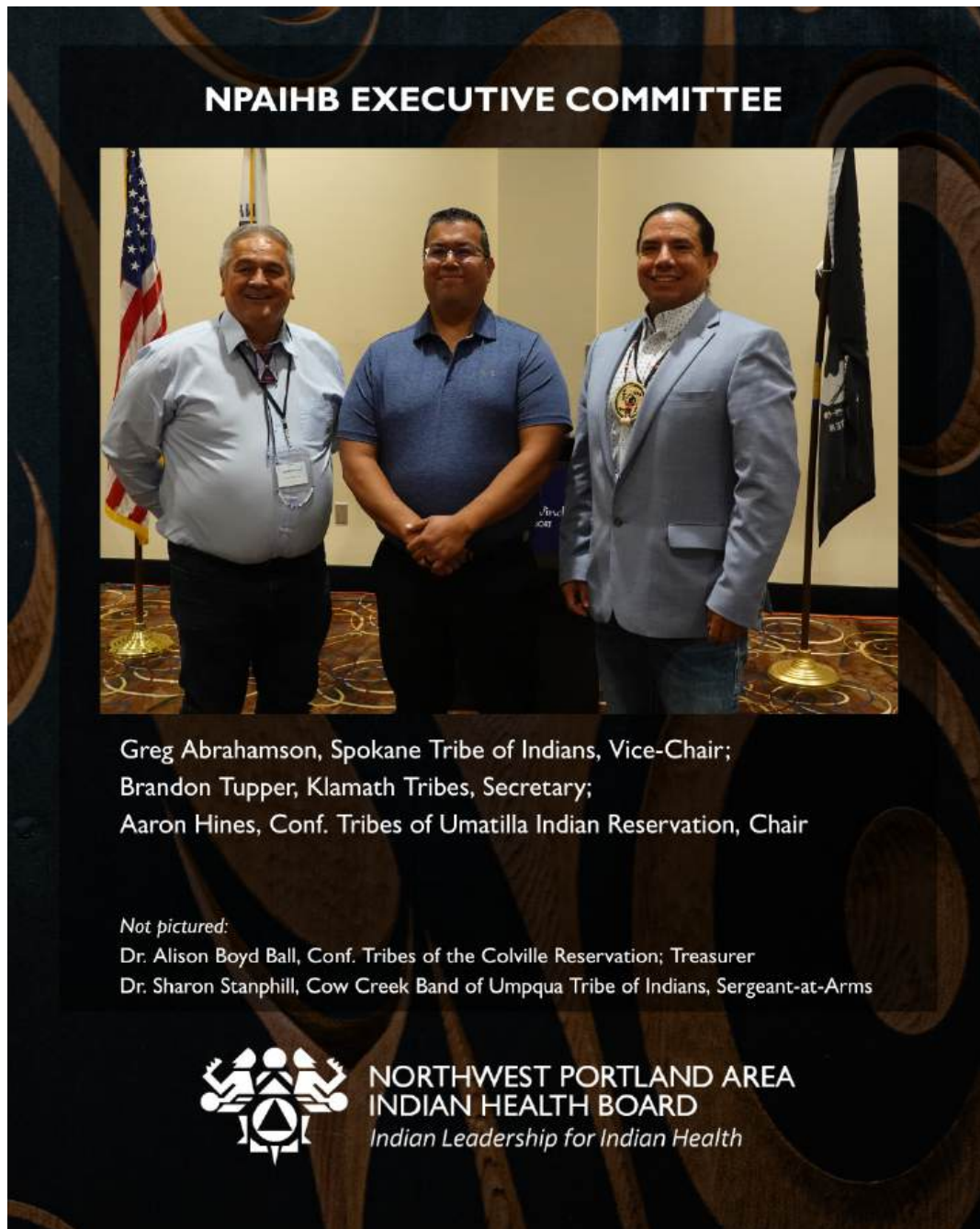
Health and Wellness for the Seventh Generation.



ADMINISTRATION NPAIHB



Klamath Tribes' Delegate Elected NPAIHB's 2026 — 2027 Secretary



On Tuesday, July 21, 2026, Delegate Councilman Brandon Tupper of the Klamath Tribes was elected Secretary of the NPAIHB Executive Committee.

Delegate Tupper also serves on the Klamath Tribes Council as a Member-at-Large.



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2026 RESOURCE DIRECTORY

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

REVISED JULY 2026

Link: <https://www.npaihb.org/wp-content/uploads/2026/07/NPAIHB-Resource-Directory.pdf>

Print editions will be available to Tribes in October 2026. Details coming soon.

For more information, contact communications@npaihb.org.



CLINICAL NPAIHB

Tribal Health Reaching Out Involves Everyone (THRIVE) Youth Conference



Krystie Holder

Confederated Tribes of Grand Ronde, Chinook Nation

THRIVE 988 Project Coordinator

The annual THRIVE youth conference is for Native youth 13-19 from all over Indian Country. The conference brings youth together to learn about health promotion and disease prevention with a strong focus on suicide prevention and mental health. This year marked our 16th annual THRIVE Youth Conference, where we welcomed 55 youth, including 52 from the Northwest Tribes and three from Tribal communities beyond the region.

Throughout the week, youth engaged in hands-on workshops that helped them foster creativity, cultural identity, healthy coping skills, and meaningful connections, all of which are protective factors that support health promotion and suicide prevention. Based on feedback from previous attendees, we wove together two of our popular workshops: 'Regalia is Medicine' and 'Movement & Medicine'. Connecting these workshops allowed youth to create their first ribbon skirts, shirts, concha belts, and dentalium necklaces, all while participating in outdoor activities that promoted physical wellness and cultural pride. The connection between traditional teachings and movement led to the youth being able to strengthen their sense of identity, belonging, and self-worth, all important factors for positive mental health outcomes and suicide prevention.

The Medicine & Movement workshop balanced outdoor adventures, including rock climbing and skating, with cultural teachings and regalia making. These activities encouraged teamwork, confidence, resilience, and healthy ways to manage stress while reinforcing the importance of caring for both physical and mental well-being. In our Beats, Lyrics, and Leaders workshop, the youth worked alongside award-winning music artists and learned how to write music through self-expression, storytelling, and self-love. Music became a powerful outlet for processing emotions, building confidence, and encouraging youth to share their experiences in a supportive environment.

While youth participated in workshops, chaperones received training and support from the NPAIHB. They learned about available resources, including the Adolescent Health Program and Healthy Native Youth, led by Celena Ghost-Dog, Co-Director of Adolescent Health. Equipping trusted adults with knowledge and resources strengthens the support system youth rely on long after the conference ends.

We also offered two evening events that reinforced the conference's focus on mental health promotion in the community. During Culture Night, youth explored self-care and suicide prevention protective factors while crafting medicine bags, smokeless smudge bottles, and herbal tea blends. These culturally grounded activities encouraged healing, reflection, and connection to traditional practices that promote emotional well-being.

Our second evening event was a dance night, where we introduced karaoke for the first time. Youth got a chance to share songs, sing at the top of their lungs, show off their dance moves, and celebrate one another in a

supportive environment. The evening fostered friendship, laughter, and confidence, and a strong sense of belonging.

supportive environment. The evening fostered friendship, laughter, and confidence, and a strong sense of belonging.

Throughout the week-long conference, youth built lifelong friendships and strengthened connections with peers, mentors, and their cultures. Our deepest hope is that every participant leaves knowing they are valued, supported, and never alone. As part of this message, we shared the **#WeNeedYouHere** campaign and reminded youth that help is always available by calling, texting, or chatting 988.

Planning is already underway for next year's annual THRIVE conference.

To learn more, visit our website: <https://www.npaihb.org/thrive/>

This brings us to the end of our 16th annual THRIVE Conference!

With gratitude,

The THRIVE Team

Krystie Holder (*Confederated Tribes of Grand Ronde, Chinook Nation*)
THRIVE 988 Project Coordinator

Shane Lopez-Johnston (*Tolowa Dee-ni' Nation*)
THRIVE 988 Project Director

Colbie Caughlan
TOR/THRIVE Project Director

THRIVE 2027 will be a free event. Registration will open April 2027.

This conference was developed (in part) under grant number FG001299 from the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S Department of Health and Human Services (HHS), and NUT38TO000026 from the Centers for Disease Control (CDC). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA, HHS, or CDC.



First Federally Certified Community Health Aide Program (CHAP) Provider Certified in Idaho



By Kate Denny

Tribal Community Health Provider Program (TCHPP)
Manager

Kayla Dann (Eastern Shoshone) has become the first federally certified Behavioral Health Aide (BHA) Provider in the State of Idaho, marking an important milestone for both the Tribes and behavioral health services in the Portland Area.

Kayla serves in the Shoshone-Bannock Tribe's Waapi Kani Behavioral Health Program, where she provides culturally responsive Behavioral Health Aide services to community members.

Learn more: <https://www.sbtribes.com/waapi-kani/>



Kayla earned an Associate of Applied Science degree in Behavioral Health Aide from Northwest Indian College (NWIC) in Bellingham, Washington, in 2025, completing a rigorous program designed to prepare BHA Providers to serve Tribal communities.

Her education combined academic instruction with practical clinical experience, providing the knowledge and skills needed to support her community. Kayla is a member of the Shoshone-Bannock Tribes community.

The Portland Area Community Health Aide Program Certification Board (PACCB) serves as the federally authorized certification body for Community Health Aide Program providers. The PACCB reviews applicants to ensure they have completed an approved educational program, fulfilled required clinical training and supervised practice, and demonstrated the competencies necessary to provide safe and effective patient care. Certification by the PACCB signifies that a provider has met nationally recognized standards established under the Community Health Aide Program and is qualified to deliver services within the scope of practice authorized by PACCB Standards and Procedures.

Throughout her training and certification process, Kayla received clinical supervision from Juan Lucero, whose mentorship and

guidance helped support her successful completion of the program and certification requirements. Jason Butler is the Manager of Shoshone-Bannock Tribes' Behavioral Health Program.

Kayla's achievement also reflects the growing success of Northwest Indian College's BHA program. Since launching the program, NWIC has enrolled 68 students in BHA cohorts, with 18 students completing the program. To date, two graduates have earned certification through the Portland Area Community Health Aide Program Certification Board, including Kayla, and the college anticipates that an additional 11 Behavioral Health Aide students will graduate in 2027. These accomplishments demonstrate the continued growth of a workforce dedicated to improving access to culturally grounded Behavioral Health services in Tribal communities. Currently, Northwest Indian College's student enrollment represents 170 Tribes.

As Idaho's first certified Behavioral Health Aide (BHA) Provider, Kayla's accomplishment represents more than a personal milestone. It reflects the Shoshone Bannock Tribes' commitment to strengthening Tribal health care through workforce development, professional excellence, and culturally grounded services. Her achievement also creates a pathway for future community members interested in pursuing careers in the Behavioral Health Aide program and demonstrates the opportunities available through the Community Health Aide Program (CHAP).

Congratulations, Kayla and the Shoshone-Bannock Tribes' Behavioral Health Program!

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



NPAIHB Date:

Every 3rd Wednesday of the Month

Time: 12:00 PM PST

Host: Tribal Community Health
Provider Program (TCHPP)



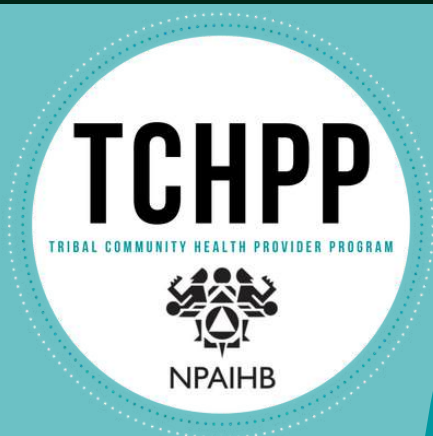
To request additional information, please contact:

KATE DENNY

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

kdenny@npaihb.org





Behavioral Health Aide (BHA) Education Program

NOW RECRUITING

Your opportunity to pursue a holistic, culturally relevant, and relational higher education program.

Northwest Indian College (NWIC) offers a culturally-specific behavioral health pathway for Indigenous students.

- ★ **NPAIHB funding will be prioritized to prospective students currently working in a tribal behavioral health clinic in OR, ID, and WA.**
- ★ **Prioritization also given to students who currently have a Clinical Supervisor and are interested in receiving National Certification as a BHA.**

What is the Application Process?

- There is a 2-step application process.
 1. Complete the Northwest Portland Area Indian Health Board (NPAIHB) BHA Stipend Application.
 - You can find a fillable pdf application on our website at <https://tchpp.npaihb.org/resources/students/>
 2. Academic Institution Application & Enrollment
- Reference letter (*preferably from a Clinical Supervisor or Behavioral Health Department*)
- Current Resume & Cover Letter

Contact:

The Tribal Community Health Provider Program (TCHPP) team at: **tchpp@npaihb.org**

Applications are open on a rolling basis. Term start dates include:

**September
January
April
July**



<https://tchpp.npaihb.org/resources/students/>



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 CHA/P 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



We'd love to hear from you!
Contact: Kate Denny, TCHPP Manager
Kdenny@npaihb.org

<https://tchpp.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.

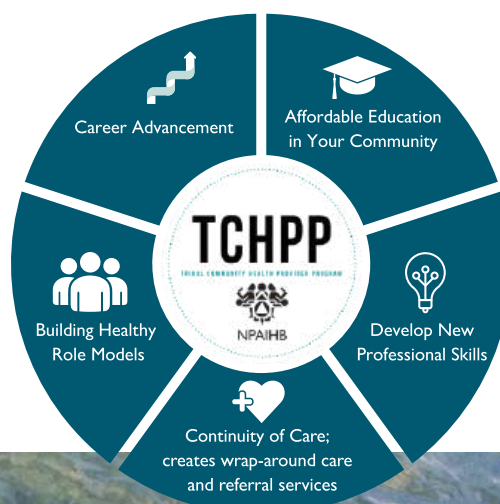
TCHPP builds and sustains educational programs to train dental, behavioral, and community health aides. Working in partnership with tribes and tribal health, our programs promote tribal self-governance and sovereignty by removing barriers to health care services and health education.

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?



BECOME A DENTAL PROFESSIONAL!

The NW Dental Health Aide Program



The Primary Dental Health Aide Program (PDHA I) is a 8-week part-time, hands-on and virtual dental training program

- Earn a certification
- Earn endorsement in a dental setting
- Earn college credits



The NW Dental Health Aide Program is a project of the Tribal Community Health Provider Program (TCHPP) and the Northwest Portland Area Indian Health Board (NPAIHB)

What's a Primary Dental Health Aide I?

A Primary Dental Health Aide (PDHA I) is a primary oral health professional that provides care in Tribal communities. DHAs are trained to provide care that builds trust and empathy.

PDHA I Services include:

- Working in dental clinics
- Community outreach services
- Oral hygiene care and instruction
- Dental charting and clinical documentation
- Topical fluoride treatments
- Antimicrobial treatments
- Nutritional/diet education

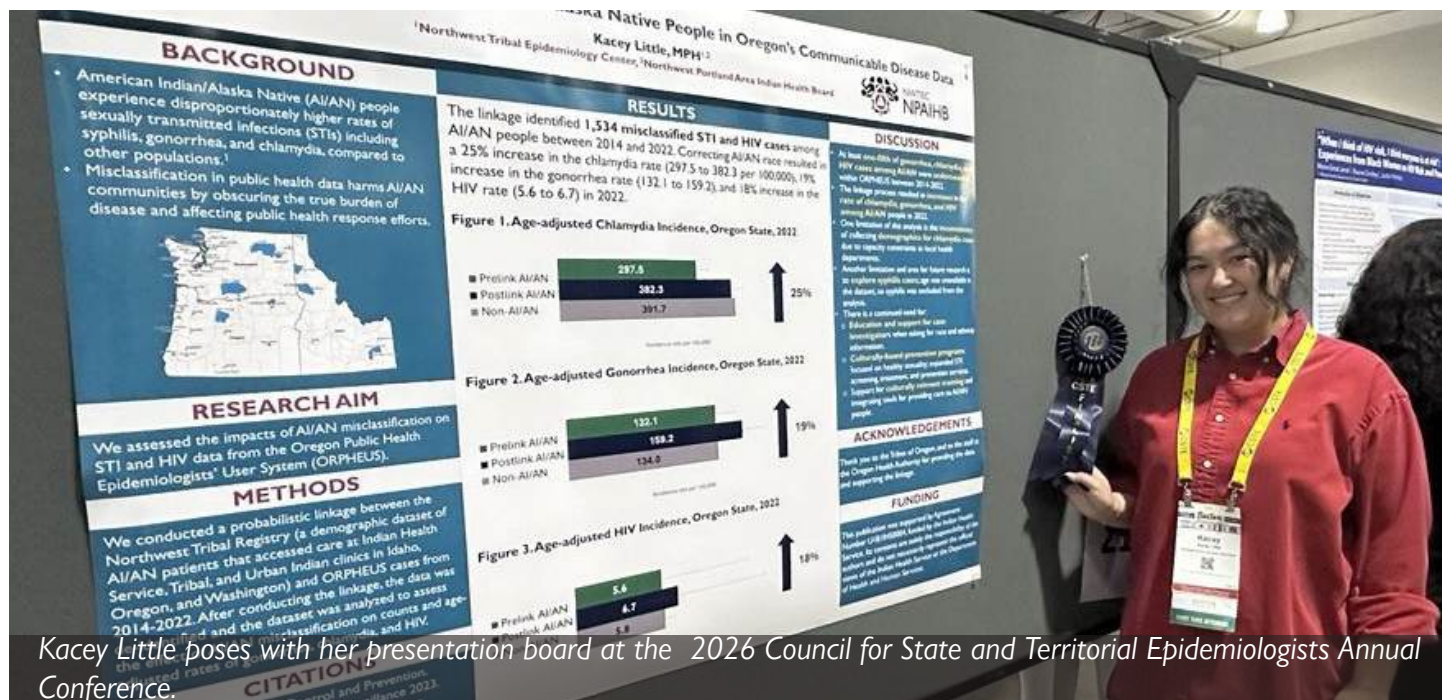




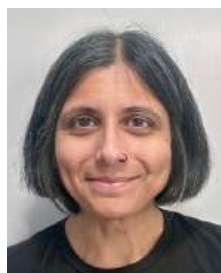
NWTEC

NPAIHB

NPAIHB Biostatistician Receives Award at National Epidemiology Conference



Kacey Little poses with her presentation board at the 2026 Council for State and Territorial Epidemiologists Annual Conference.



By Sujata Joshi

NW Tribal Data Hub Project Director

Kacey Little, MPH, within NPAIHB's Northwest Tribal Epidemiology Center (NWTEC), received the Health Equity and Tribal Epidemiology Poster Award at the 2026 Council for State and Territorial Epidemiologists Annual Conference. Kacey's poster on "Misclassification of American Indian/Alaska Native People in Oregon's Communicable Disease Data" highlighted the issue of misclassification of American Indian and Alaska Native (AI/AN) people in disease surveillance systems used to track, treat, and prevent communicable diseases. Kacey's poster was also nominated for the Robert Wood Johnson Foundation National Award for Outstanding Epidemiology Practice in Addressing Racial and Ethnic Disparities.

In the Northwest and nationally, AI/AN peoples' identities are often incorrectly or incompletely recorded in health and administrative data systems. This results in AI/AN people being erased from data used to understand the health of Tribal communities, inform public health planning, and allocate funding and other resources. AI/AN misclassification erodes Tribes' ability to access and use reliable information to improve the health of their communities.

With approval from NPAIHB's member Tribes, the NWTEC has pioneered the use of record linkages to correct AI/AN misclassification in a range of Northwest data systems, including state cancer registries, vital records, and

communicable disease reporting systems. Through these linkages, NWTEC has found that AI/AN misclassification ranges from about 8% in birth and death records to over 40% in communicable disease records.

For her poster, Kacey utilized Oregon communicable disease data that had been linked with the Northwest Tribal Registry to identify and correct misclassified AI/AN records.

- https://www.npaihb.org/wp-content/uploads/2020/06/About-the-Northwest-Tribal-Registry_05292020.pdf

Her analysis found that between 2014-2022, at least one fifth (20%) of gonorrhea, chlamydia, and HIV cases among AI/AN people were undercounted in Oregon's communicable disease data. She also observed meaningful increases in the rates of gonorrhea, chlamydia, and HIV among AI/AN people before and after the linkage using 2022 data. In her discussion of the data findings, Kacey noted the issue of inconsistency in collecting accurate demographic information for some communicable diseases, which contributes to these high rates of AI/AN misclassification.

“Overall, my research highlights the importance of improving race and ethnic data quality in public health surveillance systems, and continued partnerships with State and Tribal entities to make culturally based prevention programs for AI/AN people and communities widely available. There is also a need for culturally relevant training and education for case investigators to collect accurate demographic information, as well as support for other public health responders.”

Kacey joined NPAIHB in 2025 and previously worked for Washington County as their STI, HIV, and Harm Reduction Epidemiologist. Her public health interests include STIs and HIV, social determinants of health, food access, built environment, traditional practices and their effects on health, among others (she thinks all aspects of public health are interesting!). She loves that working in the NWTEC gives her opportunities to meet individuals from Tribes and understand the health priorities of their communities. In her free time, Kacey enjoys film photography and thrift shopping, as well as dancing 'ori Tahiti and hula at a local Polynesian dance studio.

We R Native Welcomes Return of Ambassador Program to Elevate Native Young Adult Voices



By Jeidah DeZurney

Confederated Tribes of Siletz Indians

WeRNative Youth Engagement Coordinator

NPAIHB's Adolescent Health Project, We R Native (a multimedia health resource for Native youth and young adults), is thrilled to announce the revival of the We R Native Ambassador Program and welcome our inaugural cohort of 15 incredible Ambassadors, including six representing the Northwest! These emerging Native leaders, ages 18–25, are passionate about improving the health and well-being of their communities and are ready to use their voices to inspire and support their peers. Guided by the We R Native philosophy of — **For Native youth, by Native youth** — ambassadors will spend the next year strengthening their leadership skills, building their knowledge of public health topics, supporting outreach efforts, creating culturally relevant health content, sharing their lived experiences, and helping make trusted health information more accessible through We R Native platforms.

This cohort is especially passionate about advancing conversations around mental health, healthy relationships, sexual health, healthcare equity, food sovereignty and holistic approaches to health that honor the connection between mind, body, culture, and community. Throughout the program, ambassadors will explore creative approaches to prevention through music, storytelling, and community engagement, making health conversations more approachable, relatable, and empowering for Native youth. Their work reflects NPAIHB's commitment to supporting Tribal communities through culturally grounded public health, prevention, and youth leadership.

Through peer-to-peer education, digital storytelling, and community outreach, these ambassadors will help foster connection, share knowledge, and amplify Native youth voices across Indian Country.

We look forward to connecting these young leaders with programs throughout NPAIHB to expand opportunities for learning, leadership, and collaboration.

If your team has an opportunity to partner with the cohort, please contact Jeidah DeZurney, We R Native Youth Engagement Coordinator via jdezurney@npaihb.org



WELCOME THE 2026-2027

WERNATIVE **AMBASSADORS**



Ben McDondald | Salish-Kootenai



Vivian Dietrich | Comanche/Cherokee



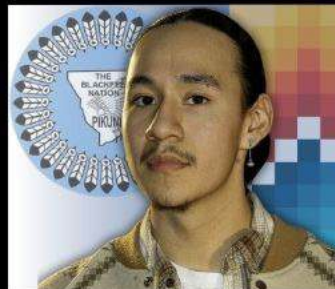
Olivia Ridesatthedor | Blackfoot/Crow



Amber Begay | Diné



Jolynn Tripi | Tlingit



Mahpiya To Mesteth-Campos | Blackfeet



Lelah Mason | Colville Tribes



Romeo Northway Sanford | Cheeshna



Kaya Fernandes | Lower Elwha Klallam



Preston Spotted Horse | Coeur d'Alene



Angelica Firmin | Huslia Village Tribe



Penelope Thomas | Navajo Nation



Pharrah Clark
Navajo Nation and Pueblo of Laguna



Helen Sekaquaptewa
Confederated Tribes and Bands of the Yakama



Ayani Tebe
Seminole Nation of Oklahoma



WERNATIVE
A PROJECT OF NPAIHB
For Native Youth, By Native Youth



The NW Tribal Data Hub is a Success for Northwest Tribes



By Victoria Warren-Mears

NWTEC Director

This year, the Northwest Tribal Data Hub team attended and presented at national and regional meetings representing our work at the Northwest Tribal Epidemiology Center (NWTEC) and NPAIHB. Each of these events offered an opportunity to highlight the successes of public health work led by Tribal Nations and Tribal-serving organizations. It also provided opportunities for engagement with state and federal public health professionals to increase visibility of Tribal sovereignty, public health authority, and data access.

Indi Skuzinski and Heidi Lovejoy, the data magicians behind the NW Tribal Data Hub, attended the Centers for Disease Control Foundation's (CDC Foundation) Workforce Acceleration Initiative (WAI) Summit in Austin, Texas. The Summit gathered WAI awardees to celebrate successes and share lessons learned. Beginning in 2024, NWTEC was awarded support through WAI to modernize the data services provided to NW Tribes. This support provided NWTEC with four positions to support various data modernization projects within the organization, including a data engineer (Indi) to help build the NW Tribal Data Hub.

During the Summit NPAIHB and the NW Tribal Data Hub was highlighted in the category "What the World Needs" for our work toward eliminating health disparities and improving quality of life.

"We were in a room full of people I have deep respect for, working on projects that inspire me every day. To have the hard work NWTEC is doing improve NW Tribes' access to public health data recognized unexpectedly in that way made me feel incredibly proud and lucky to be a part of it." – Indi Skuzinski

Meanwhile in Tucson, Sunny Stone, Outreach Manager, attended the US Indigenous Data Sovereignty and Governance (IDSov) Summit. Sunny had the opportunity to complete a masterclass certification in Indigenous Data Sovereignty and present the team's work at the IDSov Summit. NW Tribal Data Hub presented alongside the Indigenous Sentinels Network of the Aleut Community of St. Paul Island. The presentations highlighted the work of empowering Tribal communities with accurate data. While attending the summit, trailblazers in the field noted our leadership in indigenous data sovereignty at NWTEC.

“Tribal Nations have always collected and used data to govern. At NWTEC we believe that Tribe-led and owned data makes communities stronger. Sharing knowledge strengthens Tribal health, and you [Tribes] own the data about your community. Our role is to support your access to high-quality data, so you can make decisions for your community.”
– Sunny Stone

A little closer to home, Sujata Joshi, Project Director, attended the Oregon Tribal Public Health Modernization gathering hosted by the Confederated Tribes of the Umatilla Indian Reservation. Sujata was able to share information about our data and epidemiology services at NWTEC. One Data Hub user spoke at length about the usefulness of the NW Tribal Data Hub in public health planning, advocacy, and resourcing.

“I am always awed and inspired when I hear about the innovative public health programs Tribes in Oregon and the Northwest are implementing to improve the health of their communities. During the Gathering, I heard so many examples of how Tribes are collecting and using data to plan and advocate for services for their communities. I'm grateful the NW Tribal Data Hub can play a role in helping Tribes reclaim access to data and hope we can build a platform Tribes find useful for years to come.”

In May, Heidi and Sujata were invited to Boston, MA to present NWTEC's work on the NW Tribal Data Hub at the annual Council of State and Territorial Epidemiologists (CSTE) Conference where Heidi shared the work NWTEC is doing to ensure NW Tribes have access to data curated for their community. One attendee posted:

“I had the opportunity to attend such an inspiring session at CSTE this week in which Heidi Lovejoy, MSc shared about an innovative approach to building a public health data system for Tribes: Northwest Tribal Data Hub. They're creating private dashboards for Tribal Communities focused on their priorities - like drug overdose, suicide mortality, and leading causes of death. The customization with region, year, and age filters to generate comparison charts allowing additional data ownership to who is using it.” – CSTE attendee

It struck me when Heidi emphasized: ‘What we build isn't a platform — **it's infrastructure for a relationship**’ **It was encouraging to see their work to increase data access for Tribal communities while upholding data sovereignty.”**

These communications are on the heels of the American Public Health Association Annual Meeting last November (2025), where NW Tribal Data Hub Epidemiologist, Meena Patil, presented a poster on “NW Tribal Data Hub: Connecting Tribal Communities with Reliable Public Health Data”.

At the session, Meena was able to share the work of the NW Tribal Data Hub at the largest public health gathering in the nation, gathering public health professionals from around the world. Meena will be presenting another poster this November (2026) on “A Collaborative Model for Advancing Tribal Data Sovereignty and

Trusted Public Health Data Access”, which is focused on NWTEC’s work to improve data access for NW Tribes while building relationships honoring Tribal sovereignty.

“The poster attendees were amazed to learn about the Data Hub platform infrastructure, and critical data details included in the dashboards that they mentioned are very difficult to find through other resources. Many people had questions about long-term funding and sustainability. They found our strategic approach of in-house skill building and leveraging the internal expertise or self-sustainability was inspiring.” – Meena Patil

It is evident that together NW Tribes are leading the nation in epidemiology and Tribal data sovereignty. With each presentation at regional and national events, NWTEC staff have an opportunity to engage with Tribal, state and federal public health professionals ensuring Tribal sovereignty, public health authority and access to data are part of the conversation. Currently, 14 NW Tribes have opted for access to the Data Hub and seven Tribes have onboarded onto the platform.

NWTEC’s work is successful because of the leadership of NW Tribes and the three pillars that guide our work:

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

How to Request Data for your Tribe

Check out our website: <https://datahub.npaihb.org/> or contact us at datahub@npaihb.org.



Tribal Youth Cook With First Foods at the Quinault Indian Nation Wellness Gardens

Guest Author

By Leah Hollon Paquette

Lead Gardener and Food Educator, Quinault Nation
Wellness Gardens Program

This past winter, I wrote about the beginning of our project I had planned since last year to plant camas bulbs, harvest, and cook camas with our Taholah high school biology and leadership classes (see the February Nugguam to learn more). On May 27,, students from the classes came to help with the harvesting and to prepare the bulbs to cook for our Wetland Prairie Walk. We have planted camas seed with other classes, but it takes years to form bulbs large enough to harvest.

Before digging our beautiful camas, we offered a blessing of gratitude to the garden. We discussed the importance of seeing the beautiful blue-purple flowers before digging. In our region, we have a plant known as Death Camas, *Toxicoscordion venenosum*, that looks similar to our edible Camas, *Camassia quamash*. The only way to be certain you are harvesting the edible camas is when they are in bloom. Death Camas has more densely clustered, smaller, white flowers. Eating even a small amount can kill you. Thanks to generations of families tending to prairies and likely weeding out Death Camas, it is rare to see in our prairies here on the Quinault Indian Reservation,, though I have personally seen it growing in Copalis.



Edible Camas is purple in color.



Death Camas is white in color and deadly for humans to consume.

The students dug camas until we had enough for the classes and folks participating in the prairie walk. They separated the bulbs at the base of the stem by twisting them off, then peeled off the outer papery brown layer of skin protecting the bulb and washed them. To prepare them, we created an indoor version of a pit roast, which is one of the traditional ways to prepare camas. Long slow cooking allows the bulbs flavor to sweeten by breaking down the inulin. Inulin is a carbohydrate that helps provide energy while stabilizing blood sugar.

The day was beautiful, as were the days spent planting and harvesting with the youth. We often share about plants and discuss health benefits or cultural importance, but if the younger generation hasn't tried it, there will be little reason for them to want to try to protect it or preserve the cultural traditions that will allow it to thrive. This project was aimed at introducing the youth to a food that historically was the second most traded item after salmon, yet none of the classes I spoke with had tried. We will continue working on other projects that familiarize our youth with wild foods and medicines.

Students gathered salal leaves (and found lovely little wild strawberries!), and we layered sword fern and salal leaves (both are edible/medicinal) into the crock, filling about halfway, before making a nest of camas bulbs in the center. Then more salal leaves and fern leaves were layered in, filling to the top. A couple inches of water was added to the bottom of the pot, below the camas. The crockpot was turned on low and watched over the next 38 hours, with water added as needed to continue steaming and prevent burning. The students had the pot cooking in their classroom during the day, with teacher Mercedes tending to it at night. Siokwil Mercedes for managing that step!

The crock was brought out to Moclips Prairie for our walk. At lunch, in addition to delicious salmon and clam dips, nettle pesto and crackers, and berries, we all got to sample the sweet, delicious morsels. The cooked camas has a texture like a cross between a roasted chestnut and a date, sweet and dense. Everyone enjoyed it, and our high school students who attended said they were actually surprised they liked it!



Students split the Camas stems from the bulbs.

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The Quinault Wellness Gardens are located in Tahola, WA, and serves as a community-driven program providing traditional foods, medicines, and educational resources for the community.

Learn more:

<https://indiancountryecho.npaih.org/story/quinault-wellness-garden-program-nurturing-a-love-for-fresh-traditional-foods/>

For providers seeking to enhance their treatment and care for diabetes, consider joining Indian Country ECHO's Diabetes TeleECHO Clinics, where you can connect with a community of clinicians learning from champion providers and from peers through case presentations and brief didactics.

Link:

<https://indiancountryecho.npaih.org/program/diabetes/>



After cooking, the bulbs become a translucent amber color.

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.

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