

HEALTH NEWS & NOTES



HOLISTIC HEALTH SYSTEMS

PUBLICATION OF THE NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

INDEX

DELEGATES	1
NPAIHB MISSION & VISION STATEMENT	2
2026 NPAIHB ELECTIONS	3
ADMINISTRATIVE UPDATES	4
2026 RESOURCE DIRECTORY - ACCESS NOW!	5
CLINICAL SUPPORT SERVICES DIVISION	6
THRIVE CONFERENCE 2026 - STAY TUNED!	7
ZERO SUICIDE (ZSICC) FRAMEWORK	8
THE ROLE OF SUICIDE SCREENING TOOLS IN CARE	10
TRIBAL COMMUNITY HEALTH PROVIDER (TCHPP) UPDATES	12
BEHAVIORAL HEALTH AIDE (BHA) EDUCATION PROGRAM - APPLY NOW!	14
COMMUNITY HEALTH AIDE (CHA) PROGRAM - APPLY NOW!	16
PORTLAND AREA CHAP CERTIFICATION BOARD (PACCB)	18
ACADEMIC REVIEW COMMITTEE (ARC) UPDATES	20
ADOLESCENT HEALTH PROJECT UPDATES	21
NORTHWEST TRIBAL EPIDEMIOLOGY CENTER (NWTEC) DIVISION	22
TRIBAL PUBLIC HEALTH EMERGENCY PREPAREDNESS CONFERENCE 2026 - REGISTER NOW!	23
NW DATA HUB PRESENTS AT APHA ANNUAL MEETING	24
RESEARCH SUPPORT FELLOWSHIP PROGRAM - APPLY NOW!	26
TRIBAL RESEARCHERS' CANCER CONTROL FELLOWSHIP PROGRAM - APPLY NOW!	28
SUMMER RESEARCH TRAINING INSTITUTE - APPLY NOW!	30
TECHNICAL ASSISTANCE OUTREACH	32



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

Vacant, Conf. Tribes of the Chehalis Reservation

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

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

Cheryle Kennedy, 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

Lona Johnson, 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

Quintina Bowen, Samish Indian Nation

Tempest Dawson, Sauk-Suiattle Indian Tribe

Kim Coombs, Shoalwater Bay Indian Tribe

Donna K. Thompson, Shoshone-Bannock Tribes

Denese LaClair, Skokomish Indian Tribe

Robert 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 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.

ELECTIONS

During the January 2026 Quarterly Board Meeting in Portland, OR, Tribal Delegates voted to reelect Aaron Hines (Umatilla) as Chair. Rachel Edwards (Nez Perce) was elected as Secretary. These are two-year commitments. Alison Ball (Colville) was elected as Treasurer for one year.



Aaron Hines

Confederated Tribes of the Umatilla Indian Reservation

Chair

2026-2028



Rachel Edwards

Nez Perce Tribe

Secretary

2026-2028



Alison Boyd-Ball

Confederated Tribes of the Colville Reservation

Treasurer

2026-2027



ADMINISTRATION NPAIHB



2026 RESOURCE DIRECTORY

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

REVISED JANUARY 2026

NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

SCAN ME!



Access Information on:

- Public Health Projects
- Partnership Opportunities
- Funding Pathways
- Data Sovereignty
- Government Affairs
- Technical Assistance

Projects Include:

NORTHWEST TRIBAL COMPREHENSIVE CANCER PROJECT

How We Serve Northwest Tribes

NPAIHB's **Northwest Tribal Comprehensive Cancer Project (NWTCCP)** implements evidence-based interventions that align with the three priority areas of primary prevention, early detection and screening, and the health and well-being of cancer survivors. We strive for improvement in cancer survivorship and quality of life toward the next seven generations of healthier, cancer-free tribal communities. Through the 20-year Tribal Comprehensive Cancer Control Plan, the NWTCCP has sought to: decrease cancer incidence and mortality; improve screening; increase community cancer education; reduce the time from appearance of symptoms and signs to diagnosis; improve treatment compliance; lengthen cancer survivorship for tribal members in the Northwest; and support longstanding partnerships with cancer registries to increase program capacity and support cancer control planning.

The Tribal Cancer Coalition meets with tribal and comprehensive cancer partners to address cancer prevention and control, build partnerships, share data and cancer resources, identify and address common priorities, and develop strategies to eliminate cancer health disparities.

NORTHWEST TRIBAL DATA HUB



How We Serve Northwest Tribes

NPAIHB's **Northwest Tribal Data Hub (Data Hub)** provides Tribes in Idaho, Oregon, and Washington secure access to accurate, up-to-date public health data on topics including demographics, cancer, substance use, hospitalizations, causes of death, and other health issues. Tribes can view, interact with, and download community-specific data through visual dashboards. The Data Hub's primary function is to connect Tribal communities with their data, helping them care for their people and inform health policy, community planning, and funding proposals.

The Data Hub includes data that has been corrected for American Indian or Alaska Native (AI/AN) misclassification, making these data more accurate for Tribes than data obtained directly from state and federal sources. Tribes can see aggregated data for their IHS Purchased/Referred Care Service Delivery Area (PRCDA), NW states, and the Northwest region. Over time, the Data Hub will offer more health topics and community health profiles.

How We Are Funded

VACCINE PROGRAMS



How We Serve Northwest Tribes

NPAIHB's **VaccineNative** and **Native Boost** are designed help you make informed decisions about vaccines. To guarantee that the information we share is accurate, we work with trusted Elders, Native health professionals, and staff from Tribal organizations across the nation.

Technical Assistance We Can Provide

- Communities of practice
- Community health and wellness programming
- Connection to public health/clinical experts
- Data request support
- Direct consultation and feedback
- Health promotion and education
- Resource sharing
- Site visit, consultation
- Training and workshops

Tribal Engagement Opportunities

ENVIRONMENTAL PUBLIC HEALTH DIVISION

Who We Are

Ensuring the health and safety of the environments where your community lives, learns, works, and plays are essential elements of tribal health and well-being. Using the **Ten Essential Environmental Public Health Services**, NPAIHB's **Environmental Public Health Division (EPH)** provides comprehensive environmental public health services to Northwest Tribes. From drinking water protection to community sanitation to food safety to environmental and health care emergency response, we can consult with your government, tribal programs, and community members as public health advisors. Together, we can help you address your environmental public health concerns and support healthier futures.

Focus Areas

- Community Environmental Health Services & Studies: focusing on environmental public health and protection in the community and built environment
- Environmental Environmental Health Services: Protection, assessment, and assessment from hazardous waste and other



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

FREE physical copies available OCT 2026,
contact communications@npaihb.org to preorder



CLINICAL NPAIHB

THRIVE

**SAVE
THE
DATE**



**JUNE 22-26
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 - PSU Native American Student and Community Center
- 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**

ZERO SUICIDE FRAMEWORK

ZERO SUICIDE INITIATIVE COORDINATING CENTER (ZSICC)

ZSICC is part of the THRIVE suicide prevention team at NPAIHB. ZSICC offers training and technical assistance to Tribes implementing the Zero Suicide model in their health clinics.

WHAT IS ZERO SUICIDE?

Trigger Warning – content includes discussions on suicide

Many Native health organizations across the country have made a system-wide commitment to improving suicide care through implementing the Zero Suicide framework. Recognized in the National Strategy for Suicide Prevention, the [Zero Suicide](#) framework is a quality improvement model that can be adapted to a range of health systems. The model is based on the belief that suicide deaths of individuals under care are preventable and the only acceptable number of losses due to errors in quality of care is zero.

Why in the clinic and not community-based?

Research shows that individuals at risk for suicide frequently come into contact with a health system prior to an attempt or death by suicide^{1,2}; indicating missed opportunities to connect these individuals with care.

The Zero Suicide model identifies core components of safer suicide care as seven elements.

LEAD system-wide culture change committed to reducing suicides.

TRAIN a competent, confident, and caring workforce.



¹ Ahmedani BK, Stewart C, Simon GE, et al. Racial/Ethnic differences in health care visits made before suicide attempt across the United States. *Med Care*. 2015;53(5):430-435. doi:10.1097/MLR.0000000000000335

² Luoma JB, Martin CE, Pearson JL. Contact with mental health and primary care providers before suicide: a review of the evidence. *Am J Psychiatry*. 2002;159(6):909-916. doi:10.1176/appi.ajp.159.6.909



Interested in getting started? Contact:

Helena Darrow, MPH
Chiricahua Apache
Zero Suicide Initiative
Coordinating Center
Manager
hdarrow@npaihb.org
(971) 430-2629

IDENTIFY individuals with suicide risk via comprehensive screening and assessment.

ENGAGE all individuals at risk of suicide using a care management plan.

TREAT suicidal thoughts and behaviors using evidence-based treatments and traditional healing practices.

TRANSITION individuals through care with warm hand-offs and supportive contacts.

IMPROVE policies and procedures through continuous quality improvement.

For more information about the Zero Suicide framework and Zero Suicide in Indian Country Toolkit, visit:

- <https://zerosuicide.edc.org/>
- <https://zerosuicide.edc.org/toolkit/toolkit-adaptations/indian-country>

Understanding the Role of Suicide Screening Tools in a Continuum of Care

Recent discussions have questioned the effectiveness of suicide screening tools, particularly when used as standalone measures. However, research indicates that these tools play a meaningful role when integrated into a comprehensive continuum of care that includes risk assessment, culturally responsive engagement, and follow-up support.

Combining evidence-based screening with culturally and community-informed practices strengthens clinician's ability to identify, engage, and support individuals at risk—while honoring the diverse needs and protective strengths of their communities. In short, suicide screening tools are most effective when used as part of an ongoing process of care, not as an endpoint.

Studies highlight the challenges of relying solely on screening due to fluctuating suicide risk and patient self-report limitations.^{1,2} Many of these studies were conducted in emergency department or military settings, which may not reflect broader community, primary care, or tribal contexts.^{3,4} Furthermore, brief screening may not capture key dimensions of risk—such as perceived burdensomeness, acquired capability, or identity-based hopelessness—that influence suicidal behavior and shape risk in complex ways.⁵

Despite these limitations, validated tools such as the Ask Suicide-Screening Questions (ASQ) and the Brief Suicide Safety Assessment (BSSA) have demonstrated value when used as part of a broader process to identify and assess risk.^{6,7} Screening tools vary in their accuracy; for example, research shows that the PHQ-9 item 9 may have lower sensitivity than the ASQ in detecting suicide risk, emphasizing the importance of tool selection and context.⁸

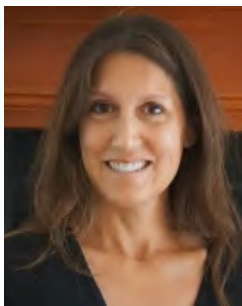
Some critiques focus on the C-SSRS triage version. It is important to note that this version was designed to combine both screening and risk assessment but has not been independently validated as a pure screening tool.^{3,4} Instead, suicide screening should be seen as one element within a coordinated approach that includes clinical risk assessment, care coordination, and referral to culturally appropriate services. This approach aligns with both the Zero Suicide framework and Joint Commission recommendations, which emphasize consistent screening, assessment, and follow-up across all care settings.^{9,10}

Importantly, research labeling screening as ineffective often overlooks cultural context and barriers to care. Screening tools are typically grounded in Western psychological frameworks that may not fully align with Indigenous or rural community perspectives. When integrated within culturally grounded systems of care, screening can serve as an entry point for conversation, trust-building, and early intervention.^{11,12} Creating spaces that reflect local values and cultural belonging increases comfort and disclosure, supporting more accurate and compassionate responses to suicide risk.

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TRIBAL COMMUNITY HEALTH PROVIDER PROGRAM (TCHPP) UPDATES



Pam Ready

Dental Health Aide Program Director

Dental Health Aide (DHA) Program:

Dental Health Aides (DHAs) are primary dental providers that focus on prevention and basic oral health procedures. There are four categories of dental health aides: Primary Dental Health Aides I and II, Expanded Function Dental Health Aides I and II, Dental Health Aide Hygienist, and Dental Health Aide Therapist. All DHAs work under the direct, indirect, or general supervision of a licensed dentist. DHAs focus on prevention and provide procedures in clinics and through community outreach.

The **NPAIHB NW Dental Health Aide Program** has DHA programs available: **PDHA I and PDHA II**. The **Primary Dental Health Aide (PDHA) II Pilot** cohort has completed the following didactic classes and skills set: Dental Radiology, Dental Assistant Functions, and Sealants. This cohort is currently working on completion of lab time and preceptorships.

The Dental Prophylaxis skill set will be offered in Winter or Spring of 2026 and is available to PDHA IIs who have completed the pre-requisites.

The third **Primary Dental Health Aide (PDHA) I** Winter 2026 Cohort began January 8, 2026. Currently, 13 students from WA, OR, MT and OK are enrolled. Students have the option to receive college credits from Salish Kootenai College for the PDHA programs.

The next PDHA I cohort is planned for Fall 2026. The **dəxʷxayəbus Dental Therapy Program** at Skagit Valley College's current cohort has graduated three of the four cohort students and anticipates the fourth will graduate by March; two of the four will be applying for CHAP certification.

The program is currently reviewing applications received for round 2 and the final round of interviews will occur after the application cycle closes 2/28/26. So far, the program has received two well-qualified tribal applications from the PNW.

To learn more go to: tchpp.org/students

Please email Pam Ready, DHA Director, at pready@npaihb.org if you are interested.

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 (NPAlHB)



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



BEHAVIORAL HEALTH AIDE (BHA) PROGRAM

Behavioral Health Aides (BHAs) are counselors, health educators, and advocates. They help address the individual and community-based behavioral health needs, including those related to alcohol, drug, and tobacco misuse. BHAs also provide trauma-informed approaches to mental and spiritual health care such as depression and anxiety resources, suicide prevention, grief support, and self-care tools.

Nine BHA students graduated in 2025 at Northwest Indian College (NWIC)! These students presented final projects relating to implementation of tribal-based behavioral health approaches of holistic care to provide to their tribal communities. The BHA program is currently seeking nineteen prospective BHA students to join the 2026 BHA Cohorts at Northwest Indian College.

Students will have student support involving relational faculty, school supply funding, full tuition coverage, and a bonus stipend to pursue National Certification through the Portland Area CHAP Certification Board (PACCB).

Preference is given to those currently working at a Tribal Health Organization and have a Clinical Supervisor.

- To learn more go to: tchpp.org/students
- Please email Katie Hunsberger, BHA Manager, at khunsberger@npaihb.org if you are interested.





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.
Link to apply:
 - <https://form.jotform.com/tchppbha/bha-education-program-application>
 2. Academic Institution Application & Enrollment
- Reference letter (*preferably from a Clinical Supervisor or Behavioral Health Department*)
- Current Resume & Cover Letter



Contact:
Katie Hunsberger
BHA Program Manager
khunsberger@npaihb.org
971-347-7888

Application due date:

November 26, 2025

Cohort start date:
January 5, 2026



<https://www.tchpp.org/students>

COMMUNITY HEALTH AIDE (CHA) PROGRAM

Community Health Aides (CHAs) are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve. CHAs practice under the supervision of a licensed clinical provider, such as a physician or advanced practice provider. Examples of CHA duties include physical exams, taking vital signs, medication management and family planning.

The CHA Pilot cohort consists of students from the Port Gamble S'Klallam Tribe, Confederated Tribes of the Umatilla Indian Reservation (CTUIR), and Shoshone Bannock Tribes. The cohort is currently on winter break and preparing to start CHA 101 in February 2026. The CHA program was excited to add three additional students from the Coeur d'Alene Tribe to the pilot program. Tribal participation outside the Portland Area includes Cherokee Nation and Otoe Missouria Tribe.

Preference is given to those currently working at a Tribal Health Organization and have a Clinical Supervisor.

- To learn more go to: tchpp.org/students
- Please email Sasha Jones, CHA Manager, at sjones@npaihb.org if you are interested.



NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD

COMMUNITY HEALTH AIDE/PRACTITIONER

Tribal Community Health Provider Program
www.tchpp.org



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

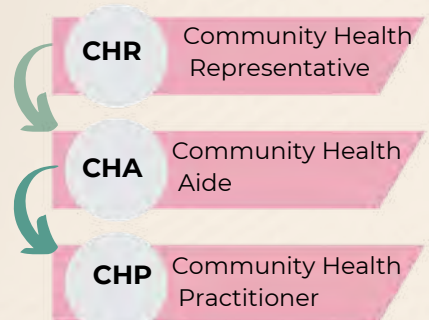
CHA/P's are certified primary and emergency care clinicians who have close cultural ties and connections to the communities they serve. In Oregon, Washington, and Idaho, they are community members of American Indian/Alaska Native communities who attend CHA/P educational programs approved by the Portland 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 first aid
- Patient examinations and follow up
- Carry out physicians treatment recommendations
- Patient and family focused education and instruction
- Preventive health programs
- Infection and disease control
- Immunizations
- Prenatal and postnatal care

CHR TO CHP PATHWAY



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

Increased access to clinical services and wrap around care

Homegrown, culturally knowledgeable providers

Increased 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@npaih.org



Sasha Jones, CHAP Program Manager
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Cell: (208)598-1919

PORTLAND AREA CHAP CERTIFICATION BOARD (PACCB) ACADEMIC REVIEW COMMITTEE (ARC) UPDATES

The Portland Area Behavioral Health Academic Review Committee (PA BHARC) has been focused on auditing committee bylaws, identifying ways to increase committee engagement, and facilitating technical advising requests. The bylaw review focused on updating language to reflect the indigenized direction of the BHA program and the PA BHARC, rooted in indigenous values of balance and wellness. Areas of updating included the Mission, Organizational Year, Purpose, Membership, Decision Making, Quorum, and Officers. The bylaw reviews prioritized community-mindedness and involving all voices in the review process.

The PA BHARC has also been busy reviewing and updating recruitment documents to increase committee engagement. The PA BHARC has implemented informal workgroup sessions on a biweekly basis to ensure the committee is meeting the high priority needs of our tribes, Behavioral Health Aide (BHA) program, and the Portland Area CHAP Certification Board (PACCB).

The Portland Area Community Health Aide Academic Review Committee (PA CHARC) had their first meeting on October 16, 2025. The committee seated an Executive Committee that has been reviewing and approving curriculum for the CHA Foundations and CHA 101 courses.

Portland Area Community Health Aide Program (CHAP) Certification Board (PACCB) Updates:

The PACCB was formally established for the certification of Dental Health Aides, Dental Therapists, and Behavioral Health Aides in accordance with the guidelines set forth in the Indian Health Care Improvement Act IHCA. The certification of CHAP providers is crucial for enhancing the delivery of services within tribal communities. The certification process involves rigorous training and evaluation to ensure health aides are equipped with the skills to provide high-quality patient care. The PACCB was formally established by Indian Health Services Director, Ms. Roselyn Tso, on November 26, 2024. The PACCB last convened December 4th - 5th, 2025. Currently, the PACCB has certified 21 CHAP providers.

The certifications are as follows:

Oregon:

- 5 Primary Dental Health Aide I (PDHA-I)
- 4 Dental Health Aide Therapist (DHATs)

Washington:

- 1 Primary Dental Health Aide I (PDHA-I)
- 8 Dental Health Aide Therapist (DHATs)
- 1 Behavioral Health Aide I (BHA-I)
- 2 Behavioral Health Aide II (BHA-II)

The PACCB received a 2025 National Indian Health Service (IHS) Director's award for their work of certifying CHAP providers.

- To learn more go to: tchpp.org/
- Please email Lisa Griggs, TCHPP Manager, at lgriggs@npaihb.org if you are interested in the PACCB.



PORTLAND AREA INDIAN HEALTH BOARD

Upcoming
PACCB Meetings

Save the Dates!

To Support the overarching goals of the Portland Area Community Health Aide Program by accessing social determinants of health while improving access to high quality integrated health care

February 17-18, 2026

May 19-20, 2026

August 4-5, 2026

November 3-4, 2026

For more information please contact Lisa Griggs at
lgriggs@npaihb.org



paccb@npaihb.org



www.tchpp.org

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

The Northwest Portland Area Indian Health Board (N PAIHB), in partnership with the Portland Area CHAP Certification Board (PACCB), invites behavioral health providers to participate in the Portland Area Behavioral Health Aide Academic Review Committee (PA BHARC).

The PA BHARC strengthens the Behavioral Health Aide Program by developing and reviewing curriculum that supports culturally grounded, high quality behavioral health services in Tribal communities.

PA BHARC helps 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.

The Portland Area CHAP Certification Board (PACCB) is the certification body for Community Health Aide Program (CHAP) providers in the Portland Area and holds authority for certifying Behavioral Health Aides. PA BHARC supports this work by advising on curriculum and academic content that prepares BHAs for certification and service in Tribal communities.

Who Should Participate

We welcome behavioral health providers from Tribal Health Organizations (TH Os), State agencies within the Portland Area (Idaho, Oregon and Washington) and Indian Health Service (IHS). Your perspective is essential to ensuring that Behavioral Health Aide education reflects Tribal values, sovereignty, and community driven care. Tribal leadership and provider voices are central to building strong, responsive, and culturally grounded behavioral health systems for our communities.

Meeting Information

Date: Wednesday, January 21, 2026 (every 3rd Wednesday of the month) Time: 12:00 pm Pacific Time

Location: Zoom

[ps://us06web.zoom.us/j/85001953771?pwd=N_LHQ2xR9MBsebQUVI_PaEsM_bv4z0Z56.1&from=addon](https://us06web.zoom.us/j/85001953771?pwd=N_LHQ2xR9MBsebQUVI_PaEsM_bv4z0Z56.1&from=addon)

Host: NPAIHB's 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

ADOLESCENT HEALTH PROJECT: YEARLY RECAP AND LOOKING AHEAD



Celena Ghost Dog
Navajo Nation

Adolescent Health Co-Director



Stephanie Craig-Rushing

Senior Project Director of
Adolescent Health PI

In the new year, the NPAIHB's Adolescent Health Projects (AH), We R Native and Healthy Native Youth, are taking a moment to reflect on 2025 – a year grounded in holistic health systems that support Native adolescents and young adults and their overall wellbeing.

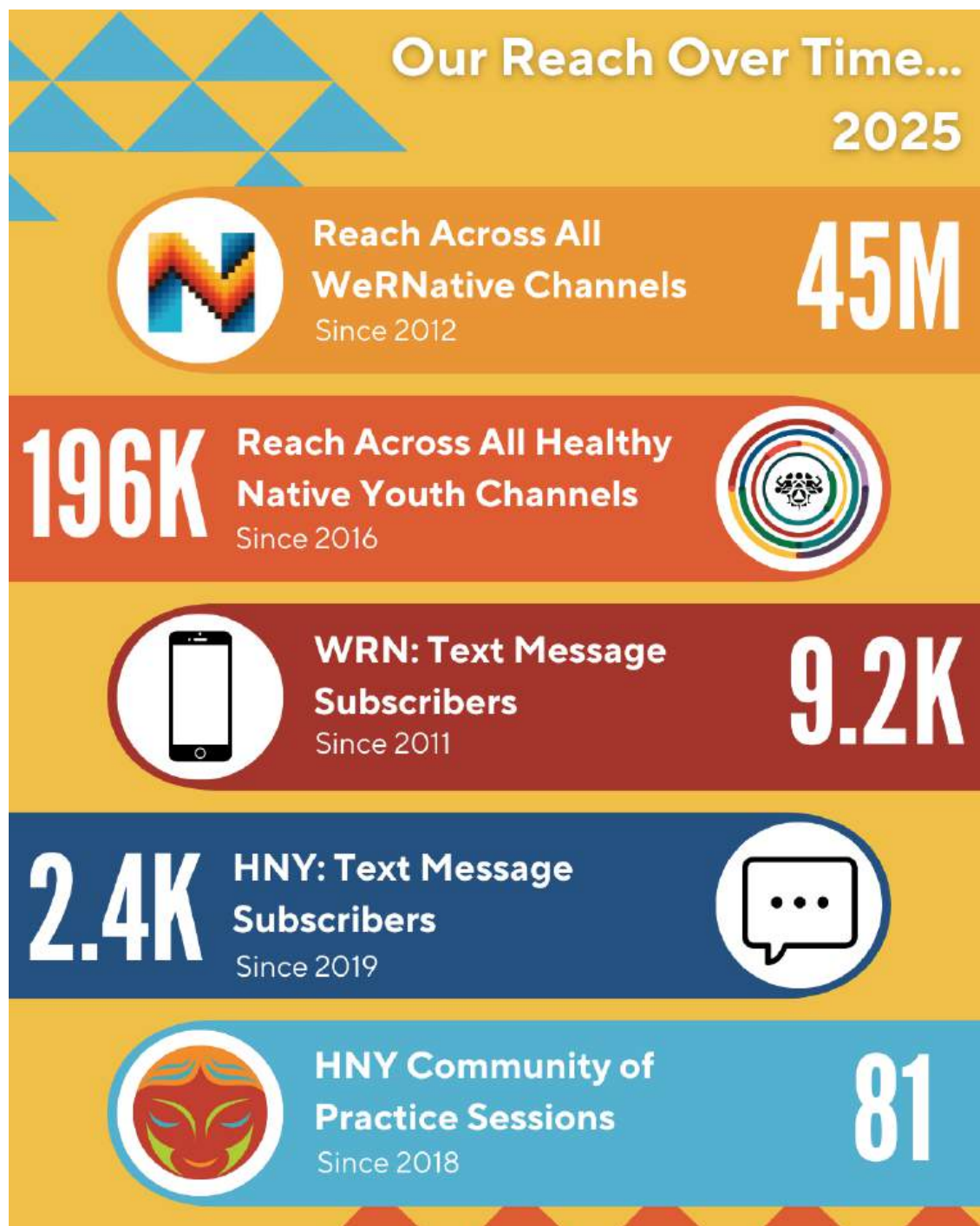
Throughout 2025, the AH programs connected with youth, caring adults, educators, and partners through digital learning platforms, virtual and in-person trainings, and technical assistance tailored to each community's needs.

This work was guided by participant feedback, evaluation and multimedia analytics - helping us understand how and where our people are accessing trusted adolescent health information.

A Snapshot of Access and Connection

Since the inception of our multimedia channels up to 2025, tracking the reach and use of our resources has helped us see how youth and communities are engaging with our resources. When we look at lifetime totals, we're able to see the bigger picture, how access and trust has grown over time – as youth and caring adults continue to return to trusted spaces – and where and when we may need to pivot in order to improve access and use.

Since We R Native began in 2012, over 45 million connections across all We R Native channels show that Native Youth continue to find and return to these spaces for trusted health information and support.



Since 2016, Healthy Native Youth website has been viewed more than 350,000 times, showing sustained growth in the use of culturally-relevant health resources on the platform over time, which are broadly used by tribal health advocates, caring adults and community health educators.

Project Highlights

In October 2025, NPaiHB received continuation funding from IHS for Year 2 of the Ending the HIV/HCV/Syphilis Epidemics in Indian Country II (ETHIC II): A Syndemic Elimination Program for American Indian and Alaska Native Tribes and Urban Indian Communities. Along with Indian Country ECHO and the Syndemic Support (Native Health Resources) projects at NPaiHB, the Adolescent Health project strives to strengthen youth-friendly STI (STI)/HIV, viral hepatitis, and substance misuse prevention and testing efforts in their regions, by launching a Regional and National Youth Engagement Network (NYEN) in 2026.

Our Healthy Native Youth Community of Practice continues to bring partners together to share experiences, learn from one another, and strengthen relationships. In 2025, we had a total of 1,905 training participants – representing 43 NW Tribes, 51 Tribes out of area, and 173 other organizations, agencies, and programs. These conversations supported collective learning and reinforced the role of connection and shared knowledge within holistic health systems.

Join us for the upcoming 2026 CoP season, with more health topics that support your communities!



The poster features a green background with a white circular graphic on the left containing a stylized face. The title 'COMMUNITY OF PRACTICE 2025-2026' is in large white letters. Below the title, there is a white speech bubble containing text about sharing strengths and supporting Native youth. To the right of the speech bubble is a white icon of four people sitting around a table. Below the speech bubble, there is a circular graphic with the text 'HEALTHY NATIVE YOUTH' in the center. To the right of this graphic, there is text about registering via the events calendar and contact information. On the far right, there is a section titled 'WHEN?' with details about virtual gatherings.

COMMUNITY OF PRACTICE 2025-2026

As a community, we share our strengths and experiences about how we can uplift and support our Native youth.

Sessions include new resources and opportunities to engage with adolescent health experts.

HEALTHY NATIVE YOUTH

REGISTER VIA THE EVENTS CALENDER
<https://www.npaihb.org/>

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



NWTEC NPAIHB

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>

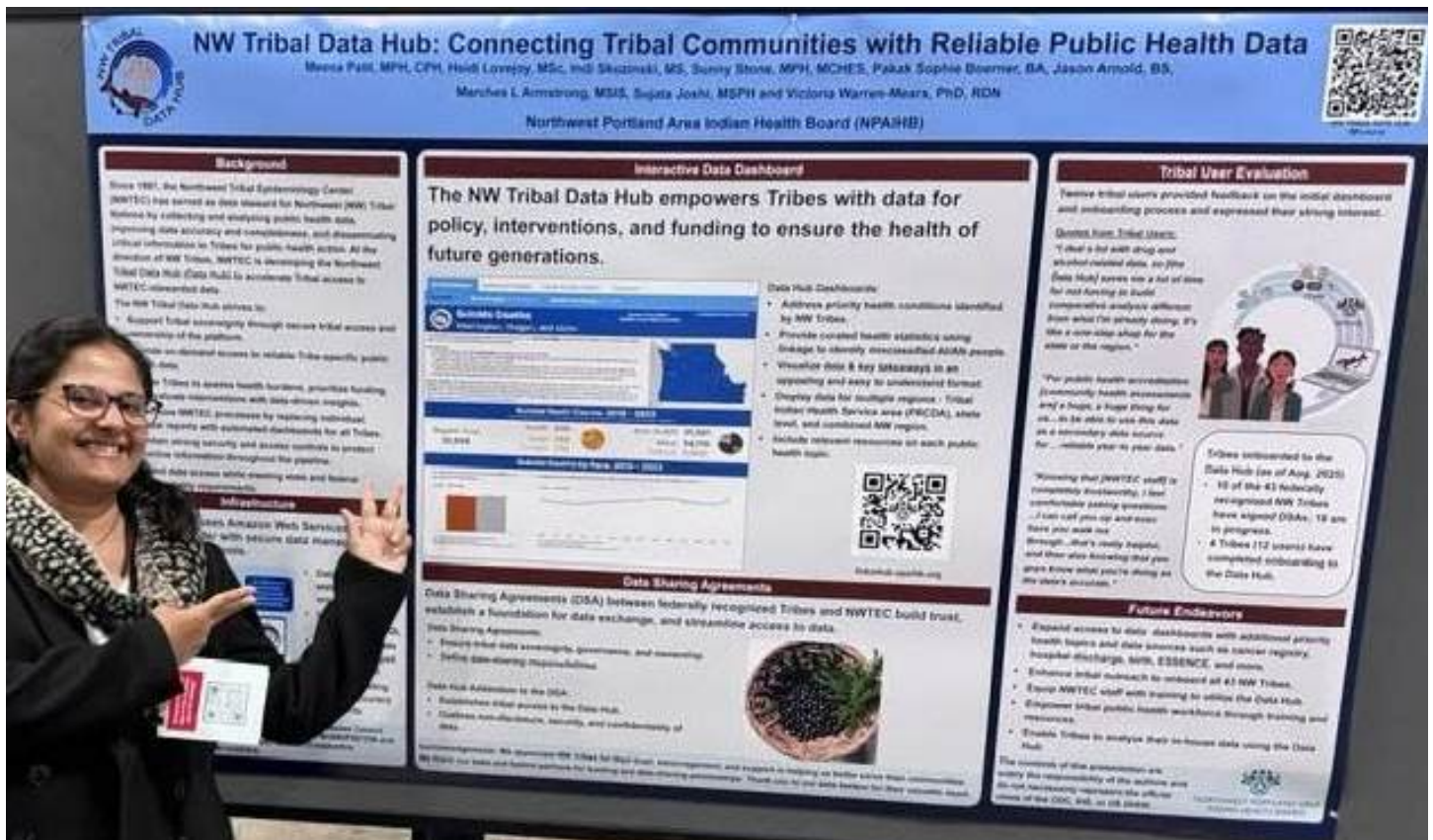
Lodging: Reduced rate \$169.00 (Ocean view) \$129.00 (Non view) rooms available until April 03, 2026, (1-888-461-2214 group code 4961)

Questions? Contact the planning team @ NPAIHB at tohep@npaihb.org
Up to date information can be found on our landing page by clicking here:
[NPAIHB.ORG/TPHEP2026](https://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 PRESENTS AT THE APHA ANNUAL MEETING



Meena Patil, Data Hub Epidemiologist for the Northwest Tribal Epidemiology Center (NWTEC), was invited to Washington, DC, to present a poster on the NW Tribal Data Hub (Data Hub) at the November American Public Health Association (APHA) Annual Meeting.

The APHA is a national organization focused on building public health capacity. APHA hosts an annual meeting, publishes the American Journal of Public Health (a scholarly journal dedicated to public health), and The Nation's Health (a monthly newspaper).

APHA's Annual Meeting hosts about 12,000 public health professionals who gather to learn and advance public health across the nation. This is the largest public health gathering in the United States. The 2025 meeting theme was "Making the Public's Health a National Priority".

Patil presented the work of NWTEC's Data Hub at the APHA Annual Meeting Poster session. The poster highlighted linkage work to reduce misclassification of American Indian and Alaska Native people (AI/AN) in state and federal data systems and the development of the Data Hub.

The Data Hub is an application built by NWTEC, which delivers community-level data to Northwest Tribes. Currently, data within the application is derived from state and federal sources, improved through linkages, and provided to Tribes' public health professionals.

The Data Hub provides the data Tribes need to address public health issues in their community through an on-demand, secure, cloud-based application. The application presents data for AI/AN and non-AI/AN people for the Northwest region, each state, and the Tribal Area. Tribal Areas are determined by each Tribe's Indian Health Service (IHS) Purchased/Referred Care Delivery Area (PRCDA), generally a collection of counties identified by IHS and/or the Tribe for their service area for referred care.

At the APHA conference, attendees who visited the Data Hub poster were able to ask questions and have discussions. One question addressed Tribal sovereignty and asked who decides which staff get access to the Data Hub. The Data Hub was built to reflect Tribal data sovereignty principles. Tribes identify who has access to and retains ownership of their data by identifying a Tribal Authorizing Official in their Data Sharing Agreement with NWTEC. The Tribal Authorizing Official then signs off on access to the application and data requests from NWTEC.



Additional questions included learning new technology and the decision to build the application in-house rather than contracting. While contracting would have resulted in rolling out the application faster to Tribes, training staff in new technology increased project sustainability, ensuring the continuation of new data and dashboards for NW Tribes into the future. Public health professionals who visited the booth were impressed with NWTEC's innovative work.

The Data Hub is available for NW Tribes to connect to their data. If you would like to connect with your data, please contact the Data Hub Team at datahub@npaihb.org.



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



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.

[LINK](#)



Photo from 2024 Research Support Fellowship program.



Northwest
Native American
Research Center
for Health

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

2026



SPONSORED BY

National Institute of Medical Sciences of the NIH | Award Number S06GM141002
Native American Research Centers for Health | Northwest Portland Area Indian Health Board

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 are available now on our website: <https://www.npaih.org/narch-current-opportunities/>

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
- Implementing a Native comprehensive cancer prevention and control project



Photo from 2024 TRCCFP Capstone Session.



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
1S06GM141002

Northwest Portland Area Indian
Health Board

Native American Research
Center for Health

REGISTRATION COMING SOON

Questions? Email us at summerinstitute@npaihb.org



Summer Research Training Institute

Every June, the NW NARCH hosts this hallmark program designed 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.

The two-week institute offers a variety of condensed courses that emphasize practical skill building in research, program design, and implementation.

We encourage health administrators, community health workers, researchers, program managers, undergraduates, and graduate students to attend.



Photos from 2024 SRTI.

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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Please Contact communications@npaihb.org



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