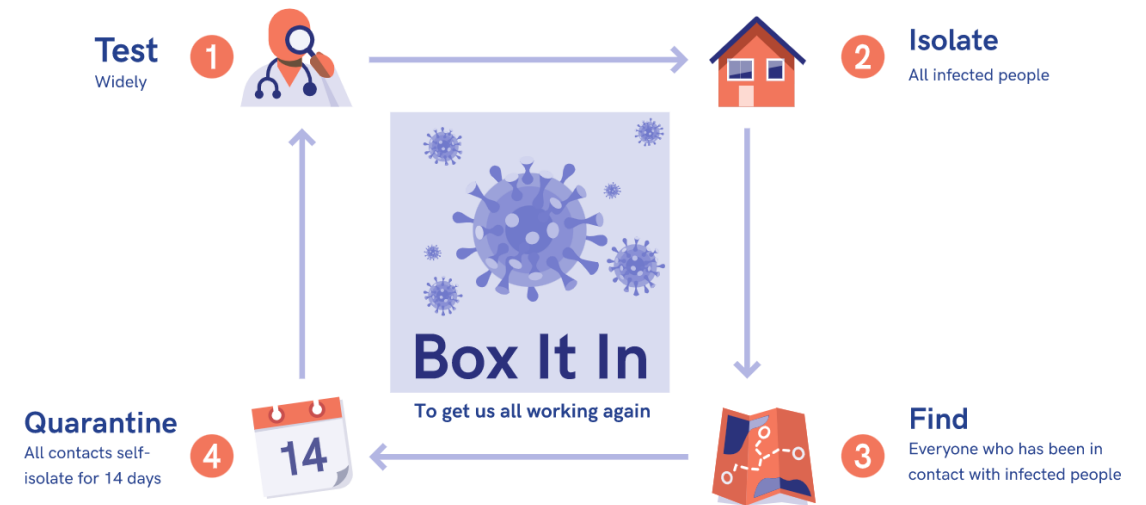


# COVID-19 Response Update

Celeste L. Davis, REHS, MPH  
Incident Commander

# Response Challenges

- Novel infectious disease with no specific therapeutics or vaccine
- AI/AN people and Tribes start with disparities and inequities
- Lack of coordinated federal response, limited resource mixed messages and changing recommendations
- Non-Therapeutic interventions
  - Stay-at-home orders
  - Closure of schools and non-essential services
- Requires intense clinical and community health efforts focusing on testing, tracing, and isolating to mitigate the patient impacts and contain outbreaks
- Impacts on Tribal Health System
  - Loss of Revenue
  - Expansion of Telemedicine/Telehealth
  - Provider Burn-out



# COVID -19 Public Health Emergency Orders

- Continue operating under State of Emergency orders...
  - Federal: Stafford Act ongoing, Public Health Emergency through January 20, 2021
  - Oregon through November 3, 2020
  - Washington ongoing
  - Idaho through November 4, 2020
  - Tribes - ?
- NPAIHB Response to Date
  - Resolution Declaring a Public Health Emergency, March 20, 2020
  - Response assistance and support through shutdown and reopening
  - Expanded into ICS in August 2020 and response efforts are ongoing

# Public Health and Clinical Support

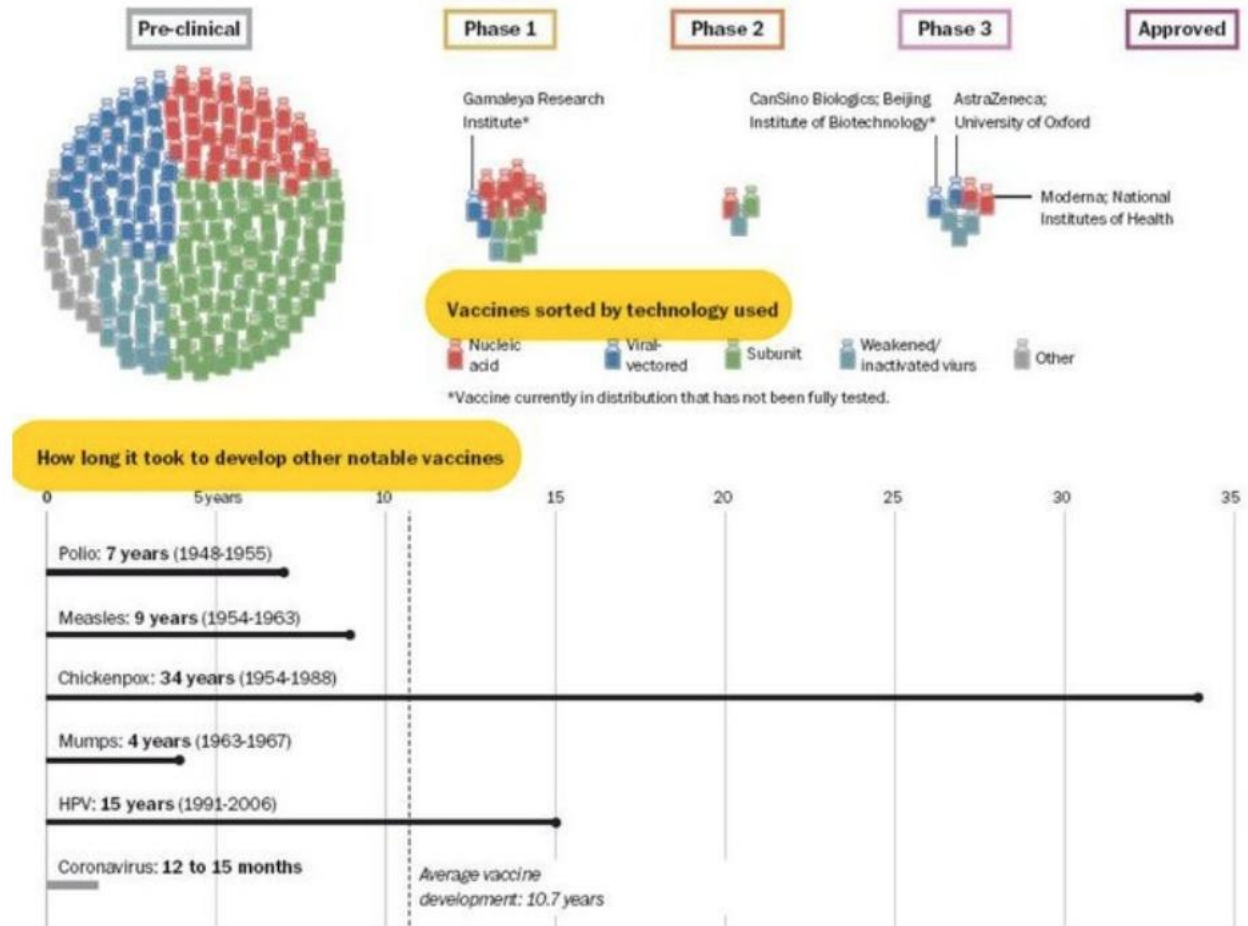
- Clinical Education/Support: COVID-19 ECHO Sessions
  - 50 sessions, nearly 7000 providers
- Communicable Disease Control: Case Investigation & Contact Tracing
  - Two Case and Contact Tracing training sessions, over 100 trained
  - Deployments to Yakama, two separate teams for two weeks each
  - Remote CT assistance for Shoshone-Bannock
  - Developed Tribal Resource Guide
- Environmental Public Health/Occupational Health and Safety
  - 50+ public health activities in response to request for technical assistance
  - Several guidance documents related to infection prevention and reopening
- Communications
  - Health promotion messages: posts to Social Media pages over 100,000 engagements, “Safe Sweats” video PSA, Tribal-specific products, Big Foot Mask-Up cutouts

# PPE and Supplies, Planning and Information

- Available for research of PPE and medical supplies, and technical assistance in procuring
- Developing Food Security questionnaire for Washington, potential expansion to Oregon and Idaho
- Resource and Surge Staffing
  - Hired 3 Tribal CTs; 1 PHN and CI/CT Lead, 1 CT, 1 PH Workforce Trainer, 1 Communications Specialist at NPAIHB-NWTEC; hiring a CHW to work with CRITFC
  - Additional term hires with supplemental funding
- Epi-Center participation in data analysis for CDC MMWR
  - Poor and incomplete data for AI/AN population
  - Data available: AI/AN at greater risk, 3.5 times higher incidence of infection
- Recent activities and time focused on medical countermeasure (MCM) Planning for the Vaccine

# Preparing for a COVID-19 Vaccine

- MCM Planning includes
  - Pre-planning with Tribes to determine Tribal priorities and capabilities
  - Advocating for Tribes to be at the table in decision-making, for equitable allocation of a vaccine when available
  - When available, working with Tribes to plan for distribution and administration, tracking and reporting



# To the Future – Integrated Planning

- NPAIHB will continue to operate in a State of Emergency and under the Incident Command System structure to best assist Tribes
- In the coming weeks and months.....
  - Brace the communities and health system for two epidemics colliding
  - Messaging and planning support for getting as healthy as we can be
    - Influenza and all childhood immunizations
    - Expansion of telehealth for acute primary care and mental health visits
    - Preparation for COVID-19 vaccine
  - Collect sample Tribal plans and resources, develop model plans and policies
  - After-action Review/Evaluation of Response
- Integrate COVID-19 into overall Public Health Emergency Plans