

NPAIHB Weekly Update

June 4, 2024

Please sign in using the chat box:

Enter the tribe or organization you are representing
and names of all people participating with you today



NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

Information for Today's Call

Agenda

- Welcome & Introduction: Bridget Canniff
- Upcoming Indian Country ECHO Sessions
- Upcoming NPAIHB Events
- Upcoming NPAIHB Weekly Update Sessions
- NWTEC Update – Bird Flu H5NI:Victoria Warren-Mears
- Public Health Update – Tribal Public Health Infrastructure Building: Bridget Canniff
- IHS and/or State Partner Updates
- Questions & Comments

Guidelines

- Please place yourself on mute unless speaking
- Sign in, using chat box, with your tribe/organization and names of all participants
- Use the chat box for questions, for Q&A after updates and announcements



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Upcoming Indian Country ECHO telehealth opportunities

- **Harm Reduction ECHO** - 1st Tuesday of every month at 12pm PT
 - Tuesday, June 4th at 12pm PT
 - Didactic Topic: *Somatic Release and Regulation Practice*
 - To learn more and join: <https://www.indiancountryecho.org/program/harm-reduction/>
- **EMS ECHO** - 1st Tuesday & 3rd Thursday of every month at 5pm PT
 - Tuesday, June 4th at 5pm PT
 - Didactic Topic: *Horse Injuries*
 - To learn more and join: <https://www.indiancountryecho.org/program/emergency-medical-services-echo/>
- **Hepatitis C ECHO** – Wednesdays at 11am PT
 - Wednesday, June 5th at 11am PT
 - Didactic Topic: *Positive Behavior Change & Why Language Matters*
 - To learn more and join: <https://www.indiancountryecho.org/program/hepatitis-c/>

Upcoming Indian Country ECHO telehealth opportunities

- **SUD ECHO** – 1st Thursday of every month at 11am PT
 - Thursday, June 6th at 11am PT
 - Didactic Topic: *Adjunctive Therapies*
 - To learn more and join: <https://www.indiancountryecho.org/program/substance-use-disorder/>
- **VCI ECHO** – 2nd Monday of every month at 12pm PT
 - Monday, June 10th at 12pm PT
 - To learn more and join: <https://www.indiancountryecho.org/program/virtual-care-implementation/>
- **Cardiology ECHO** – 3rd Monday of every month at 11am PT
 - Monday, June 10th at 11am PT
 - Didactic Topic: *Wide Complex Tachycardia*
 - To learn more and join: <https://www.indiancountryecho.org/program/cardiology-echo-program/>

Gender-Affirming Care Gathering

- **Dates:** June 25th – 27th, 2024
- **Location:** Boise, ID & Virtually via Zoom
- **Description:** Staff (clinical and non-clinical) serving trans and gender-diverse American Indian & Alaska Native people are invited to participate in the Gender-Affirming Care Gathering. The program provides comprehensive information to effectively provide excellence in gender-affirming care. The program offers a free 2.5-day training (both in-person and virtual options available) & subsequent telehealth clinics.
- **Further Information & Registration:**
<https://www.indiancountryecho.org/gender-affirming-care-conference/>



Gender-Affirming Care Gathering
June 25-27, 2024 • Boise, ID

INDIAN + COUNTRY
ECHO

Clinical and non-clinical staff serving trans and gender-diverse American Indian & Alaska Native people are invited to participate in the Gender-Affirming Care Gathering. This will be a free 2.5-day training with in-person and virtual attendance offered. CE will be provided.

At this gathering, we will:

- ♥ Review elements of affirming clinic environments and best-practice gender-affirming care across the lifespan
- ♥ Explore Indigenous approaches to gender-affirming care and Indigenous peoples' gender-related cultural needs
- ♥ Hear about success stories for providing Indigenous gender-affirming care
- ♥ Discuss the current legal landscape of gender-affirming care and its implications for Indigenous gender-affirming care
- ♥ Connect with other clinicians and colleagues across Indian Country

Register Here:



More Information on Indian Country ECHO
www.IndianCountryECHO.org

www.surveymonkey.com/r/GenderAffirmingCare2024

Weekly Update Schedule Preview: June & July

June 11: No Weekly Update – Tribal Public Health Emergency Preparedness Conference

Grand Ronde, OR, June 10-12

June 18: Environmental Public Health Update – NARCH Study, Asthma Home Visit Program

June 25: Legislative & Policy Update OR NWTEC Tribal Leaders Priority Survey Results

July 2: NWTEC Survey Results OR Tribal Public Health Infrastructure Part 3

July 9: NWTEC Update – New Tribal Memoranda of Agreement for Data Sharing (*tentative*)

July 16: No Weekly Update – NPAIHB QBM (Spokane)

July 23: Public Health Update – Journey of Transformation 10th Grade Curriculum

July 30: Legislative & Policy Update



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Visit www.npaihb.org/weeklyupdate for upcoming topics, past presentations, and more!



Bird Flu H5N1

Victoria Warren-Mears, PhD, RDN, FAND
Director, Northwest Tribal Epidemiology
Center

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Update

- Case Update
- Tracking – Current Epi Curve
- Clinician Decision-Making Considerations
- Treatment
- Vaccination Update
- Education Materials

Symptoms Highly Pathogenic Avian Influenza (HPAI) A H5N1

Case Number	Symptoms Reported	Location
1		Colorado (2022)
2	conjunctivitis (only symptom) Dairy Farm Exposure	Texas (4/1/2024)
3	Conjunctivitis (only symptom) Dairy Farm Exposure	Michigan
4	Cough and sore throat (potential for mutations and human to human transmission) Dairy Farm Exposure	Michigan (different farm 5/30/2024)



Tracking situation

- About 40 farm workers have consented to being tested for H5N1
- Over a hundred are being monitored for possible symptoms, according to news reports.

- CDC is monitoring unusual flu activity

<https://www.cdc.gov/flu/avianflu/chart-epi-curve-ah5n1.html>

- WHO Avian Flu Page:

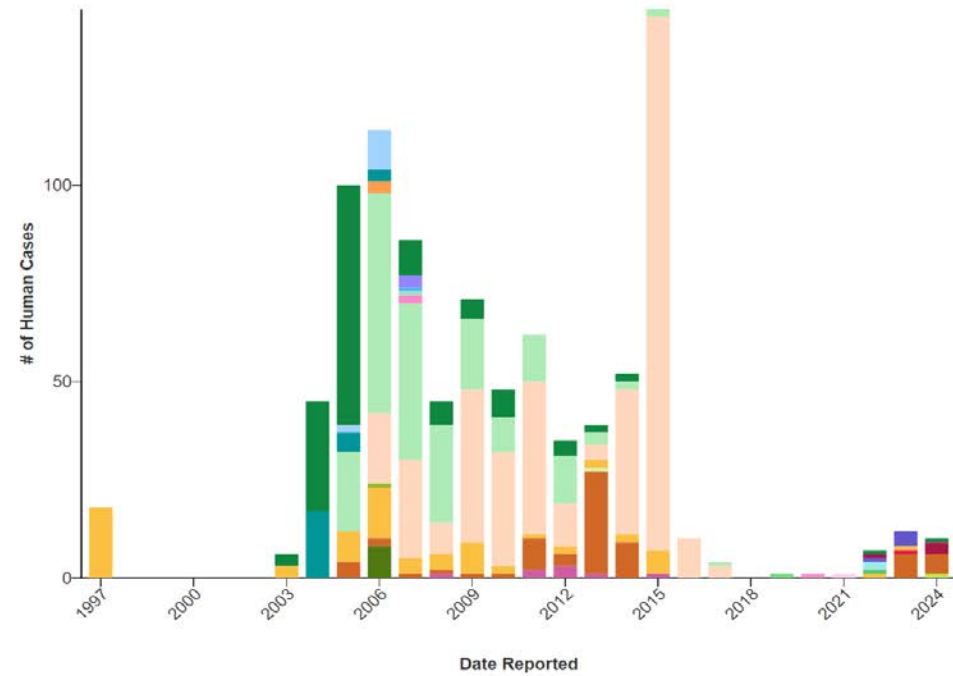
<https://www.who.int/teams/global-influenza-programme/avian-influenza>

Updated May 30, 2024

Make a selection from the filters to change the visualization information.

Date Range

All



Countries

- Australia
- Bangladesh
- Canada
- China
- Ecuador
- India
- Iraq
- Myanmar
- Nigeria
- Spain
- Turkey
- United States
- Azerbaijan
- Cambodia
- Chile
- Djibouti
- Egypt
- Indonesia
- Laos
- Nepal
- Pakistan
- Thailand
- United Kingdom
- Vietnam

Tracking Situation

- Indian Health Service continues its flu monitoring; weekly reports provided to Tribal Epidemiology Centers and Area Offices.



Clinicians Consider H5N1 in patients with:

Examples of symptoms include but are not limited to:

Mild illness: (e.g., cough, sore throat, eye redness or eye discharge such as conjunctivitis, fever or feeling feverish, rhinorrhea, fatigue, myalgia, arthralgia, and headache)

Moderate to severe illness: (e.g., shortness of breath or difficulty breathing, altered mental status, and seizures)

Complications: (e.g., pneumonia, respiratory failure, acute respiratory distress syndrome, multi-organ failure (respiratory and kidney failure), sepsis, and meningoencephalitis)

Case fatality rate is 52%. Likely due to undertesting/screening.

Treat with Tamiflu

Important not to wait for test results, recommendation to initiate Tamiflu immediately if H5N1 is suspected.

Oseltamivir is available as a generic version or under the trade name Tamiflu® and given orally. It is a neuraminidase (NA) inhibitor that targets and inhibits the NA surface proteins of an influenza virus.



Greatest benefit occurs when treatment initiated within 48 hours of symptoms appearing.

Vaccinations

- No human vaccines for prevention of HPAI A(H5N1) virus infection are currently available in the United States.
- Seasonal influenza vaccines do not provide any protection against human infection with HPAI A(H5N1) viruses.
- Companies are preparing to ramp up production of vaccine against H5N1.
- On June 26th the CDC Vaccine committee will meet to make recommendations for production, alongside routine flu vaccination recommendations – More news will follow.
- Prioritization for vaccine distribution is unclear
 - Will need to watch for advocacy for tribal distribution.

Education Resources

Protect Yourself From H5N1 When Working With Farm Animals

H5N1 is a bird flu virus that could make you sick. Wear recommended personal protective equipment (PPE) when working directly or closely with sick or dead animals, animal feces, litter, raw milk, and other materials that might have the virus.



Wash hands with soap and water, then put on PPE in this order:

1. Fluid-resistant coveralls
2. Waterproof apron, if needed for job task
3. NIOSH Approved® Respirator (e.g., N95® filtering facepiece respirator or elastomeric half mask respirator)
4. Properly-fitted unvented *or* indirectly vented safety goggles or face shield
5. Head cover or hair cover
6. Gloves
7. Boots

Scan to learn how to put on and take off a respirator



While wearing PPE

- Use separate designated clean areas, one for putting on PPE and one for taking off PPE.
- Avoid touching your eyes, mouth, and nose after touching any contaminated material.
- Do not eat, drink, smoke, vape, chew gum, dip tobacco, or use the bathroom.

Follow these steps to safely remove PPE

1. Remove the apron, if worn
2. Clean and disinfect boots
3. Remove boots
4. Remove coveralls
5. Remove gloves
6. Wash hands with soap and water or alcohol-based hand rub
7. Remove goggles or faceshield and then remove respirator
8. Remove head cover or hair cover
9. Wash hands again with soap and water or alcohol-based hand rub

After removing PPE

- Shower at the end of the work shift.
- Leave all contaminated clothing and equipment at work.
- Watch for symptoms of illness while you are working with potentially sick animals or materials. Continue watching for symptoms for 10 days after finishing working. If you get sick, tell your supervisor and talk with a doctor.

Reusable and disposable PPE

- While removing PPE, dispose of all disposable PPE appropriately and set aside reusable PPE
- Clean and disinfect reusable PPE after every use

Scan to find more PPE and worker safety information



Questions/Concerns

Contact:

Victoria Warren-Mears

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Tribal Public Health Infrastructure Building: Part 2

Bridget Canniff, Project Director, Public Health Improvement & Training (PHIT)



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Tribal Public Health

What does it mean to and for your Tribe?

What does it look like?

What could it look like in the future?

What will help you get to that future vision?



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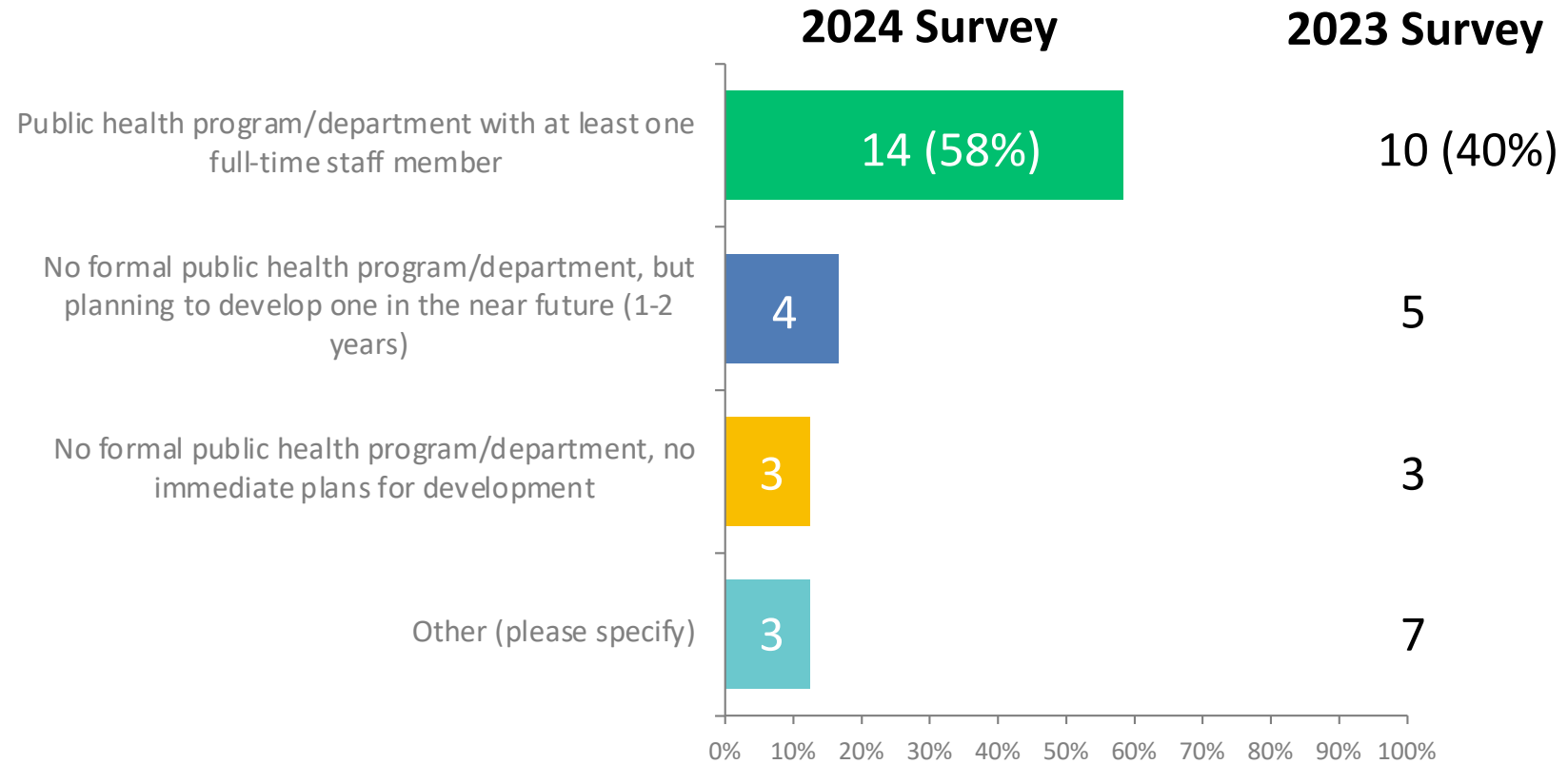
Tribal Leaders Priorities Survey Results: Public Health

- **2024 NWTEC Tribal Leaders Priorities Survey**
 - Administered to NPAIHB Delegates & Tribal Health Directors
 - Responses collected April-May 2024
 - 24 respondents (2023: 25 respondents)



What is the current status of your tribe's public health program or department? Please choose one.

Answered: 24 Skipped: 0



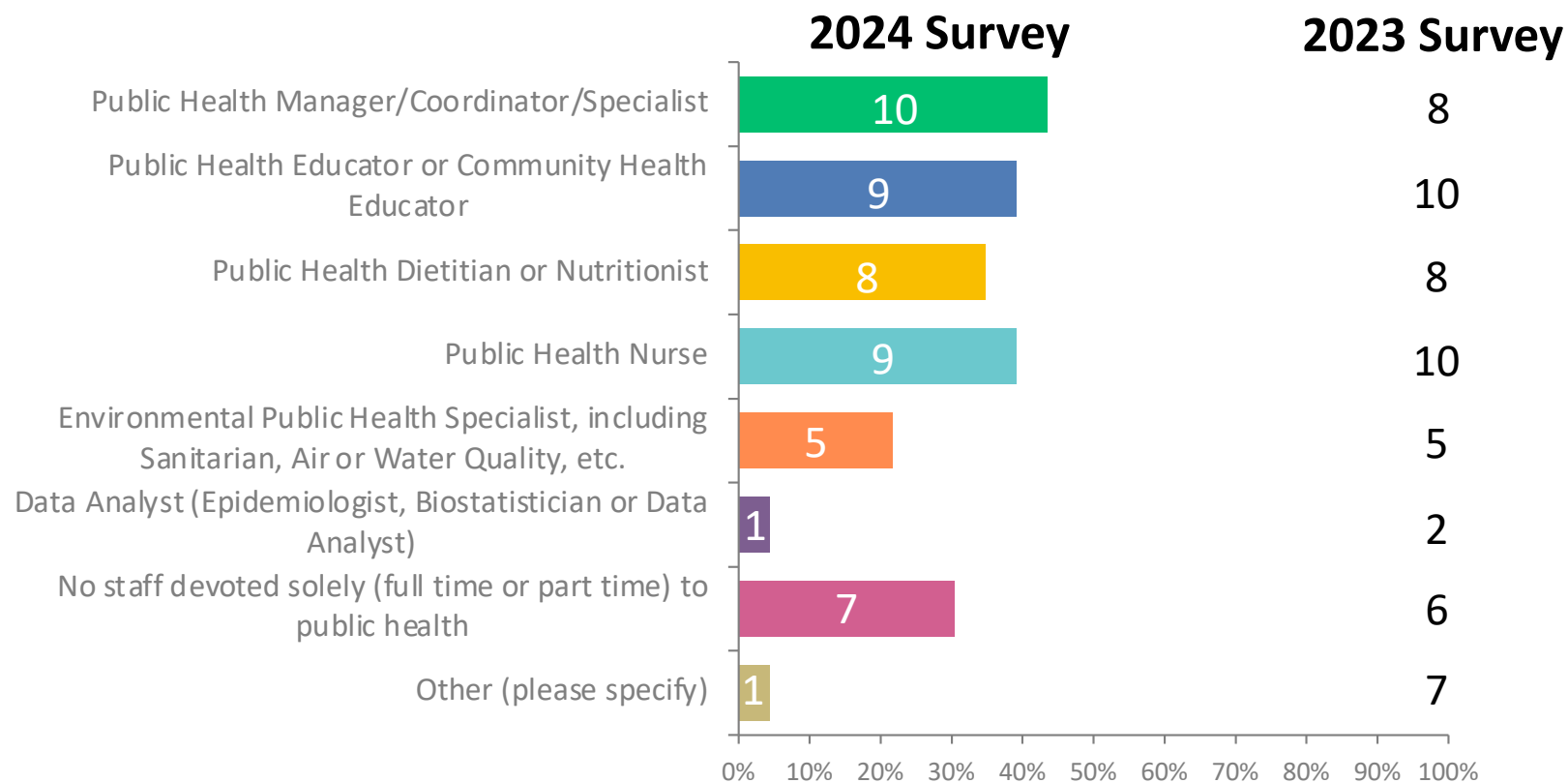
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What public health staff (full-time or part-time) does your tribe have, either as an employee or as a contractor? Choose all that apply.

Answered: 23 Skipped: 1



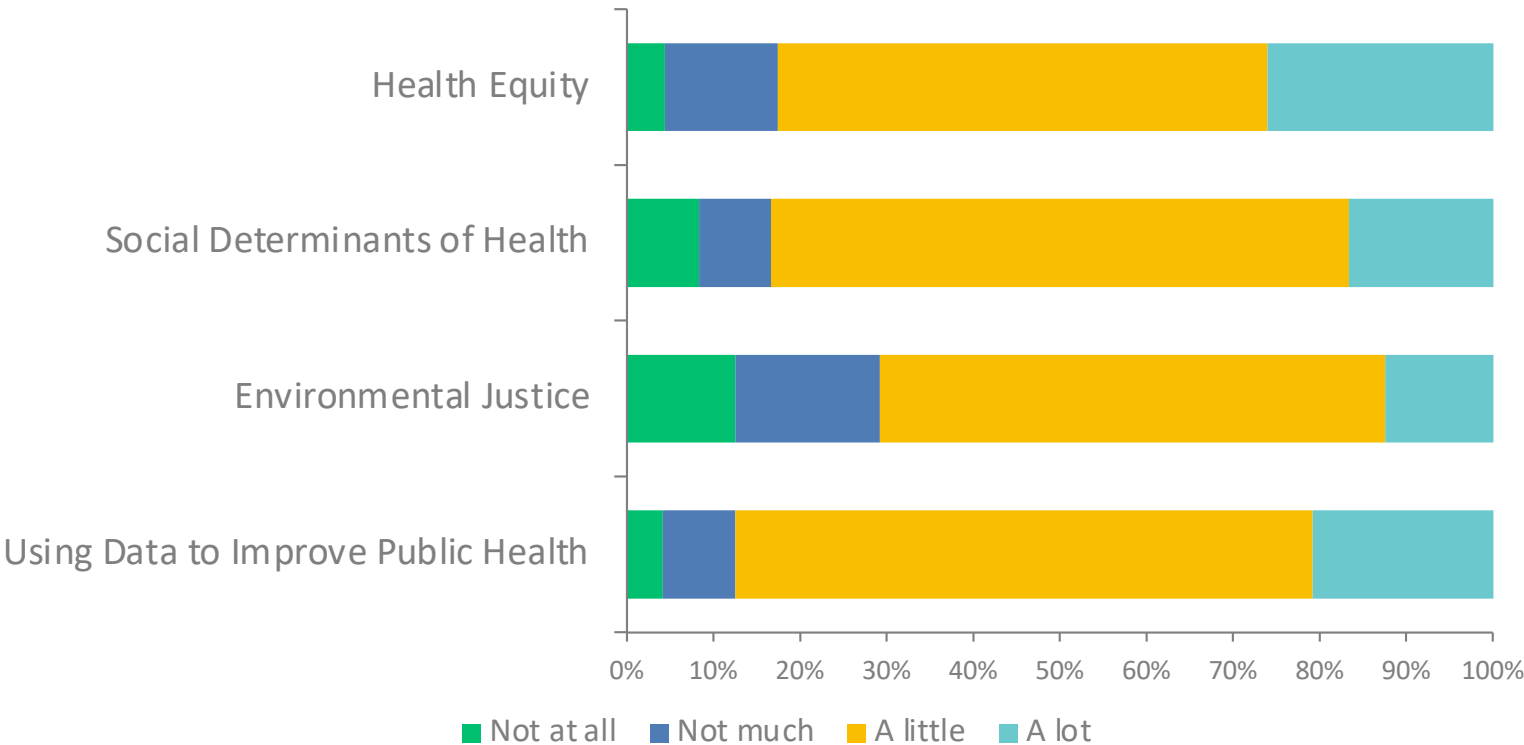
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How confident are you at addressing the following public health concepts with your public health workforce?

Answered: 24 Skipped: 0



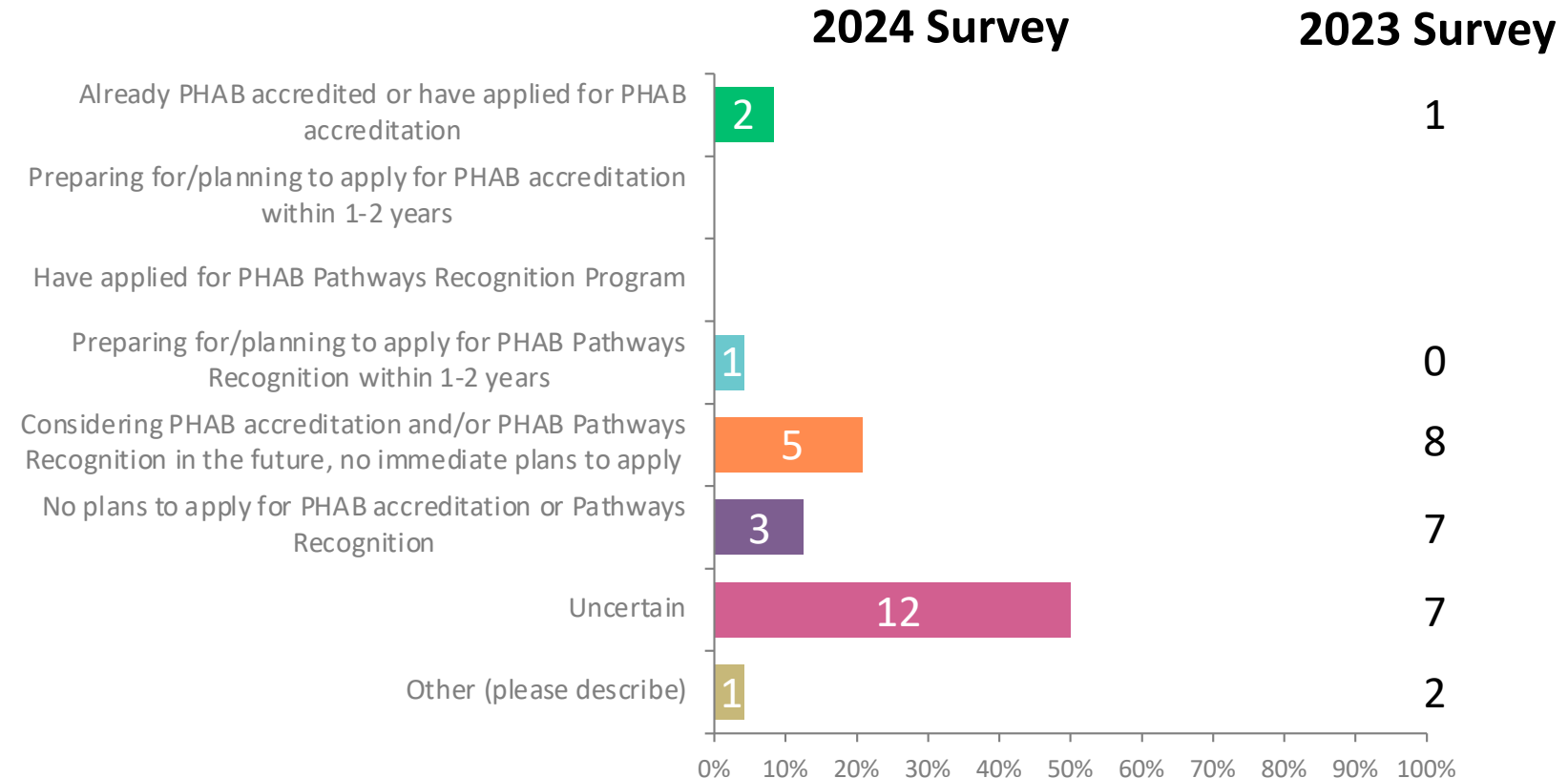
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Is your tribe planning to or has your tribe applied for Public Health Accreditation through PHAB?

Answered: 24 Skipped: 0



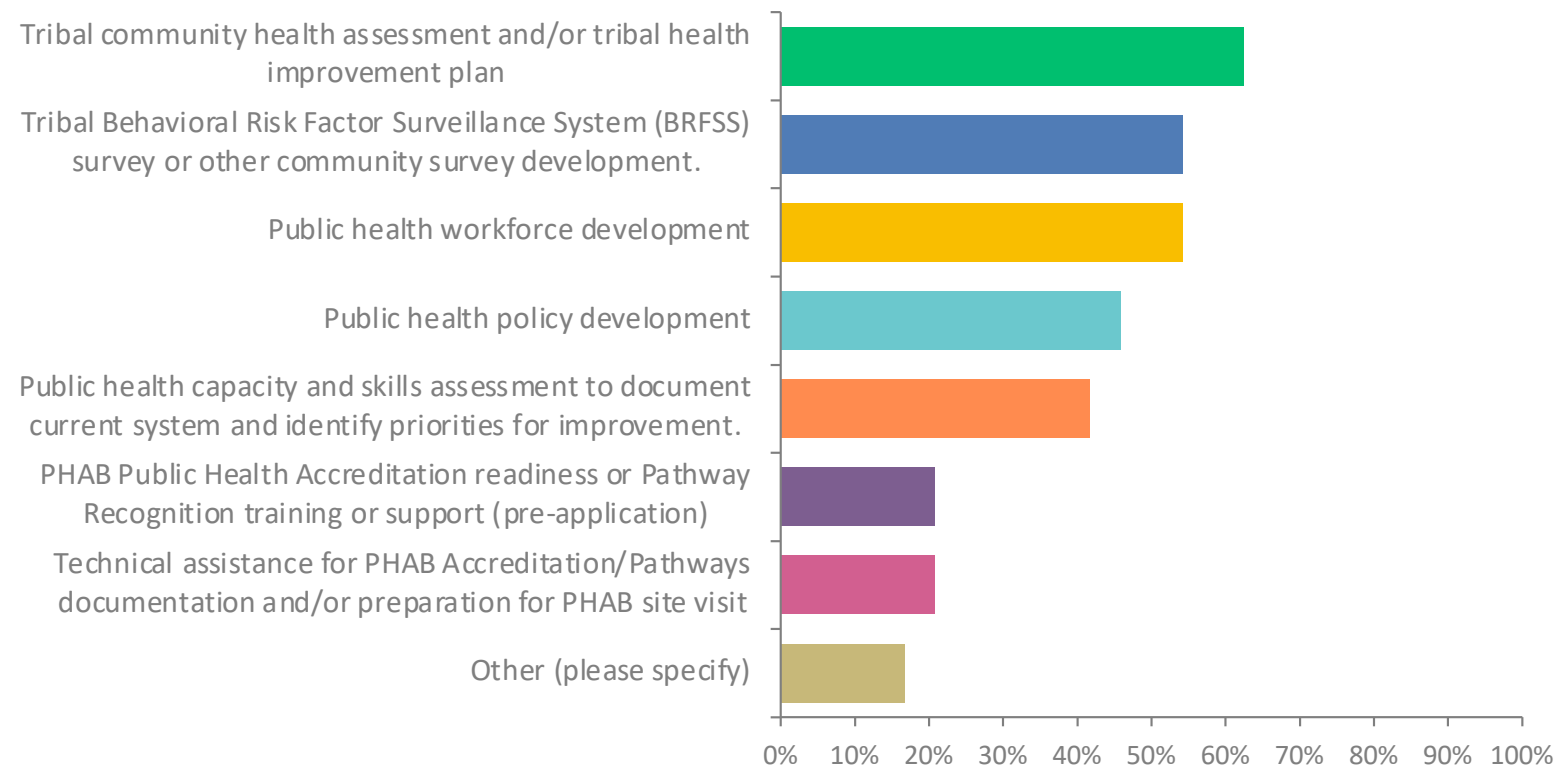
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What support do you need from the NWTEC or NPAIHB as you are developing your public health program or efforts? Please choose all that apply.

Answered: 24 Skipped: 0



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Structuring of Tribal Public Health Services

Which Public Health Functions are most important to your community?

Which functions or services do you already provide?

Do you need all services locally or is there opportunity to share services?

How much staff do you have or desire to have, and what are the funding sources for that staff?

How should you partner with LHJs, State and/or Federal Government?

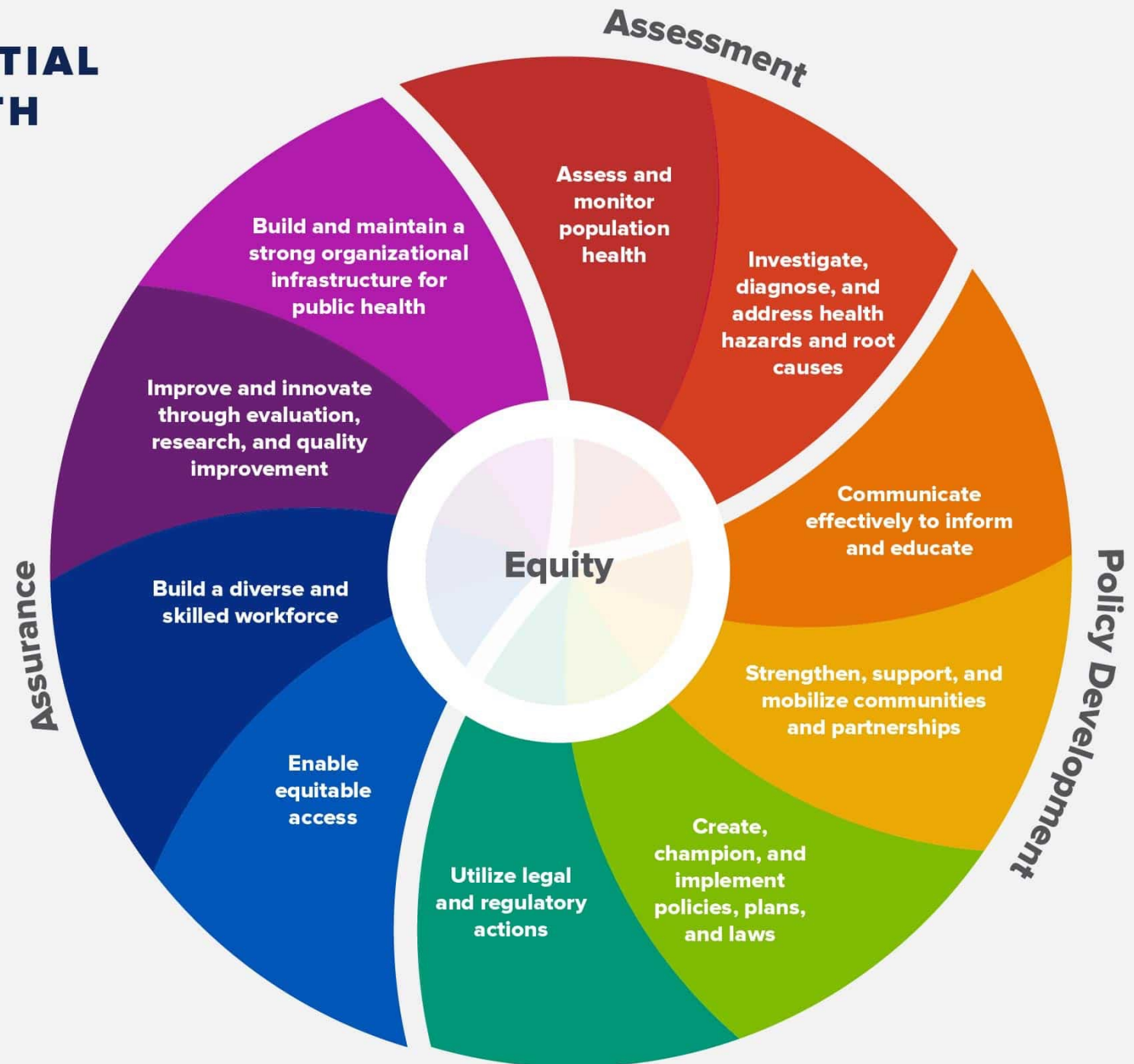


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THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Which Public Health Functions are most important to your community?

- **Assessment: Understand health issues affecting your community**
 - Collect, analyze, and use health data for decision-making and program planning
- **Assurance: Build strong programs for a healthy community**
 - Develop the public health workforce and provide high-quality services that meet local needs and priorities
- **Policy Development: Create the conditions for a healthy community**
 - Develop laws and policies that have health as the focus; nurture partnerships for collaboration; and provide info to community members



Which functions or services do you already provide?

- **Think broadly about all the health-related services, information, and resources offered to tribal and community members**
 - Tribal Health & Wellness and/or IHS services in the community
 - Other tribal departments: what other programs provide public health-related functions or services?
 - **Youth and elder programs**
 - **Social services**
 - **Environmental health / sanitation**
 - **Housing**
 - **Public safety**
 - Partnerships (formal or informal) with other agencies or programs providing services to tribal members and the community



Do you need all services locally or is there opportunity to share services?

- With other tribes
- With county public health
- With state or federal partners
- With NPAIHB and NWTEC
- With community partners and others



How much staff do you have or desire to have, and what are the funding sources for that staff?

- What current staff and funding do you have to support public health?
- Is tribal leadership aware and supportive of expansion of public health services and staffing?
- Do you have staff capacity and experience in seeking state or federal funding?
- Are there tribal-specific sources of funding that could support public health?



How should you partner with other public health jurisdictions?

Which partners are you already working with?

- State Public Health agency
- Local Health Jurisdictions (LHJs)
- Federal agencies
- NPAIHB and the Northwest Tribal Epidemiology Center (NWTEC)
- Other public health partners?

Which other entities would you like to partner with?

How would those partnerships enhance or support tribal public health services?



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Next Steps

- **NPAIHB will be developing updated materials and/or training on the following topics:**
 - Tribal community health assessments and Tribal health improvement plans
 - Tribal BRFSS survey / other community survey development
 - Public health workforce development
 - Public health policy development
 - Public health capacity and skills assessment
- **Which are top priorities for your tribe? What's missing?**



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Questions and Comments

Contact us!

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State Partner Updates



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Questions and Comments



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