HEALTH NEWS & NOTES

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Addressing Pedestrian Safety: Yakama Nation Tribal Council passes Heritage Connectivity Trail (HCT) Plan

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In what can only be described as an EPIC response to address pedestrian safety, the Yakama Nation led the development and ultimate approval of an impressive community-responsive, multi-agency-partnered, data-informed, culturally-infused plan to prevent serious and fatal injuries between pedestrians and motor vehicles as well as address broader connectivity through their region.

This monumental effort, years in the making, laid out in this multi-phase plan, is in direct response to community concern and has grown to include cooperative efforts not only within the Yakama Nation but also in several state, regional and national agencies as well as the communities that will be connected through this planned Heritage Trail network.

The HCT efforts will provide safe, active transportation where many tribal members are without a motor vehicle for transportation and rely on walking to their destination. (continued on page 4)

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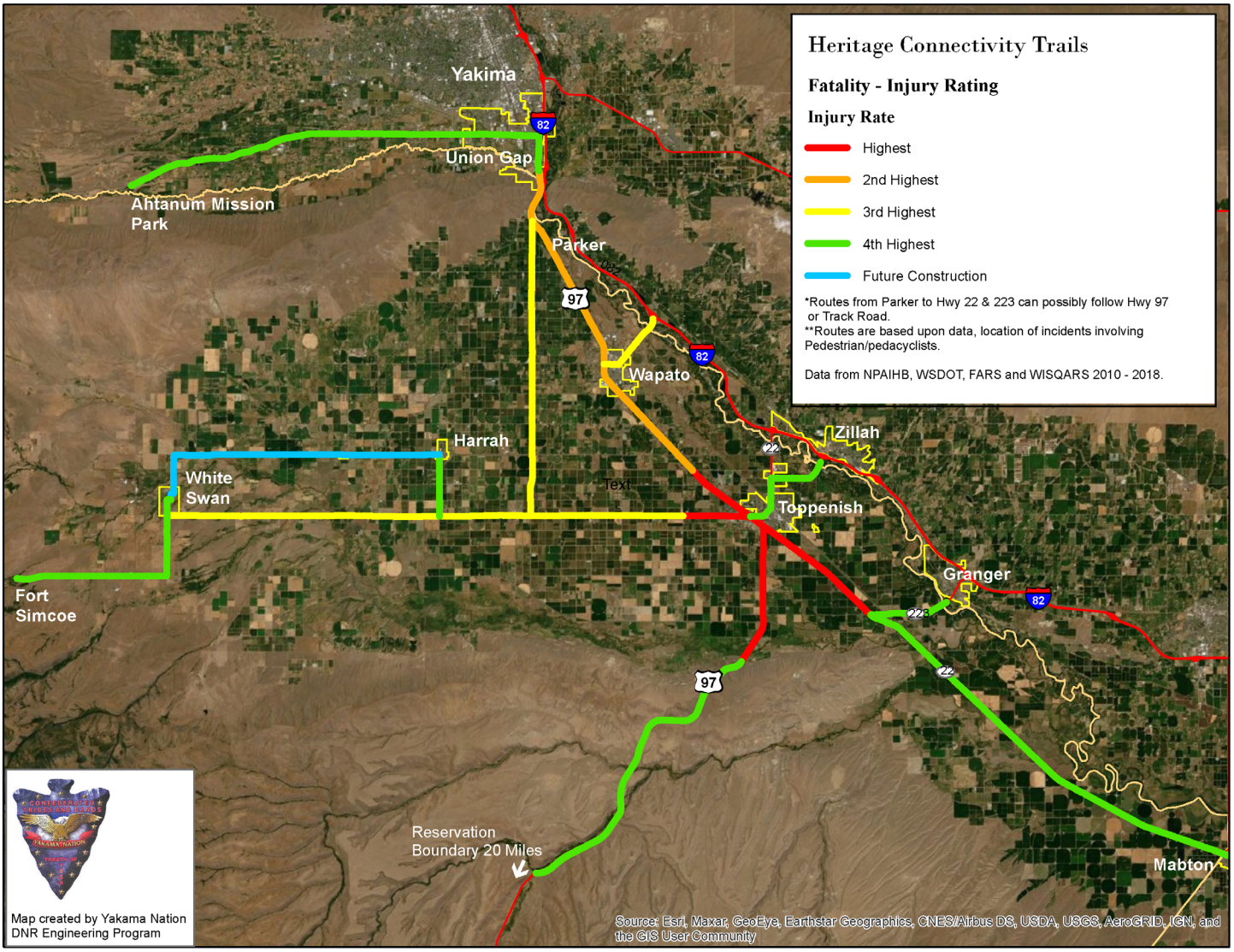
Tara Fox, Grants Management Specialist

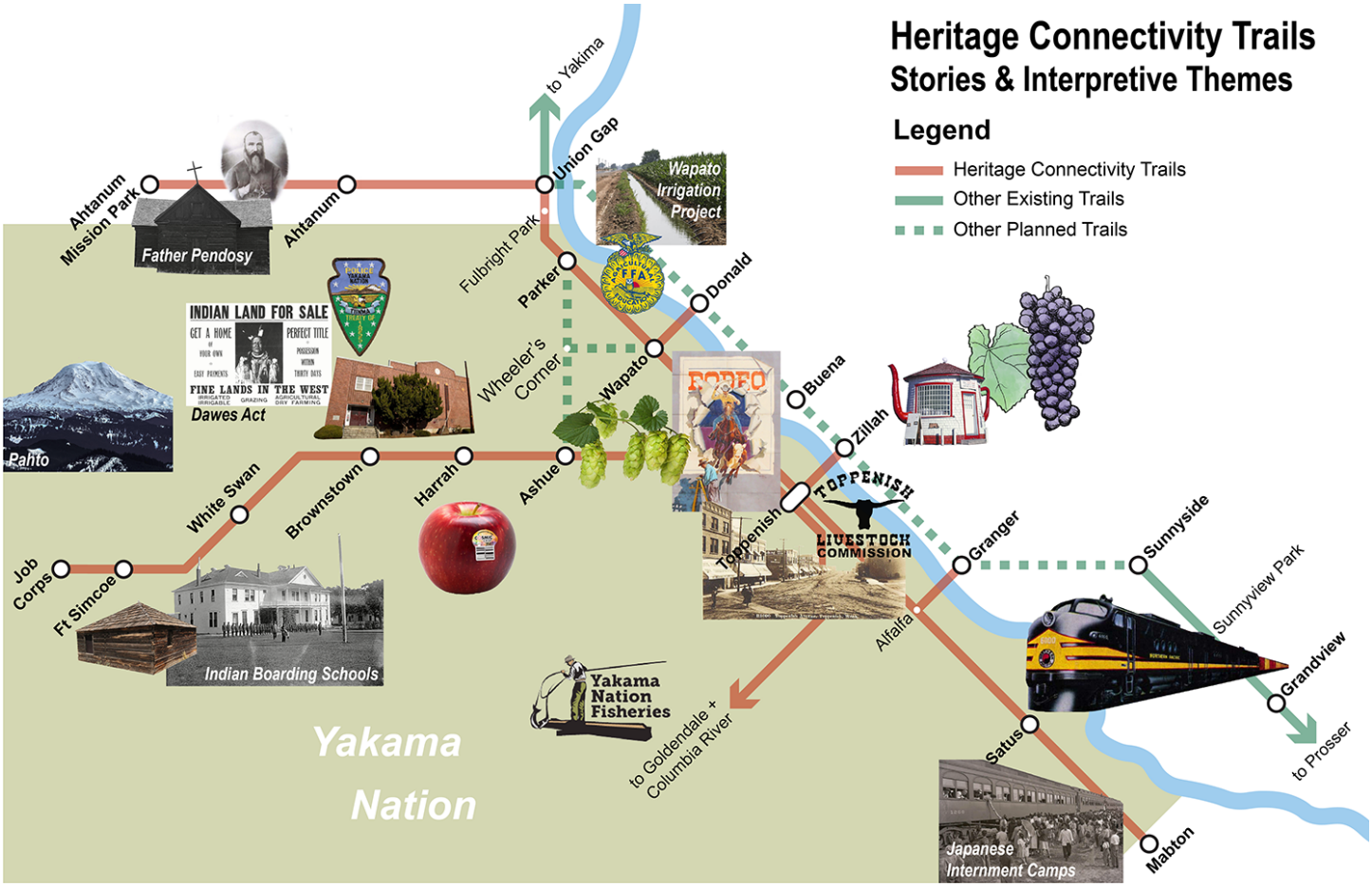
Addressing Pedestrian Safety: Yakama Nation Tribal Council passes Heritage Connectivity Trail (HCT) Plan (continued)

Currently, pedestrian and bicyclist comfort levels are low as they travel on reservation roads that may have narrow shoulders exposing them to traffic. Proposed pathways that separate pedestrian from motor vehicles will improve traffic safety for generations to come.

The HCT will not onlyprovide safe pathways, but it will improve mobility through communities, including providing better access to work, Tribal services and family and friends. It will also include opportunities for improving physical health through exercise and will provide access to culturally significant sites and emphasize cultural activities. And if my family's enthusiastic anticipation for the HCT is any indication, interest in walking the HCT and learning about Yakama Nation culture, history and enviable natural resources will reach well beyond the people with the nation borders and may provide economic benefit through cultural respectful tourism.



Don't lace up your shoes quite yet, the trail will be constructed in segments and connects multiple plans, programs and policies across the connecting communities. Currently in phase one of this effort, we look forward to learning more and bearing witness as the Yakama Nation not only connects communities but all also connects health, safety, land and culture to build a stronger, healthier, safer nation.



Chair's Notes

Nickolaus D. Lewis
Lummi Nation
NPAIHB Chairman

I am so blessed by my family and blessed to be here on the Salish Sea. I had the chance over Father's Day to camp with two of my boys and their cousins over on Sucia Island. Because of COVID-19, I haven't seen Nickolaus III or Tyray in over 18 months. Being out on the water with the boys made m think about the Canoe Journey that Lummi hosted in 2019. It seems like such a long time ago. I always try to teach my sons that staying safe on the water matters. We stay alert for other vessels on the water, and make sure that we are visible. Being prepared on the water saves lives. We make sure that we have bright life jackets, radios that work, water proof flashlights, and signal flares that haven't expired (your flares should be replaced every 3.5 years!). It can make the difference between life and death. Don't forget the basics like sunscreen, extra water and food, and your first aid kit. It is always better to be prepared.

As we move toward figuring out what our "new normal" looks like after COVID-19, it is time for us to figure out what kind of supplies we need to have on hand for our post-COVID journey. Some of the work that Lummi's behavioral health program is doing to create resilience for the "new normal" is developing an outdoor program for Lummi youth that will help connect them with our traditional homelands and our traditional foods. Utilizing their AWARE grant from the Substance Abuse and Mental Health Service Administration, counselors at Lummi will soon be coming alongside our youth out in nature, harvesting and preparing our traditional foods, and helping connect kids to culture in meaningful, life-changing ways. We hope that making these connections will help build resiliency, and connect our youth with their ancestors as they explore our homeland. These types of opportunities are important as we look at what we want our "new normal" to be like.

Another lesson from the Canoe Journey that I find myself reflecting on is the **Ten Canoe Rules** that our relatives at Quileute developed back in 1990 (**https://tribaljourneys.wordpress.com/10-canoe-rules/**). I want to share them here because I think we can learn from these lessons and apply that learning to creating our "new normal" after COVID-19.

1. EVERY STROKE WE TAKE IS ONE LESS WE HAVE TO MAKE
Keep going! Even against the most relentless wind or retrograde tide, somehow a canoe moves forward. This mystery can only be explained by the fact that each pull forward is a real movement and not a delusion.

2. THERE IS TO BE NO ABUSE OF SELF OR OTHERS
Respect and trust cannot exist in anger. It has to be thrown overboard, so the sea can cleanse it. It has to be washed off the hands and cast into the air, so the stars can take care of it. We always look back at the shallows we pulled through, amazed at how powerful we thought those dangers were.

3. BE FLEXIBLE
The adaptable animal survives. If you get tired, ship your paddle and rest. If you get hungry, put in on the beach and eat a few oysters. If you can't figure one way to make it, do something new. When the wind confronts you, sometimes you're supposed to go the other way.

4. THE GIFT OF EACH ENRICHES ALL

Every story is important. The bow, the stern, the skipper, the power puller in the middle – everyone is part of the movement. The elder sits in her cedar at the front, singing her paddle song, praying for us all. The weary paddler resting is still ballast. And there is always that time when the crew needs some joke, some remark, some silence to keep going, and the least likely person provides.

5. WE ALL PULL AND SUPPORT EACH OTHER

Nothing occurs in isolation. When we aren't in the family of a canoe, we are not ready for whatever comes. The family can argue, mock, ignore each other at its worst, but that family will never let itself sink. A canoe that lets itself sink is certainly wiser never to leave the beach. When we know that we are not alone in our actions, we also know we are lifted up by everyone else.

6. A HUNGRY PERSON HAS NO CHARITY

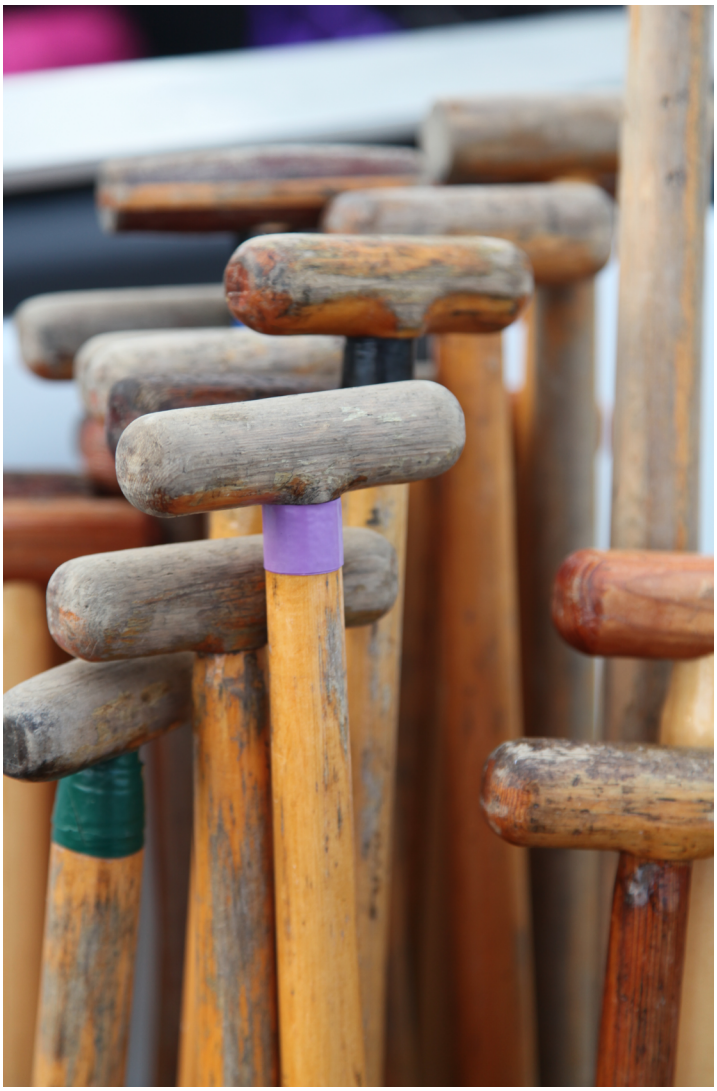
Always nourish yourself. The bitter person, thinking that sacrifice means self-destruction, shares mostly anger. A paddler who doesn't eat at the feasts doesn't have enough strength to paddle in the morning. Take that sandwich they throw at you at 2.00 A.M.! The gift of who you are only enters the world when you are strong enough to own it.

7. EXPERIENCES ARE NOT ENHANCED THROUGH CRITICISM

Who we are, how we are, what we do, why we continue, flourish with tolerance. The canoe fellows who are grim go one way. The men and women who find the lightest flow may sometimes go slow, but when they arrive, they can still sing. And they have gone all over the sea, into the air with the seagulls, under the curve of the wave with the dolphin and down to the whispering shells, under the continental shelf. Withdrawing the blame acknowledges how wonderful a part if it all every one of us really is.

8. THE JOURNEY IS WHAT WE ENJOY

Although the start is exciting and the conclusion gratefully achieved, it is the long, steady process we remember. Being part of the journey requires great preparation; being done with a journey requires great awareness; being on the journey, we are much more than ourselves. We are part of the movement of life. We have a destination, and for once our will is pure, our goal is to go on.



9. A GOOD TEACHER ALLOWS THE STUDENT TO LEARN

We can berate each other, try to force each other to understand, or we can allow each paddler to gain awareness through the ongoing journey. Nothing sustains us like that sense of potential that we can deal with things. Each paddler learns to deal with the person infront, the person behind, the water, the air, the energy; the blessing of the eagle.

10. WHEN GIVEN ANY CHOICE AT ALL, BE A WORKER BEE –MAKE HONEY!

We are on this journey together. We can apply the teachings from the Canoe Journey to every part of our lives. I am committed to keeping going, to respect and trust, to being flexible, to remembering that everyone's story contributes to the family, and that we are here to support each other. I am also committed to remembering that self-care matters, and that we grow when we are accepted as we are, there is learning we will acquire in the journey, and that hard work is an honor because it serves our people.

Indian Health Litigation Update

Geoff Strommer
Hobbs, Straus, Dean & Walker, LLP

Supreme Court Upholds the Affordable Care ActOnce Again

On June 17, 2021, the U.S. Supreme Court announced that it had voted 7-2 to uphold the Affordable Care Act (ACA) once again. Justice Breyer penned the majority opinion in California v. Texas, holding that the Plaintiffs –Texas and several other States as well as two individuals –did not have standing to bring their challenge to the ACA's individual mandate provision. Justice Alito filed a dissenting opinion joined by Justice Gorsuch.

In 2012, the Supreme Court held in National Federation of Independent Business v. Sebeliusthat the ACA's individual mandate, when considered alongside the tax penalty created to enforce it, was a constitutional exercise of Congress' taxing powers. The Plaintiffs in the Texascase argued that the mandate could no longer be considered a tax after Congress reduced the amount of the penalty to $0 as part of the Tax Cuts and Jobs Act of 2017. They further argued that the individual mandate is so central to the ACA that the entire law should be struck down. That would have included the 2010 amendments overhauling the Indian Health Care Improvement Act, as well as other important Indian-specific provisions of the ACA.

The Court avoided those substantive questions, instead deciding the case on the threshold issue of standing.To establish standing to bring a case in federal court, plaintiffs must show that they have suffered an injury "fairly traceable" to the defendant's conduct and "likely to be redressed by the requested relief."Here, the Court held that the individual plaintiffs had no injury because the individual mandate carries no penalty, and that the State plaintiffs failed to prove that the increased costs of their healthcare programs was due to the individual mandate as opposed to voluntary enrollment. As a result of the decision, the ACA, including the Indian Health Care Improvement Actremains in full effect.

Opioid Litigation Update

The ongoing prescription opiate litigation has been called thelargest and most complex litigation in U.S. history. In 2017, the federal courts created the National Prescription Opiate Litigation Multi-district litigation (MDL) in the Northern District of Ohio to coordinate cases brought by local governmental entities, Tribes and Tribal organizations, and several other classes of plaintiffs seeking to hold manufacturers, distributors, and retailers of prescription opioids accountable for their role in fueling the opioid epidemiccrisis. The MDL now involves approximately 3,000 plaintiffs, most of which are government entities. Several of the States have also brought their own parallel cases in state courts across the country.

The MDL judge has selected several "bellwether" (test) cases and remanded others for trial in other courts. Although initially delayed by the pandemic, trials are now beginning around the country, including the first jury trial in a state court in New York.

Voting is also underway on reorganization plans in two bankruptcy proceedings brought by Purdue Pharma and Mallinckrodt Pharmaceuticals, both manufacturers of prescription opioids. The proposed reorganization plans represent the culmination of two years of negotiations by and between the manufacturers and the various classes of opioid litigation plaintiffs. Under the proposed plans, which could go into effect by early next year, Tribes will receive approximately 3% of the funds earmarked for government plaintiffs. The funds will be administered by a Tribal Abatement Fund Trust and used for opioid abatement purposes.

Tribal Cases Brought Against E-Cigarette Maker JUUL

More than 20 Indian tribes and tribal organizations across the country have filed suit against JUUL Labs Inc., Philip Morris USA, Altria Group Inc., individual JUUL board members, and other defendants for their role in creating a youth vaping epidemic. The tribal cases are pending in the multidistrict litigation (MDL) in in the United States District for the Northern District of California. The JUUL MDL also includes cases brought by individual plaintiffs, school districts, and localgovernments.

The tribes' suits allege that the defendants' deliberate practices in developing a highly addictive product, while intentionally and deceptively marketing it to tribal youth, created a vaping epidemic directly impacting their tribal communitieswhile generating billions of dollars in profits. In responding to the youth vaping epidemic, the tribes have been forced to expend resources on the treatment of nicotine-caused illnesses, prevention and early intervention programs, law enforcement, and the cost of hazardous waste disposal of the vaping products.

On April 13, 2021, Judge Orrick denied the defendants' motions to dismiss cases brought by individual and government entity plaintiffs, which included four school districts and two local governments. In the decision, Judge Orrick found that the plaintiffs sufficiently plead claims brought under the federal Racketeer Influenced and Corrupt Organizations Act(RICO), a law providing a civil cause of action against an enterprise engaging in unlawful racketeering activities, and various state law claims.

Judge Orrick also found that based on allegations against the individual JUUL board members regarding their "numerical control of the Board, knowledge about JUUL's youth appeal and the growthof underage users, significant involvement in marketing decisions, and unusually active roles in management and decisions from which they profited billions of dollars, plaintiffs sufficiently allege the [directors'] personal participation to maintain the RICO and state law claims asserted against them."

Contract Support Cost Litigation Update

Litigation continues around the country over the proper measure of contract support costs (CSC) owed to tribes by the Indian Health Service (IHS). The main issuein the courts right now is whether IHS owes CSC on the portion of a tribal health program funded by third-party revenues, such as payments from Medicare, Medicaid, or private insurance. As payors of last resort, tribes carrying out health care programs are required to bill and collect payment from third parties whenever possible, and required to use this "program income" to provide additional services under their funding agreements. In providing additional services, tribes incur more of the indirect and direct costs that CSC is meant to cover—yet IHS has always refused to pay CSC for these services, arguing that only funding appropriated by Congress and transferred in a funding agreement generates CSC.

The courts are split on this issue. In 2016, a federal court in New Mexico agreed with the tribal perspective, but more recent decisions have gone IHS's way. In Arizona, the court ruled against the San Carlos Apache Tribe, and in the District of Columbia, the court ruled against the Swinomish Indian Tribal Community. The Swinomish Tribe appealed to the D.C. Circuit, but earlier this year the appeals court ruled in favor of IHS, and recently denied the Tribe's petition for rehearing en banc. The San Carlos Apache Tribe has appealed its decision to the Ninth Circuit. A win for the Tribe would create a circuit split on the issue, which could convince the Supreme Court to hear the case assuming IHS appeals, which seems likely.

Meanwhile, other similar cases are percolating in the courts in Alaska, Wyoming, South Dakota, and the District of Columbia. It could be that CSC issues are headed for a third time to the U.S. Supreme Court.

Native CARS Motor Vehicle Injury Related Projects at the NPAIHB

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Beginning in the early 2000's, driven by Tribal concerns on the impact of motor vehicle-related injuries and deaths in their communities, the NWTECs Native CARS Teamset out to understand what puts Northwest native communities at risk for MV injuries and deaths and construct and evaluate meaningful and tribally informed interventions to prevent them. This team, in partnership with northwest Tribes and led by Co-Principal Investigators Jodi Lapidus and Tam Dixon Lutz, (Lummi Tribal member) along with the Senior Biostatistician Nicole Smith and Project Manager Candice Jimenez (Warms Springs Tribal member) has continued and expanded efforts over the last two decades expanding its focus and approach. While Ms. Jimenez had moved onto a policy role at the NPAIHB (with potential for policy level partnership), the teams has also grown with the addition of new Project Coordinator, Olivia Whiting Tovar (Oglala Sioux Tribal member) who recently graduated magnum cum laude from Fort Lewis College's undergraduate public health program.

Native CARS Study and The Native CARS Atlas

The Native CARS Team's initial **Native CARS** (Native Children Always Ride Safe) Study that aimed toassess andimprove child passenger restraint use among NW Tribes was funded by the National Institute on Minority Health and Health Disparities (NIMHD). (**https://www.nimhd.nih.gov/news-events/features/community-health/native-cars-partnership.html**). Encouraged by their demonstrated successachieving improvement in child passenger restraint useand a desire to share their effortswith other communities beyond their own tribal boundaries, Native CARS team obtained additional funding from NIHMDstudyfunding to create theNative CARS Atlas. The Native CARS Atlas isa web-based mechanism that aims todisseminate Native CARS Tribal community partnerefforts, protocolsand products.The Native CARS Atlas (www.nativecars.org)is offered in the voice and experience of Tribal communities and designed as ablueprint for Tribes, diverse communities, schools,public health programs, law enforcement programs to establish and evaluatetheir own community-led interventions to improvechild passenger restraint use in theirown community.

Motor Vehicle Injury Data Project

Following extensive efforts working together to build Tribal capacity to collect and utilize child passenger use community data, Tribal partners inquisitiveness continued to grow and additional requests were made to understand what additional existing datasets may be available with AI/AN motor vehicle related data and how it might be used to further understand what else may be impacting motor vehicle related injuries and deaths in Tribal communities. With this charge in mind, the Native CARS Team again provided a proposal to NIMHD and successfully obtained additional funding in late 2018 to launch a Motor Vehicle Injury Data (MVID) Project, a Tribal initiative to improve access and utilization of motor vehicle data to prevent crash injuries and fatalities among American Indian & Alaska Natives (AIAN) in the Northwest region. It is a four-year grant and is being conducted in partnership with the Northwest Washington Indian Health Board.

The Native CARS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP)

Our newest funding awarded for motor vehicle injury prevention came the Indian Health Service TIPCAP Program. While we have had this funding in the past, the last funding received was provided to address elder falls. With this new TIPCAP award the Native CARS Teams will address both child passenger safety and pedestrian safety. The partnership with Doernbecher Children's Hospital's Tom Sargent Safety Center will provide leadership resources to mentor a fellow CPS Technician in the new project.

The Native CARS Tribal Injury Prevention Cooperative Agreement Program (TIPCAP) focuses on child passenger safety and pedestrian safety. It is our intention that by the end of this 5-year program, Native CARS TIPCAP will improve Tribal capacity to develop and implement data-informed programs to improve child passenger restraint use to prevent motor vehicle-related injury and death amongst child passengers of the 43 Northwestern Tribal communities that the NPAIHB serves.

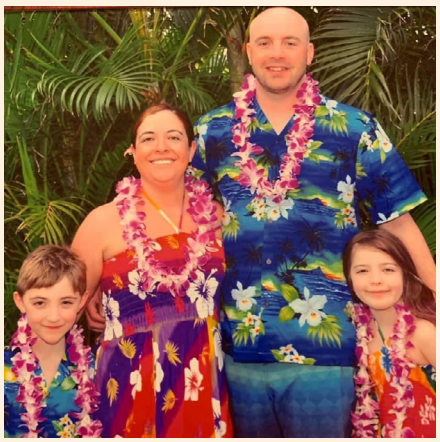
The Native CARS TIPCAP Project will establish a coalition with members drawn from the 43 northwestern tribes that the NPAIHB serves, with the intent to advocate for community improvement of child passenger safety. From this coalition, TIPCAP will provide opportunities for coalition members to access trainings and obtain continuing education credits, including attending observational data collection trainings, Child Passenger Safety Technician Certification and re-certification trainings. Olivia and Tam will partner with Certified child passenger safety technician instructors from the Tom Sargent Safety Center at Doernbecher Children's Hospital and the new Indian Health Service TIPCAP Project Officer, Chris Fish.

Native CARS TIPCAP aims to provide an opportunity for at least six tribal communities this year to conduct child passenger restraint observational data collection events within their communities with knowledge gained from the Native CAR TIPCAP trainings. Additionally, the program is already making plans with partners to support Tribal communities and their CPS Technicians to conduct car set check and distribution events in their community.

These events are helpful for the community both because parents and guardians learn about proper child safety seat installation, ensuring their child's safety in their car seat when they get on the road but also critical for community CPS Technicians to obtain needed car seat sign offs to maintain their certification. The team will update the Native CARS Atlas website's tools and resources for users, including new updates and added content on pedestrian injury data and evidence-based approaches to improve community pedestrian safety. Having access to this information will be beneficial to CPS Technicians and coalition members because they will have access to all of the tools and resources provided by the enhanced Native CARS website's learning modules, along with the confidence to conduct evaluations of the projects they undertake.

New Team Members

Olivia Whiting-Tovar is the new TIPCAP Program Coordinator. Olivia is responsible for many different aspects of TIPCAP's inevitable success. Olivia implements updates on the Native CARS website to provide the newest and most valuable information and resources. Olivia became a certified Child Passenger Safety (CPS) Technician this month and will help to provide more accurate CPS Technician materials and documents on the site. They will connect with and build a coalition of Tribal members from the different Native communities in Idaho, Oregon, and Washington with which the NPAIHB already works. The coalition members will be able to connect with other Native communities to learn from and share ideas to help improve car seat safety and usage to instill these safety practices; so their communities can thrive for generations to come. Olivia will organize and facilitate coalition meetings to discuss each communities' concerns and needs. See Olivia's bio in the *New Faces* section.



Chris Fish

Hello! My name is Chris Fish, and I am the Director of the Division of Environmental Health Services at the Portland Area Indian Health Service. I moved to Portland in July 2020, and am very honored for the opportunity to join the team serving Tribes in the Pacific Northwest. Before coming to Portland, I worked at the Alaska Native Tribal Health Consortium (ANTHC) for 10 years. Working at ANTHC was a great opportunity to work directly for Alaska Native Villages across the state and contribute to the public health of Tribal communities. In my new role in Portland, I am the project officer for NPAIHB's Tribal Injury Prevention Cooperative AgreementProgram. I look forward to working with NPAIHB and learning more about Tribes' needs in our area.

Seeking Coalition Members

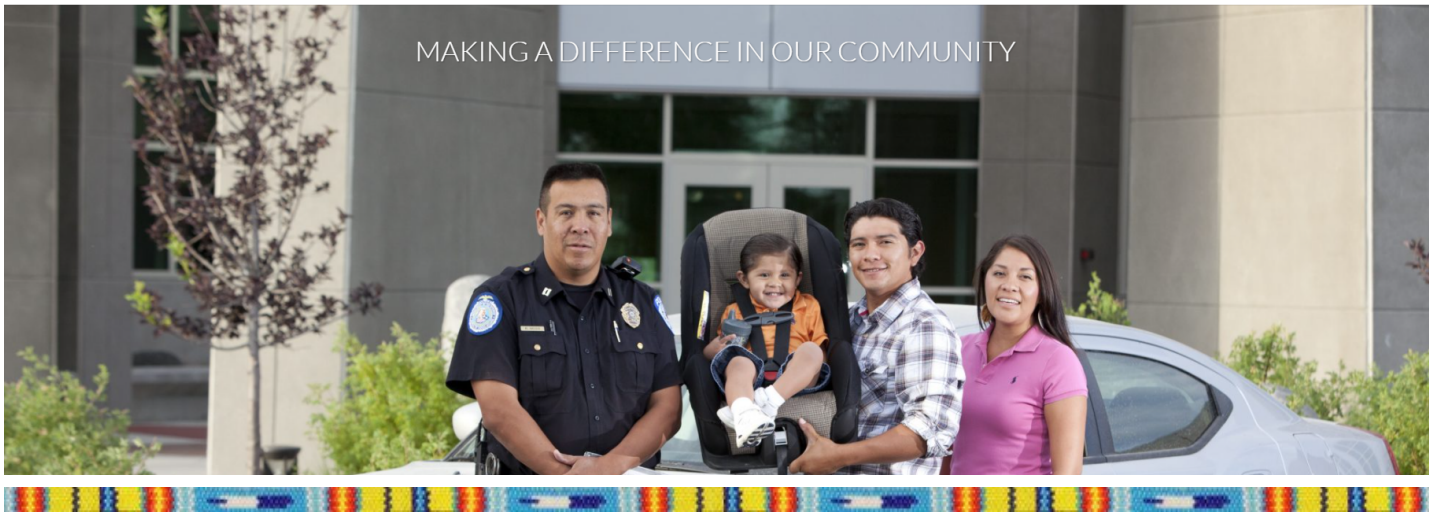
As a Native CARS TIPCAP coalition member, you will gain knowledge that will impact generations of your community with your teachings. At these coalition meetings, you will have the opportunity to get advice and learn from Certified Child Passenger Safety Technicians. You will be provided virtual settings which allows you to easily collaborate with other Native community members from Idaho, Oregon, and Washington.

Come join other Native communities in your region to collaborate and share your ideas and concerns or extend your expertise and experience to help other communities who need help or are just starting out in child passenger safety.

Contact Native CARS TIPCAP's program coordinator Olivia either by email at owhiting@npaihb.org or by phone at 605-407-2417 when you want to join! They are excited to begin this journey with you!

Join the Native CARS TIPCAP Coalition TODAY!

Native CARS: Native Children Always Ride Safe
TIPCAP: Tribal Injury Prevention Cooperative Agreement Program



Joining the coalition will:

- **Help *improve* your community's child safety seat practices!**
- **Get advice and learn from a Certified Child Safety Seat Technician!**
- **Have the opportunity to get your CPS Tech certification for FREE!**
- **Ensure your child's safety in the proper safety seat!**

Our first coalition meeting will be August 11th at 4 pm PDT *Interested?* Contact Native CARS TIPCAP's program coordinator: Olivia Whiting now!
By email at owhiting@npaihb.org or by phone at (605) 407-2417

NORTHWEST PORTLAND AREA
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How Complete is Fatality Analysis Reporting System (FARS) Crash Data?

Meena Patil, MPH

Biostatistician
Motor Vehicle Injury Data Project

The Motor Vehicle Injury Data (MVID) Project is a Tribal initiative to improve access and utilization of motor vehicle data to prevent crash injuries and fatalities among American Indian & Alaska Natives (AIAN) in the Northwest region. It is a four-year grant funded by the National Institute of Minority Health and Health Disparity (NIMHD), and operated in partnership with the Northwest Washington Indian Health Board. One of the aims of this project the Native CARS team's NIHMD funded motor vehicle injury data project is to assess the quality and utilization of an existing transportation data source, for this we have chosen to evaluate the Fatality Analysis Reporting System (FARS) data set for its completeness and data quality.

Our team has embarked on a novel approach of performing privacy-preserving record linkage between the race-corrected death certificate and the FARS datasets. Ideally, patient identifiable information such as full name, social security number, and date of birth are used for record linkages, however, publicly available FARS dataset does not include any of these fields. Therefore, our team decided to adapt a new method of performing probabilistic linkage using available limited personal identifiable data fields.

As a part of our project goal we have analyzed race-corrected death certificate data to evaluate the burden of motor vehicle injury (MVI) fatalities and estimate the disparity between race groups, gender and age groups, and assess trends over the years. As death certificates are linked to the Northwest Tribal Registry, we trust that the counts and rates are accurate for AI/AN. However, because other injury-related information is not available in death certificate data, we were unable to depict a comprehensive picture of the burden of fatal crashes on tribal communities. Through this linked dataset we will be able to assess important risk factors associated with MVI such as behavior patterns and environmental circumstances.

Methods

The Northwest Tribal Epidemiology Center researchers regularly perform probabilistic linkage between state vital records and the Northwest Tribal Registry (NTR) to identify and correct records for AI/AN people reported as other races in state data. We used race-corrected death certificate records of Washington state resident motor vehicle traffic and non-traffic injury deaths between 2010 and 2016 for this linkage. FARS data is a publicly available national census of fatal crashes that occur on public trafficways, and includes deaths that occurred within 30 days of the crash. (**https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars**). We acquired FARS records of motor vehicle crash deaths in Washington state that occurred between 2010 and 2016.

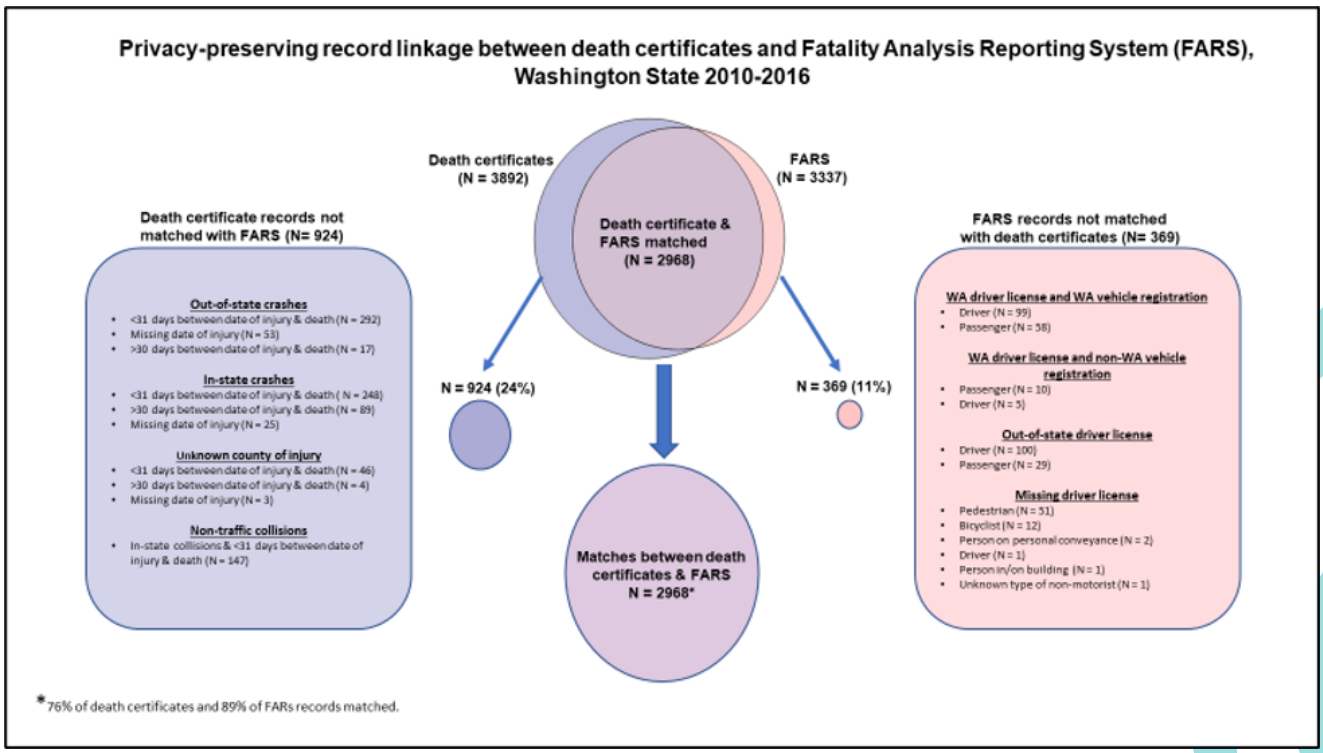
We performed the linkage using MatchPro, a probabilistic linkage software developed by the National Cancer Institute that can be freely downloaded from **https://surveillance.cancer.gov/matchpro/download.**

The fields date of death, date of injury, gender, age, county and time of injury, and race were used through blocking and matching method to identify matching records between the two datasets. We developed a set of criteria to assign match status for potential matches.

After performing the linkage, we investigated and estimated the number of records in both datasets that may not possibly match due to various reasons. We calculated expected matches in death certificate dataset by subtracting records that we would not find in the FARS dataset such as state resident crash deaths that occurred outside of Washington, deaths that occurred more than 30 days after the crash, and non-traffic injury deaths, from the total deaths in Washington.

Results

For Washington state 2010-2016, we had 3892 death certificate and 3337 FARS records to link. Among them 2968 records met our matching criteria and were assigned as matches. The picture shows the characteristics of non-matched records in the death certificate and FARS datasets. Of 3224 death certificate records that were expected to match, 2909 (**90%**) matched, and there were 59 unexpected matches. Of 3153 FARS records that were expected to match, 2913 (**92.4%**) matched, and there were 55 unexpected matches. After further examining these unexpected matches, we concluded that most of them were due to death certificates coding as non-traffic and FARS coding as traffic.



We were not able to assign match status for potential matches with missing or incomplete data fields, and many of the unmatched were due to missing information. Death certificates had more missing data fields than FARS. There were several crash instances where multiple fatalities were observed among them some records had similar matching fields, in such circumstances there were possibilities of cross matches between records.

Conclusions

A very high percentage of motor vehicle injury death certificate records matched to FARS records. **We determined that FARS is a very complete, excellent resource for tribes.** The linked death certificate/FARS file will enhance the technical assistance the Northwest Tribal EpiCenter can offer to tribes, as we can provide data for AI/AN regardless of where the crash occurred, and data for all fatal crashes located at or near tribal communities. With this data, tribes can identify and target areas to intervene, including behavior change and infrastructure.

Presently, we are performing linkages between Oregon and Idaho state death certificate records and FARS. These linked files will be very useful for us to examine factors responsible for higher MVI deaths among AIAN populations in Northwest region such as alcohol/drug involvement, distracted driving, speeding, and restraint use, road conditions, weather, and more. We can estimate proportion of AIAN on death certificates that were coded as AI/AN in FARS. Using exact crash locations (GPS coordinates) and special jurisdiction codes from FARS we can locate high frequency fatal crash locations on or near reservations, which may be helpful for tribes to invest in traffic safety planning measures. Tribal communities can identify traffic locations that require stop signs, speed limits, erect barriers etc. and plan accordingly. FARS data can also be used to identify night time fatal crashes among residents and plan to implement street lights, safe crosswalks, speed limits etc. to ensure safe paths for walking and bicycling.

Please contact Meena Patil (mpatil@npaihb.org) for more information on using FARS data.

Data Considerations for Motor Vehicle Injury Visits in Hospital Discharge Data

Nicole Smith, MPH
Senior Biostatistician
Northwest Tribal Epidemiology Center

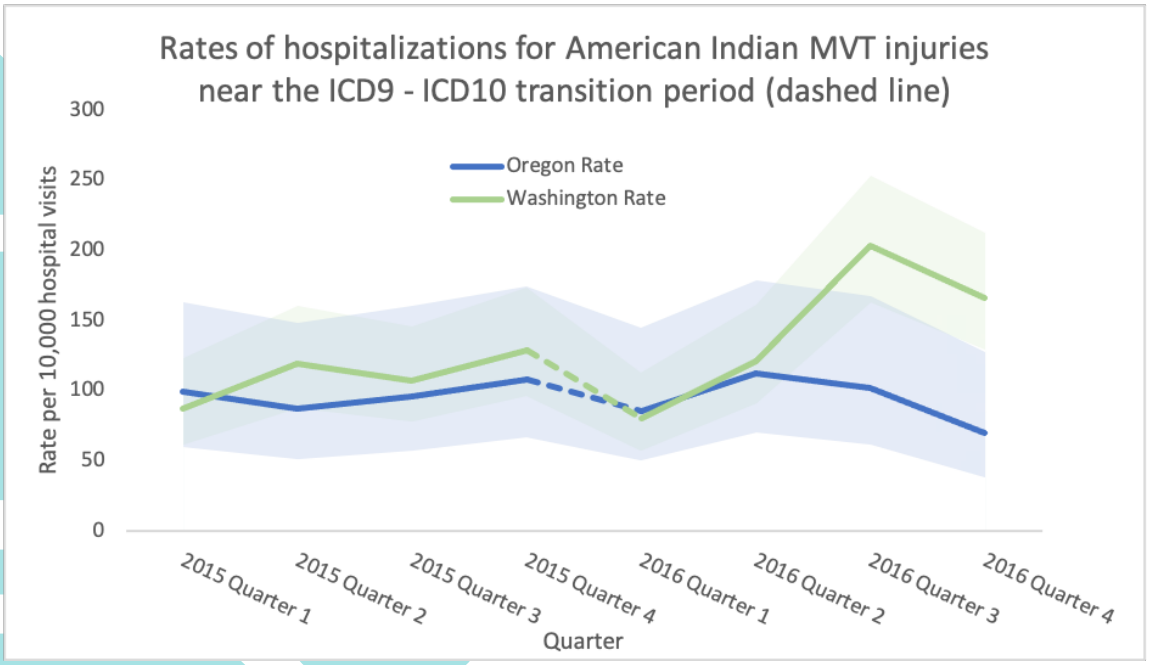
Hospital data is an important resource for understanding how American Indians are impacted by illnesses and injuries, including motor vehicle crash injuries(MVI). The IDEA-NW project works with the states of Oregon and Washington to link hospitalization data to the Northwest Tribal Registry (NTR) to improve the quality of race data for AI/AN. The Native CARS team's National Institute on Minority Health funded motor vehicle injury data project is currently analyzing race-corrected in patient hospital data from Washington(2011-2016) and Oregon(2011-2017). Here, we share some preliminary findings, along with some things to consider when using hospital discharge data.

ICD9 vs ICD10

The international classification of disease (ICD) system is the cornerstone of classifying diseases, injuries, and procedures done in hospital settings. The transition from ICD9 to ICD10 coding in U.S. hospitals occurred October 1,2015. ICD10 coding improves the usefulness of injury data. For example, intent is more clearly defined, and motor vehicle traffic and non-traffic injuries are coded separately, which is important for planning departments. Traffic injuries occur on public roadways, while non-traffic could be in parking lots, logging roads, or on private property. However, the coding change makes it challenging to track trends over time. It can be difficult to know if observed increases or decreases are due to more incidents or due to different coding.

We found a slight decrease in the rate of motor vehicle traffic (MVT) injuries directly after the shift to ICD 10 coding. However, MVI typically decrease each year in quarter 4, and the observed decline was not different from usual. After the switch to ICD10, we saw a higher proportion of MVIs classified as "motor vehicle occupants" and a decrease in the proportion coded as "other transport."

Data source: Oregon (2011-2017) and Washington (2011-2016) hospital discharge datasets, linked with the Northwest Tribal Registry (NTR), a registry of AI/AN individuals who accessed services at Indian health facilities in the Northwest. Shading represents 95% confidence intervals. Dashed line represents the transition from ICD9 to ICD10 coding.



The increase in the rate of hospitalization for AI/AN in Washington state in 2016 is of particular concern. We do not think the increase is due to the transition to ICD10 coding because it mirrors a similar increase in MVI deaths in Washington death certificate data. When we receive more recent hospital and death data from the states, we will see if the trend continued to climb.

Misclassification of AI/AN Race

Overall, 26% of AI/AN MVT hospital visits were misclassified by race in Washington, 28% in Oregon. Misclassification was highest in 2014, at 41% in Oregon and 31% in Washington. A higher proportion of AI/AN motorcyclists were misclassified by race (33%). Misclassification rates were highest among patients age 55 and older (30%). Understanding groups of people who are misclassified helps us know who might be missinging data sources that are not linked to the NTR, including syndromic data from emergency departments and urgent care facilities.

Injury Mechanism

Most AI/AN motor vehicle-related hospitalizations were vehicle occupants, including drivers. Pedestrians accounted for the next highest percentage of MVI hospitalizations. A higher proportion of hospitalizations in Washington state were pedestrians who were hit by a motor vehicle.

Counts and distribution of AI/AN MVI hospitalizations by injury mechanism

	Oregon		Washington	
Type	**Count**	**Percent**	**Count**	**Percent**
Occupant	293	76%	610	67%
Motorcyclist	28	7%	63	7%
Pedal cyclist	11	3%	33	4%
Pedestrian	41	11%	149	16%
Unknown	*	*	41	5%

Data suppressed for counts less than 10
Data source: Oregon (2011-2017) and Washington (2011-2016) hospital discharge datasets, linked with the Northwest Tribal Registry (NTR)

Conclusions

The transition to ICD10 coding improved the quality of motor vehicle data. The additional categories are useful for planning and targeting change, and led to fewer uses of vague categories like "other transport." The coding is compatible enough to combine ICD9 and ICD10 coded data to analyze MVI hospital data. The apparent increase in MVI in 2016 is concerning, and we await more recent data to see if the trend persists. Misclassification of AI/AN race in hospital data systems always underestimates the number of tribal people affected by a condition, including MVIs. Linking to the NTR is an important, but time intensive step, and delays our use of more recent data. The high rate of Washington AI/AN pedestrian injuries and deaths is consistent across death certificate data, hospital data, and crash data and must be a priority. Our next step with hospital discharge data is to assess motor vehicle injury severity, treatment services, length of hospital stay, outcome, and cost analysis for AI/AN.

For questions about motor vehicle hospitalization data, please contact Nicole Smith at nsmith@npaihb.org

Fireworks: Entertainment or Hazard?

Antoinette L. Aguirre, BA
(Navajo)
Environmental Health Specialist

Fireworks: colorful, crackling, noisydisplay that can light up and entertain those for seconds to minutes! However, these eye-catching light displays also create clouds of smoke that cause serious air pollution. Firework smoke includes particulate matter, an asthma trigger as well as a mixture of toxic metals. Each year Fourth of July fireworks celebrationsare one of the most predictable sources of wildfire ignitions along with structural fires, vehicle fires and other fires.2

Know the safety hazards before purchasing and using fireworks. These safety hazards include but are not limited to: physical injuries to fingers/hands/legs, burns, hearing loss (acute or long term), mental health hazards for those with PTSD (Post-Traumatic Stress Disorder) -especially war veterans, ecosystem disruptionfor pets and wildlife, and damage to the environment from fires and chemical gases in the smoke.

Consider using safe alternative ways to celebrate, such as glow sticks, LED light shows, silly string, confetti poppers and colored streamers;and grab your favoritesnack,chair or blanket, relax and let the professionalshandle the firework show.

For more tips check out the National Fire Protection Association infographic: **https://www.nfpa.org/-/media/Files/Public-Education/Resources/Safety-tip-sheets/FireworksSafetyTips.pdf**

COVID and Reproductive Health

Sheila Hosner
COVID
Communications Lead
CDC Foundation

Hello. For the past year, NPAIHB has shared information about COVID-19 to help our communities make decisions about their health. **We encourage vaccination but also understand that people may have questions and concerns about the impacts of being vaccinated on their pregnancy or their desire to become pregnant.** Pregnant people were not part of the clinical trials testing the vaccines, but there is good news to share regarding vaccines, pregnancy, and fertility!

Can I safely be vaccinated if I am pregnant? Yes! Studies are showing that the Pfizer and Moderna vaccines are safe for pregnant individuals and the child they are carrying.[1] In addition, vaccinated women can pass protective antibodies to their unborn child through their bloodstreams and to their infants through breast milk. Research is also showing there are no differences in birth outcomes for vaccinated pregnant people and unvaccinated people.[2] Studies for the Janssen vaccine and pregnancy are not yet available, but the CDC has concluded pregnant people can safely receive this vaccine. Women under the age of 50 should be counseled about the rare risk of blood clots from the Janssen vaccine, however. More studies on pregnancy and all the COVID-19 vaccines are on-going.

Pregnant people at higher risk for severe COVID-19? What is known, is that if unvaccinated pregnant people become ill with COVID-19, they are at considerably higher risk for severe disease than non-pregnant people. Because of changes to women's bodies during pregnancy, they are more vulnerable. This is especially true for people with underlying health conditions such as diabetes or obesity.[3] Studies have also shown pregnant people who become ill with COVID-19 have increased risk of difficult birth outcomes including premature birth, preeclampsia, and emergency Cesarean delivery. [4]

Because of these risks, the CDC has recommended that coronavirus vaccines be made available to pregnant people and encourages women to talk to their doctors about getting a vaccine. If you are pregnant and considering getting the vaccine, you might want to have a conversation with your health care team to help you decide whether to get vaccinated. While such a conversation might be helpful, it is not required before vaccination.

Vaccinations and fertility? There is no evidence that any of the COVID-19 vaccines cause fertility problems in women or men. Many women of child-bearing age participated in the vaccine clinical trials, or have since received the vaccines, and become pregnant. Recent studies have also shown no reduction in male fertility after vaccinations.[5]

In December 2020, a false rumor was started about coronavirus vaccines affecting fertility. This rumor has been completely discredited by American researchers. [6] The American College of Obstetricians and Gynecologists states "As experts in reproductive health, we continue to recommend that the vaccine be available to pregnant individuals. We also assure patients that there is no evidence that the vaccine can lead to loss of fertility." [7]

CDC Safety Monitoring: The CDC has on-going safety monitoring for pregnancy and COVID-19 and encourages people who were pregnant at the time of vaccination, or shortly thereafter, to consider participating in the **COVID-19 Vaccine Pregnancy Registry**. The registry will be gathering information to help build the evidence about the safety of COVID-19 vaccination during pregnancy.

If there are subjects we haven't addressed, please don't hesitate to contact me, **sheilahosner@cdcfoundation.org**.

[1] https://news.northwestern.edu/stories/2021/05/covid-19-vaccine-does-not-damage-the-placenta/
[2] https://www.nytimes.com/2021/05/13/health/vaccine-pregnancy.html
[3] https://www.acog.org/covid-19/covid-19-vaccines-and-pregnancy-conversation-guide-for-clinicians
[4] https://www.ajog.org/article/S0002-9378(21)00565-2/pdf
[5] https://www.urologytimes.com/view/study-shows-covid-19-vaccines-do-not-affect-male-fertility
[6] https://newsnetwork.mayoclinic.org/discussion/covid-19-vaccine-myths-debunked/
[7] https://www.acog.org/news/news-releases/2021/02/medical-experts-assert-covid-vaccines-do-not-impact-fertility

Harm Reduction Strategies to Build Vaccine Confidence

Tyanne Conner, MS

Native Boost
Project Coordinator

Harm reduction strategies and techniques have been proven effective in multiple healthcare interventions for decades. Needle-exchange programs, alcohol-related programs, and safer-sex education have encouraged healthier behaviors and reduced negative health effects. Utilizing tested harm reduction strategies with patients who are vaccine-hesitant may encourage safer, more protective behaviors as the world continues the struggle against the COVID-19 pandemic.

Uncertainty, anxiety, and fear surrounding the COVID-19 pandemic continues to have negative impacts in many areas of our daily lives. Natural responses to these stressors can lead to stigmatizing behaviors which can, in turn, have further negative social and health impacts. The CDC notes that stigma is "associated with a lack of knowledge about how COVID-19 spreads, a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths."

Grounded in the belief that positive change happens when people are supported without judgement, discrimination, or coercion, harm reduction does not require someone change their behavior completely or instantly in order to receive care. Instead, we begin where people are and offer encouragement and options to move toward increased wellbeing. Harm reduction principles can be utilized in many contexts to honor individual sovereignty and choice, avoid negative impacts of stigma, and encourage positive change.

Harm reduction principles have been shown to be successful in the areas of substance misuse, teen pregnancy and STI reduction to name only a few. In contrast to harsh, austere measures to change behaviors, harm reduction practitioners use nonjudgmental techniques with patients and clients to encourage exploration of safer behaviors. Techniques including Motivational Interviewing (MI) can help people see and understand the discrepancy between their desires and their actions and can help move someone in the direction of safety and increased wellness. "MI entails expressing empathy to build rapport with the client, developing discrepancy between what the client wants and where he or she is currently, rolling with client resistance to build the relationship and move toward change, and supporting self-efficacy in the client to take the necessary steps."

In provider-patient-community partnerships formed to build vaccine confidence, harm reduction principles and practices could help move the needle from fear or hesitation to a yes. Building trust, creating an environment of open, transparent communication, and mutual respect is of course the foundational work that must happen for any public health initiative to be successful. Understanding people's values, hopes, and concerns is essential when tailoring messages of vaccine confidence. Utilizing harm reduction techniques can help someone understand the link between their desire to live a healthy life and behaviors that line up with that desire, such as receiving the COVID-19 vaccine, mask-wearing, and physical distancing. We encourage you to share these strategies to boost vaccine confidence and support the well-being of our communities.

Vaccine Confidence Building Goals

- Encourage open dialogue about COVID-19 vaccine safety and efficacy
- Increase numbers of people who decide to get vaccinated and then follow through
- Increase safer behaviors to reduce spread of COVID-19
- Travel on a journey together from
- Fear and hesitation → Tell me more → Maybe → I can see this working for me → YES

[1] ***https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html***

[2] *Hawk, M., Coulter, R.W.S., Egan, J.E. et al. Harm reduction principles for healthcare settings. Harm Reduct J 14, 70 (2017).* ***https://doi.org/10.1186/s12954-017-0196-4***

Strategies for Increasing Vaccine Confidence Using Harm Reduction Principles

- Meet people where they are, not where you want them to be. If someone is hesitant about the COVID-19 vaccines, acknowledge how they feel today. For example: "I hear that you are nervous about the vaccines. What questions can I answer today?"
- Acknowledge people's lived experience. "Thank you for telling me that story about a fever after a vaccine. I can understand why you may be hesitant about other vaccines."
- Use partnership and bridge-building spirit rather than shame techniques which backfire. "I'm here to help you with your health and wellness goals."
- Welcome in to the circle rather than exclude. "I understand that you don't want to get the COVID-19 vaccine today. Here are some tips to keep you safe around others. Regardless of your decision about vaccination, I'm here to support you"
- Focus on information sharing and transparency. "Just like with any medical intervention, there are some risks associated with vaccines, but we know for a fact that the benefits far outweigh any risks."
- Encourage continued masking and safe physical distancing practices especially around those who are unvaccinated or vulnerable.
- Connect people to resources. "Here are the websites and resources I use when I have questions or concerns about vaccines."

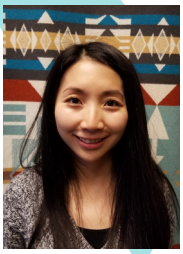
While we hope these strategies encourage people to decide to get the COVID-19 vaccine that is available to them, we understand that not everyone will make that choice. Utilizing harm reduction principles acknowledges diverse experiences and choices while encouraging healthier behaviors. For those who choose not to get vaccinated, it will be especially important for them to maintain their safety- especially around others who may now be less vigilant because they are protected by the vaccine. Those who are vaccinated must also take care to protect those who are unvaccinated. Wearing a mask in crowded places and around vulnerable people can help limit the spread of COVID-19 and the flu. Washing hands and sanitizing frequently touched surfaces will also add another layer of protection. Our communities depend on all of us working together to care for each other and support the wellbeing of all.

For more information, opportunities to set up provider vaccine confidence workshops, or newly developed vaccine confidence resources, please contact Native Boost Coordinator, Tyanne Conner at tconner@npaihb.org.

[3] *Harm reduction: An approach to reducing risky health behaviours in adolescents. (2008).Paediatrics & child health,13(1), 53–60.* https://doi.org/10.1093/pch/13.1.53

[4] *Logan, D. E., & Marlatt, G. A. (2010). Harm reduction therapy: a practice-friendly review of research.Journal of clinical psychology,66(2), 201–214.* https://doi.org/10.1002/jclp.20669

Sexual Violence Against American Indian and Alaska Natives in Oregon and Washington During the COVID-19 Pandemic



Chiao-Wen Lan, PhD, MPH

Improving Data & Enhancing Access (IDEA-NW) Epidemiologist

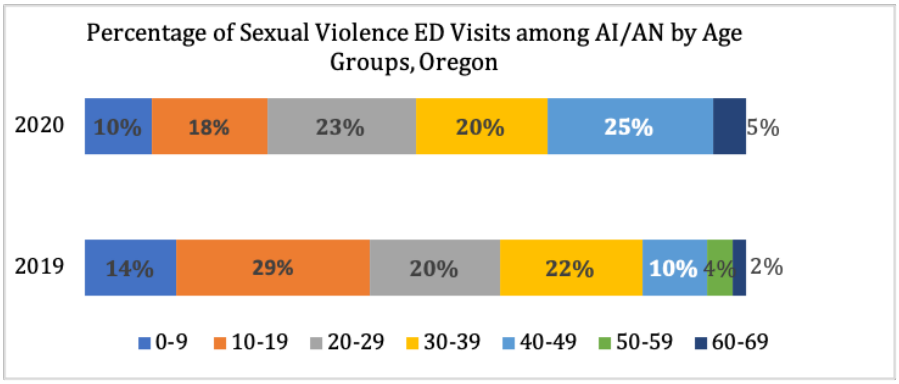
Sujata Joshi, MSPH

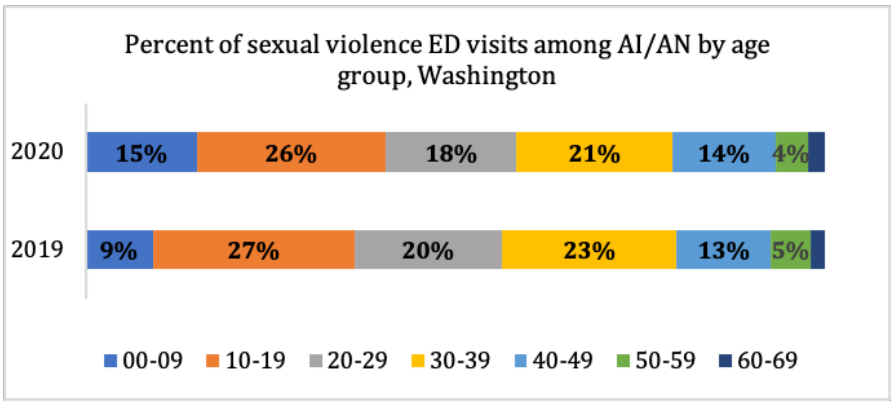
Improving Data & Enhancing Access (IDEA-NW) Project Director

The COVID-19 pandemic is having both short-term and far-reaching implications, as reports started to show an alarming trend of increasing violence. Violence against girls and women continues to be a significant public health concern. Yet, there is paucity of data measuring the impact of COVID-19 on the prevalence and reporting of violence against American Indian and Alaska Native (AI/AN) people. Data on emergency department (ED) visits for sexual violence can provide some information on trends in sexual violence faced by AI/AN people during the COVID-19 pandemic. However, it is important to know that many cases of sexual violence experienced by individuals may not be represented in these data.

In Oregon and Washington, AI/AN people were 1.4 times more likely to have a sexual violence related emergency department visit than non-AI/AN

In Oregonand Washington, AI/AN adolescents between 10 and 19 years of age had the highest rate of sexual violence ED visits of all races across age groups in 2019and 2020(23 and 21 per 10,000 ED visits, respectivelyin 2020). In 2019, AI/AN youth and young adults age 10 –29 account for nearly 50%of all sexual violence ED visits reported by AI/AN in Oregon and Washington. However, the percentagesof sexual violence ED visitsamongOregonAI/AN aged 40 to 49 and Washington AI/AN aged 0 to 9 increased sharply in2020. The rate of sexual violence ED visits among Oregon AI/AN ages 40 to 49 doubled from 2019 to 2020, accountingfor 25% of all sexual violence ED visits reported by AI/AN in Oregon in 2020.





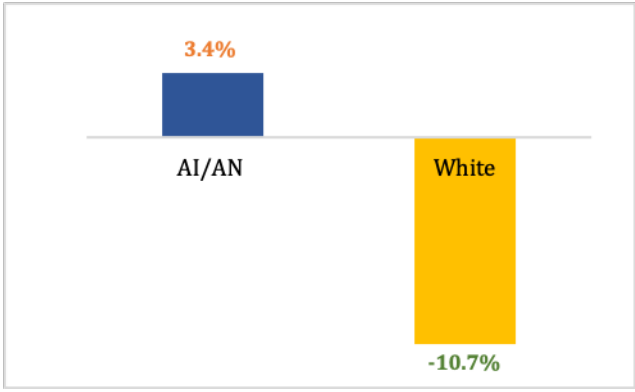
In 2020, Oregon AI/AN ages 10 to 29 account for 41% of all sexual violence emergency department visits among AI/AN

The rate of sexual violence ED visits among AI/AN ages 40 to 49 doubled from 2019 to 2020 in Oregon

The rate of sexual violence ED visits increased by 70% for WA AI/AN aged 0-9 from 2019 to 2020

In Washington, the rate of sexual violence ED visits increased by 70% for AI/AN aged 0-9 from 2019 to 2020. Further, the rate of sexual violence ED visits among AI/AN women age 18 to 44 was 45 per 10,000 in 2020, which was 1.4 times that of non-AI/AN women in the same age group. The number of sexual violence ED visits among AI/AN women aged 18 – 44 in Washington went up by 3.4% in 2020 from 2019.

AI/AN women age 18 to 44 were 1.4 times more likely to have a sexual violence related ED visits than non-AI/AN women in the same age group.



Among women aged 18-44 in Washington, the number of sexual violence ED visits among AI/AN went up by 3% in 2020 from 2019; while it decreased 11% for White women in the same age

AI/AN women age 18 to 44 were 1.4 times more likely to have a sexual violence related ED visits than non-AI/AN women in the same age group.

Key Considerations

There is a marked inequity in the impact of COVID-19 on AI/AN and the gendered impacts of COVID-19 cannot be ignored. The findings suggest an increase in violence against Oregon AI/AN age 40 to 49 as well as Washington AI/AN ages 0 – 9 and women ages 18 to 44, suggesting a shadow pandemic growing amidst the COVID-19 crisis. There is a strong need to take active measures towards addressing sexual violence against AI/AN in COVID-19 response and recovery efforts. The shifts in social and economics may disproportionately impact access to support services and resources for people facing violence, especially younger populations. The differential needs of women of reproductive-age in long term recovery efforts need to be considered, especially young children, women, and families impacted by sexual violence during the COVID-19 pandemic.

Data Source:

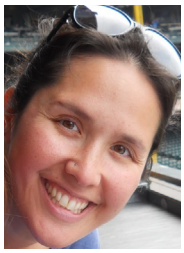
Analyses are based on information reported to the National Syndromic Surveillance Program (NSSP)-ESSENCE that collects electronic health data over the prior 24-48 hours. Patients who had an emergency department (ED) visit were included. Chief complaint and discharge diagnosis (CC and DD) codes were used to identify sexual violence ED visits following CDC definitions. Yearly data from 2020 (COVID-19 period) were compared to that of 2019 (pre-COVID-19 period). These data may undercount sexual violence related ED visits due to the misclassification of AI/AN people in emergency department data. Results from a pilot linkage project show that these data may undercount sexual violence ED visits by roughly 28% due to the misclassification of AI/AN people in Washington ED data.

For more information or additional data, please contact the IDEA-NW project at ideanw@npaihb.org.

Resources

- StrongHearts Native Helpline 1-844-7NATIVE (762-8483) is a 24/7 safe, confidential and anonymous domestic, dating, and sexual violence helpline for AI/AN, offering culturally appropriate support and advocacy.
- National Sexual Assault Hotline. Free and confidential 24/7. 800.656.HOPE
- Oregon Coalition Against Domestic & Sexual Violence FIND HELP directory available at OCADSV.org/findhelp
- Washington State Coalition Against Domestic Violence Get Help Now at wscadv.org/get-help-now

Ten Years of Empowerment: The 2021 Virtual THRIVE Youth Conference



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

Jane Manthei
Healthy Native Youth
Outreach Specialist

It took time, work, and a whole lot of effort, but THRIVE was back in business for the 10th annual conference. THRIVE and We R Native staff took stock in April 2020 and vowed to make the 2021 youth conference bigger and badder than ever. This amazing youth conference could not and would not be stopped by COVID-19. A full year later, staff had to make the difficult to decision to hold the 2021 THRIVE virtually. The pandemic still weighs upon us and our communities are still making sense of what it means to "get back to normal" so the 2021 THRIVE youth conference may not have been physically bigger and badder but it was a resounding success. In fact, the virtual gathering gave the youth more opportunities to participate,

45 Native youth came together virtually for a week of incredible programming at THRIVE. The youth, ranging in age from 13 to 19, represented more than 24 Tribes or Nations. Our virtual set up enabled 20 youth to participate from detention and rehabilitation centers. They showed up every day curious, excited, and happy. Their enthusiasm was contagious and we could not have asked for a better hype team. The virtual conference was a hit! It showed all of us a new way of connecting and we hope to foster a relationship at both facilities to offer more virtual programming in the future.

Beats Lyrics Leaders returned to once again share their extensive knowledge about hip-hop and rap. International touring artist J. Ross Parrelli brought her friends and professional musicians to serve as mentors while the youth wrote and recorded their own songs.

The Indigi-Zine: Self-publishing and Poetry workshop was a moving and intense look at the power of self-publishing. Diné poet Kinsale Hueston worked with participants as they created their own zines, or "mini-magazines" through digital and traditional print media, drawing on their experiences and doing deep dives into their own identities to produce beautiful artwork.

The third workshop was more hands-on: Social Justice through Art: Skate and Uplift gave the youth a skate deck and space to paint their feelings and their own understandings. Thrive Unltd founder, Jeremy Fields, talked social justice and activism in the current era. Halfway through the week, Navajo artist Corey Begay jumped in and worked with the youth to express their own activism through art. It is still a work in progress but Corey's skate deck is pictured here, on the right.

On Tuesday, Diné scholar and social media activist Charlie Amaya Scott started us off in a good way. She shared her experiences of being queer, trans, and Diné in the 21st century and how she built an online following. Charlie inspired joy and justice in the conference youth, just as she uses her social media platform to reach thousands, through Instagram, Twitter, and TikTok. Youth said they felt affirmed, validated, and loved after her presentation. They had a safe space to think about their own identities and values.

Suicide prevention specialist and proud citizen of the Chickasaw Nation, Shelby Rowe, spoke on Save the Indian Save the Man, which delved into Indigenous history, stories, and realities on Wednesday. She gave us tools for making sense of the historic and ongoing injustice that has threatened Indigenous communities all across Turtle Island, the continent now known as North America. She did so by highlighting the positive and empowering cultural and traditional knowledge that many Indigenous people are now remembering and using to spread resilience, love, and strength. Shelby reminded us that culture is prevention, community is a protective factor again suicide, and that Indigenous people are resilient.

On Thursday, Itai Jeffries, PhD and member of the Paths (Re)Membered team, shared their story of self, of a childhood spent in rural North Carolina, and their connection to their identity as a Yèsah person. Their openness and vulnerability created a space where participants wanted to share and encourage each other through the Indigenous teachings that they carry. Here are just a few of the teachings the youth shared, "7 generations ago your ancestors were praying for you. You are not here by accident" and "we are never burdens, we are celebrations of dreams come true". These responses are a great example of the ways that youth connect, learn, and uplift each other during THRIVE conferences.

On the final day, the Indigenous 20 Something Project (I20SP) gifted us with their presence and their words of encouragement. They told stories, played games, and inspired the youth to be proud of their identities and themselves. They asked big questions, like "What does healing mean for your generation and how can you bring that healing?" Above all, they reminded us that we are worthy of good things.

Throughout the conference the youth, NPAIHB staff, chaperones, and workshop facilitators all had the opportunity to provide feedback on their THRIVE experience and participate in the THRIVE conference evaluation. Across the weeklong conference, youth reported an increase in overall mental wellness and shared uplifting stories and encouragement during the closing session. Youth told us things like "I learned that medicine could come in many different forms and is not just "manmade", it can be in many different plants, talks, weather, and family" and that "we are a manifestation of love of a thousand generations".

Based on preliminary findings, 95 percent of youth rated the conference highly, sharing that the conference made them feel good about their future, and where they come from, and increased their knowledge of being a healthy person. Youth expressed that THRIVE elevated their ability to speak publicly about topics that matter to them. THRIVE provided youth with skills that will help them achieve their dreams, goals, and manage difficult emotions.

NPAIHB staff, workshop facilitators, chaperones, and adults involved in THRIVE shared similar sentiment of the overall experience. Nearly 96 percent of adults viewed THRIVE as a positive experience for youth and felt the conference elevated youth confidence and increased their connection to other youth and Native people. Adult evaluations mirrored the youth responses and agreed that the skills youth gained would help them achieve their dreams, goals, and manage difficult emotions. Through creative expression, this year's THRIVE conference provided workshops that built confidence, connection and belonging.

On the final day, the Showcase was the true highlight of the week. Youth and staff presented their original artworks, whether it was a song, a painted skate deck, or their zine. The presentation was moving, beautiful, and a real moment of community and connection for everyone. The Showcase was very special and it helped end the conference with good thoughts. Coming together to share words and works was the perfect way to wrap up the 2021 THRIVE Conference. See you next year, June 27 – July 1, 2022 for the 11th Annual THRIVE Conference in Portland, Oregon!

Call to Actions for Missing and Murdered Indigenous Women and Relatives (MMIW/R)

Candice Jimenez, MPH
Confederated Tribes of Warm Springs
Health Policy Specialist

They and them, she and her, he and him, as peoples of our communities–Alaska Native, American Indian, First Nations, Tribal, Indigenous –we are aware of, continuously touched and affected by high rates of missing and murdered indigenous women and relatives. There are data, numbers, statisticsand analyses(seeresources)that remind usof the ongoing and collective pursuit of justice for community members that has spanned centuries:from first contact,colonization and assimilationas a part of settler-colonialism, treaty periods, residential schools, criminal justice and law enforcement jurisdiction in tribal communities, and current day impacts of extractive industries like oil pipelinesand associated man camps. Each hasexacerbated violence against indigenous women and relatives. As we consider our own understanding of MMIW/Rwe must take into account how social and economic shifts impact indigenous communities, lands and peoples, including disproportionate and unequitable access to support services and resources, which can contributetothe risk and vulnerability of community members in relation tohuman traffickingand sexual trafficking, overall.For example, today, we see increased rates of sexual violence as one of the associated impacts of the COVID-19 pandemic, nationally and pronounced in the Northwest, based on recently analyzed emergency room data from 2019 to 2020.

What is our collective role?

There are a growing number organizations, community advocacy groups and members, health centers, workgroups, databases, initiatives and even podcasts that seek to understand and uncoverthe MMIW/R epidemic to more people – through these various spaces there is both creation and acknowledgement that we areall connected and dependent on one another to share, learn and listen in solidarity for the uplifting of health and healing, for protection and safety of indigenous relativesno matter where we are or who we are. Potential wayswe can seek to understand is through learning about the challenges that continue to contribute to the patterns of violence related to MMIW/R, as follows:

- Jurisdictional –Federal, State, County, Tribal, Private
- Lack of –Emergency Services, Amber Alert(child and adult), Counseling, Family Services
- Law enforcement services and Public Law 280 tribes (**federal statute** enacted in 1953)
- Data collection (or non-collection), racial misclassification
- Fear and distrust of law enforcement and government
- Relationships between governing entities
- FBI and Tribal Communication
- State and Tribal Communication
- Overall Community Awareness

This is not an exhaustive list of challenges but a place to begin as a form of education, outreach and overall public awareness.

Although this is a brief look at the MMIW/R epidemic across tribal and indigenous communities, may it be a guiding callfor yourself, ourcommunitiesand circles to gather together: children, youth, adults and elders. There is hope in working together and also honoring the positive policyand resourcechanges that have led to addressing this crisis:

- In March 2017, the National Indigenous Women's Resource Center launched the StrongHearts Native Helpline (1-844-7NATIVE / 1-844-762-8483) as a powerful resource for Native communities
- Beginning May 5, 2019 - The White House proclamation officially designated as the National Day of Awareness for Missing and Murdered Native Women and Girls
- 2019 - Executive Order 13898, also known as Operation Lady Justice, creates a task force for missing and murdered AI/AN peoples that will address the concerns of Indigenous communities in the U.S.via tribal consultation, such as data collection, policies, establish cold-case teams, and improve investigative responses
- 2020 - Savanna's Act became law and requires the Department of Justice to review, revise anddevelop policies and protocols to address missing and murdered indigenous persons (MMIP)cases
- 2021- Secretary of theInterior Deb Haaland (Laguna Pueblo) announced the formation of the Missing and Murdered Unit that will focus on analyzing and solving missing and murdered Indigenous peoples (MMIP) cases

Across Indian Country, no matter where you go, the support system and ways of healing are led as a collective community via the lifeways of culture and tradition, language and firstfoods, everything centered around friends and family. All of these beginfrom a young age to build relationships and unity with one another for collective wellness. May we each consider community protective factors that can help provide for the safety and health in relation to the epidemic of missing and murdered indigenous women and relatives.

Please consider the following resources:

- A Toolkit for Action: Tribal Community Response When a Woman (or relative) is Missing (National Indigenous Women's Resource Center)
- NamUs Support for Missing Indigenous Person Cases/ AI/AN Published Case Statistics –May 2021(National Missing and Unidentified Persons System)
- MMIWG2 & MMIP Organizing Toolkit/ Public Awareness Materials(Sovereign Bodies Institute)
- Missing and Murdered Indigenous Women and Girls Data (Urban Indian Health Institute)
- Missing and Murdered Indigenous Women USA (MMIW USA)
- Education and Resources (Operation Lady Justice)
- Northwest state-specific reports:
  - Idaho – Summit on Missing & Murdered Indigenous People Report
  - Oregon – Missing and Murdered Indigenous Persons Report. This report is preceded by the Oregon State Police Report on Missing and Murdered Native American Women: Listening and Understanding Tour House Bill 2625
  - Washington –WSP Missing & Murdered Native American Women Report
- News articles:
  - These are the issues Washington's Native youth leaders are advocating for'(The News Tribune)
  - 'MMIW –Understanding the Missing and Murdered Indigenous Women Crisis Beyond Individual Acts of Violence'(Restoration Magazine)
- Upcoming Tribal Consultation:
  - 16thAnnual Government-to-Government Tribal Consultation –U.S. Department of Justice Office on Violence Against Women (OVW)
    - August 17-20, 2021 | Register| Tribal Leader Invitation
    - Written testimony is **due by September 20, 2021**

Indian Health Service Fiscal Year 2022 Federal Budget Updates

Elizabeth J. Coronado, JD Chukchansi
Senior Policy Strategist

President's FY 2022 Budget Request

President Biden's Fiscal Year (FY) 2022 budget request was released in May of 2021 with a significant request for$8.5 billion for the Indian Health Service (IHS). This request is a 36% increase over FY 2021 enacted. The budget request included language to fully fund Contract Support Costs (CSC) and 105(l) leases through indefinite discretionary funding in FY 2022, and to reclassify these funds as mandatory for FY 2023. It also included a historical request for advanced appropriations in FY 2023 in the amount of $9 billion. Individual program increases include the following:

- Hospitals and Health Clinics–$2.7 billion (+$465.5 million) [1]
- Purchased/Referred Care–$1.2 billion (+$216 million)
- Dental –$287.3 million (+$72.6 million)
- Alcohol and Substance Abuse –$267.4 million (+$16.1 million)
- Mental Health –$124.6 million (+$9.5 million)
- Electronic Health Record–$248.5 million (+$250 million)
- Community Health Aide Program (CHAP) –$25 million (+$20 million)
- HIV/Hep C –$27 million (+$22 million)
- Sanitation Facilities Construction –$351 million (+$155 million)

Read the FY 2022 Congressional Justification of Estimates for Appropriations Committees here.

House Appropriations Committee Bill for Interior FY 2022 Appropriations

On July 1, 2021, the House Committee on Appropriations (Committee)approved of the FY 2022 budget markup for Department of Interior, Environment, and Related Agencies. $8.1 billion was recommended by the Committee for IHS for FY 2022. The Committeeformally introduced H.R. 4372 and filed House Report 117-83 for FY 2022 appropriations. The House Report includes the following notable program increasesto IHS:

- Hospitals and Health Clinics–$2.7 billion (+$482.8 million) [2]
- Purchased/ReferredCare–$1.2 billion (+ $216 million)
- Dental–$287 million (+ $72.6 million)
- Alcohol and Substance Abuse–$268.5 million (+$17.1 million)
- Mental Health–$124.6 million (+$9.5 million)
- Electronic Health Records–$284.5 million (+$250 million)
- CommunityHealth Aide Program–$25 million (+$20 million)
- Indian health professions–$92.8 million (+$25.5 million)
- Equipment–$20 million for IHS and Tribal Health Programs to purchase generators
- Small ambulatory programs–+$8 million

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[1] *The funding amounts with a (+) indicate the increased amount over FY 2021 enacted.*
[2] *The funding amounts with a (+) indicate the increased amount over FY 2021 enacted.*

The Committee did not move forward a recommendation for advanced appropriations in FY 2023 as requested by President Biden. The Committeeconcluded that they are unable to act on the request because IHS is not on the list of accounts for advance appropriations. Additionally, the Committee has included a request for IHS toreport back to the Committeewithin 120 days of enactment of FY 2022 appropriationswith the following: a report on policies and procedures that may need to be changed in the event of advance appropriations and an evaluation of each line item of its budget explaining why advance appropriations is essential.

Read the House Report 117-83 for FY 2022 Appropriations here (IHS starts on page 122).

Other FY 2022 Appropriations Updates

The House Labor, Health and Human Services, Education Appropriations Subcommittee will consider their draft bill for FY 2022 appropriations on July 12, 2021.

The Senate Appropriations Committee and their Subcommittees have not announced their schedule formarking up their FY 2022 budget. The Senate Appropriations Subcommittee on Interior, Environment, and Related Agencies concluded their public witness testimony on FY 2022 appropriations on June 25, 2021.

Read the NPAIHB Senate Interior, Environment, and Related Agencies Testimony on FY 2022appropriations here.

New Faces

Valorie Gaede

PHIT Project Assistant

Valorie Gaede is a member of the Shoshone Bannock Tribe, Fort Hall, Idaho where she worked with the Mental Health and WIC programs as administrative assistant, and research assistant at the Indian Health Clinic before she moved to the Pacific Northwest.

Valorie worked for the National Indian Child Welfare Association for 13 years as the Project Coordinator for the Circles of Care and Systems of Care, and assisted with the Western Implementation Project (WPIC). Valorie is a mother of three wonderful sons and nine grandchildren. She loves children, the outdoors and helping animals of any kind.

Katie Johnston
Chickamauga Cherokee
Paths (Re)Membered
Project Coordinator

Hello my name is Katie Johnston (she/her) and I am Chickamauga Cherokee. I am a recent graduate from the University of Washington and have spent the last several years doing various work for Indigenous non-profits in the area. I am really excited to be working for NPAIHB as the new project manager for the Paths(Re)Membered Project.

As an Indigiqueer person, it means a lot to me to be able to do this work. I hope to give back to the community that helped raise me and has supported me all these years.

Kira Rea

COVID-19 Health
Communications Specialist

My name is Kira Rea (she/her) and I am delighted to be the COVID-19 Health Communications Specialist with the Northwest Portland Area Indian Health Board. I am a southeast Portlander born and raised, and an enrolled member of the Cherokee Nation of Oklahoma.

Spending the last four years in the U.K., I received my BA in International Relations from Coventry University, and an MS in Environmental Governance from the University of Manchester. I have experience as a published journalist and strategic planner; supporting Central Asian refugees and Shi'a Muslim women in accessing legal immigration status, housing, and culturally-appropriate education.

I am honored to have the opportunity to facilitate the Board's mission and so excited to learn and grow with all of you!

New Faces (continued)

Olivia Whiting-Tovar

TIPCAP IPP
Project Coordinator

My name is Olivia Whiting-Tovar, my pronouns are she/they. I am an enrolled member of the Oglala Sioux Tribe in Pine Ridge, South Dakota.

I am a first-generation student that graduated from Fort Lewis College, completing a bachelor's degree in public health and sociology as magna cum laude. I recently gained employment as a project coordinator for the Tribal Injury Prevention Cooperative Agreement (TIPCAP) Injury Prevention Program (IPP). I am very excited to be a part of the NPAIHB.

Karin Dean

Environmental Health
Science Manager

I am originally from Yakima, WA and am an enrolled member of the Puyallup Tribe of Indians. My father grew up on the Yakama Indian Reservation in Wapato, WA, and my mother grew up in Roseburg, OR. After they married, my parents chose to move to Yakima to raise their family.

After graduating from high school, I attended college at Washington State University in Pullman, WA, where I received a bachelor's degree in Psychology. I also obtained minors in both Political Science and Music... I moved to the Portland area after college, where I spent a year serving with AmeriCorps at Camp Fire USA.

In alignment with my personal values and goals, nearly all of my professional experience has been with non-profit social services organizations focusing on youth, families, and marginalized groups of people. Among other positions, I previously spent three years as the HR Manager at the Native American Youth and Family Center (where I first became involved as a volunteer math tutor over a decade ago).

I live in North Portland with my 12-year-old son, Colin, and our two cats, Xena and Sora. I love spending time outdoors going for hikes, camping, or gardening. I'm not afraid of power tools, and love tackling creative projects of all kinds; whether it's home improvements, sewing, dying my hair, crafts, or cooking. I am an avid lover of all kinds of music, and enjoys playing the piano or going to karaoke in her free time.

NPAIHB Youth Delegate Leadership Assures Indigenous Voices are Heard

Lummi Nation NPAIHB Secretary of the Tribal Youth Delegates, Kwastlmut (Sadie Olsen), was named one of the 2021 **30 Under 30 Changemakers** by the National Alliance for Public Charter Schools (National Alliance) in recognition for helping launch anew public charter school in Bellingham, Washington, has been Kwastlmut, a 2020 Ferndale High School graduate who is co-founder of **Whiteswan Environmental (WE)**, a Native-led area nonprofit that was instrumental in the startup of **Whatcom Intergenerational High School**, the area's first charter public school. Kwastlmut served as a founding board member of Whatcom Intergenerational High School, which is currently enrolling ninth and tenth grade students for its inaugural 2021-22 school year

Whatcom Intergenerational High Schoolis aninnovative, progressivepublic-schooloption designed tobringtogetherdiverse studentswith elders and other members of the surrounding community. Theschooloffers aculture of inclusivity that prepares every young person for college,career, and life andto be readyto contribute to a more just and sustainable world. Like all charter schools in Washington,Whatcom Intergenerational High School is free,public, nonprofit, and open to all.

Kwastlmut, is testimony that youth leadership can assure that indigenous voices are heard and can have a lasting and broadimpact in Tribalcommunitiesand beyond ourcommunities' borders. Kwastlmut, not only wasinstrumentalin helping build this school for Whatcom County students looking for a nontraditional public high school experiencebut alsothrough her Native-led nonprofit WE has be an advocate for Indigenous rights, through the restoration of houses of healing and longhouses for Indigenous peoples in their ancestral homelands and as an advocate for the inclusion of traditional knowledge in curriculum, policies, and practices.

NW Tribal Food Sovereignty Coalition

Interns

Danner Peter,
Diné | Navajo
NDTI
Communications Intern

Yá'át'ééh! My name is Danner Peter and I'm from a small town called Kirtland, NM. I am Bit'ahnii (the Folded Arms People), born for Naakai dine'é (the Wandering People), Dził l'ahní Tábąąhá (the Water's Edge near the White Mountain) are my maternal grandfathers, and Táchii'nii (the Red Running Into Water) are my paternal grandfathers. Currently, I'm a postbacc scholar with the Wy'east Pathways Program at OHSU and hope to start medical school this Fall. I have my MPH from the University of Hawai'i with a specialization in Native Hawaiian and Indigenous Health and my BS in Biology is from the University of New Mexico. Prior to this program, I was working with the Albuquerque Area Indian Health Board, Inc. with the Community Health Education & Resiliency Program as their Capacity Building Specialist in the HIV prevention program. And now I'm happy to be able to work with you all as the new communications intern for the Native Dental Therapy Initiative! I have a small dog, his name is Dekym von Peter and my favorite ice cream flavors are lemon and lavender.

Rochelle Fassler,
Iñupiaq and Athabaskan
Alaskan Native

My name is Rochelle Fassler and I just graduated from the Wy'east Post-baccalaureate Pathway with OHSU. I am Iñupiaq and Athabaskan Alaskan Native, born and raised in Anchorage, Alaska. Prior to attending the post-baccalaureate pathway, I was working at Southcentral Foundation Optometry as an Ophthalmic Technician. Southcentral Foundation primarily provides health and wellness support to the Native community across Alaska. During this experience is when I realized my passion for working with underserved Native populations. My goal is to become a physician and I will hopefully attend OHSU medical school in the fall (fingers crossed!). I have lived in Oregon since August of 2020 and enjoy road tripping, finding new foodie places, and going on outdoor adventures. I am very happy to be here as an intern with NPAIHB!

Tentative schedule for the NTFSC Virtual

NTFSC Virtual Gathering - Series Days and times TBD:

August: Quinault Wellness Garden
September: Cowlitz Tribal Garden
October: Virtual Cooking Demo
(pre-registered participants will receive food box with key ingredients)
November: Swinomish 13 Moons Project and
Port Gamble S'Klallam Project
December: Jamestown S'Klallam Garden and Shellfish Garden

For more information, contact Nora Frank at nfrank@npaihb.org
For email updates, subscribe to the NTFSC e-newsletter here!

WE'RE HIRING!

Project Coordinator

Closing Date: 7/30/21 | **Reportls To:** Director, WEAVE-NW | **Salary Range:** $20 - $24 per hour DOE
Classification: Full-time Employment with Benefits | **Funding Duration:** Through 9/30/2025
Location: Portland, Oregon | **Department:** The EpiCenter

Job Summary: TheNorthwest Portland Area Indian Health Board (NPAIHB) oversees the Northwest Tribal Epidemiology Center where Good Health and Wellness, WEAVE-NW is housed. The Project Coordinatorwill alsosupport WEAVE-NWteam and addressing chronic health disease in Tribal communities.The ProjectCoordinatorwill serve as the focal point for project communication, subaward supportand coordination of the Breastfeeding Coalition. The Coordinator will provideа broad range of support services for WEAVE-NWTribal team and sub awardees. The Project Coordinatorwill maintain WEAVE-NW'swebsite and social media accounts.The Northwest Portland Area Indian Health Board serves the 43 federally recognized tribes in Idaho, Oregon and Washington. This project will also seek to target a national audience of American Indian and Alaska Native (AI/AN) teens and young adults.

Essential Functions:

Assistance and Administrative Support

- Serve as the primary administrative contact for all day to day communication with subawards, consultants and NW Tribes.
- Assist WEAVE-NW project staff in the planning and coordination ofmeetings, trainings, conferences, workshopsand evaluation activities.
- Provide administrative support to the WEAVE-NWProject Director onproject related activities.
- Contribute to the electronic Monthly Activity Report (eMAR) and provide to Project Director/ Supervisor at the end of each montheMARS reports.
- Assist with thecollection of subawardcontact sheets, workplansbudgets tosubmit to Project Director and Finance team
- Prepares and updatedcontract summary sheetsand solicit invoices when necessary.

Breastfeeding Coalition Coordination

- Develop NW Tribal Breastfeeding Coalition, recruits key stakeholders, provides regular coalition meetings and activities
- Develops community partnerships for NW Tribal Breastfeeding Coalitions
- Collaborates with program teams and MCH core

Media Coordination: Website and Social Media

- Solicited updates and content from WEAVE-NWstaff to update and maintain website and social media accounts.
- Create regular content, flyers, postings using online design and publishing tools like Canva, InDesign, PicMonkey, Piktochart
- Create, proof, and editWEAVE-NWweb sitecontent (using Word Press).

WEAVE-NW Project Dissemination and Constant Contact Coordination

- Develop relationships with tribal project leads across Idaho, Oregon and Washington.
- Solicit and disseminate content for constant contact newsletters, workshop/training postings
- Disseminate other project materials as needed
- Manage and update project partner contact lists

Other Duties

- Be an active participant in WEAVE-NW team meetings.
- Develop WEAVE-NW team meeting agendas
- Record activities of project meetings and add to Trello (project management software) account as directed or as applicable.
- Maintain well-organized filing system for documents and computer files.

Standards of Conduct:

- Consistently exhibit professional behavior and the high degree of integrity and impartiality appropriate to the responsible and confidential nature of the position.
- Consistently display professional work attire during normal business hours
- Effectively plan, organize workload, and schedule time to meet workload demands
- Maintain a clean and well-organized office environment
- Expected to exercise judgment and initiative in performance of duties and responsibilities
- Work in a cooperative manner with all levels of management and with all NPAIHB staff
- Treat NPAIHB delegates/alternates and Tribal people with dignity and respect and show consideration by communicating effectively.
- Participate willingly in NPAIHB activities
- Abide by NPAIHB policies, procedures, and structure
- Research and with the approval of supervisor, attend trainings as needed to improve skills that enhance overall capabilities related to job performance

WEAVE-NW Project Dissemination and Constant Contact Coordination

- Bachelor's Degree required with some college credit in health-related field preferred.
- Two or more years of experience working with tribal communities, tribal organizations or other Indian organizations.
- Two or more years of experience providing administrative support or project coordination
- Working knowledge of Word Press, Microsoft Office programs including Outlook, Excel, Power Point, and Word.
- Experience using design and publication applications
- Knowledge of and experience developing social media pages
- Experience coordinating or working with a team, workgroup, committee or coalition
- Proficient spelling and grammar skills.
- The ability to proofread written materials accurately.
- Must be highly organized and motivated, and have the ability to carry out responsibilities with minimum supervision.
- Must have demonstrated ability to communicate in a friendly, courteous, and professional manager to effectively work with tribal representatives, NPAIHB staff, and other health care related organizations, and the general public.

Applications and a full job description can be found online at
https://www.npaihb.org/careers/

NORTHWEST PORTLAND AREA
INDIAN HEALTH BOARD
Indian Leadership for Indian Health

2121 SW Broadway • Suite 300 • Portland, OR 97201
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NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD APRIL 2021 RESOLUTIONS

21-03-01 Strengthening Indigenous Health and Science Research: NW NARCH Program

21-03-02 NW Tribal Food Sovereignty Coalition (NTFSC) and Food Sovereignty Initiatives Project

21-03-03 Native Dental Therapy Initiative - Funding Offered by the National Indian Health Board for Education/ Outreach to Enhance Policies Supportive of Dental Theapy

21-03-04 Native Dental Therapy Initiative - Implementation of Dental Therapy Offered by the National Indian Health Board

21-03-05 Indian Health Service Minority HIV/AIDS Fund Clinical Programs Support

21-03-06 Indian Health Service Minority HIV/AIDS Fund to Support Ending the HIV Epidemic in Indian Country

21-03-07 Action By Consent of the Governing Board Restatement of 403(b) Retirement Plan

21-03-08 Call on Congress to Support Full Funding for FY 2022 Indian Health Service Budget

21-03-09 "Article X (Amendments) of the NPAIHB Constitution and By-Laws---30 Days-Notice"

21-03-10 Portland Area CHAP Certification Board (PACCB)

21-03-11 Support for Trans Gender-Affirming Care in IHS, Tribal, and Urban Indian Health Facilities – 2021 Strategic Vision and Action Plan

21-03-12 "Option to Exclude All One-Time, Non-Recurring COVID-19 Funds from Direct Cost Base When Negotiating New Indirect Cost Rate"

21-03-13 "Partnership with National Community Health Representative Program"

21-03-14 "Centers for Disease Control and Prevention - Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement: 2021 Supplement Proposals"

Photo credit: E. Kakuska -
Dancing in the Square Powwow 2018