

April – June 2020 Quarterly Reports
Northwest Tribal Epidemiology Center (The EpiCenter) Projects Reports Include:

- ▲ **Adolescent Behavioral Health**
- ▲ **Enhancing Perspectives in Clinics and Communities Programs**
- ▲ **Dental Support Center**
- ▲ **Epicenter Director**
- ▲ **Epicenter National Evaluation Project**
- ▲ **IDEA- Northwest (Tribal Registry Project)**
- ▲ **Immunization and Portland Area IHS IRB**
- ▲ **Native CARS & PTOTS**
- ▲ **Northwest Tribal Comprehensive Cancer Project**
- ▲ **THRIVE**
- ▲ **WEAVE**
- ▲ **Western Tribal Diabetes Project**
- ▲ **Cancer Prevention and Control Research in AI/ANs**
- ▲ **Tribal Opioid Response (TOR)**
- ▲ **Enhancing Asthma Control for Children in AI/AN communities**
- ▲ **Northwest Native American Research Center for Health (NARCH)**
- ▲ **Response Circles**
- ▲ **Northwest Tribal Juvenile Justice Alliance**
- ▲ **ECHO**
- ▲ **Environmental Pubic Health**

Adolescent Behavioral Health

*Stephanie Craig Rushing, PhD, MPH, Principal Investigator | Jessica Leston, MPH, PhD(c) Project Director
Colbie Caughlan, MPH, THRIVE Project Director | David Stephens, RN, ECHO Director
Danica Brown, MSW, PhD, Behavioral Health Manager | Michelle Singer, HNY Manager
Celena McCray, THRIVE Project Coordinator | Tommy Ghost Dog, WRN Project Coordinator
Paige Smith, Youth Engagement Coordinator + DVPI Coordinator
Corey Begay, Multimedia Specialist | Eric Vinson, ECHO Specialist | Roger Peterson, SMS Communication Specialist
Contractors: Amanda Gaston, MAT, Native IYG |
Nicole Trevino, Native STAND & We R Native Teacher's Guide | Jackie Johnson, TAM Research Assistant*

Quarterly Report: April-June 2020

Technical Assistance and Training

Tribal Site Visits

- None

April Technical Assistance Requests

- 2 NW Tribal TA Requests = Port Gamble S'Klallam Tribe | Tulalip
- 3 non-Tribal TA Requests = NIDA | Notah Begay Foundation | Ontario Tech University

May Technical Assistance Requests

- 3 NW Tribal TA Requests = CTSI | Klamath | CTUIR
- 8 non-Tribal TA Requests = NIDA | PSU | Wyse Choices | G&G | OHSU | UofO | ITCA | NCUIH

June Technical Assistance Requests

- 2 NW Tribal TA Requests = Warm Springs | Nez Perce
- 5 non-Tribal TA Requests = Wyse Choices | OSU | SAMHSA | OMH | MHA

We R Native

During the quarter, our staff participated in ten partner calls, including:

- Call: Nicole Reed, Youth-Health-Tech Survey, April 1, 2020.
- Call: NIDA messaging partnership, May 8, 2020.
- Call: G&G Advertising – Next Legend Campaign, May 18, 2020.
- Call: MarketCast, WRN Youth MH Campaign Assessment, May 26, 2020.
- Call: w/ Headstream re: Springboard Lab, June 5, 2020.
- Call: MarketCast, WRN Youth MH Campaign Assessment, June 9, 2020.
- Call: mHealth Impact Lab, June 17, 2020.
- Call: BRAVE User Guide team check-in, June 19, 2020
- Meeting: VIRTUAL THRIVE Week, June 22-26, 2020.

Gen I / Bootcamps

- Scheduled for June, July, and August
- Zoom: Virtual Bootcamp, June 3-4, 2020. Youth Delegates: Topic: Healthy Relationships. With SkyBear Media.

Healthy Native Youth

During the quarter, Healthy Native Youth staff participated in eleven planning calls with study partners, and the following trainings/events:

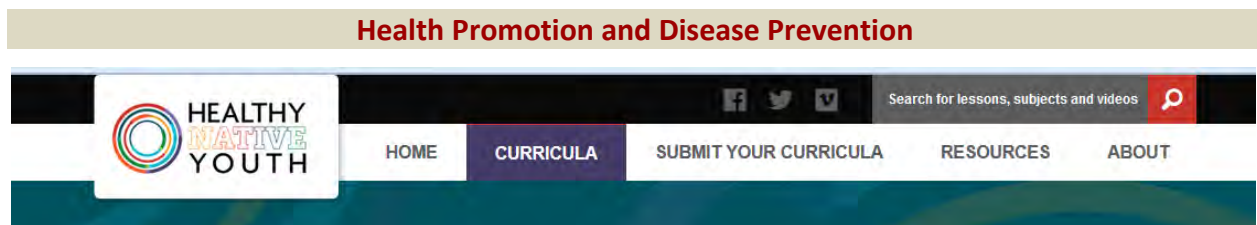
- SMS Text Mentoring – Talking Is Power

- Total EMPOWER Subscribers: 142 participants
- E-Newsletter: April, May, June
- Interviews: iCHAMPS – 4 STAND facilitators, June 29, 2020.
- Bi-monthly Meeting: HNY Team Meeting, April 16, 2020.
- Bi-Monthly Meeting: Native iCHAMPS Team Meeting, April 22, 2020.
- Monthly Meeting: Native STAND 2.0 Mtg, June 26, 2020.
- Zoom Training: HNY CoP (*Prevention: Emerging Topics & Challenges Youth Face*), June 10, 2020. Approximately 40 participants in attendance.
- Zoom Training: HNY CoP (*Taking Care of Ourselves during the COVID-19 pandemic – Tips & Tools*), April 22, 2020. Approximately 35 participants in attendance.
- Zoom Training: HNY CoP (*Youth Identity and Healthy Relationships*), May 13, 2020. Approximately 52 participants in attendance.
- Zoom: HNY Adolescent Sexual Health Advisory Group, June 3, 2020.
- Zoom: HNY CoP (*Social Media Protective Factors Against Human Trafficking & Missing and Murdered Indigenous Relatives*), April 8, 2020. Approximately 65 participants in attendance.

ANA – I-LEAD

During the quarter, staff participated in three grantee call, six SMS text mentoring chats with 850 STEM and “healer” participants,” and the following I-LEAD meetings and activities:

- SMS Text Mentoring
 - Total STEM + Healers Subscribers: 850 participants
 - STEM Messages: BRAVE Study control arm: 1,000 participants
 - 1-on1 Coaching: April 2, 2020. April 8, 2020. April 15, 2020. April 22, 2020.
 - 1-on1 Coaching: May 6, 2020. May 13, 2020. May 20, 2020. May 27, 2020.
- Zoom: Youth Delegate Monthly Check-in, May 17th
 - The 3rd cohort of Youth Delegates was selected; last year’s cohort includes: <http://www.npaihb.org/youth-delegate>
- Call: ANA Grantees Meeting, April 28, 2020
- Call: ANA Grantees Meeting, June 23, 2020
- Call: ANA Grantees Meeting, May 26, 2020
- Call: ANA I-LEAD Meeting, April 23, 2020
- Call: ANA I-LEAD Youth Webinar, May 28 23, 2020
- Social Messaging for COVID-19 response: April 10th
- Social Messaging for MMIW content created: April 25th
- Zoom: NPAIHB Student Honoring, April 26, 2020.
- Zoom: Youth Delegate Monthly Check-in, April 5th
- Zoon: Virtual I-LEAD week, June 22-26, 2020.



Website: The Healthy Native Youth website launched on August 15, 2016: www.healthynativeyouth.org

Last month, the **Healthy Native Youth** website received:

- Users = 461

- Pageviews = 1,592
- Avg. Time on Page = 2:31



Website: The We R Native website launched on September 28, 2012: www.weRnative.org

In June, the **We R Native** website received:

- Pageviews = 40,375
- Unique Pageviews = 36,334
- Avg. Time on Page = 6:29
- Top 10 Content Topics viewed:
https://datastudio.google.com/u/0/reporting/1p_hyONt3fRun_AdSFPySDITZI0tYsEvq/page/CO6g

Research and Surveillance

Technology and Adolescent Mental Health (TAM): The NPAIHB is partnering with the Social Media Adolescent Health Research Team and the mHealth Impact Lab to evaluate We R Native’s mental health messaging impact and efficacy. The project testing the efficacy BRAVE and STEM messages.



Enhancing Perspectives in Clinics and Communities Programs

- Jessica Leston, MPH, Clinical Programs Director – Tsimshian*
- David Stephens, RN ECHO Clinic Director*
- Eric Vinson, BS, ECHO Clinic Manager – Cherokee*
- Megan Woodbury – Opioid Program Coordinator*
- Danica Love Brown – Behavioral Health Manager – Choctaw*
- Morgan Thomas – CDC Presidential Fellow*

Contractors: Brigg Reilley, MPH
 Wendee Gardner, DPT, MPH – *Stockbridge-Munsee Band of Mohican Indians*

Quarterly Report: April - June 2020



Technical Assistance and Training

January Technical Assistance Requests

- Tribal TA Requests = 9 Jessica, 3 Brigg, 5 Megan, Danica, 1 Morgan
- Other Agency Requests = 4 (IHS, GPTCHB, ANTHC, USET, HHS)

May Technical Assistance Requests

- Tribal TA Requests = Jessica (10), Brigg (2), Megan, Danica, 3 Morgan
- Other Agency Requests = (IHS, GPTCHB, ANTHC, USET, HHS)

June Technical Assistance Requests

- Tribal TA Requests = Jessica (7), Brigg (2), Megan, Danica, 1 Morgan
- Other Agency Requests = (IHS, GPTCHB, ANTHC, USET, HHS)

During the quarter, project staff participated in 86 technical assistance calls and requests.

Health Promotion and Disease Prevention

HCV Overview: Hepatitis C Virus (HCV) is a common infection, with an estimated 3.5 million persons chronically infected in the United States. According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people have the highest mortality rate from hepatitis C of any race or ethnicity. But Hepatitis C can be cured and our Portland Area IHS, Tribal and Urban Indian primary care clinics have the capacity to provide this cure. Some of these clinics have already initiated HCV screening and treatment resulting in patients cured and earning greatly deserved gratitude from the communities they serve.



Goals: HCV has historically been difficult to treat, with highly toxic drug regimens and low cure rates. In recent years, however, medical options have vastly improved: current treatments have few side effects, are taken by mouth, and have cure rates of over 90%. Curing a patient of HCV greatly reduces their risk of developing liver cancer and liver failure. Early detection of HCV infection through routine and targeted screening is critical to the success of treating HCV with these new drug regimens.

It is estimated that as many as 120,000 AI/ANs are currently infected with HCV. Sadly, the vast majority of these people have not been treated. By treating at the primary care level, we can begin to eradicate this disease. Our aim is to provide resources and expertise to make successful treatment and cure of HCV infection a reality in Northwest IHS, Tribal and Urban Indian primary care clinics. More at www.npaihb.org/hcv

Currently, the program has strategic partnerships with: Alaska Native Tribal Health Consortium, University of New Mexico, Cherokee Nation, Norther Tier Initiative for Hepatitis C Elimination, Oklahoma IHS Area, United Southern and Eastern Tribes TEC, Rocky Mountain TEC, Great Plains Tribal CHairmans Health Board and TEC, Great Lakes Inter Tribal Council TEC, and IHS.

Text Message service/email marketing: To date, the project has sent 102,370 and received 3,197 messages from 1,034 text message subscribers.

HCV Print & Video Campaign: In 2017, the project disseminated the Hepatitis C is Everybody's Responsibility Campaign <http://www.npaihb.org/hcv/#Community-Resources> To date, 10,000 items (posters, rack cards, pamphlets) have been printed, and the campaign (print + video) has received 1,034 video views on YouTube, and reached 5,515 on Facebook.

Example of text message received in November 2018: *"Thank you. I don't know if I am able to respond to you but I'm responding anyway. I just want to express my sincere appreciation for all you do. My CIHA*

(Cherokee Indian Hospital Authority) colleagues and I are energized with the possibility that we can eradicate Hep C in our community. We are meeting weekly to discuss Hep C treatment, patients, issues, ideas and complaints. We are, or I am preparing a presentation for one of our private recovery centers. Our goal in this is to reach out to as many people as we can to educate and spread awareness on all things Hep C. I am preparing the presentation because I am the performance improvement person for our primary care. The nurses are busy caring for our patients. I am also creating a hep B lab guide for our nursing staff to try and eliminate confusion over the hep B labs. I am by education an CLS(clinical laboratory scientist) formerly known as an MT (medical technologist). I went to school to be a lab tech. Not just drawing blood but running the tests. So for once I am excited because the lab part of all this is right up my alley. My comfort zone, you could say.”

Opioid Overview: NPAIHB’s Northwest Tribal Epidemiology Center (TEC) has examined death certificate and hospital discharge data (corrected for AI/AN racial misclassification) to identify the burden and disparities in drug and opioid overdoses experienced by Northwest AI/AN. Since 1997, Northwest AI/AN people have had consistently higher drug and opioid overdose mortality rates compared to non-Hispanic Whites (NHW) in the region. From 2006-2012, AI/AN age-adjusted death rates for drug and prescription opioid overdoses were nearly twice the rate for NHW in the region. A higher proportion of AI/AN drug and opioid overdose deaths occurred in younger age groups (less than 50 years of age) compared to NHW overdose deaths. A more recent analysis of Washington death certificates found that although AI/AN and NHW had similar overdose mortality rates from 1999–2001, AI/AN overdose rates subsequently increased at a faster rate. From 2013–2015 mortality rates that were 2.7 times higher than those of NHW for total drug and opioid overdoses and 4.1 times higher for heroin overdoses.



Goals: Opioids and OUD (Opioid Use Disorder) historically has been more prevalent in AI/AN populations. In recent years, research has shown that OUD is not just a medical issue, but is more effectively treated when approached holistically. This has led to an increased move towards integrated care and harm reduction approaches to treat the whole individual, not just the disease. Harm reduction is defined as a way of reducing/ mitigating the negative consequences associated with OUD/ opioid misuse through a variety of intervention strategies.

While there are many resources available to the public on harm reduction, they are scattered at best. To ensure that the Tribes are not only aware of current and promising harm reduction practices and strategies for opioid response, both regionally and nationally, the Indian Country Opioid Response Monthly Newsletter and Community of Learning webinar series were developed. The goal of these two tools is to not only use them as a way to cultivate a community of practice, but also to disseminate the strategies and promising practices currently being implemented to address OUD/ opioid misuse across Indian Country. More at <http://www.npaihb.org/opioid/#communityresources>.

Text Message service/email marketing: The project sent 6 constant contact surges and had a reach of 292 through constant contact through the month of June.

Opioid Print & Video Campaign: In 2019, the project is developing a number of campaigns for community. Electronic and print material for several new resources including “A Trickster Tale – Outsmarting Through Education and Action”, “Words Matter When Providers Talk About Addiction”, “Words Matter When We Talk About Addiction – For Patients”, and “Supporting Someone with Opioid

Addiction”, among others. More at <https://www.indiancountryecho.org/substance-use-disorder/community-resources/>.

Staff continued to collaborate with a media production team to develop three videos that address OUD. The first video (completed this month) is designed to provide tribal community members with basic, life-saving information about OUD, address common myths, and share information about effective treatments. The second video is geared toward healthcare providers. It provides recommendations for treating patients with OUD, encourages prescribing providers to obtain their DATA waiver, and offers insight into evidence-based and tribal community-tested methods for recovery from OUD. The third video (completed this month) highlights the model of care developed by didg^wálič Wellness Center – a tribal-based substance use treatment center that in one year helped cut tribal opioid overdose deaths in their community in half.

This month staff also worked with a media development firm in order to create a communications package for didg^wálič Wellness Center that shares the Center’s story of success. Drafts for 3 short videos highlighting important aspects of didg^wálič’s unique model of care were created, and staff wrote content for 2 fact sheets and began work on a PowerPoint about the Center’s treatment model that will be housed online. Additionally, staff have commenced work with Swinomish Tribal IT department to revamp the Center’s website.

e-Newsletter/ Community of Learning Reminders and Sessions: The monthly [newsletter](#) is released at the beginning of each month to those subscribed through the Constant Contact listserv (n=361).

LGBTQ & Two Spirit Overview: Increasingly, healthcare providers across the United States are realizing that European concepts of gender identity (as a male-female binary) and sexual orientation (as attraction to the opposite sex) are too limited. They cannot account for the range of gender identities and sexual orientations people experience.

People who are LGBTQ or Two Spirit have gender identities and/or sexual orientations that exist outside of this limited, European conception. LGBTQ is a general acronym, which stands for lesbian, gay, bisexual, transgender, and queer. Two spirit is a term for a Native person who expresses their gender identity or sexual orientation in indigenous, non-Western ways.

Native people who identify as LGBTQ and Two Spirit face barriers to healthcare, including discrimination in healthcare settings and lack of cultural competency among healthcare providers. Overall, they also face health disparities, including increased risk of anxiety, depression, sexual violence, and suicide. However, research suggests that when people who identify as LGBTQ or Two Spirit are accepted by their communities and healthcare providers, these health disparities disappear. When affirmed by relatives, friends, and clinics, Native people who identify as LGBTQ or Two Spirit thrive. Several Native clinics have already begun developing supportive, affirming relationships with their LGBTQ and Two Spirit clients, earning their trust and gratitude.

NPAIHB now has a live Two Spirit/LGBTQ health webpage: <http://www.npaihb.org/2slgbtq>

Goals: Native American and Alaska Native people who identify as LGBTQ or Two Spirit face widespread discrimination. Discrimination in healthcare settings causes many people who identify as LGBTQ or Two Spirit to avoid or postpone treatment. Others do not feel safe fully disclosing their identities to their healthcare providers, which can result in incomplete or ineffective care.

We know this experience of discrimination has not always been true for Native people who are LGBTQ or Two Spirit. Prior to colonization, people who identified as LGBTQ and Two Spirit were often vital, celebrated parts of their Native communities.

To create tribal communities and healthcare settings in which Native LGBTQ and Two Spirit people again feel acknowledged and affirmed, we are creating two documentary-style films celebrating Native LGBTQ and Two Spirit identities and providing recommendations for healthcare providers working with clients who are LGBTQ or Two Spirit.

LGBTQ 2-Spirit Print & Video Campaign: We have created and published two documentary-style films focused on destigmatizing LGBTQ and Two Spirit identities. Both films include participants from various tribes and regions in the USA, including Alaska, Washington, Oregon, Oklahoma, and North Dakota.

In addition to these films, a print campaign, including 3 posters, 3 rack cards, and 3 instructional pamphlets promotes and supports the campaign. These print materials direct people to the two documentaries and provide introductory guidance for people who identify as LGBTQ or Two Spirit; their relatives, friends, and allies; and their healthcare providers.

Video views: <http://www.npaihb.org/2slgbtq/#film>

“There’s Heart Here” Documentary: 1208 views

“Becoming Jane Doe” Video: 123 views

“See me. Stand with me.” Educational Video: 378 views

Print Materials disseminated:

Provider Educational Materials: 2414 print + 110 downloads

Ally Educational Materials: 2509 print + 97 downloads

2SLGBTQ Affirmational Materials: 2618 print + 96 downloads

Posters: 610 print + 7 downloads

Provider 101 Factsheets: 1004 print + 112 downloads

Print Materials Beginning Toolkits (120 pamphlets/rack cards, 2 Celebrating Our Magic Toolkits, 2 Posters, 30 Provider Fact Sheets, Pronoun Buttons, Pins) disseminated: 9

LGBTQ 2-Spirit Text Message Campaign: Three text message campaigns are available to improve health care for LGBTQ and Two Spirit individuals. These campaigns offer information for providers, LGBTQ and Two Spirit individuals, and their families, friends, and allies. They educate recipients about best practices when caring for Two Spirit or LGBTQ patients, self-advocacy in clinical settings, and advocating for or supporting LGBTQ and Two Spirit persons, respectively.

Umbrella Campaign: 289 subscriptions

Provider Text Campaign: 27 subscriptions

Ally Text Campaign: 34 subscriptions

2SLGBTQ Text Campaign: 29 subscriptions

Celebrating Our Magic: A Toolkit for Transgender and Two Spirit Youth who are Transitioning:

Alessandra Angelino wrote a comprehensive toolkit with health and wellness information for Native youth, who are transitioning, their families, and their healthcare providers. Now available on the NPAIHB LGBTQ 2-Spirit webpage: www.npaihb.org/2slgbtq/#print.

Celebrating Our Magic Toolkit: 455 print + 707 downloads

“Our Stories” Journal – Six articles, telling the stories of the Two Spirit and LGBTQ Native Community, have been posted to the NPAIHB website under the “Journal” tab.

Two Spirit Talks Podcast – The first podcast episode of the six-episode season for the Two Spirit Talks podcast was recorded February 8, 2019, at the Two Spirit powwow.

CDC Opioid Response Strategy: 49 Days of Ceremony: development of an innovative AI/AN community-based intervention to prevent or mitigate the effects of early adversity as a result of intergenerational/historical trauma and adverse childhood experiences (ACES) which includes opioid misuse and other health disparities with a focus on wellness.

Work Plan: The proposed 1-year plan is dedicated to the development of a comprehensive wellness intervention focusing on AI/AN TIK and adapting, or indigenizing, the frameworks of Information-Motivation-Behavioral Skills (IMB) model and a medicine wheel model, “49 Days of Ceremony”. A Community Based Participatory Research (CBPR) process during the development phase will guide community and stakeholder involvement to ensure that the outcome is consistent with the needs of AI/AN communities as well as individuals for whom the project will be piloted.

Goal 1: Conduct Community Based Participatory planning with key stakeholders:

Objective 1.2: Resource and infrastructure assessment: Ongoing

Literature Review/Annotative Bibliography: Identify and map existing curricula; Identify potential strengths and barriers to implementation; Identify the most appropriate strategy for referrals to trauma-informed counseling services.

Objective 2.1: Work with community stakeholders to develop 49 Days of Ceremony Intervention: Ongoing

Obtain Elder and stakeholder input: Continue to meet with and consult with Tribal elders, Tribal stakeholders and consultants.

Surveillance and Research

STD/HIV/HCV Data Project: The project is monitoring STD/HIV GPR measures for IHS sites throughout Indian Country. National standardized indicators on HIV, HCV, and STD screening are included in the national health informatics platform. These data are then used to identify leading facilities to identify best practices that may have potential to replicate in policy and practice in other I/T/U facilities. In response to national data, a new measure, HIV diagnoses among men 25-45 was added, as this group had significantly higher rates of HIV diagnoses. As per the national screening technical assistance project, data monitoring found that HIV screening coverage of 13-64 year olds increased from from 52% to 55%, HIV screening of STI+ patients increased from 54% to 58%, and HCV screening of persons born 1945-1965 increased from 54% to 63%. The new measure, HIV screening coverage among men ages 25-45 is up from 44% to 48%.

PWID Study: To capture the heterogeneous experience of AI/AN PWID and PWHID, this project is being conducted in four geographically dispersed AI/AN communities in the United States using semi-structure interviews. The project is based on indigenous ways of knowing, community-based participatory research principles and implementation science.

Other Administrative Responsibilities

Publications

- AI/AN PWID Results Paper published to Journal of AI/AN Mental Health Research
- Prescription and State Medicaid Paper published to International Journal of Health and Equity
- ECHO and Prescription Paper submitted to Journal of Rural Health
- Injection Indicators Paper with CDC accepted to Public Health Reports

Reports/Grants Submitted

- Awarded for FY 2020 – FY 2022: IHS ETE – 343,000
- Awarded for FY 2019 – FY 2021: SAMHSA ECHO – 524,000
- Awarded for FY 2019– FY 2021: OMH ECHO – 349,000
- Awarded for FY 2019– FY 2021: CDC Opioid Response Strategy – 265,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million
- Awarded for FY 2020: North Sound Accountable Community of Health Grant – 34,000

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

Northwest Tribal Dental Support Center Quarterly Report (April - June 2020)

The Northwest Tribal Dental Support Center (NTDSC) is in their 20th year of funding and will be applying for another five-year grant in 2020. The overall goals of NTDSC are to provide training, quality improvement, and technical assistance to the IHS/Tribal Dental programs, and to ensure that the services of the NTDSC result in measurable improvement in the oral health status of the AI/AN people served in the Portland Area. NTDSC activities are listed in categories corresponding to the current grant objectives.

Ensure quality and efficient care is provided in Portland Area dental programs through standardization of care and implementation of public health principles to improve dental access and oral health outcomes.

- NTDSC staff and consultants met their grant objective for site visits for the 2019/2020 fiscal year. Due to COVID-19, all travel for site visits have been cancelled. There have been numerous updates and changes from CDC and the Division of Oral Health during the pandemic on dental operations. NTDSC served as a focal point for communication and disseminated updates to the dental programs and tribal leadership as requested.

Expand and support clinical and community-based oral health promotion/ disease prevention initiatives in high-risk groups to improve oral health.

- Due to COVID-19 and the reduction of patient visits within the dental programs, both the Baby Teeth Matter (BTM) and the Elder Initiative were closed out in May 2020. The work with ARCORA (The Foundation of Delta Dental of Washington) is continuing by developing a new Initiative, that will begin in fiscal year 2021.
- Key findings for the Baby Teeth Matter Initiative:

- A total of 11,633 children under age 6 accessed care at IHS Tribal dental clinics that participated in BTM program in the last 6 years.
- Overall, **only 8%** (913 out of 11,633) of children age 0-5 accessing care at IHS/Tribal Dental Clinics were **referred outside** for restorative care.
- When compared to baseline, on average, **access to care increased 87%** after the first year of program participation and **105% by the end of the program.**
- By the end of program, participating clinics in all 5 phases **more than doubled access to dental care** and **dropped referral rates to private pediatric dentists by more than half.**
- Key findings for the Elder Initiative:
 - Nearly 4,000 Native elders accessed care at IHS Tribal dental clinics that participated in Elders' Initiative program since 2018.
 - Overall, access to care increased by 16% after the first 6 months of program participation.
 - Three clinics more than doubled their Elders' access to dental care after one year of program participation.

Implement an Area-wide surveillance system to track oral health status.

Data from the surveillance system will be used to identify vulnerable populations and plan/evaluate clinical and community-based prevention programs.

- The screening of 0-5 year olds in medical and community settings is complete and survey results have been released. There is a documented decrease in dental caries and also in the number of children needing dental treatment.

Provide continuing dental education to all Portland Area dental staff at a level that approaches state requirements.

CDE: NTSC tracks the number of participants and CDE credits provided through the Update on Prevention Course provided during site visits, the Baby Teeth Matter and Elders Initiatives, and the annual Portland Area Dental meeting. The 2020 Portland Area Dental meeting that was scheduled for June 2-4, 2020 in Suquamish, WA was cancelled due to COVID-19.

NOTE: Because the COVID-19 pandemic hit the Portland Area early (and hard) we took the sessions from our annual meeting and scheduled them via webinar. We provided the following sessions via zoom below:

- April 2020
 - Minimally Invasive Dentistry 4/14 and 4/15 (4 CDE provided - 57 participants)
 - Dental COVID-19 Indian Country Echo session focused on Teledentistry featuring the Lummi nation and NARA on 4/17 (1 CDE provided - 60 participants)
- May 2020
 - Historical Trauma and Oral Health by Dr. Darryl Tonemah, 5/19 (1.5 CDE- 77 participants)
 - Minimally Invasive Dentistry lecture through ARCORA, 5/26 (CDE provided)
 - Indian Country Echo-Resuming Dental Clinic Operations featuring the Puyallup tribe and Lummi nation, 5/29 (1 CDE provided – 36 participants)

During the 2018-2019 fiscal year, NTSC provided 233 dental staff with 1,818 continuing dental education credits.

NTSC consultants participate in email correspondence, national conference calls, and respond to all requests for input on local, Portland Area, and national issues.

EpiCenter National Evaluation Project
2nd Quarter Activity Report
April – June 2020

Staff:

Birdie Wermy – Epicenter National Evaluation Project Specialist

Technical Assistance via telephone/email

April – June

- Ongoing communication with NPAIHB EpiCenter Director
- Ongoing communication with Tribal sites regarding project updates, information and evaluation technical assistance
- Email correspondence with the two to four regarding T.A., reporting and program implementation and their LDCP.
- Provided technical assistance to 21 Tribes during the months of April, May and June.

Reporting

- Portland Area MSPI call on 4.15 @ 9am
- Portland Area DVPI call on 4.16 @ 9am
- Portland Area MSPI call on 5.20 @ 9am
- Portland Area DVPI call on 5.27 @9am
- Portland Area MSPI call on 6.17 @ 9am
- Portland Area DVPI call on 6.18 @9am

Updates

Birdie provided technical assistance to 2 programs during April, 17 programs during the month of May and to 2 programs during the month June.

Challenges/Opportunities/Milestones

April

- Planning Spring MSPI/DVPI 2nd Annual Convening – agenda was finalized and sent out to all programs during mid-April.
- I received 145 surveys from LEKT and began data entry mid-April. There were 39 Adult/Elder surveys, 35 Youth surveys and 71 program evaluation surveys. I was able to analyze each survey using survey monkey and provided a written report on the findings for each survey. There were a total of 6 incomplete adult surveys as they were missing one section (entire back page) and 2 incomplete youth surveys, one person was a 7th grader while another did not list their age or grade. I have a scheduled call with the DVPI coordinator in May to go over the reports. I was able to provide feedback on how to track FB posts to Naomi and data entry for LEKT during April.
- All NPAIHB staff began teleworking on 3.16 until 5.31.
- Due to COVID-19 many Tribes have shut down and staff are teleworking, many of the clinics are still operating with different hours. I have been able to keep in contact with all MSPI/DVPI coordinators during this time.

May

- Hosted successful (virtual) Portland Area MSPI/DVPI 2nd Annual Convening on Thursday May 28th from 9am – 1pm.
- All NPAIHB staff began teleworking on 3.16 until 6.30.
- Due to COVID-19 many Tribes are being hit hard in later phases and are seeking virtual activities that promote social distancing.

June

- All NPAIHB staff began teleworking on 3.16 and will continue until September.
- Meeting with PGST was cancelled and re-scheduled for July 2nd.
- Successful meeting with Quileute on June 3rd – sent resources for online training.
- New project coordinator at Grand Ronde – zoom meeting scheduled for July.

Meetings/Trainings

April

- All staff meeting on 4.06 @ 10am
- NPAIHB morning check-in/zoom call @ 8:30am 4.06-4.10, 4.13-4.17, 4.20-4.24 & 4.27-4.30.
- NPAIHB COVID-19 Update call w/ Tribes on 4.07, 4.14, 4.21 and 4.28 @10am
- Telehealth Learning Series on 4.07 @ 1pm
- Wellness ZOOM meeting on 4.08 @ 10am
- Behavioral Health and COVID-19 response Webinar on 4.09 @ 9am
- Telehealth Learning Series on 4.09 @ 12pm
- Connecting Prevention Specialists to Native Communities Webinar on 4.10 @ 9am
- Veteran’s Health Webinar on 4.10 @ 145pm
- MSPI call on 4.15 @ 9am
- CDC Grant call on 4.15@ 1pm
- DVPI call on 4.16 @ 9am
- Instilling Hope Webinar on 4.16 @ 10am
- CDC grant discussion w/ project team on 4.21 @ 3pm
- GoTo Webinar on 4.22 @ 9am
- Addressing Mental Health Distress on 4.22 @ 10am
- NPAIHB Silent Epidemic Training on 4.28 @ 9am – 3pm
- Telehealth Learning Series on 4.29 @ 1pm

May

- The Science of Happiness webinar on 5.01 @ 11am
- NPAIHB All-staff ZOOM Meeting on 5.04 @ 10am
- NPAIHB morning check-in/zoom call on 5.05-5.08, 5.11-5.15, 5.18-5.22, 5.25-5.29 @ 8:30am
- NPAIHB COVID-19 Update call w/ Tribes on 5.05, 5.12, 5.19, & 5.26 @ 10am
- Strategic Discussion webinar on 5.05 @11am
- NPAIHB MMIWP Webinar on 5.07 @ 10am
- Strategic Discussion Webinar on 5.07 @ 11am
- GoTo Webinar on 5.08 @ 9am
- NIHCM Webinar on 5.11 @ 11am
- GoTo webinar on 5.13 @ 12 – 2pm
- Someone You Love documentary on 5.13 @ 5pm
- Webinar on 5.14 @12 – 1:30pm
- GoTo webinar on 5.15 @ 11am
- Historical Trauma and Oral Health on 5.19 @12pm
- Wellness Committee meeting on 5.19 @ 2pm
- Grant project call on 5.19 @ 3pm
- Virtual SOAR to Health and Wellness on 5.20 @ 10 – 11:30am

- NIHB Intimate Partner Violence on 5.20 @ 12pm
- Virtual meeting planning w/ Sarah on 5.27 @ 7:30am
- DVPI call on 5.27 @ 9am
- MSPI/DVPI 2nd Annual Convening on 5.28 8am – 2pm (17 participants)
- Workplace Aggression on 5.29 @ 9am – 4pm

June

- June all staff virtual meeting on 6.01 @ 10am
- Retirement Investment meeting on 6.01 @ 11am
- NPAIHB COVID-19 update call w/ Tribes on 6.02, 6.09, 6.16, 6.23 and 6.29 @ 10am
- NPAIHB morning check-in zoom call on 6.02-6.05, 6.08-6.12, 6.15-6.19, 6.22-6.26 and 6.29, 6.30 @ 8:30am
- Portland Area MSPI/DVPI zoom call w/ Quileute DVPI (PA1) on 6.03 @ 9am
- GoTo Webinar on 6.03 @ 10am
- NWI Women's Support Circle on 6.04 @ 10am
- ECHO – SUD webinar on 6.04 @ 11am
- Mental Health Matters During COVID-19 training on 6.04 1pm – 3pm
- Research & Data on Violence webinar on 6.05 @ 11am – 12:30pm
- Virtual QBM on 6.05 12 – 3pm
- Understanding Global Climate webinar on 6.10 @ 8am
- SUD During a Pandemic on 6.11 @ 12pm
- Youth Suicide Resource Consortium Conference 6.11-6.12
- Quinalt virtual 5k run completed on 6.14
- TIC & COVID-19 update on 6.15 @ 10am
- GoToWebinar on 6.16 @ 9am
- Virtual SOAR to Health and Wellness on 6.17 @ 10am
- GoToWebinar on 6.17 @ 12pm
- Wellness Committee Meeting on 6.17 @ 2pm
- DVPI call on 6.18 @ 9am
- CDC Supplement meeting on 6.18 @ 10am
- NPAIHB ORN/PCSS meeting on 6.18 @ 12pm
- Virtual Youth Fest webinar on 6.18 @ 1pm
- CDC Supplement meeting on 6.22 @ 11:30am
- GoToWebinar on 6.24 @ 9am
- NWATTC Webinar on 6.24 @ 12pm
- Return to the Workplace Webinar on 6.25 @ 9am
- Reopening in person webinar on 6.25 @ 11am
- GoTo webinar on 6.26 @ 9:30am
- ORN/PCSS Project team meeting on 6.29 @ 9am
- Intimate Partner Violence webinar on 6.30 @ 12pm

Virtual Site Visits

- Portland Area MSPI/DVPI 2nd Annual Convening on 5.28 w/ 17 programs
- Meeting with Quileute (MSPI/DVPI) on 6.03

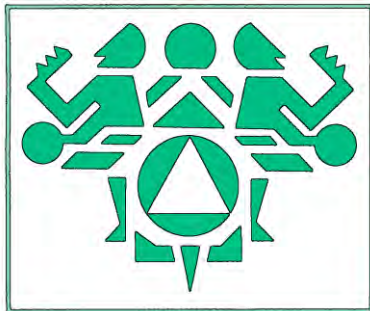
Upcoming Calls/Meetings/Travel

- Critical Care for the COVID-19 Patient on 7.02 @ 7am
- NPAIHB morning check-in on 7.02 @ 8:30am
- PGST MSPI meeting on 7.02 @ 9am
- NPAIHB Brown Bag session on 7.02 @ 12pm

- Grand Ronde zoom meeting on 7.02 @ 1pm
- All staff meeting on 7.06 @ 10am
- NPAIHB COVID-19 update on 7.07 @ 10am
- Webinar on 7.07 @ 3pm
- Supporting Parents and Caregivers on 7.08 @ 9am
- Different Cultures, One Vision webinar on 7.08 @ 11am
- Social Determinants of Health on 7.09 @ 9am
- COVID-19 Contact Tracing webinar on 7.10 @ 12pm
- Virtual QBM 7.14 – 7.16
- Portland MSPI call on 7.15 @ 9am
- Portland DVPI call on 7.16 @ 9am
- Treating SUD on 7.23 @ 9am

Publications

- NONE



**Improving Data & Enhancing Access (IDEA-NW)/
Northwest Tribal EpiCenter (NWTEC) Public Health
Infrastructure**

Quarterly Board Meeting Report – July 2020

Reporting period: April - June 2020

Victoria Warren-Mears, Principal Investigator
 Sujata Joshi, Project Director
 Chiao-Wen Lan, Epidemiologist
 Heidi Lovejoy, Substance Use Epidemiologist
 Ashley Hoover, Communicable Disease Epidemiologist
 Joshua Smith, Health Communications/Evaluation Specialist
 Karuna Tirumala, Project Biostatistician
 Natalie Roese, MCH Consultant
 Email: IdeaNW@npaihb.org

Data reports, fact sheets, and presentations are posted to our project website as they are completed:

<http://www.npaihb.org/idea-nw/>

Please feel free to contact us any time with specific data requests.

Email: sjoshi@npaihb.org or IdeaNW@npaihb.org

Phone: (503) 416-3261

Staff Updates

- Ashley Hoover joined NPAIHB as our new communicable disease epidemiologist in April. Ashley interned with NPAIHB in 2014 and is excited to rejoin the Board.

Current status of data linkage, analysis, and partnership activities

Northwest Tribal Registry (NTR) data linkages & data acquisition

- Completed preparation of Northwest Tribal Registry v.15 file; prepared a short report describing preparation process and additional variables to request from IHS

Dataset Cleaning and Preparation

- Completed preparation of three datasets
 - Washington hospital discharge data (2010-2016)
 - Idaho birth records (2006-2017)
 - Revised and updated Washington STD dataset (2007-2016)
- Worked on preparing one dataset for analysis
 - Idaho, Oregon, and Washington cancer registry dataset

Data Analysis, Visualization, and Report Preparation Projects

- Data Projects in Progress
 - Maternal & Child Health Data Profiles and Analyses
 - Continued work on manuscript entitled “Disparities in Mental Health Disorders and Linkage to Services among American Indian and Alaska Women”
 - Continued work on manuscript describing rates and factors associated with smoking cessation during pregnancy
 - Continued analysis of Oregon and Washington PRAMS data and Oregon PRAMS 2 data
 - Created report template for Oregon MCH data profile report
 - Continued severe maternal morbidity analysis using Oregon hospital discharge data
 - Completed infant mortality analysis and fact sheet preparation for Oregon and Washington
 - Completed neonatal abstinence syndrome analysis and fact sheet preparation for Oregon and Washington
 - Tableau Dashboards
 - Created COVID-19 emergency department visit dashboards for Oregon and Washington
 - CVD and Tobacco analysis
 - Continued work on preliminary analysis on smoking’s effect on CVD, Cancer, and all-cause mortality
 - Prepared results document with initial smoking-attributable mortality findings
 - Looked into potential journals for publication
- Communicable Disease Profiles
 - Analyzed Washington HIV data for tribal report cards and began work on a draft of the report card.
 - Drafted data analysis plans for Washington communicable disease data, including Hepatitis B/C and STIs (gonorrhea, chlamydia, syphilis) which will be used to guide analyses for WA tribal communicable disease report cards
- Other analysis projects
 - Police use of force/mortality data – analyzed regional deaths and Portland/Seattle police use of force datasets to understand disparities in police use of force for Northwest AI/AN. Generated figures for July QBM presentation.
- COVID-19 Surveillance and Reporting
 - ESSENCE Syndromic Surveillance Data
 - Continued providing weekly reports (all ED visits and ED visits by race) to Victoria and Tom

- Continued updating COVID-19 data dashboards for Oregon and Washington on a weekly basis
- Tribal Survey Reporting
 - Created COVID-19 weekly summary reports for tribes; on average, eleven reports were created.
 - Worked with tribes to validate COVID-19 survey data
 - Began work on creating a monthly progress summary report for tribes
- Other
 - Reviewed and provided comments on CDC-led MMWR analysis plan and preliminary results for COVID-19 infections among AI/AN in the US
 - Provided input on formulation of analysis approach for CSTE-coordinated MMWR analysis of COVID-19 deaths among AI/AN in the US

Suicide Surveillance Project

- Chehalis Tribe
 - Co-presented with Chehalis Tribe at American Association of Suicidology annual virtual conference, presentation titled “Increasing Capacity for Suicide Monitoring and Prevention in Tribal Communities”
 - Identified examples of MOUs and sent to Leah for review
 - Project calls to discuss (1) potential CDC supplement funding opportunity, (2) project activities and timeline, (3) MOU development, (4) webinar to engage Chehalis community members and behavioral health department staff on suicide-related data and data to action

Maternal & Child Health (MCH) Workgroup

- Continued meeting on a bi-weekly basis

NWTEC Public Health Infrastructure (TEC-PHI) Grant Activities

- BioStat Core Meetings
 - Continued bi-weekly meetings
 - Prepared and presented at the Biostat Core workgroup on hospital discharge data training Part 1: (1) Introduction of ICD-9 to ICD-10 code transition; (2) Similarities and differences between ICD-9 and ICD-10 codes; (3) impacts of code transition and mapping tool
- Health Communications/Evaluation Specialist
 - Worked on making a NW tribal map in Tableau
 - Developed first draft of COVID-19 Tableau Story
 - Made evaluation survey for Story
 - Made a COVID tracking map by county
 - Made handout describing the Northwest Tribal Registry
 - Drafted an idea of what the IDEA-NW webpage could look like
- TEC-PHI Workgroups and Meetings
 - Continued attending TEC-PHI community of practice meetings and webinars
- Other
 - Continued working with Bret Gilbert, Wy’East scholar, on a research project examining racial misclassification and effect on health outcomes

Data requests/Technical assistance

- Provided Amy Groom with COVID-19 ESSENCE syndrome definitions to share with IHS
- Provided Sue Steward with information for HRSA grant application
 - Idaho drug overdose deaths

- Northwest region drug overdose deaths
- Demographic information for Northwest AI/AN – data table and write-up
- Map of Northwest Tribes
- Provided Melody Price-Yonts (NARA) with population estimates for AI/AN ages 5-11 and 17-24 in the Portland Metro Area, and Oregon/national youth unemployment rate data
- Helped Meena Patil (Motor Vehicle Data Project) troubleshoot Match*Pro for linking death certificate and FARS data
- Provided Meena Patil (Motor Vehicle Data Project) with reference for rate ratio confidence interval calculation
- Provided Alex Wu with information on linkage process and clerical review for manuscript
- Provided Jessica Leston with an AI/AN health disparities data point for inclusion in letter re: Health Equity and Accountability Act of 2020
- Met with Amy Franco (grants management specialist) about the uses of Smart Sheets and Tableau across the board
- Met with Antoinette and Ryan (Environmental Public Health program) about data viz for tribal survey
- Helped Rosa with evaluation resources for a grant she was applying for (BOLD)
 - Proof-read the BOLD grant
- Helped Jenine Dankovchik (WEAVE-NW) with pulling state-level SNAP usage data for AI/AN from data.census.gov
- Provided Alex Wu with comments on data ownership and protections for Standard Operating Procedures document for CDC staff deployed to tribal communities
- Helped Meena Patil (MV Data grant) with date variables in Washington deaths dataset
- Provided Laura Platero with population estimates of AI/AN (alone and alone/in combination) for Northwest region, states, and tribal reservations
- Provided Jessica Leston with population estimates of AI/AN for the state and region
- Provided CDC contacts with copies of IDEA-NW protocol and confidential data handling protocol in response to a request for assistance on securely handling contact tracing data from Navajo Nation
- Shared template of NPAIHB’s generic data use agreement with Sarah Hatcher (CDC)
- Helped Bridget’s team develop a COVID site report to help disseminate site data
- Created a Tableau data visualization for Ryan and Antoinette to help visualize survey data
 - Transformed data in excel
 - Made a few graphs in excel
- Helping TEC-PHI National Coordinating Center with the COVID TECPHI evaluation
 - Started drafting evaluation questions
 - Attended a meeting to help solidify idea for what the report would look like
- Reviewed and provided comments on results section write-up for cancer among AI/AN in Wisconsin report for Gifty Crabbe (Great Lakes TEC)
- Sent Tanya Firemoon and Sue Steward resource on supporting frontline and community health care providers during COVID-19
- Sent Sean Jackson (Great Plains TEC) examples of position descriptions for project director/epidemiologists
- Reviewed NIJ grant application (data sharing/management sections) and provided suggested language regarding sharing of tribal data sets with federal agencies to Danica (NPAIHB Behavioral Health Manager)
- Sent Jamie Ritchey NWTEC’s Data Sharing Agreements with IHS

Presentations & Results Dissemination

- Presentation at American Association of Suicidology Annual Conference “Increasing Capacity for Suicide Monitoring and Prevention in Tribal Communities” (4/23)
- Presented on ESSENCE COVID-19 reporting during two (4/7, 4/14) NPAIHB COVID-19 tribal update calls
- Presented on ESSENCE COVID-19 reporting during 4/15 COVID-19 ECHO presentation
- Presented with Rosa Frutos during North American Association of Central Cancer Registries (NAACCR) on session focused on AI/AN cancer surveillance
- Oregon and Washington infant mortality and neonatal abstinence syndrome data briefs were sent to tribal leaders and other contacts, posted on website
- Manuscript “Gynecologic Cancer Incidence and Mortality among American Indian/Alaska Native Women in the Pacific Northwest, 1996-2016” published in journal Gynecologic Oncology

Trainings Provided to Tribes/Tribal Programs

- None

Institutional Review Board (IRB) applications and approvals/Protocol development

- Submitted final study/closure report to Oregon Public Health IRB for gynecologic cancers analysis
- Submitted continuation approval request and study amendment request for linkages with Washington CHARS and death records
- Submitted continuation approval request and study amendment request for linkages with Washington State Cancer Registry

Grant Administration and Reporting

- Completed TEC-PHI Base and Opioid Continuation applications
 - Year 3 TEC-PHI progress report and Year 4 proposed workplan
 - Year 2 Opioid Supplement progress report, Year 3 proposed workplan, Year 2 performance measures
 - TEC-PHI Base and Opioid Interim FFRs
- Submitted final report for TEC-PHI evaluation supplement
- Submitted application for and awarded NACCHO Native-Serving Organization to Identify Legal and Practical Strategies to Promote Public Health Data Sharing grant
- CDC 1803 (Tribal Best Practices) applications/reports
 - Worked with Bridget and Kim on 1803 supplemental funding grant for public health data modernization
 - Completed progress report for 1803 Data Linkage project
 - Assisted with developing project plan and budget for 1803 NCIPC Supplement funding (addressing suicide, IPV, ACES in tribal communities)

Collaborations with Other Programs/Other

- Coordinated COVID-19 community campaign with Jessica, Candice, and Celena
 - Received a total of 21 videos for the campaign and organized video content development plan
 - Two full length videos were released on 5/11 and 5/14
- Continued planning for AI/AN Mortality Database analysis training, now planned as a series of webinar trainings for winter 2020/2021
- Participated in the Task Force for the Elimination of Perinatal HIV Surveillance meeting
- Began discussing collaboration with Dr. Bruegl on assessing HPV vaccination/cervical cancer screening for AI/AN in Oregon

- Completed draft of request for proposals for organizational assessment, sent to Laura and Victoria for review

Travel

- None

TEC-PHI Opioid Supplement

Coordination and Partnership Activities

- Discussed available Oregon AI/AN substance use disorder (SUD) data with several state partners (Ashley Thirstrup at the OHA, Rebecca Knight at Alcohol and Drug Policy Commission, and Tatiana Dierwechter at the State Public Health Division). Provided presentation data slides and Oregon Opioid Data Brief. Also connected them with Colbie C. as both working on TOR grants.
- Provided NPAIHB project updates at the TEC-PHI CoP Data Practice Group Meeting
- Discussed overdose and mental health ED indicators with Tim at Alaska TEC and provided ESSENCE query text
- Discussed NAS/maternal substance use data with Chiao-Wen
- Connected King County DATA Waiver honorarium opportunity with ECHO team, forwarded to Seattle Cowlitz Clinic - at least one of their providers will take advantage of it
- Through attending the WA Joint Information Center (JIC) updates, found, requested, and obtained access to WA Health data dashboard on hospital capacity and medical equipment usage in WA
- Forwarded opioid funding opportunity to ECHO team to distribute, they have a few tribes in mind that may be able to use the opportunity
- Through discussions with WA DOH, found out about a thorough AI/AN COVID ED report that they create each week. They will now forward the reports to Victoria.
- Discussed available alcohol and drug data with Kelly Rowe at Grand Ronde, forwarded to Sujata for information on linkage process
- Forwarded new WA mental health resource to Colbie for inclusion in next mental health resource update
- Reviewed updated ODMAP system that includes COVID data, and discussed statistically significant increase in drug overdoses they have found since start of COVID
- Worked with NSSP staff and DOH on data quality matters in ED data – which laboratory data is included, how many labs submit, how to correctly select inpatient visits, what conditions are not presenting at the ED because most behavioral health related numbers have not lessened etc. Emailed team about ESSENCE lab data method changes.
- Coordinated with Jess Leston, NPAIHB, and Kathy Etz, Director, National Institute on Drug Abuse on presentation content for Collision of Public Health Crises: The intersecting impact of COVID19 and Opioids for American Indian and Alaska Native Communities
- Connected Jess's team with an abstract/paper opportunity on opioids in a Special Issue of New Solutions: A Journal of Environmental and Occupational Health Policy
- Connected team with an abstract opportunity for APHA 2020; brainstormed ideas for two abstracts
- Attended NSSP CoP Meetings to discuss and stay up-to-date with ESSENCE data and network with users/managers of the data

Data Analysis, Visualization, and Report Preparation

- Began developing CDC WONDER How-To Guide

- Added overdose and behavioral health indicators to NPAIHB COVID ED reports
- Finished NW AI/AN Drug & Alcohol Data Brief
- Analyzed alcohol ED data for AI/AN and non-AI/AN for 2018 – 2020 with interpretation of trends during COVID-19
 - Worked with WA DOH for recommendations on alcohol query, data quality, inclusion criteria and how to interpret ED data with the large decrease in visits
- Began analyses for accepted manuscript with the American Indian Culture and Research Journal (AICRJ) titled, *Urban and rural differences in emergency department visits for COVID-19, behavioral health, and drug overdose among American Indians & Alaska Natives in Washington and Oregon*
- Pulled ED data by county for WA and OR for all COVID indicators by both facility location and patient location. Discussed utility of the data with team
- Drafting Idaho AI/AN Drug Overdose Data Brief

Data Requests/Technical Assistance

- Provided ICD-10 coding scheme for all-drug and opioid-specific overdose deaths and instructions for pulling overdose deaths data in CDC WONDER to Eric V.
- Provided CDC WONDER tutorial for Eric V. via zoom
- Created/provided opioid slides and talking points to NPAIHB dental team for an opioid module for dentists
- Pulled ED mental health visits in WA and OR in 2020 and 2019 for comparison
- Began working on overdose data TA for Tulalip Tribe
- Provided drug overdose and opioid overdose visit counts and percent of ED visits for week 1-15 of 2020 and 2019 for comparison
- Provided stimulant data for TOR3 grant
- Provided a copy of the opioid presentation I gave at the 9 Tribes Quarterly Meeting in December to the OHA Manager of Community Policy, Systems, and Environmental Change
- Analyzed ED data and provided mental health report to Veronica Smith with the Lummi Indian Business Council per request
- Provided *COVID-19 Emergency Department Visit Report, Washington State, Weekly 12/22/2019 - 4/25/2020* to Kathy Etz, Director, Native American Program National Institute on Drug Abuse per request for types of COVID/Overdose data
- Began finding sources and compiling WA State data on recent (2018-2020) drug-related deaths per request from National Opioids and Synthetics Coordination Group (NOSCG)/White House Office of National Drug Control Policy (ONDCP) and VWM

Trainings Provided to Tribes/Tribal Programs

- Presented “Opioid & Substance Data among American Indians & Alaska Natives” at the Lummi Nation MAT Training, 1/6-1/7
- Presentation on drug and overdose data among AI/AN at the Didgwalic Immersion Training included clinical and leadership staff from the Suquamish tribe, Chehalis Tribe, Confederated Tribes of Grand Ronde, Southcentral Foundation Region, Cowlitz Indian Tribe, Squaxin Island Tribe, and the Confederated Tribes of the Coos, Lower Umpqua, and Siuslaw Indians.

Presentations & Results Dissemination

- Distributed NW AI/AN Drug & Alcohol Data Brief to tribal leaders and medical directors via listserv, and to internal opioid projects

- Presented “Drug Overdose and Mental Health-related Emergency Department Trends among AI/AN during COVID 19” at the National Institute of Drug Abuse Meeting on A Collision of Public Health Crises: The intersecting impact of COVID19 and Opioids for American Indian and Alaska Native Communities, 6/24

Other Activities

- Through webinars, training, and meetings with WA, OR, NSSP staff, continued to develop/refine NPAIHB COVID19 ED surveillance and keep up-to-date with latest best practice
- CSTE OD2A Data Linkage Webinar for EMS linkages (recording)
- Provided edits/comments on Northwest Tribal Registry informational handout
- Provided edits/comments on Neonatal Abstinence Syndrome brief
- Pulled COVID indicators for WA and OR by county and provided to team

Travel

None

Clarice Charging
 Immunization and IRB Coordinator
 Northwest Portland Area Indian Health Board
 Quarterly Report
 April - June 2020

Zoom Meetings:

- NPAIHB all-staff meeting, April 6, 2020
- Elder Initiative close out session, April 30, 2020
- NPAIHB all-staff meeting, May 4, 2020
- NPAIHB COVID-19 updates, May 5, 2020
- NPAIHB COVID-19 updates, May 19, 2020
- Historical Trauma and Oral Health, Darryl Tonemah, May 19, 2020
- Tribal Epidemiology Centers COVID-19 Response Webinar May 21, 2020
- Tribal UPHP Health Immunization Coalition (AHIC) May 26, 2020
- Region 10 Adult Immunization, May 29, 2020
- NPAIHB all-staff meeting, June 1, 2020
- NPAIHB COVID-19 updates, June 2, 2020
- NPAIHB COVID-19 updates, June 9, 2020
- NTCCP Cancer Coalition, June 9, 2020
- Region 10 Adult Immunization planning meeting, June 12, 2020
- NPAIHB COVID-19 updates, June 16, 2020
- NPAIHB COVID-19 updates, June 23, 2020

Zoom Quarterly board meetings/conferences/site visits:

- NPAIHB Quarterly Board Meeting, June 5, 2020

Zoom Calls:

Weekly Coffee/Tea check in

Portland Area (PA) Indian Health Service (IHS) Institutional Review Board (IRB):

PA IRB Meetings:

PA IHS IRB meeting, May 8, 2020

PA IHS IRB meeting, June 26, 2020

During the period of January 1 - March 31, 2020 Portland Area IRBNet program has 176 registered participants, received 5 new electronic submissions, processed 12 protocol revision approvals, approved 5 publications/presentations and 5 annual project renewals.

Provided IT and IRB regulation assistance to Primary Investigators from:

- 1) Coos Lower Umpqua and Siuslaw Tribes
- 2) Confederated Tribes of Warm Springs Reservation
- 3) Cowlitz Tribe
- 4) Yakama Tribe
- 5) Muckleshoot Tribe
- 6) United Indians Health Institute (UIHI)
- 7) OSU
- 8) Brown University/OHSU
- 9) OHSU
- 10) NPAIHB

Quarterly Report: April – June 2020

Maternal Child Health Core

MCH-Opioid Study

Native Boost

Motor Vehicle Data Study (Native CARS)

TOTS to Tweens Study (T2T)

Tam Lutz (*Lummi*), MCH Programs Director/Co-PI (MCH-Opioid, Native CARS, T2T, Native Boost)

Thomas Becker, Co-PI (T2T)

Jodi Lapidus, Co-Principal Investigator (MCH-Opioid, Native CARS)

Candice Jimenez (*Warm Springs*), Research Manager (MCH-Opioid, Native CARS, T2T)

Chiao-Wen Lan, Co-Investigator/Biostatistician (MCH-Opioid)

Jenine Dankovchik, Biostatistician (MCH-Opioid)

Meena Patil, Biostatistician (Native CARS)

Nicole Smith, Senior Biostatistician (Native CARS, T2T)

Jennifer Seaman, MPH intern

Clarice Charging, Native Boost

Native CARS Project –

The Native CARS Project's current grant "A NW Tribal EpiCenter Collaboration to Improve the Use of the Motor Vehicle Injury Data," is a collaboration with the Oregon Health & Science University and the Northwest Washington Indian Health Board guided by a strong advisory committee from tribal and regional experts in environmental health, research design, traffic safety, law enforcement, planning, Indian law, and technical assistance to Tribes.

In response to the data needs of 43 Northwest tribes, we aim to improve the available injury and crash data that will inform decision-making activities within tribal communities. This project provides the opportunity to assess the availability, quality and completeness of motor vehicle injury and mortality data for Oregon, Washington and Idaho. This will support and improve the evidence available for tribes in designing and evaluating tribally-led interventions in partnership with the NPAIHB, NWWIHB, OHSU and the Advisory Committee.

We are in full swing of the project – our NPAIHB team and subaward partners at OHSU and NWWIHB have begun collaboration on the following aims:

1. Evaluate the magnitude of motor vehicle crash related mortality, hospitalization and serious injury among American Indians in the Northwest utilizing race-corrected public health data sources.

We will leverage the ongoing and planned work of the Northwest Tribal Registry Project in *the EpiCenter*, which has a large repository of vital statistics, hospital discharge and trauma datasets linked to the Northwest tribal rosters. We will estimate rates and trends in motor vehicle crash related deaths, hospitalizations and injury, and determine the impact of racial misclassification on these estimates.

2. Assess characteristics and outcomes of motor vehicle crashes on or near NW tribal communities via transportation and injury data sources, as well as real-time surveillance systems.

We will augment ongoing efforts in *the EpiCenter* to extract AI/AN-specific information from transportation data sources, to understand circumstances of crashes (driver, vehicle and environmental). We will accelerate emerging initiatives at the Board, which are accessing and exploring near real-time syndromic surveillance data from Washington and Oregon, to evaluate motor vehicle crash related health care utilization (including ED visits) among NW AI/AN. We will work with our NW tribal consortium to identify strengths and limitations of these data sources and highlight areas for quality improvement.

3. Create and disseminate comprehensive reports to inform the content, direction and evaluable outcomes of future evidence-based tribal interventions.

Working with our tribal partners, advisory committee and *the EpiCenter*, we will collate previously reported and newly produced evidence and publish reports for the region, as well as individual tribes or tribal groups. We will conduct qualitative interviews to supplement and shed insight on quantitative results. We will disseminate our findings by collaboratively authoring and publishing in the health sciences literature.

Quarterly Highlights

This quarter the Native CARS team like all projects at the board were adjusting to working from home and meeting virtually. The team continued to meet virtually each week for staff meetings. The biostatistics team members regularly met and worked on motor vehicle mortality data analysis of state death certificate data, Fatality Analysis Reporting System (FARS), and record linkage of death certificate and FARS data. The team continued to convene for writing retreats and made significant progress on the Native CARS main outcome paper, proposed a structure for the qualitative paper and brainstormed

a series of paper from available public MV data sources. COVID-19 also brought new virtual opportunities to attend seminars, trainings, meetings with new online inclusive formats provided including the following.

- Introduction to R Training
- Nssp Community of Practice Monthly Call
- SAS Brief Macro Training (Meena)
- Reducing Drug Impaired Driving Webinar
- Atlas.ti Qualitative Refresher Course Training
- SAS Trainings on Data Management and Compilation
- NIHB Injury Surveillance Meeting(s)
- SAS Website – SAS Macro for Beginners and Data Merging Training
- Attended PIVOT Tables in Excel Training by Alaska Native Tribal Health Consortium
- Attended Hospital Discharge Data Analysis Training Part I by IDEA-NW Project
- Creating maps and animated maps with Stata webinar
- Spatial Epidemiology course
- CSTE spatial epidemiology workgroup meeting (Nicole)

Although abstracts were accepted for the national Lifesavers Conference due to COVID-19 the Lifesavers conference was cancelled, the team was unable to present. The collaboration with Tom Sargent Safety Center to hold a child safety seat clinic at NAYA For April was also postponed until Fall. Native CARS also completed meetings with Swinomish Tribes to restructure their Native CARS workplan to include a print and social media plan and community education approaches that are responsive to COVID-19 restrictions or safety precautions.

TOTS to Tweens Study (T2T) –

The TOTS to Tweens Study was a follow up study to the *TOTS Study (Toddler Obesity and Tooth Decay Study)* - an early childhood obesity and tooth decay prevention program. The goal of this study was to survey and conduct dental screenings with the original group of toddlers to test whether interventions delivered in the TOTS would influence the prevalence tooth decay in older children. Through qualitative approaches, the study assessed current community, environmental and familial factors that influenced oral health in children to understand any maintenance of preventive behaviors over the last ten years within the entire family. The TOTS2Tween Study was administered through the NW NARCH program at the NPAIHB.

Quarterly Highlights

This quarter the TOTS to Tweens Study team submitted the TOTS main outcome manuscript for publication. Newly identified student intern began work on the qualitative coding and analysis with Candice and Tam. Training was provided on qualitative method, coding and analysis.

Maternal Child Health (MCH) Core Workgroup

Along with several other NPAIHB employees, Tam Lutz, Nicole Smith, Candice Jimenez, Jenine Dankovchik, Chiao-Wen Lan and Meena Patil also contribute efforts to the MCH Core workgroup providing input to other NPAIHB MCH-related projects, collaborating on grant proposal and responding to external MCH requests or potential partnership opportunities. NPAIHB staff meet bi-weekly on MCH issue where they update staff on their representation in a variety of state and regional workgroups, collaborate on grant writing opportunities and discuss new analyses, reports or presentations.

MCH Opioid Grant –

The MCH-Opioid study, *'Investigating Maternal Opioid Use, Neonatal Abstinence Syndrome and Response in NW Tribal Communities,'* is a grant funded by the National Institute on Drug Abuse (NIDA) within the Department of Health and Human Services, National Institutes of Health. The study is a partnership with the Northwest Portland Area Indian Health Board, Oregon Health & Science University and Northwest tribes. The partnership aims to engage Northwest Tribal communities in creating sustainable impact on improving substance abuse related outcomes for American Indian and Alaska Native mothers and children.

NPAIHB member tribes have already begun social assessment through prioritizing the reduction of substance use, specifically opioids, among the members of their communities. In support of those early community assessments the NPAIHB conducted a needs assessment to amplify priority areas in maternal and child health. As a result, addressing maternal substance use and its neonatal consequences was the number one priority identified. The next step in this study is to complete epidemiologic assessment, which includes estimating the magnitude and impact of maternal opioid use by analysis of tribal and regional data sources over time. To follow is an educational and ecological assessment, which will help in identifying any predisposing, enabling and reinforcing factors that can assist in understanding how behavioral and environmental factors must be changed to affect maternal opioid use and neonatal abstinence syndrome. These factors may include beliefs, knowledge about the disease, and self-efficacy. The final phase of the study will focus on administrative and policy assessment including intervention alignment, highlighting the gaps in need as well as tribal community readiness and acceptability of interventions. This will highlight the support or barriers to changing the behavioral and environmental factors related to maternal opioid use.

In this phase of the MCH-Opioid Study we specifically aim to:

- 1. Perform an epidemiologic assessment to determine the magnitude and impact of maternal substance use during pregnancy and NAS among AI in the NW.**

We will leverage ongoing and planned work in the Tribal EpiCenter to estimate race-corrected rates and trends of maternal substance use during pregnancy and NAS in hospital discharge data. We will investigate opioid use and treatment in the NW as reported in IHS national data repository. We hypothesize there will be geographic variation in maternal and infant health outcomes related to substance use and treatment to disentangle contributions of rurality vs. unique tribal factors.

- 2. Describe the environmental, social and organizational structures, processes, and policies, as well as individual behaviors that influence access to, or use of, MAT in NW Tribes.**

Led by tribal input, we will conduct health and social service mapping to characterize the policies and procedures for maternal substance use during pregnancy and post-delivery, highlight treatment options available to AI mothers, and describe the health and social milieu of substance-affected newborns. We will carry out semi-structured qualitative interviews with tribal health staff and Tribal mothers to assess educational, behavioral, ecological, administrative, landscapes that may influence mothers' access or use of treatment services.

We envision future grant application(s) to conduct community-initiated, culturally relevant, multi-tribe interventions and/or policy evaluations in collaboration with NW tribes.

Quarterly Highlights

Like with Native CARS the MCH Core/MCH Opioid team has continued to meet virtually weekly for MCH Opioid and bi weekly for MCH Core and attended NPAIHB ECHO calls related to substance abuse, MCH core workgroup meetings, as well as other work COVID-19 related NPAIHB meetings such as Indian Country ECHO, NPAIHB COVID-19 Tribal Health Director Update. In addition, MCH Opioid and MCH Core staff represented the NPAIHB at the following meetings or trainings:

- Birth Equity Webinar
- Indigenous Motherhood/Midwifery Webinars
- Word Press Training
- City MatCH Reproductive Health Meeting
- City MatCH Action Against Racism Meeting Traditional Indigenous Medicine in North America Meeting (Nicole)
- Begin EDM Pregnancy Case Ascertainment Training
- Region 10 Adult Immunization Meeting

Tam and Candice began reviewing literature about service mapping, drafting structural themes framework and creating the overall MCH qualitative method protocol and IRB modification protocol. Chiao-Wen continued working on the inpatient hospital discharge data, combining CHARS data and conducting analysis on maternal substance use disorder. Chiao-Wen also published two fact sheets on Neonatal Abstinence Syndrome for Washington and Oregon. Chiao-Wen is working further on manuscript preparation for analysis of OR/WA discharge data to determine the impact of ICD-9 to ICD-10 transition, comparing definitions of NAS on prevalence estimated in WA/OR, determining how AI/AN misclassification impacts OR/WA NAS and maternal opioid use prevalence estimates, and comparing rates and trends to determine health disparities of NAS and maternal substance use in OR/WA. Jenine worked feverishly on maternal opioid use data from Epi Data Mart and creating case definition for that data included in analysis. Jenine created a flow chart diagram to describe the complex case definition data subsetting process and shared that along with the total SUD encounter by data source with team. Candice and Tam worked on restructuring the MCH website to include not only new information on MCH Opioid and Native Boost but also add a section regarding links to MCH information and resources related to COVID-19. Drafting the annual progress report/continuation included input from all team members and the final report was submitted in early June. MCH Opioid team also began brainstorming ideas for a potential MCH Opioid related administrative supplement to be submitted in the future.

The greater MCH Core workgroup who meeting bi weekly brainstormed on a creating a potential MCH-ECHO and came up with a list of potential MCH topics of interest especially recent COVID-19 related topics that have recently come to light from our tribal health contacts and meetings. The MCH Core workgroup continued to support each other in activities such as reviewing survey documents, reporting on meetings attended or upcoming, and suggesting topics for future program development, surveillance or research.

Native Boost. Addressing Barriers to Childhood Immunization through Communication and Education.

The MCH Core Workgroup was awarded under the EpiCenter's CDC Cooperative agreement to work with stakeholders including parents, community, health care providers and local immunization organizations to develop materials and approaches to improve the understanding of the benefits and risks of immunizations. In addition, efforts will be focused on improving health care provider confidence in talking with parents and addressing their concerns about vaccines.

Quarterly Highlights. Native Boost continued communicating virtually with partner at IHS, CMO, Andrew Terranella and Boost Oregon ED, Nadine Gartner. Preparation began for the first Boost Oregon training on communicating with vaccine hesitant parents to be held at Clinical Directors meeting in July. Tam and Nadine began drafting the Native Boost training questionnaire expanding upon a Boost Oregon

training questionnaire to include questions regarding COVID-19 and acceptability of Boost approach to communicating with parents. Tam and Tom attend the National adult immunization meeting planning calls and prevention coordinators meetings.

NTCCP Quarterly Board Report April-June 2020

Training/Site Visits

- Oregon 9 tribes meeting – Oregon Prevention Coordinators
 - 45 participants
 - Invitation to all ADEP and state partner programs
- HNY: Escape the Vape - Tobacco & Vaping
 - 30 participants
- Presentation: North American Association of Central Cancer Registries in the topic of American Indian/Alaska Native Cancer Surveillance
- Presentation by Dr. Darry Tonemah for COVID – taking care of yourself and clients
 - 88 participants
 - Invitation to all TPEP and ADEP

Technical Assistance via telephone/email

- Shared June Cancer Survivorship infographic on Health Professionals Tools for Cancer Survivorship with Cancer Coalition and clinic directors
- Shared Cancer Tribal Implementation funding opportunity with Tribal Cancer Coalition and Tribal navigators all month
- TA for Cancer Local Implementation funding:
- Burns Paiute (3) of TA on Cancer mini grant
- Umatilla –(2) Yellowhawk Tribal Health Center
 - New tobacco coordinator sent TPEP resource information
- Lower Elwha Klallam cancer navigator (2)
- Samish Tribe
- Nez Perce (3) – tribal free casino resources
- Swinomish Tribe **(2)**
- Quinault (1)
- Responding to tribes and tribal cancer navigators who needed assistance with cancer implementation funding application, all month
- Reached out to tribal navigators to encourage mini grant application – CDC being very flexible
- Burns, Quinault, and Nez Perce follow up for mini grants
- Contacted existing grantees – mini grants increased to \$5,000 so offered to amend
- Sent mini grant flyer out to NTCCP coalition members
- Contacted all OR tribal TPEP coordinators for work status
- Reached out to Nez Perce, NARA, CLUSI, Siletz, for mini grant follow up

Special Projects

- Cancer Coalition Check-in Planning
 - Planning for coalition reengagement, upcoming coalition meeting and webinars
- Exit interview: Metro group (Native Quit Line interview)
- Native Quit Line Tobacco Cessation program – partner check in (3)

- Native Quit Line - Grand Rounds presentation OHA
 - Innovative partnership with ITU's for Quitline messaging
- Connecting to Care – How to Leverage Quitline's to Better Support Your Clients
- NNACoE Graduation Celebration
- Yes for a Healthy Future Steering Committee Meeting and Health Equity Committee (4)
- NPAIHB Coalition Collaboration and Brainstorming meeting with other NPAIHB projects
- Partnership collaboration meeting with OHSU medical students for CDC skin cancer Pilot Project
- Cancer 101 – contractor check in
- NPAIHB and ICF TA Call - Implementation of Primary Prevention Cancer Interventions in Childhood – check in and evaluation plan (3)
- The OHSU a
- Advisory Council: The Key Study (3)
- HAO Monthly meeting (3)
- Created Gantt Chart for Cancer Grant year 4
- Updating Cancer Grant Plan activities with Project Officer feedback
- Created June Cancer Survivorship infographic targeting Clinic staff and health professionals
- Compiling and submitting PO's for Tribal cancer mini grants
- Completed CITI training and received certificate for IRB
- Interview for OHA cancer prevention specialist
 - Hired new coordinator
- Check in with OHA on TPEP ADEP contract
 - Discussion funds for messaging tobacco and vaping during COVID
- Run through tobacco team on E-cigarette and traditional tobacco presentation
 - CoP "Emerging Topics & Challenges Youth Face"
- Update modification for IRB submission for CDC Pilot Project – submitted Pilot Project for IRB review
- Key study for Oregon call with trial leader / and tribal organizations
- Review Evaluation Plan with CDC Project Officer for Comprehensive Cancer Grant
- Review evaluation plan with contractors
- Continuous updating of Year 4 workplan for Comprehensive Cancer grant
- Drafted plan for Northwest Tribal Cancer Coalition Re-engagement
- BOLD CDC Grant writing and submission throughout the month
 - SOW, budget, LOS, resolution, assurances t
- Created and sent survey of cancer control capacity in the midst of COVID-19 to Northwest Tribal Cancer Coalition

Meetings

- All Staff Meeting (3)
- Project Directors Meeting (3)
- Tribal EPI center directors' meetings (7)
- WTDP and NTCCP Team Meeting (10)
- NCCCP Tribal Peer2Peer Call
- CDC NCCCP Program Directors Call
- DCPC Tribal Bi-Monthly Calls
- MCH Workgroup Meeting (4)
- Trauma in the Time of Covid-19
- Tobacco Cessation and Lung Cancer Screening – 3 hour session
- Traditional Indigenous Medicine in North America: A Review

- Cross project collaboration on coalition planning and engagement
- Tribal National Comprehensive Cancer Control Program Grantees Meeting
- Impact of COVID-19 on childhood immunizations services, review of IHS Immunizations data
- COVID substance abuse call (4)
- COVID-19 ECHO Clinic(10)
- NPAIHB COVID-19 Update (9)
- IHS Clinical Readiness and Patient Care (4)
- CCC Coalition & Program Leaders Zoom Meet-Up (2)
- Indian country leadership COVID (2)
- Pathway Check In Meeting (3)
- Webinar: Advancing Cancer Control Planning, Implementation, and Evaluation **5/21**
- Webinar: Evaluation Metrics for Stakeholder Engagement in Research
- What Challenges are People with Chronic Disease Facing in the New COVID-19 Environment
- CDC Webinar – Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned
- Advancing Health Systems: Colorectal Cancer Screening within American Indian and Alaska Native Communities Toolkit Implementation Training, Part 2 of 2
- NACDD HEC Moving Upstream Webinar: the fundamental social, systemic, and economic structures to decrease barriers and improve supports that allow people to achieve their full health potential.
- Crisis Standards of Care During COVID-19 – APHA
- COVID-19 Testing: Possibilities, Challenges, and Ensuring Equity - APHA
- Tobacco Tax Coalition Check-in
- Increasing Lung Cancer Screening Uptake in Eligible Adults: Do We Know What Works?
- CA immunization – shot by shot
- Oregon HPV summit planning committee (3)
 - Updated Oregon HPV website for HPV Summit
 - Invitation to Native Panel Presenters
 - Maintaining website



THRIVE (Tribal Health: Reaching out InVolves Everyone)

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC

Celena McCray, MPH(c), B.S.Ed., Project Coordinator

Lael Tate, Project Coordinator

Quarterly Report: April – June 2020



Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 81 meetings and conference calls with program partners.

During the quarter, THRIVE provided or participated in the following presentations and trainings:

- Presentations/Updates (9) – Staff presented during 3 sessions at the American Associations for Suicidology’s Annual Conference that was virtual this year. Presentations included WeRNative/THRIVE/Healthy Native Youth with 52 attendees; THRIVE Conference Evaluation with Allyson Kelley with 30 attendees and; *Healing of the Canoe* poster presentation with NPC Research. The annual THRIVE conference was canceled this year due to COVID-19 and in lieu of the conference the THRIVE project hosted 1 virtual activity presentation per day from June 22-26 to engage Native youth who usually attend the THRIVE conference. Presentations included THRIVE/We R Native with 17 attendees; Art tiles with Steven Paul Judd with 27 attendees; Well for Culture with Thosh Collins & Chelsey Luger with 15 attendees; Beats Lyrics Leaders with 22 attendees and; Ask Auntie questions with 13 attendees.
- Facilitation/Training (3) – Staff also hosted 3 virtual webinar trainings, *Mental Health Matters during COVID-19* with Sabrina Votava and a total of 145 attendees.
- Attended Webinars (4) – staff attended 4 webinars: *Disaster Distress Helpline & National Suicide Prevention Lifeline COVID-19 Updates, Resources, & Opportunities for Collaboration with States' FEMA Crisis Counseling Programs, Suicide Prevention Programs; Strategies of Support for Mental Health Providers; COVID-19 Series Session 9: Social Isolation and Loneliness and; Question, Persuade, Refer – online, live class.*

During the quarter, the THRIVE project responded to over 92 phone or email requests for suicide, bullying, Zero Suicide Model, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

THRIVE Media Campaign: All THRIVE promotional materials are available on the web. Materials include: posters, informational rack and tip cards, t-shirts, radio PSAs, and Lived Experience videos.

THRIVE Messages January – March, Social Media Reach for THRIVE: 77,240

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Submitted the quarterly financial report to the IHS for the MSPI grant.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing



WEAVE-NW Quarterly Report

4/1/2020 to 6/30/2020

Victoria Warren Mears, PI

Tam Lutz, Project Director

Nora Frank, Food Sovereignty Project Manager

Candice Jimenez, Breastfeeding Project Manager

Jenine Dankovchik, Evaluation Project Specialist

Chelsea Jensen, Project Assistant

BACKGROUND

WEAVE-NW is a program of the Northwest Tribal Epidemiology Center, funded through the CDC's Good Health and Wellness in Indian Country (GHWIC) initiative. The overall objective is to establish or strengthen and broaden the reach and impact of effective chronic disease prevention programs that improve the health of tribal members and communities.

The project has built capacity and created lasting change through training, technical assistance and collaborative support to aid Northwest tribes in creating policy, systems and environment changes that encourage healthy lifestyles.

QUARTERLY HIGHLIGHTS

This quarter, like other projects at NPAIHB responded to a new COVID-19 work setting. WEAVE began to examine and modify the ways in which we deliver support to our NW Tribal partners. Going into this quarter newly awarded 6 Tribal sub awardees were finalizing their contracts and joining us for WEAVE-NW subaward orientation. Four of six Tribal partners had either staffing working from home or in office that were able to complete their orientation and evaluation plan development meetings. Two additional sites whose personnel have returned to the office and are working to obtain approval and signature.

WEAVE-NW staff also continued to work on multi-media effort including working on the WEAVE-NW website, contributing to the NPAIHB COVID-19 social media efforts in topics that intersected with WEAVE-NW topic areas of food sovereignty, breastfeeding and maternal child health.

WEAVE-NW also worked on the overall WEAVE-NW evaluation and data monitoring plan that was submitted to the CDC the end of May.

WEAVE-NW continued to collaborate with NW Tribal Diabetes Project and Indian Country ECHO to deliver the Diabetes ECHO. The Diabetes ECHO already being delivered online to provide Endocrinology

support to Tribal partners was not only uninterrupted COVID-19 but also added two additional clinics this quarter. Diabetes ECHO is a 1 hour long virtual clinic includes an opportunity to present cases, receive recommendations from specialists and peers, engage in a didactic session and become part of a learning community.

Meetings (excluding internal)

Conference/committee: 6

Tribal Community: 5

Funding Agency: 9

Sub-Awardee: 6

Community (non-tribal): 0

Government Partner: 2

Other: 9

Total Meetings: 37

Professional Development

WEAVE-NW staff completed a total of 12 professional development activities this quarter

Technical Assistance Given

WEAVE-NW responded to 9 requests for technical assistance this quarter

Trainings

Webinar

- 4/9/2020 Diabetes ECHO clinic
- 4/28/2020 Diabetes ECHO and COVID-19 - special clinic
- 5/13/2020 Diabetes ECHO Covid-19 Special Session with Darryl Tonemah
- 5/14/2020 May 2020 Tribal Diabetes ECHO
- 6/11/2020 June Tribal Diabetes ECHO

Total number of trainings given this quarter: 5

Western Tribal Diabetes Project NPAIHB Quarterly Board Report April-June 2020

Trainings and site visits

- DMS / RPMS Zoom Session
 - 20 participants
 - NW participants: Spokane, Makah, Burns, Port Gamble S'Klallam
 - Others: Albuquerque Area Office, Anadarko Indian Health Center, Blackfeet Community Hospital, Canoncito Band of Navajos Health Center, Central Valley Indian Health, Choctaw Nation of Oklahoma, Karuk Tribe of California, Pit River Health Services, Sac and Fox Nation of Missouri, Tualomne Me-Wuk Indian Health Center
- Diabetes ECHO session
- COVID - Diabetes patient management in COVID
- 25 participants
- Diabetes ECHO session self care for you and your clients during COVID

- Dr. Darryl Tonemah – 88 participants
- Diabetes ECHO session
 - COVID and youth diabetes complications
 - Diabetes patient management in COVID
 - 45 participants
- Diabetes ECHO session (2)
 - COVID and diabetes complications
 - Diabetes and COVID
 - 35 participants

Technical Assistance:

- Ongoing for updating new program staff
- Canoncito Band of Navajos Health Center, TA on RKM report, and upload it to WebAudit for use in SOS,
- Cowlitz TA for one-day training to help with cleaning up the register. how to navigate to reports
- Grand Ronde, TA for resources for their clinic to produce videos for their patients in COVID-19 times
- Lawton Service Unit, TA request to set up a personalized training for them using AdobeConnect
- Pascua Yaqui Tribe (Tucson area) TA requesting help with the HSR and how to work the cells needed for data input. Gave quick tutorial of how to input data from Cumulative report.
- Tulalip, Update on the new HSR, IHS hasn't yet finished cleaning the data
- Tuolumne Me-Wuk Indian Health Center, TA for security keys to get access to QMAN
- Follow up with SDPI programs trained DPP
 - Classes, telemedicine, billing, interest in further training
 - Umatilla, Cow Creek, Warm Springs, NARA
- Yellowhawk Health Center, TA on the numbers involved in BPs from the Audit, versus the numbers from a QMAN search, and the disparity involved in the number of patients and their BPs. the Audit will take an average of the last three (or two) BPs, and QMAN only looks at the last one
- Tohajiilee (Albuquerque Area); TA teaching how to run and LMR while updating Taxonomies.
- Santa Fe service unit requesting TA regarding finding new patients on their clinic's register. how to run a QMAN report by first creating a search template, then null against patients coming in for DM checkups.
- Tulalip Health; request for Tulalip diabetes kits – for submission for diabetes project to VWM
- ZOOM/Adobe Connect TA
 - ABQ area (Santa Fe hospital)
 - Tohajiilee (ABQ area)
 - Diabetes ECHO
 - Skokomish
- Albuquerque Area, TA to the Area Diabetes Consultant, needed assistance in breaking out the diabetes patients from a service unit into their communities. I created an Adobe Connect call to assist them with this
- Burns (email); asking about this years' Native Fitness.
- Neah Bay (email); (2) TA Annual Audit; data for a plethora of reports. Needed to find patients with most recent A1C's. Age, Eye exams (yes or no), Diagnosis, etc. Sent an email back with detailed instructions on how to run a QMAN report that will show patients who have type 2 Diabetes, their age, whether or not they've had an eye exam and what their most recent A1C's

- Samuel Simmonds Memorial Hospital (Barrow, AK) email; TA help to find a list of patients with A1C's over 6.5. Sent a copy of our QMAN handouts.
- Samuel Simmonds Memorial Hospital (Barrow, AK), TA to find patients with specific Hemoglobin A1c results, and I sent her the QMAN search for those patients,
- Saskatchewan, Canada (email); TA regarding the Diabetes Toolkit. sent pdf copy of the Toolkit and brought attention to the Board's website having the wrong version.
- Skokomish, TA submitting the Skokomish data, which had previously been submitted, but which was missing when I checked randomly
- Tohajiilee (ABQ area) Zoom; TA LaRue Media from the Santa Fe service unit called and I set up a zoom session to show what reports are needed to clean up register for audit.
- Tohajiilee, NM; TA creating a new register for prediabetes. Also needed help in figuring out why she couldn't edit patient's information, Allocating Security Keys, how to read the NDOO and how to correct Roger Saux (email and Phone call); TA explaining some of the data fields that needed justification for audit discrepancy – w ADC also.
- Tulalip Health; about leading a Diabetes ECHO session on outreach. scheduled to conduct a 10-15min presentation on what the clinic has done so far during quarantine.

Special Projects

- NW Gathering – May 4th and 5th
 - Postponed – Session on line for Echo session
- WTDP annual report and budget submitted
- AI/AN quitline update
 - OHA, Optum, NPAIHB
 - OHA Grand Round presentation of Quitline partnership
- Worked on the Diabetes ECHO session recommendations
- Developed and sent information for special session with Dr. Darryl Tonemah
 - July 8th.
- Annual review
- Recorded and trimmed the Diabetes ECHO session video, and uploaded to the Board's YouTube channel
- Emailed Mary Brickell and Edward Twiss to begin the discussion of getting access to RPMS from our homes
- Diabetes ECHO outreach and preparation
- Helped Dr. Wendee Gardner with Diabetes ECHO success stories
- Helped edit NW NARCH e-newsletter
- ZOOM/Adobe Connect TA
 - NPAIHB COVID Tribal update
 - Virtual Meeting debrief with DHAT
- Planning for zoom youth train trainers – staff and NAFC
 - Series of sessions TDB
- NPAIHB Strategic plan submitted
- Harassment/Workplace bullying training
- Reviewed survey for NTCCP
- Updated and revised training materials for June 2020 DMS training
- Helped create Craft Circle templates
- Created flyer/agenda for Managing Stress during COVID

Meetings and Conferences

- All-Staff meeting

- Project Directors Meeting
 - WTDP / NTCCP staff meeting
 - Connecting to Care – How to Leverage Quitlines to Better Support Your Clients
 - WTDP's Zoom Meeting
 - Yes for a Healthy Future Steering Committee Meeting
 - YFHF Equity Advisory Committee Meeting
 - Epi center director's meetings (2)
 - Tribal Leaders Diabetes Committee zoom meeting
 - NNACoE All-Team Meeting
 - HAO June Meeting
 - SDPI webinar – 2
 - TLDC meeting
 - IHS Improving Health Care Delivery Data Project: Steering Committee Meeting
 - What Challenges are People with Chronic Disease Facing in the New COVID-19 Environment
 - YFHF Equity Advisory Committee Kickoff
 - Discuss the BOLD NOFO (2)
 - Submitted
 - Interview for NTCCP position
 - Food insecurity and growing concerns during COVID 19
-
- Vaccinating Adults with Chronic Conditions: Recommendations and Lessons Learned
 - NPAIHB/HPCDP Meeting
 - Morning Coffee/Tea sessions, daily

Northwest Native American Research Center for Health (NARCH)
Cancer Prevention and Control Research Training in AI/ANs

Tom Becker, PI
Victoria Warren-Mears, Director
Tom Weiser, Medical Epidemiologist
Ashley Thomas, Program Manager
Jacqueline Left Hand Bull
Kerri Lopez

This quarter we worked hard with our cancer control faculty to finalize the online training for the summer course. Due to COVID-19 we had to forego our in-person training and transfer the experience to a virtual setting. We initially accepted 12 fellows into the 2020 cohort, unfortunately due to work and graduate school demands one fellow withdrew and we were left with 11. As we developed our online training, we offered five practice sessions with the fellows and faculty to ensure everyone had access to the web-based platform and that they were comfortable with using it. We offered cancer prevention and control with Dr. Wiggins during the first week and research design and grant writing with Dr. Burhansstipanov during the second week. We conducted part of our training on GoToTraining where we had the ability to launch polls and tests. Due to some technical glitches we did opt to use Zoom for some of the training. Additionally, we set up a box account to distribute course materials and pre- and post-course tests. We completed our initial two weeks of cancer training in June. We conducted pre- and post-course skills tests and course evaluations. The rest of our cancer control faculty have been invited to teach a 2-hour course once every 3 weeks via Zoom to complete the rest of the curriculum. The

schedule is mostly set beginning with Epidemiology the week of July 8th, 2020. The fellows will participate in 18 classes between now and May 12, 2021.

We continue to help our current trainees develop protocols to apply for implementation funds. This has remained a challenge as many universities and organizations are operating at minimal capacity due to COVID-19. Five of our current cancer fellows have been awarded implementation funds for their research projects.

The distance learning activity on case-control studies have been returned by about half of our fellows and Ms. Cunningham and Dr. Becker provided feedback on each one. We submitted both annual federal reports for NARCH 9 (RPPR and SIRS). Our team worked hard this quarter writing the NARCH 11 grant application, we finalized and submitted it at the end of May.

Tribal Opioid Response (TOR) Consortium

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, & RC

Megan Woodbury, Opioid Project Coordinator

Quarterly Report: April – June 2020

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 43 meetings and conference calls with program partners.
- Hosted 3 video conference calls around the TOR Consortium grant with 43 attendees across all three calls.
- Attended training or webinar (1): Understanding the New SAMHSA/OCR Guidance for Telehealth SUD Services
- Presentation/Update (1): Hosted a virtual training for NW Tribes with facilitators from the Opioid Response Network (ORN) titled *Preventing Opioid Use Disorder*, 17 attendees

During the quarter, the TOR consortium project responded to over 101 phone or email requests for opioid and substance use disorder prevention, education, medication, grant requirements, etc.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Submitted the TOR FY 2020 grant application to SAMHSA
- Submitted the mid-year progress reports for the TOR and TOR2 grants.
- Began compiling information for the TOR no-cost extension due at the end of July.

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.

June 2020

Northwest Native American Research Center for Health (NARCH)
Enhancing Asthma Management for Children in AI/AN Communities

Mattie Tomeo-Palmanteer, Project Coordinator

Celeste Davis, Project Director

Tom Becker, PI

Overall, the asthma management project has slowed down substantially related to viral pandemic...many parts of our study protocol we are unable to conduct as we had planned. In particular, home visits and in-person interviews have been prohibited. We are able to conduct some activities over computer and phone. We lost our key team participant this past month and have drafted a new job description to replace that team member. Andra has assisted with this task and the job should be filled soon. We will need to bring the new person up to speed with the study.

We also had personnel at one partner tribe drop out of the study due to personal issues, and another person on our team took a new job for. The other two sites confirmed their interest in continuing to work with us on this protocol.

Our graphics designer is continuing to work with us on toolkit and on website, so, that part of our project is still moving ahead despite pandemic.

Northwest Native American Research Center for Health (NARCH)

Dissertation Support Program for Tribal Graduate Students

Tom Becker, PI

Victoria Warren-Mears, Director

Tom Weiser, Medical Epidemiologist

Ashley Thomas, Program Manager

Grazia Cunningham, Program Coordinator

Jacqueline Left Hand Bull

Our biggest challenges continue to be travel and recruitment. Most of our fellows had planned on using their travel awards to present their dissertation research at national meetings. All those meetings have been cancelled due to COVID-19 and we have been working with the fellows to process flight cancellations and reimbursements. We have had more interest in the fellowship program and brought

one RA on board this quarter. We recently accepted another applicant and are working on setting up their contract. A number of interested applicants are not quite at the dissertation phase, we continue to keep track and stay in contact with them as they progress in their programs. We hope we will be able to support them eventually.

All fellows are on track. Three of our fellows graduated with PhD's, two of them started post-doctoral fellowships, and the third accepted a faculty position. We are very proud of their accomplishments! This month we submitted our federal annual reports (RPPR and SIRS). We also worked with our evaluators to conduct a survey to gather information about the fellow's dissemination activities.

We successfully hired a second intern and she has begun working on her project to improve current understanding of AI/AN homicide trends among women to identify risk and protective factors in Oregon AI/AN Tribes and communities.

Response Circles – Domestic & Sexual Violence Prevention

Colbie Caughlan, MPH, Project Director – THRIVE, TOR, and Response Circles

Paige Smith, Project Coordinator – Response Circles and Youth Engagement

Quarterly Report: April – June 2020

Site Visits

Tribal Site Visits

- None during this reporting period.

Out of Area and Other Travel

- None during this reporting period.

Technical Assistance & Training

During the quarter, project staff:

- Participated in 26 meetings and conference calls with program partners.

During the quarter, Response Circles (RC) staff participated in the following:

- Hosted 5 Trainings/Webinars – 1) Instilling Hope: Looking beyond COVID-19 for DV/SA projects, 26 attendees; 2) A Silent Epidemic: sexual violence against men and boys by Lenny Hayes, 45 attendees; 3) Honoring our MMIP and supporting loved ones left behind with Carolyn Deford, 52 attendees; 4) A Silent Epidemic: sexual violence against men and boys by Lenny Hayes during the IHS DVPI annual meeting, 20 attendees and; 5) Social Marketing Bootcamp to create a “Consent” public service announcement with 12 Native youth participants.
- Webinar (2) – Attended two webinars: Disaster planning for Tribal Domestic Violence Programs and shelters and; Shelter from the storm inside: supporting Recovery, Safety, and wellbeing during the COVID-19 Pandemic

During the quarter, the RC project responded to over 11 phone or email requests for domestic or sexual violence prevention, or media campaign-related technical assistance, trainings, or presentations.

Health Promotion and Disease Prevention

Response Circles Media Campaign: All RC promotional materials (including the almost completed updated materials) are available on the web. During this reporting month staff disseminated boxes of materials to tribes and tribal organizations that requested. Materials include: posters, brochures/rack

cards, and tip cards. Domestic and sexual violence social media messaging and the dissemination of the domestic violence social marketing boot camp videos has reached at least 112,092 people.

Other Administrative Responsibilities

Staff Meetings

- EpiCenter meetings
- All-staff meetings
- Project Director meetings
- Wellness Committee – monthly meetings and events

Publications

- None during this reporting period.

Reports/Grants

- Quarterly financial report submitted to IHS for the DVPI grant

Administrative Duties

- Budget tracking and maintenance: Ongoing.
- Managed Project Invoices: Ongoing.
- Staff/Intern oversight and annual evaluations: Ongoing.
- Managed Project Subcontracts: Ongoing



Northwest Tribal Juvenile Justice Alliance

Stephanie Craig Rushing, PhD, MPH, Principal Investigator
Danica Love Brown – Behavioral Health Manager – Choctaw
Contractor-Juliette Markin, NPC

Activity Report – January through April 2020 Quartely Report

Program Development, Planning and Training

Overview: To inform the planning process, the NPAIHB and NPC Research will create and administer data collection tools to identify available data sources and Juvenile Justice best and promising practices in use regionally and nationally. Mixed-methods data collection will include:

- meeting minutes,
- stakeholder surveys,
- key informant interviews, and
- reviews of the published literature.

The decision-making process will take into consideration cultural-relevance for the NW Tribes, evidence of effectiveness, cost effectiveness, and scalability.

Our DOJ study will address critical health and safety topics in AI/AN communities, will extend the limited knowledge base surrounding best practices to improve outcomes for AI/AN teens and young adults, and will generate guidelines and tools tailored to the unique needs and cultural assets present in the lives of AI/AN youth. Effective practices, programs, and policies will be packaged by the NPAIHB for

dissemination to the NW Tribes and Juvenile Justice programs nationwide. Intervention materials will be made available free-of-charge, on the www.HealthyNativeYouth.org website.

Meetings – Conference Calls – Presentations – Trainings

- NW TJJA Inten Meeting - April 3, 2020
- NW TJJA Intern Meeting - April 30, 2020
- NW TJJA Intern Meeting- May 7, 2020
- NW TJJA Alliance meeting- May 12, 2017
- NIJ Orientation Call- May 14, 2020
- NW TJJA Alliance meeting- June 12, 2020
- NIJ project director meeting-June 17, 2020
- Oregon 9 Tribes meeting-June 17, 2020

Out of Area Tribal Visits

- N/A

Technical Assistance Requests

- N/A

Project Overview

Overview: In response to the **Tribal-Researcher Capacity Building Grant** opportunity, issued by the U.S. Department of Justice (DOJ) and the National Institute of Justice (NIJ), the NPAIHB will form a new inter-tribal workgroup – *the NW Tribal Juvenile Justice Alliance (NW TJJA)* – that will meet over 18 months to collaboratively design a research study to evaluate and disseminate juvenile justice best practices for AI/AN youth in the Pacific Northwest, aligning with DOJ research priorities.

Due to a range of historical, social, environmental, and structural factors, American Indian and Alaska Native (AI/AN) youth are overrepresented in juvenile justice systems. To improve outcomes for AI/AN youth, OJJDP prevention, intervention, and recidivism programs must be responsive to their unique worldview and social context. Unfortunately, research and data to guide DOJ system improvements for Native youth are limited.

The inclusive, iterative process will ensure all research partners actively weigh in on and contribute to research decisions.

Surveillance and Research

Study: The need for this inclusive, strategic planning process is significant. While AI/AN youth in the region experience disproportionate rates of juvenile justice involvement, no planning body is presently convening decision-makers to elevate these important health and safety research questions in AI/AN communities. The goal is to establish Tribal-researcher partnerships to:

1. Identify, test and expand best practices that improve Juvenile Justice systems for Tribes in the Pacific Northwest,
2. Ensure that non-Native justice systems are improving life outcomes for AI/AN youth who interact with their services,
3. Build tribal capacity to access and utilize data that support quality improvement at the community-level, and
4. Create and administer data collection tools that will identify **Data Sources** that could inform our understanding of Juvenile justice disparities or concerns for our NW Tribes.

Research Study Tasks

- Literature review and annotative bibliography
- Resource Mapping of services in Pacific Northwest Tribal communities
- Organizing of NWTJJA advisory group members
- Data entry of focus group and surveys.
- Consulted with Intern to transcribe and analyze the youth and adult focus groups
- Draft of findings report and project proposal

Other Administrative Responsibilities

Publications-Peer Review Presentations

- N/A

Reports/Grants Submitted

- N/A

Administrative Duties

- Budget tracking and maintenance: Ongoing
- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

ECHO Project

David Stephens, RN ECHO Clinic Director
 Eric Vinson, BS, ECHO Clinic Manager – *Cherokee*
 Megan Woodbury – Opioid Program Coordinator

Quarterly Report: April – June 2020

Technical Assistance and Training

April Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

May Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 2 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB)

June Technical Assistance Requests

- Tribal TA Requests = 12 (David), 6 (Eric)
- Other Agency Requests = 3 (CDC, OMB, SAMHSA, IHS, GPTCHB, CA, WA, OR, ID, AZ, CRIHB, GLITC, NIHB, USET)

During the quarter, project staff participated in 54 technical assistance calls and requests.

Extension of Community Healthcare Outcomes (ECHO)

INDIAN
COUNTRY
ECHO

ABOUT INDIAN COUNTRY ECHO TeleECHO PROGRAMS EVENTS FIND RESOURCES

Website: The Indian Country ECHO website launched July 11, 2019: <https://www.indiancountryecho.org>

Since launch, the Indian Country ECHO website received:

- Users = 7,576
- Sessions = 14,492
- Page views = 35,288
- Pages/Session = 2.43
- Average session duration = 3:14
- Bounce Rate = 47.78%

COVID-19 Response - ECHOs in June reached:
Certificates of Continuing Education provided:

- Total Attended: 527
- Completed Evaluation: 305
- Physicians: 105
- Registered nurses: 48
- Pharmacists: 35

From the ECHO sign-in survey during June:

- MD: 79
- DO: 13
- NP: 33
- PA: 22
- RN: 54
- Pharmacist: 40
- Behavioral Health: 20
- Other: 173
- Total signed in: 434
- Total Participants: 965

COVID-19 SMS Campaign Statistics

- All Profiles: 399
- Messaging Statistics
 - Sent: 79,208 MTs
 - Received: 289 MOs

Indian Country ECHO sessions: Each month, the Northwest Portland Area Indian Health Board offers multiple teleECHO clinics with specialists focusing on the management and treatment of patients with HCV, SUD and Diabetes. The 1-hour long clinic includes an opportunity to present cases, receive recommendations from a specialist, engage in a didactic session and become part of a learning community. Together, we will manage patient cases so that every patient gets the care they need. ***A total of 830 patients have received recommendations via the NPAIHB ECHO HUB since January 2017.***

Other Administrative Responsibilities

Publications

- Working on OUD Indicators Paper with CDC
- An Evaluation of Hepatitis C Virus Telehealth Services Serving Tribal Communities
https://journals.lww.com/jphmp/Fulltext/2019/09001/An_Evaluation_of_Hepatitis_C_Virus_Telehealth.17.aspx

Reports/Grants Submitted

- Awarded for FYI 2020: SAMHSA ECHO – 524,000
- Awarded for FYI 2020: OMH ECHO – 350,000
- Awarded for FYI 2019: IHS SMAIF HIV 1.3 Million

Administrative Duties

- Budget tracking and maintenance: Ongoing

- Managed Project Invoices: Ongoing
- Managed Project Subcontracts: Ongoing
- Staff oversight and annual evaluations: Ongoing

**Quarterly Activity Report
Environmental Public Health Program
FY2020: Third Quarter, Activities from April 1 – June 30, 2020**

Staff: Celeste Davis, Director; Antoinette Aguirre, Environmental Health Specialist; Ryan Sealy, Environmental Health Scientist; Holly Thompson Duffy, Environmental Health Consultant (contractor)

Meetings:

- Healthy Native Youth Community of Practice: Emerging Topics and Challenges Youth Face Meeting (WeRNative, HNY, NTCCP, EPH), April
- NPAIHB and AIHC Environmental Health Programs Meetings, 4/16, 4/20
- Emerging Topics and Challenges Youth Facing Planning Meeting, 5/6, 5/12
- CDC Grant Review Meeting, 5/27
- Healthy Native Youth Final Run Through Meeting, 6/8
- Yakama Grant Collaboration Meeting, 6/15
- Lummi Grant Collaboration Meeting, 6/22
- Climate & Health Meeting (Oregon Health Authority & Oregon Climate Change Research Institute), 6/22
- NPAIHB Grant Management – CDC RFA Review Meeting, 6/23
- EPA Region 10 Tribal Indoor Environments Team Quarterly Meeting 6/30
- Daily EPH Team Check-ins, starting on 3/16 and ongoing; and internal staff and project director meetings, 3/2, 4/6, 5/4; 5/7, 5/14, 5/21, 5/28, 06/01; 06/04, 06/11, 06/18, 06/25
- Multiple Webinars and Meetings related to the COVID-19 Pandemic Response, including:
 - Weekly NPAIHB Tribal COVID-19 Update – Tuesday call with Tribes
 - Daily NPAIHB COVID-19 Response Team De-Briefing
 - Daily and Weekly calls with Oregon, Washington, and Idaho States

Technical Assistance via telephone/email:

- Email Earth Day resources to Tribal Environmental Health Programs, 4/22
- Muckleshoot: 4/29 – 5/27
 - Weekly meetings to discuss and review COVID-19 reopening criteria and plans for the Casino, Tribal Government offices, and other business facilities; meetings include Tribal Environmental Health consultant, Tribal Safety and Risk Management Director, Casino Risk Manager, and NPAIHB EPH Team
- Coeur d' Alene, 4/27
 - Provided technical assistance and resources to the Tribal Environmental Health Specialist re: COVID-19 case investigation and reopening guidance
- Yakama, 4/27

- Provided technical assistance and resources to the IHS Environmental Health Specialist re: COVID-19 and reopening
- Tulalip: 4/29
 - Conducted a remote “tele-environmental health” final inspection and pre-occupancy survey for the The Gathering Hall new facility
- CRITFC: 5/18, 6/18, 6/29
 - Celilo Water System
 - Letter of support for CDC Grant to assist with clinical testing and support for fishers and tribal members living at treaty access sites and Celilo Village
 - Collaboration to assist tribal fishers with COVID-19 health and social resources
- Cow Creek: 5/14, 5/16, 5/20
 - Review and edit contact tracing plan
 - TA and guidance on reopening
- Umatilla: 5/19
 - Community wells testing after flooding call
- Coquille: 5/20
 - Shared Cow Creeks contact tracing plan template
- CTCLUSI: 5/18
 - Reviewed Tribal Reopening Plans
- Kootenai: 5/20
 - Reviewed Tribal Reopening Plans
- Swinomish: 5/20
 - Provided resources on reopening
- Nez Perce: 5/20
 - Shared tobacco training information
- Burns Paiute Tribe: 5/28
 - Developed and provided a COVID-19 Community Needs Assessment Survey
- Tulalip Tribes: 5/12
 - Snohomish county complaint at McDonalds, no face masks or handwashing. Made contact to McDonalds manager to address compliance.
- Chehalis Tribe: 5/15
 - Resources for fluoridation to tribe’s water source
- Siletz: 5/15, 5/20
 - Provided information on COVID-19 temperature checks for employee symptoms
 - Consult and advice around facility re-design and HVAC requirements for reopening
- Coeur d’Alene Tribe: 5/27
 - TA from request to research company for hand washing signs
- Umatilla: 5/19
 - TA re: domestic well testing help after the flood
- Muckleshoot – May
 - Conducted plan review for new childcare center and playground
- CTCLUSI: 6/10
 - Provided assistance regarding COVID-19 testing, CHN position, and fit-testing
- Cow Creek: 6/16
 - Share recommendations on using Pixel (by LabCorp) COVID-19 home collection kit – provide FDA approved home collection kits
- Coquille: 6/24 & 6/25

- Share information and guidance related to HVAC systems and indoor air quality for COVID-19
- Review and edit Coquille Indian Tribe's Reopening Plan for summer youth program (children 6-14) and Head Start (3-5)
- Quileute: 6/24
 - COVID Community needs assessment:

Technical Assistance via site visit:

N/A

Workforce Development/Training Taken:

- Internal HR training (Sexual assault and workplace harassment) - April
- IHS Internal Systems Security Awareness Training - April
- Aguirre and Sealy: Tulane University, School of Public Health and Tropical Medicine – April to May
 - Course bundle – Environmental Public Health Online Courses (EPHOC)
 - Aguirre and Sealy completed in May
- Aguirre and Sealy, Johns Hopkins Bloomberg School of Public Health, Certificate Training
 - COVID Contact Tracing Training
- Webinars:
 - Community of Learning: COVID-19 Response Series – Setting Up Drive-Thru Testing and Services, 4/3
 - Safe and Proper Use of Disinfectants and Household Cleaners, 4/9
 - COVID-19 Webinar Series Session 11 - Rural Health System Response, 4/22
 - COVID-19 Conversation Webinar: Testing Kits and Status, 4/22
 - Real Time Lessons Learned from COVID-19: What you need to know about employee wellness to reopen, 5/12
 - Special Diabetes ECHO Session: Self-Care with Darryl Tonemah, 5/13
 - Healthy and Safe Swimming at Public Aquatic Venues during COVID-19, 5/14
 - National Environmental Health Association Virtual Panel: Resuming Operations Post COVID-19, 5/15
 - Historical Trauma and Oral Health by Darryl Tonemah, 5/19
 - EPA Air Policy Update, 5/28
 - 2020 Status of Tribal Air Report (RS), 6/24
 - Oregon Health Authority Climate and Health Program Webinar (AA), 6/4
 - Green & Healthy Homes Initiative: Housing Keeping 101 (AA), 6/9
 - Trauma Informed Care & COVID-19 (AA & RS), 6/15

Workforce Development/Training Provided:

- NPAIHB Contact Tracing Training 5/6
- Oregon Tribes Contact Tracing Training 5/8
- Indian Country ECHO COVID-19, 4/13, 5/20, 6/15
- Healthy Native Youth – Community of Practice: Escape the Vape, Tobacco and Vaping, 6/10
 - 42 attendees
- Tribal Contact Tracing Training, 6/29
 - 31 attendees: 5 ID tribes, 3 OR tribes, 2 tribal organizations, & 2 state health departments
- Voice-Over Power Point, On-Demand COVID-19 *Worker Safety and Health Training* (posted to website)

Program Management and Support/Special Projects/Additional Activities:

April

- Reviewed resources for COVID-19 to add to NPAIHB web site
- New Environmental Public Health Survey sent to Oregon Tribes
 - This survey will also be sent to Washington and Idaho Tribes later this summer
- Outreach to Tribes to gather Environmental Health Program point of contact
- Review Environmental Health resources
- Developing Guidance for Tribes on Public Health Principles and Business/Facility-specific Risk Analyses related to reopening the community and economy (COVID-19)
- Planning for 2 new CDC Environmental Health grant opportunities

May

- Oregon Tribes Contact Tracing Training planning and follow-up
- CDC EH Capacity grant research and planning – ongoing
- Develop NPAIHB COVID-19 Tribal Request survey and tracking sheet
- Export and clean up data from Oregon Environmental Health Tribal Input Survey
- Developing Guidance for Tribes on Public Health Principles and Business/Facility-specific Risk Analyses related to reopening the community and economy (COVID-19)
- CDC grant, PH Improvement Umbrella, EH Component, submitted application for EH Disaster-related Hazards funding, 5/25

June

- Oregon Tribes Contact Tracing Training planning and follow-up with OHA
- Develop NPAIHB COVID-19 air purifier purchasing guidelines infographic
- Oregon Environmental Health Priorities Survey Results – developing data graphics and issue profiles for the state and each Tribe
- Submitted application to CDC for Environmental Health Capacity grant funding