



# Inquiry and Insight: Exploring Indigenous Perspectives on IPC

Presented by the National Indian Health Board and  
the National Council of Urban Indian Health

*Project Firstline is a national collaborative led by the U.S. Centers for Disease Control and Prevention (CDC) to provide infection control training and education to frontline healthcare workers and public health personnel. National Association of County and City Health Officials (NACCHO) is proud to partner with Project Firstline to host the NACCHO Healthcare Infection Prevention and Control Summit (Summit), as supported through CDC Grant # 6NU38OT000306-03-05. CDC is an agency within the Department of Health and Human Services (HHS). This presentation is being hosted as part of the Summit; the contents of this presentation and Summit do not necessarily represent the policies of CDC or HHS and should not be considered an endorsement by the Federal Government.*



# Presenters



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*Navajo & Yaqui*  
*Infectious Disease Associate*  
*NIHB*



**Zoë Harris**, MPH (*she/her*)  
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*Public Health Associate*  
*NCUIH*



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*Fort Peck Assiniboine/Sioux*  
*Public Health Program Manager*  
*NCUIH*



Chicago resides on the traditional Territories of the Three Fire Peoples - the Ojibwe, Odawa, and Bodewadmi, purchased after two and a half years of open warfare, decades of violent encroachment, and the defeat of a pan-Indian movement to keep settlers out of the Great Lakes region at the Treaty of Chicago in 1821, receiving their final payment before moving westward in 1835. The area was also a site of trade, gathering, and healing for more than a dozen other Native tribes.

The state of Illinois is currently home to more than 75,000 tribal members, and the Chicagoland area is currently home to one of the largest and most diverse urban Native communities in the U.S. Illinois is also the territory of Ho-Chunk, Miami, Inoka, Menominee, Sac, Fox, and their descendants.

By making a land acknowledgment, we recognize that Indigenous peoples are the traditional stewards of the land that we now occupy, living here long before Chicago was a city and still thriving here today. As we work, study, live, and play on these territories we must ask what we can do to right the historic wrongs of colonization and state violence, and support Indigenous communities' struggles for self-determination and sovereignty.



# Learning Objectives

1. Provide a basic understanding of Indigenous, American Indian/Alaska Native (AI/AN), and Native American identities.
2. Give an overview of the Indian Health System.
3. Examine the achievements of NIHB and NCUIH through the Project Firstline Initiative.
4. Discuss how external stakeholders can contribute to expanding and strengthening the capacity, collaboration, and coordination surrounding infection prevention and control in I/T/U facilities.



# Defining Indigenous and Native American

**Indigenous:** originating or occurring naturally in a particular place; native  
**American Indian/Alaska Native:** people having origins in any of the original peoples of North, South America, and Central America, who maintain tribal affiliation or community attachment  
(Census & Office of Minority Health)

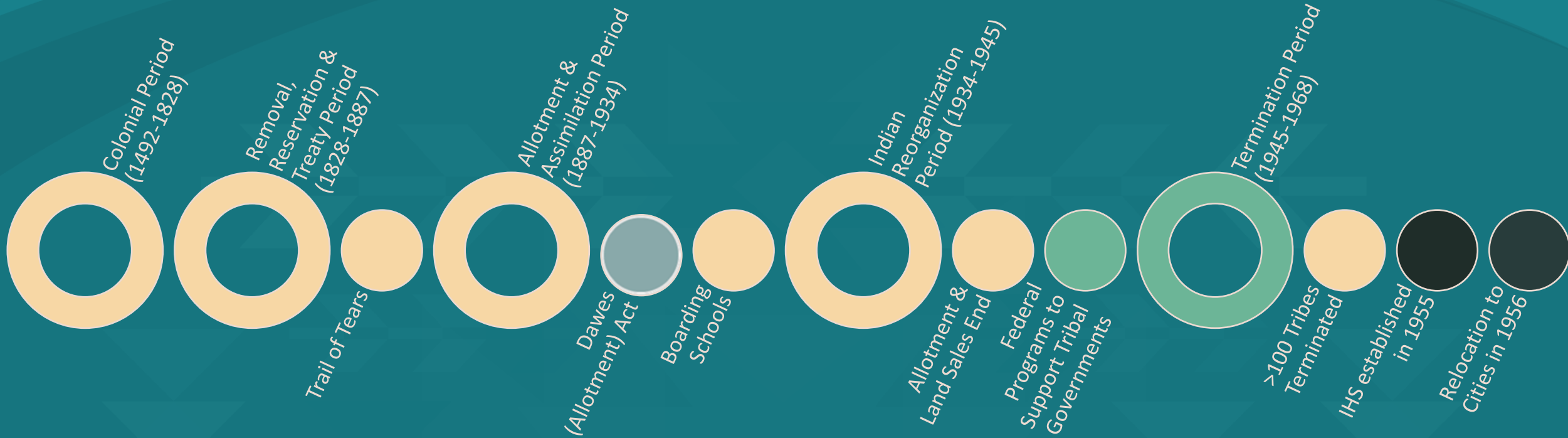
**American Indian/Alaska Native:** someone who has blood degree from and is recognized as such by a federally recognized tribe or village (as an enrolled tribal member) and/or the United States  
(Bureau of Indian Affairs)

**Other terms:** Native American, Native

## Citizen vs. Member



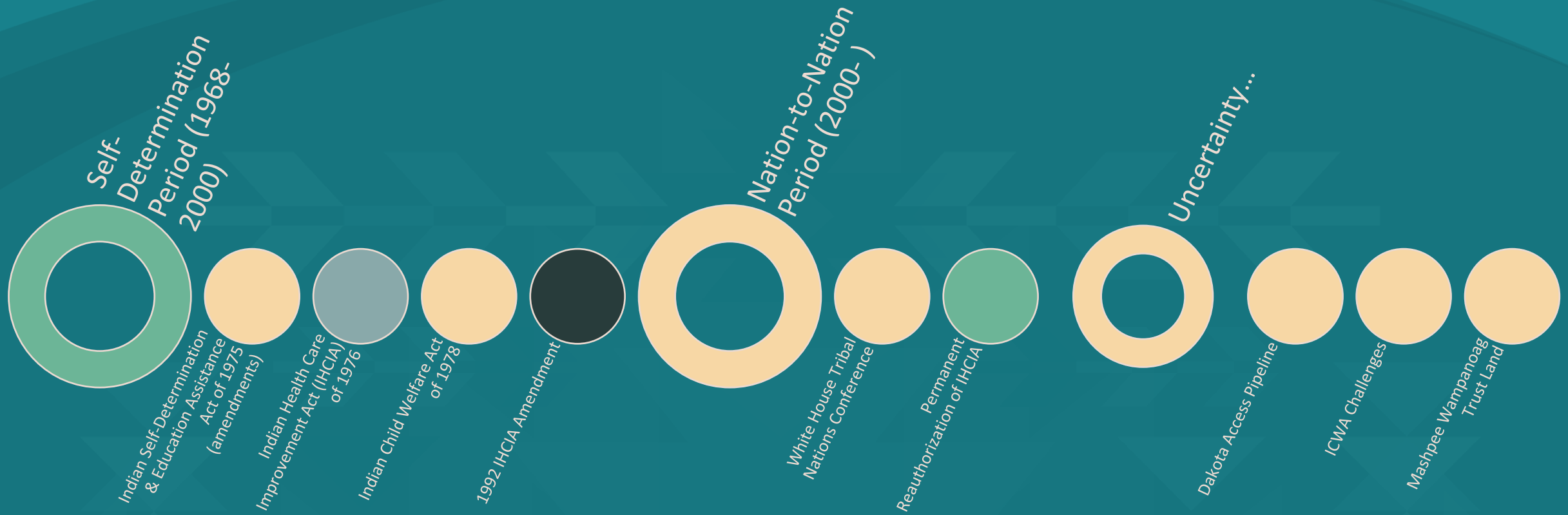
# Historical Contexts



Estimated 90 million acres (2/3 of the size of the US) lost

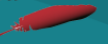


# Historical Contexts



Established Urban Indian Organizations

Congress declared the policy of the Nation "in fulfillment of its special responsibilities and legal obligations to the American Indian people to assure the highest possible health status for Indians and urban Indians and to provide all resources necessary to affect that policy."



# *Indian Health System*

**Indian  
Health  
Service**

Federally Run Facilities

**Tribal**

Contract or Compact Facilities

**Urban  
Indian  
Organizations**

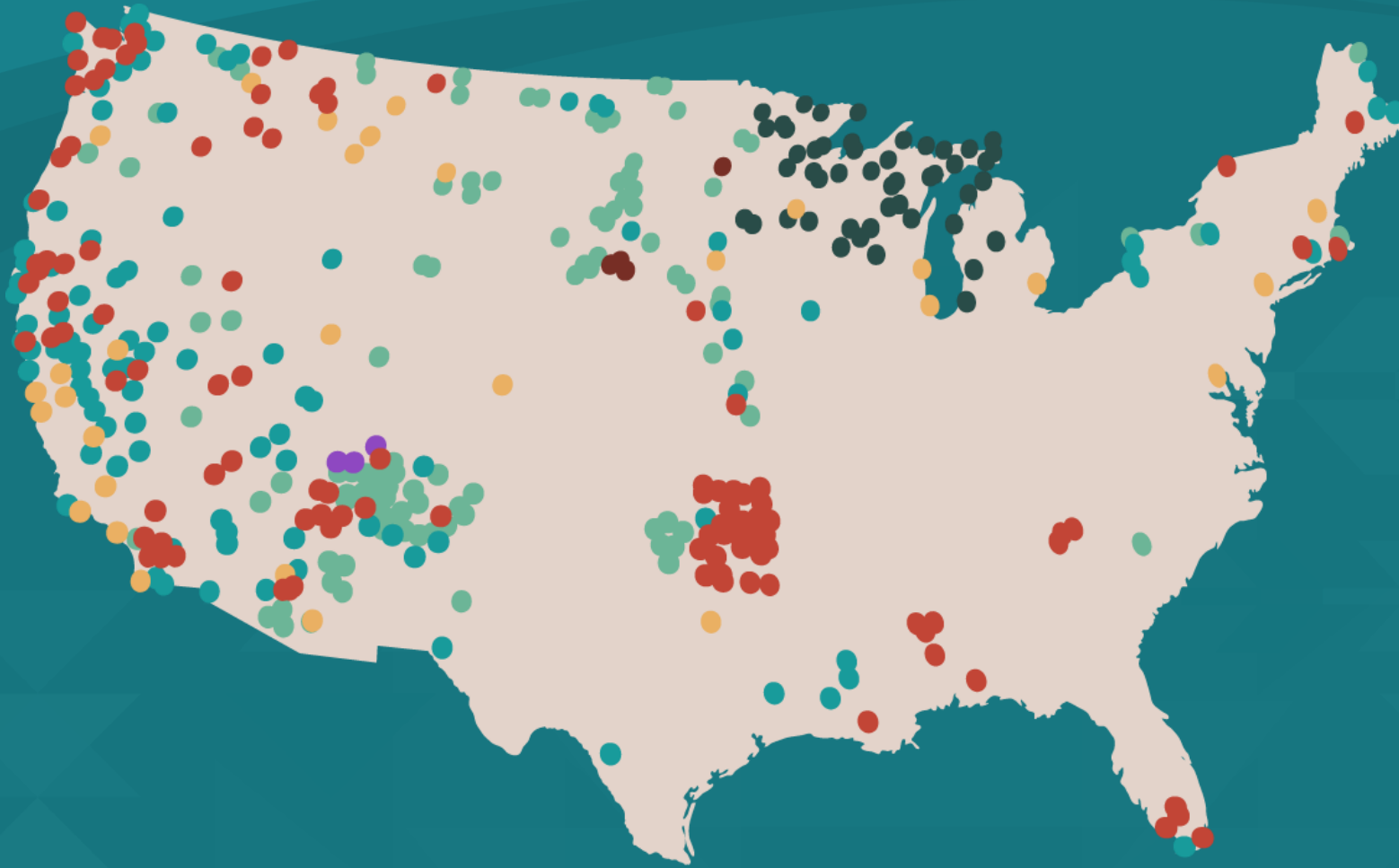
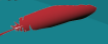
IHS Funded Native Health Nonprofits



Place a pin where your organization is located!

0

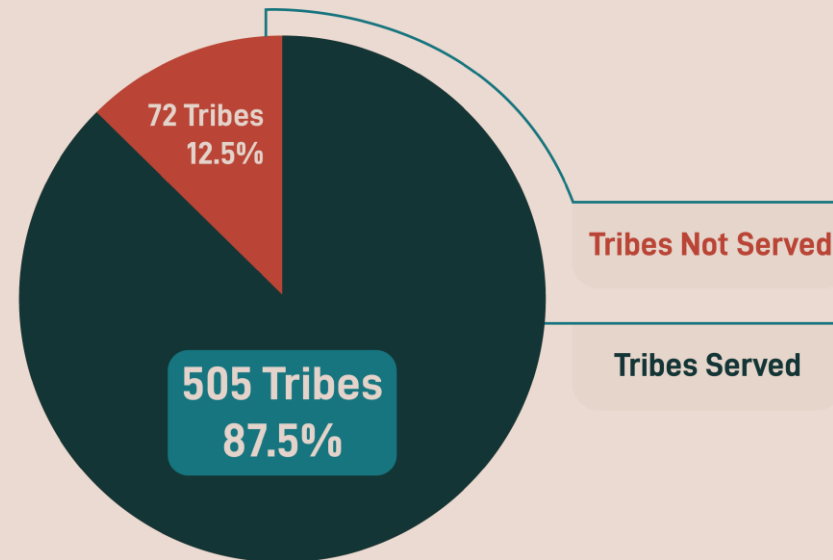




- Title 5 (638)
- Title 1 (Tribal)
- IHS
- NON-IHS
- Urban
- Contract Inpatient
- Title 5 (Tribal)
- Tribal
- Other

## Total Number of Tribes Served at Urban Indian Organizations

**500+**  
**TRIBES**  
**SERVED**



Source: Indian Health Service, Calendar Year 2021 Data

## How many federally recognized tribes are in the United States?

562

0%

574

0%

600

0%



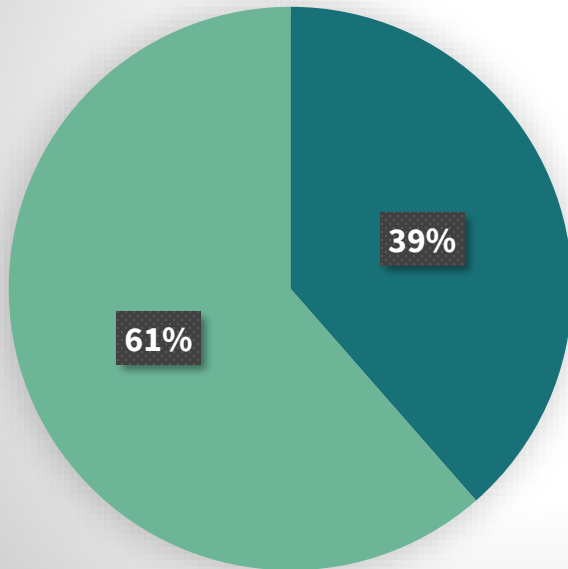
## Census Statistics

- As of 2020, 9.7 million people identified as American Indian and Alaska Native (AI/AN) alone or in combination with another ethnicity, 2.9% of total U.S. population
- 87% live outside their tribal statistical areas, 60% live in urban areas
  - 574 federally recognized tribes, ~60 state recognized tribes
  - 324/574 tribes have a reservation
- 27% of the population is under 18
- States with largest # of AI/AN: AZ, CA, OK, NM, TX, NC, AK, WA, SD, NY



# Intersectionality

## Total Population of Native Americans in the U.S. (n=9,667,079)



- American Indian and Alaska Native alone (n=3,717,135)
- American Indian and Alaska Native in combination with one or more other races (n=5,939,944)

Source: United States Census Bureau, 2020 Decennial Census

### INTERSECTIONALITY a fun guide

this is Jess  
Hi!

Jess is a stripey red triangle AND SHOULD BE PROUD.  
yay!

SADLY SOME PEOPLE DO NOT LIKE JESS. JESS FACES OPPRESSION FOR BEING A TRIANGLE, & FOR HAVING STRIPES  
I DON'T WANT STRIPES  
LOD HATES TRIANGLES

LUCKILY, THERE ARE LIBERATION GROUPS! BUT THEY AREN'T INTERSECTIONAL  
SO THEY LOOK LIKE THIS.

WELCOME Δs!  
WELCOME Δs!

THEY DON'T TALK TO EACH OTHER IN FACT, THEY COMPETE  
I'M MORE OPPRESSED!  
NO, I AM! I DESERVE MORE!

JESS CAN'T WORK OUT WHERE TO GO  
AM I MORE STRIPE OR TRIANGLE?

JESS WISHES THAT THE TRIANGLES AND STRIPES COULD WORK TOGETHER

OPPRESSION OF ONE NEEDS US ALL!  
NO LIBERATION WITHOUT EQUAL REPRESENTATION!

INTERSECTIONALITY IS THE BELIEF THAT OPPRESSIONS ARE INTERLINKED AND CANNOT BE SOLVED ALONE.

OPPRESSIONS ARE NOT ISOLATED.  
**INTERSECTIONALITY NOW!**

Reproduced in Hankivsky (2014) from Miriam Dobson's website: <http://miriamdobson.wordpress.com/2013/04/24/intersectionality-a-fun-guide/>  
AND ADAPTED BY VTMH (2017) JUST A BIT

# Overview of AI/AN Health

	American Indian/Alaska Natives	Non-Hispanic Whites
Education	Had at least a high school diploma: 84.4% Had at least a bachelors (25+): 20.8% Had an advanced degree: 7.6%	Had at least a high school diploma: 93.3% Had at least a bachelors (25+): 36.9% Had an advanced degree: 13.9%
Economics	Median HHI: \$49,606 Living at poverty level: 20.3% Unemployment rate: 7.9%	Median HHI: \$71,664 Living at poverty level: 9.0% Unemployment rate: 3.7%
Insurance coverage	Private insurance (alone & combo): 51.9% Medicaid or public only: 42.1% Uninsured: 14.9%	Private insurance (alone & combo): 74.7% Medicaid or public only: 34.3% Uninsured: 6.3%
Health	2020 LE: 78.4 years LE women: 81.1 years LE men: 75.8 years	2020 LE: 80.6 years LE women: 82.7 years LE men: 78.4 years



# Challenges and Successes in Indian Health Systems




# All Cause Mortality Rates (2010)

	AI/AN Rate 2009-2011	U.S. All Races Rate - 2010	Ratio: AI/AN to U.S. All Races
<b>ALL CAUSES</b>	999.1	747.0	1.3
<b>Diseases of the heart (Heart Disease)</b>	194.7	179.1	1.1
<b>Malignant neoplasm (cancer)</b>	178.4	172.8	1.0
<b>Accidents (unintentional injuries)*</b>	93.7	38.0	2.5
<b>Diabetes mellitus (diabetes)</b>	66.0	20.8	3.2
<b>Alcohol-induced</b>	50.0	7.6	6.6
<b>Chronic lower respiratory diseases</b>	46.6	42.2	1.1
<b>Cerebrovascular diseases (stroke)</b>	43.6	39.1	1.1
<b>Chronic liver disease and cirrhosis</b>	42.9	9.4	4.6
<b>Influenza and pneumonia</b>	26.6	15.1	1.8

# Missing Data

## Racial/Ethnic Disparities in Exposure, Disease Susceptibility, and Clinical Outcomes during COVID-19 Pandemic in National Cohort of Adults, United States

McKaylee M. Robertson , Meghana G. Shamsunder, Ellen Brazier, Mekhala Mantravadi, Rebecca Zimba, Madhura S. Rane, Drew A. Westmoreland, Angela M. Parcesepe, Andrew R. Maroko, Sarah G. Kulkarni, Christian Grov, and Denis Nash

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[Main Article](#)

### Table 1

Demographic and socioeconomic characteristics of communities, households, and SARS-CoV-2 epidemiology for Chasing COVID study participants, stratified by race and ethnicity, United States, March 28–April 20, 2020\*

Variable	Total	Hispanic or Latino/a	Black non-Hispanic	Asian/Pacific Islander non-Hispanic	White non-Hispanic	Other non-Hispanic	p value
Total	6,740 (100.00)	1,308 (19.41)	899 (13.33)	465 (6.90)	3,846 (57.06)	222 (3.30)	

168 4816

# DATA GENOCIDE:

1. The elimination of Indigenous people in data resulting in the non-fulfillment of treaty and trust responsibility due to “lack” of data on urban and rural tribal communities.
  2. Embedded structural racism in data systems that results in non-collection and/or non-reporting of Indigenous people’s race and ethnicity.
  3. Lack of data being used as an excuse to not allocate appropriate resources to urban and rural tribal communities perpetuating chronic health disparities.
- 344  
322  
53



Urban Indian Health Institute  
A Division of the Seattle Indian Health Board

Source: Urban Indian Dictionary Definitions by Abigail Echo-Hawk (Pawnee)



549

# UIHI'S DEFINITION:

1. Reclaiming the Indigenous value of data collection, analysis, and research.
2. Data for Native people, by Native people.
3. Recognizing the inherent strength of Indigenous people.



Urban Indian Health Institute  
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# WHAT IS DECOLONIZING DATA?



Urban Indian Health Institute  
A Division of the Seattle Indian Health Board

# FOR OUR ALLIES, AKA THE DECOLONIZING DATA HOMIES

**1.** Acknowledgement of harmful data practices coupled with healing, restoration, and reparations.



**2.** Strengths-based data collection, analysis, and dissemination.

**3.** Protective community and cultural factors measured and weighted against disparities and gaps.



While colonial institutions cannot be decolonized, non-Indigenous organizations and people can work to achieve data equity and justice.

**IN THE CONTEXT OF DECOLONIZING DATA, OUR VISION FOR THE FUTURE OF ALL NATIVE DATA METHODOLOGIES INCLUDES:**



**4.** Community governance every step of the way (collection, analysis, dissemination).

**5.** Accurate data reporting of race and ethnicity.



**6.** Embedded accountability of entities for collection of race and ethnicity.

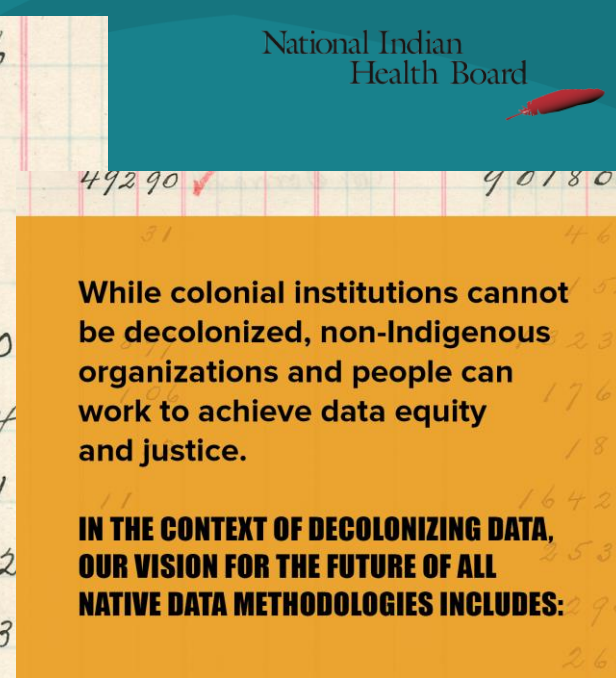
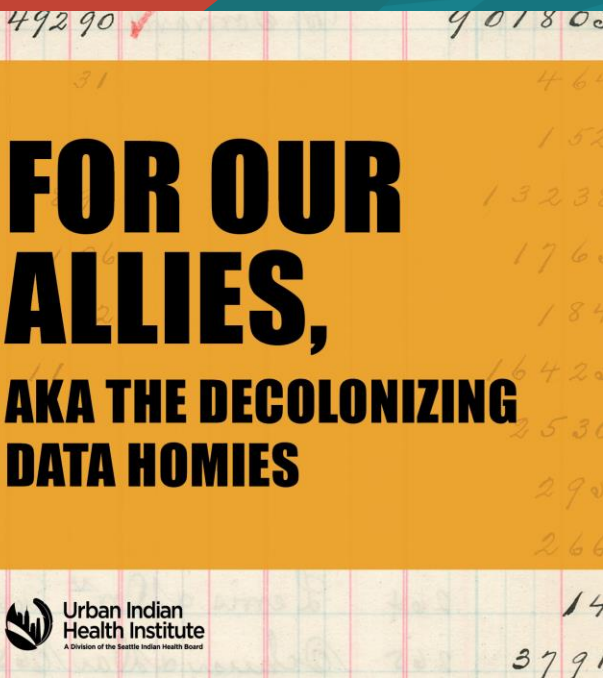
**7.** Disaggregation of data by race, ethnicity, and multiple races.

**8.** Undoing STEM education disparities.



**9.** Exploring and refining small populations methodologies.

**10.** Acknowledging community knowledge and investing in data capacity as informed by the community.



# COVID-19 in Indigenous Communities

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases <sup>1</sup>	1.6x	0.8x	1.1x	1.5x
Hospitalization <sup>2</sup>	2.5x	0.7x	2.1x	1.8x
Death <sup>3</sup>	2.0x	0.8x	1.6x	1.7x

Center for Disease Control. *Hospitalization and Death by Race/Ethnicity*. <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>. Updated December 29, 2022



# COVID-19 in Indigenous Communities

- Issues of overcrowding, making social distancing more difficult
  - 16% of households in tribal areas and 10% in urban areas overcrowded compared to 2% of all U.S. households
- Underfunded and under resourced health care
  - In 2017, IHS spent \$4,078 per person, compared with \$9,207 spent per capita by the U.S. health care system overall
- Lack of clean water or adequate sanitation
  - 48% of households on Indian reservations do not have clean water or adequate sanitation.

Arnav Shah et al., "The Challenge of COVID-19 and American Indian Health," *To the Point* (blog), Commonwealth Fund, Aug. 12, 2020. <https://doi.org/10.26099/m5ww-xa13>

Tanana, H., Combs, J., & Hoss, A. (2021). Water Is Life: Law, Systemic Racism, and Water Security in Indian Country. *Health Security*, 19(S1), S-78. <https://doi.org/10.1089/hs.2021.0034>



# COVID-19 in Indigenous Communities

## Vaccination Successes

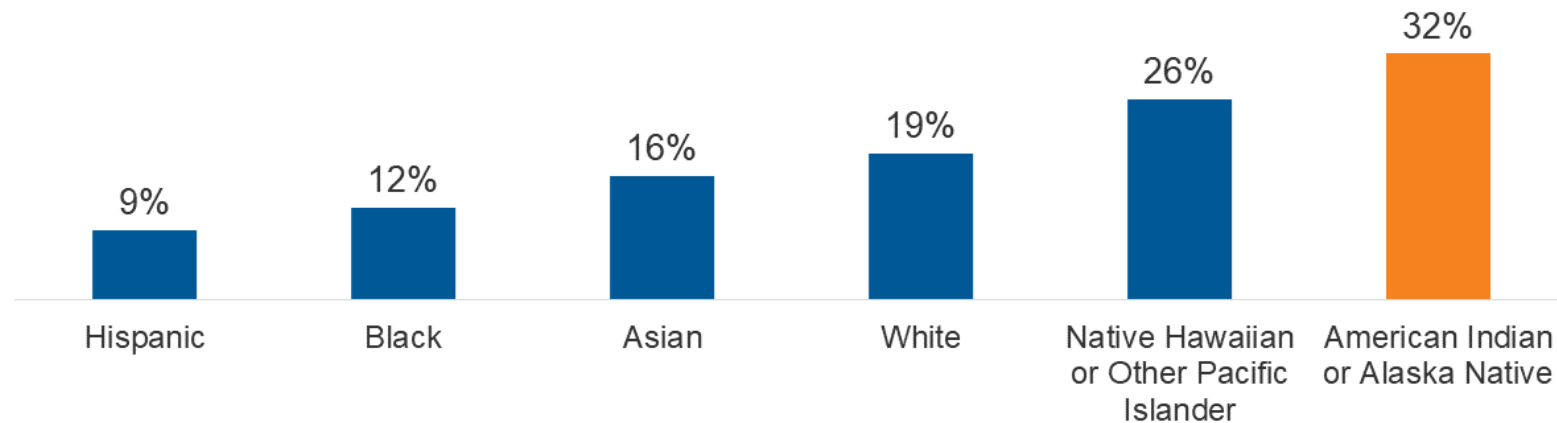
- Prioritization of elders, language keepers, and culture bearers
- Over 2.4 million doses administered. Approximately 4 million doses distributed.
- By May 2021, 70% of the Navajo Nation, 95% of the Blackfeet Nation in Montana, and 70% of the Sac and Fox Tribe in Mississippi had been fully vaccinated.
- In March 2021, The Cherokee, Chickasaw, Osage, Choctaw and Citizen Potawatomi Nations have expanded their vaccination eligibility to the general public, include Native and non-Native Oklahomans.
  - At the time OK was in stage 3, so the general public was not eligible for vaccination yet



# COVID-19 in Indigenous Communities

## Percent of Total Population that has Received 1 or More COVID-19 Vaccine Doses by Race/Ethnicity, April 5, 2021

Based on 53% (56.5 million) of vaccinations with known race/ethnicity:

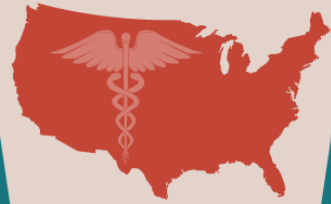


NOTE: Persons of Hispanic origin may be of any race but are categorized as Hispanic; other groups are non-Hispanic.





## HEALTH CARE SPENDING



National Average, 2018

**\$11,172 (CMS)**



Incarcerated Population, 2016

**\$8,602 (GAO)**



Indian Health Service, 2017

**\$4,078 (IHS)**



Urban Indian Organizations, 2019

**\$700 (estimate)**



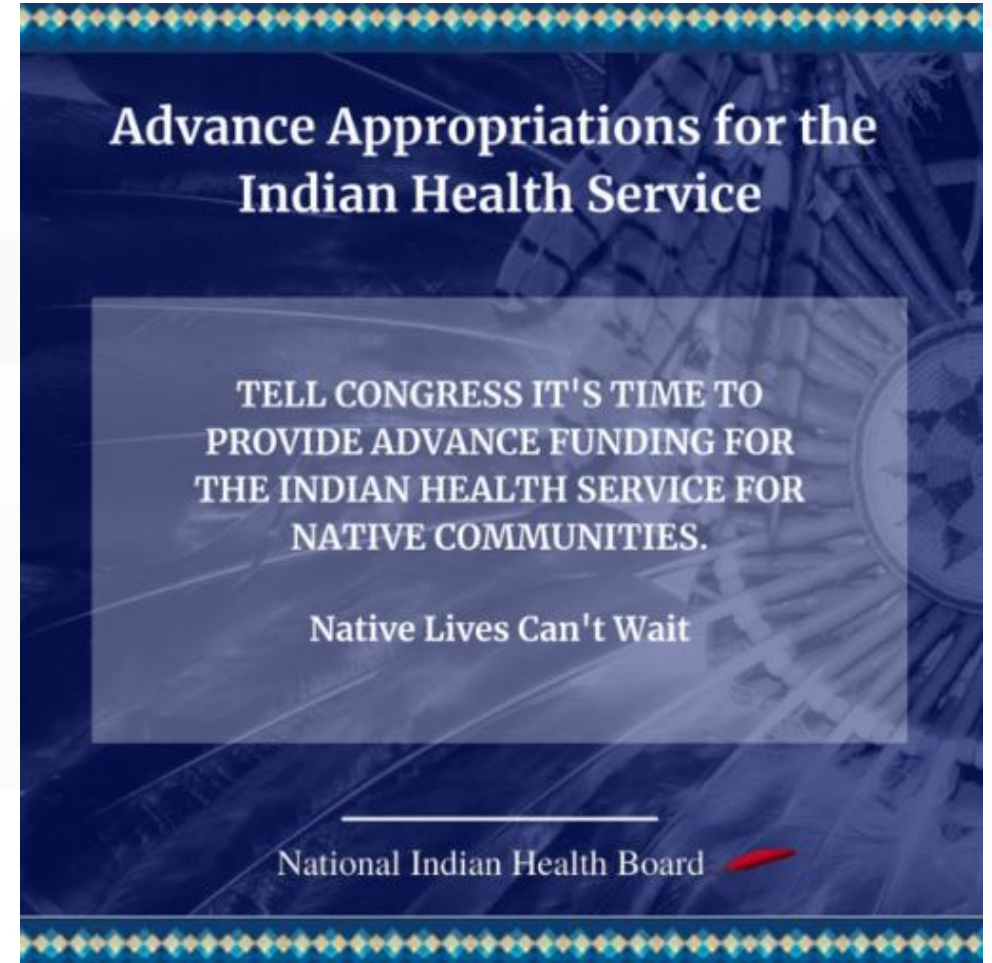
# ADVANCE APPROPRIATIONS FOR INDIAN HEALTH SERVICE





# Advance Appropriations for the Indian Health Service

- Appropriations for IHS are organized into three accounts
  - Indian Health Services
  - Indian Health Facilities
  - Contract Support Costs
- Indian Health Services is the largest account.
- Over 60% of IHS's budget is provided to Indian tribes or tribal organizations.





# Resiliency

Self-determination

Integration of culture into healthcare

- Art therapy
- Substance use prevention and recovery programs
- Traditional medicine

Inclusion of descendants and state-recognized AI/AN



# About NIHB & NCUIH

A grayscale photograph of the United States Capitol building. The building's dome and classical architecture are visible. In the foreground, the back of a person's head wearing a dark cap is partially visible. A bright red arrow points from the right side of the image towards the text.

# National Indian Health Board

5/3/2024



# NIHB Commitment to Working with Tribal Governments



Supports and respects  
tribal sovereignty and  
self-determination



Tribal consultation



Government-to-  
government  
partnership





## What We Do

- Represents 574 federally recognized Tribal governments
- Support initiatives that address the chronic underfunding for the Indian health system
- Project Firstline introduced healthcare infection control to NIHB's portfolio and enabled us to build the capacity of frontline Tribal healthcare workers and infection control officers





# Infection Control Gaps In Tribal Facilities

- The COVID-19 pandemic highlighted long-standing gaps in infection control knowledge and practice in Tribal healthcare settings.
- These gaps reflect:
  - health inequities experienced by AIANs
  - disparities in infection control expertise
  - gaps in training, mentorship, and education
  - lack of understanding in educational approaches for healthcare workers
  - framing of infection control as a combination of rules, policies and procedures while recognizing different languages and distinct cultures.



# INFECTION CONTROL IS THE...

Actions we take...

Systems we put in place...

Culture of shared responsibility we develop...

**...To prevent people from getting infected**



# NIHB Project Firstline

- Steering Committee
- Mentorship Program
- Scholarship Available
- Learning Community (webinars/discussions)
- On-line self paced learning modules
- Job-aids
- Webpage





## Partners

- Association of American Indian Physicians
- Dental Infection Prevention & Safety Association (OSAP)
- Indian Health Service (IHS)
- 12 Tribal Epidemiology Centers (TECs)
- American Medical Association
- Johns Hopkins University, Center for Indigenous Health
- University of Arizona
- Arizona State University
- National Council of Urban Indian Health





## Tribal Steering Committee

- Provides NIHB with input and guidance on issues affecting the health of AI/AN nations
- Allows for exchange of information on public health issues in Indian Country
  - Identify urgent public health needs
  - Discuss collaborative approaches
- Assist with developing and/or adapting existing materials to inform Tribal health professionals about important components of IPC
- Composition:
  - 6 delegates from federally recognized tribes



# IPC Scholarship Opportunity

- Scholarships for Tribal Infection Control Officers and Health Officials
- May be used for online infection control training courses
- May also be used to complete either the Association of Professionals in Infection Control and Epidemiology's (APIC) training courses, the Certification Board of Infection Control and Epidemiology's (CBIC) certification exam, or the Certified in Dental Infection Prevention and Control (CDIPC) exam
- <https://www.surveymonkey.com/r/V2TXSJ5>





# Learning Community Webinars

Facilitate peer learning community webinars for frontline public health professions to provide ongoing skills building, technical assistance, and discussion.



- Upcoming Webinars
  - July 31, 2024
  - August 7, 2024
  - October 16, 2024
  - October 18, 2024
  - December 4, 2024





# Educational Materials

- Job aids and factsheets
- Online training modules
- Development/adaptation of AI/AN curriculum
  - Response Plans
  - IPC Messaging
  - Technical Assistance
  - Resource Dissemination Plans

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**

**GERMS CAN LIVE IN THE RESPIRATORY SYSTEM**

**THE RESPIRATORY SYSTEM** consists of the upper airway, including the nose, throat, and windpipe, and the lower airway, including the lungs. Many germs live in the upper airway. Like the skin and digestive system, most germs commonly found in the nose, mouth, and throat keep those parts of the body healthy. However, some germs may be there because someone has an infection. Germs in the nose and mouth can be easily spread to the skin and hands when you touch your face. From there, germs can spread to surfaces and other people who may become infected. The defenses of the nose, mouth, and throat keep a lot of germs from getting into the lungs. When germs do get into the lungs, the lungs have defenses for getting germs out, like coughing.

**GERMS THAT CAN LIVE IN THE RESPIRATORY SYSTEM:**

- Pseudomonas
- Staphylococcus aureus (staph, including MRSA) (tip of the nose)
- Viruses like in cases and SARS-CoV-2
- Tuberculosis

**WHERE IS THE RISK?**

Germs are more likely to spread in places with poor ventilation or lots of people. When someone's lungs are infected, that person can spread germs through contact and respiratory droplets.

**TASKS INVOLVING THE RESPIRATORY SYSTEM:**

- Intubation
- CPAP used for sleep apnea
- Giving nebulized medication

**HOW CAN:**

- Proper
- Use of PPE
- Clean surface
- Secure
- Respir
- Ventil

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**

**GERMS CAN LIVE ON MEDICAL DEVICES**

**MEDICAL DEVICES**, equipment, tools, and supplies in clinical settings are all surfaces that can host germs. "Medical devices" are used on a patient's body, such as a stethoscope or blood pressure cuff. Due to the frequency of Tribal healthcare workers using shared devices and equipment, it is important to understand the role they can play in spreading germs to patients as well as tribal healthcare workers.

**GERMS THAT CAN LIVE ON DEVICES:**

- Staphylococcus aureus ("staph," including MRSA)
- Streptococcus ("strep")
- Candida (including C. auris)
- Gut bacteria like E. Coli, Klebsiella, and C. difficile (C. diff)

**WHERE IS THE RISK?**

When a device, such as a pulse oximeter, is used on a patient's body to provide care, any germs on that device can be spread to places in or on the patient's body.

When a device is put into a patient's body, like an IV needle, endoscope, or artificial hip, it can be a great place for germs to grow if they aren't handled correctly because they don't have the same protections from the infection that our body tissue does, allowing any germs on the device to spread into the body.

**HOW TRIBAL HEALTHCARE WORKERS CAN TAKE ACTION TO REDUCE RISK:**

- Proper hand hygiene
- Use of personal protective equipment (PPE) such as gloves
- Clean and disinfect high-touch surfaces in your area daily
- Sterilize medical instruments

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**

**HEPATITIS C** is a curable liver infection caused by the hepatitis C virus (HCV). Hepatitis C is spread through contact with blood from an infected person. The most common form of transmission today is by sharing needles or other equipment used to prepare and inject drugs. Hepatitis C can spread in healthcare settings when injection equipment, such as syringes, is shared between patients or when injectable medications or intravenous solutions are mishandled and become contaminated with blood. Healthcare personnel should understand and adhere to Standard Precautions to prevent the spread of this virus.

**OCCUPATIONS AT RISK:**

- Anyone providing first-response care to people who are sick or injured
- Nurses and other healthcare personnel
- Home healthcare workers
- On-duty, housekeeping personnel, and laundry workers

**WHERE IS THE RISK?**

Viruses like Hepatitis C can spread when contaminated blood is on a sharp item. Hepatitis C has been associated with inadequate infection prevention practices during intpatient

**HOW TRIBAL HEALTHCARE WORKERS CAN TAKE ACTION TO REDUCE RISK:**

- Proper hand hygiene
- Use of personal protective equipment (PPE) such as gloves
- Safe injection practices
- Maintain a clean and sanitary workplace
- Textile management

**NIHB PROJECT FIRSTLINE TRIBAL INFECTION CONTROL**



# App, Messaging, and Website

National Indian Health Board

## JOIN NOW!

**KEY APP USES:**

- Public Health Notifications
- Native Health Resources
- Calendar of Events
- Vaccine Location Finder

National Indian Health Board  
**CAMP CRIER**

Log In

Sign Up

CAYUSE NATIVE SOLUTIONS

AVAILABLE FOR DOWNLOAD!

Available on **Apple Store**

Available on **Google Play**

## COLD AND FLU SEASON IS HERE!

**WASH YOUR HANDS**

with soap and water

**COVER UP**

Cover your nose and mouth when you sneeze and cough

**CLEAN AND DISINFECT**

surfaces at home

**STAY HOME WHEN SICK**

Take a break and recover

**GET YOUR FLU SHOT**

it's not too late!

National Indian Health Board

**PROJECT FIRSTLINE**

NIH PROJECT FIRSTLINE: TRIBAL INFECTION PREVENTION & CONTROL CAPACITY BUILDING PROGRAM

Search the website...

- About
- Updates & Events
- Learning Communities
- Training Materials
- Digital Tools
- Partner Resources
- TIC Epidemic & Outbreak Plans

TRAINING MATERIALS

TIC LEARNING COMMUNITY

TIC EPIDEMIC & OUTBREAK PLANS

DIGITAL TOOLS

PARTNER RESOURCES

UPDATES & EVENTS

National Indian Health Board

**PROJECT FIRSTLINE**

Sign Up for NIH Alerts



# Regional Institutes



## Completed Institutes

- April 28, 2021(virtual)
- May 10, 2022 (virtual)
- July 19 -20, 2022, in Rapid, City, SD
- February 28 -March 1,2023 in Seattle, Washington
- May 5, 2023, in Anchorage, Alaska
- September 11-12, 2023, in Sante Fe, New Mexico
- September 19-21, 2023, Tribal Infection Control Boot Camp in Vancouver, Washington\*
- **May 20, 2024, during 2024 National Tribal Health Conference**



# NIHB Project Firstline's Accomplishments



- 1,070+ learners have enrolled in NIHB Infection Control Webinar Series earning a 900+ contact hours.
- 1,200+ people have registered for workshops, Institutes, and Ask Me Anything (AMA) discussion sessions.
- 87% of webinar participants in the series reported having improved understanding & 93% of participants would recommend the webinars.
- NIHB Project Firstline disseminated \$300,000 in subgrantee funding to 8 partner organizations.



# Partnerships



Spreading knowledge. Preventing infection.®

Izee' Baa Gowah  
San Carlos Apache Healthcare



SONOMA COUNTY INDIAN HEALTH PROJECT



NPAIHB  
Indian Leadership for Indian Health



CENTERS FOR DISEASE CONTROL AND PREVENTION



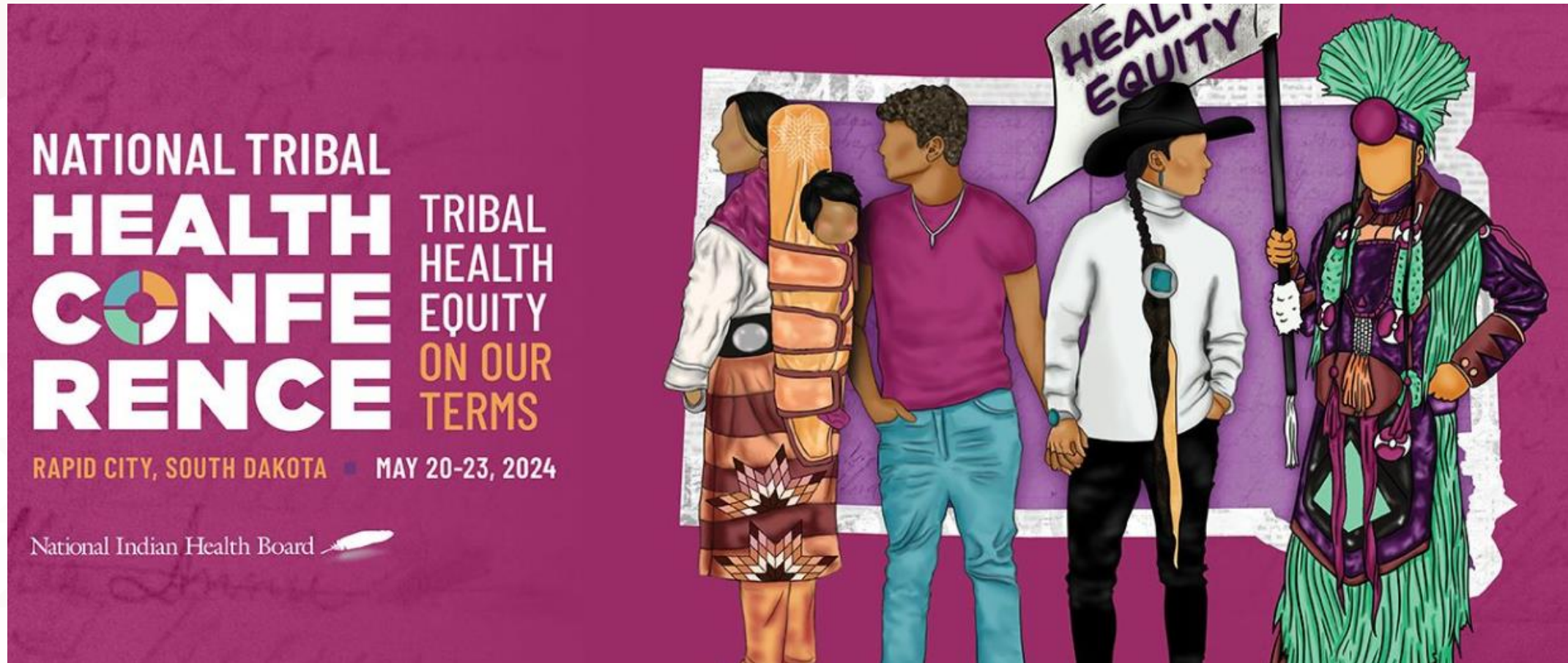


# Moving Forward

- Further **expand Project Firstline's audience** reach with culturally appropriate educational products and materials (website, YouTube, newsletters, etc.)
- **Improve surveillance data** for AI/AN communities
- **Workforce development** - internships or mentorships programs for AI/AN students
- Identify and **understand Tribal healthcare workforce training needs** and knowledge gaps to (surveys/focus groups/listening sessions)
- Integrate infection control into **formal educational curricula** for all healthcare facility staff
- **Enhance sustainability** through increased cross-sector collaborations



More info: Visit [nihb.org](https://nihb.org)



## ABOUT

# NCUIH

NATIONAL COUNCIL *of* URBAN INDIAN HEALTH

The National Council of Urban Indian Health (NCUIH) is a national non-profit organization devoted to the support and development of quality, accessible, and culturally-competent health and public health services for American Indians and Alaska Natives (AI/ANs) living in urban areas.

NCUIH is a national organization advocating for the 41 Title V Urban Indian Organizations (UIOs) under the Indian Health Service (IHS) in the Indian Health Care Improvement Act (IHCIA)





# What is NCUIH?

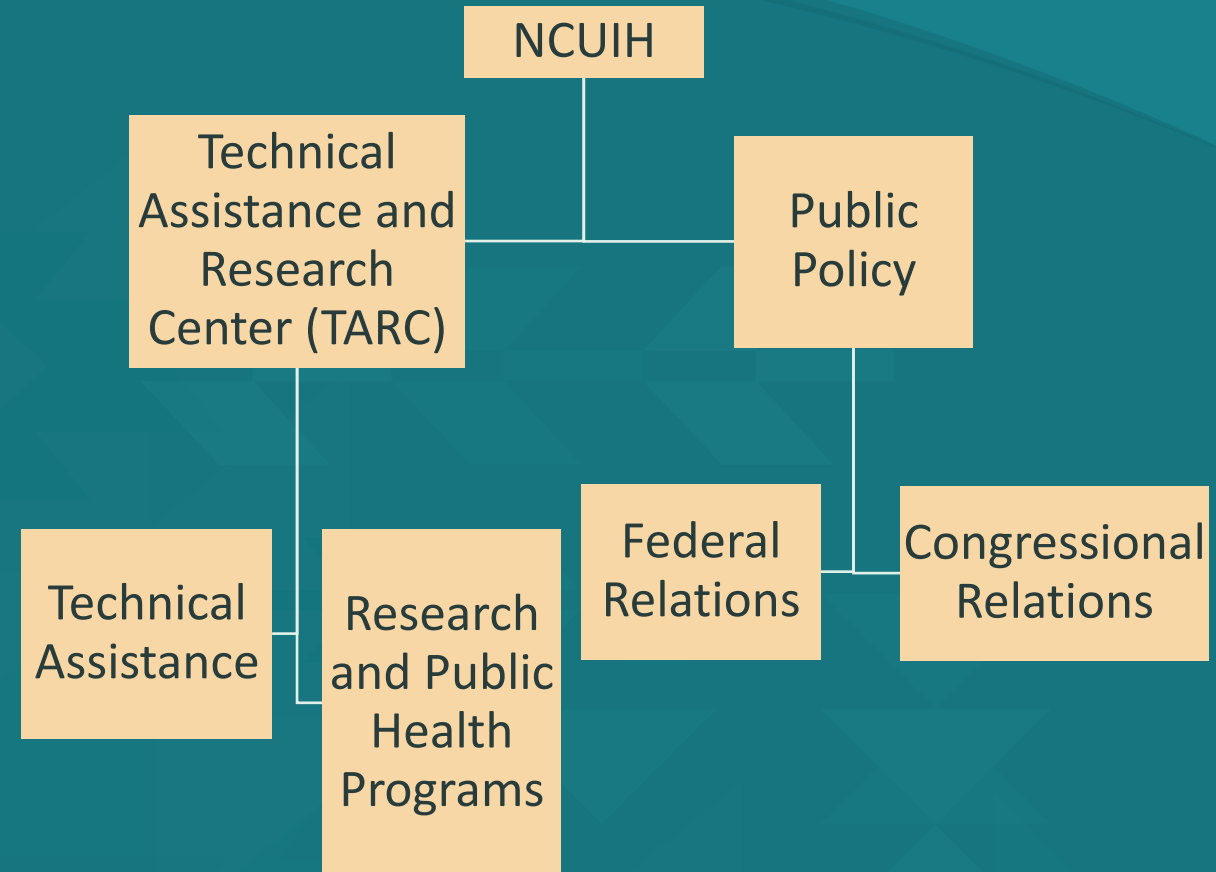


# About NCUIH

## Our Impact

NCUIH's critical work accomplishes the following unmet needs:

- Brings Urban and Tribal leaders together to establish a **continuous flow of communication and collaboration**
- **Cultivates and coordinates relationships** between UIOs and major mainstream health research centers and universities
- Creates **awareness** among mainstream media outlets
- Fosters **political and managerial leadership** among urban AI/AN youth
- Establishes **connections between the urban AI/AN population** and private foundations, corporations, and donors





# Project Firstline at NCUIH



PROJECT  
**FIRSTLINE**

CDC'S National Training Collaborative  
for Healthcare Infection Prevention & Control





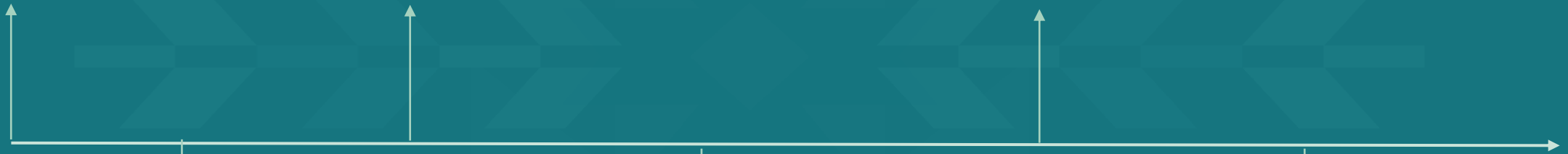
# Project Firstline Timeline at NCUIH

## Spring 2020

The COVID-19 pandemic highlights gaps in IPC knowledge and skills in healthcare settings nationwide

September 20, 2020 – September 29, 2021  
**Grant Year 1**

September 30, 2022 – September 29, 2023  
**Grant Year 3**

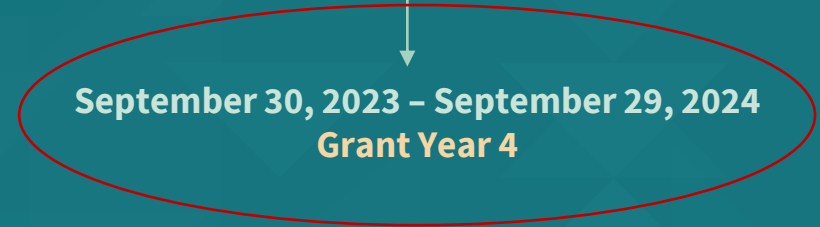


## Fall 2020

The CDC launches the Project Firstline collaborative

September 30, 2021 – September 29, 2022  
**Grant Year 2**

September 30, 2023 – September 29, 2024  
**Grant Year 4**



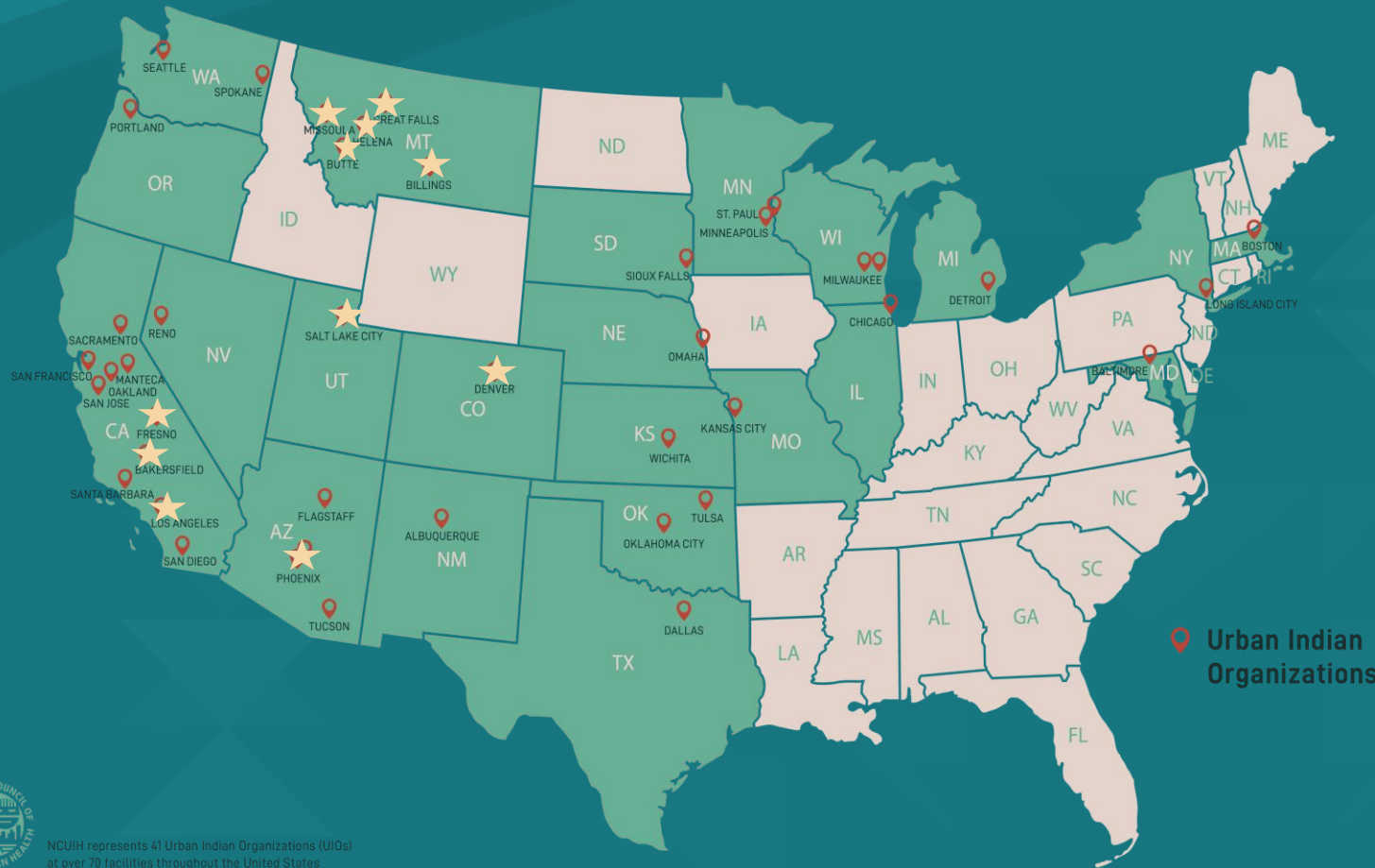
# IPC Champions - Subawards

11

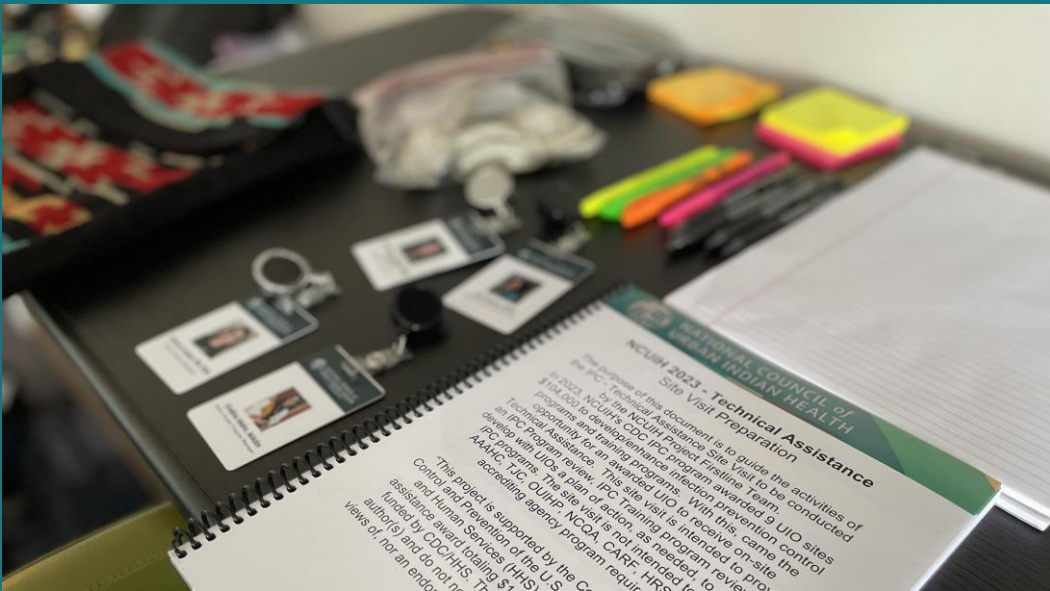
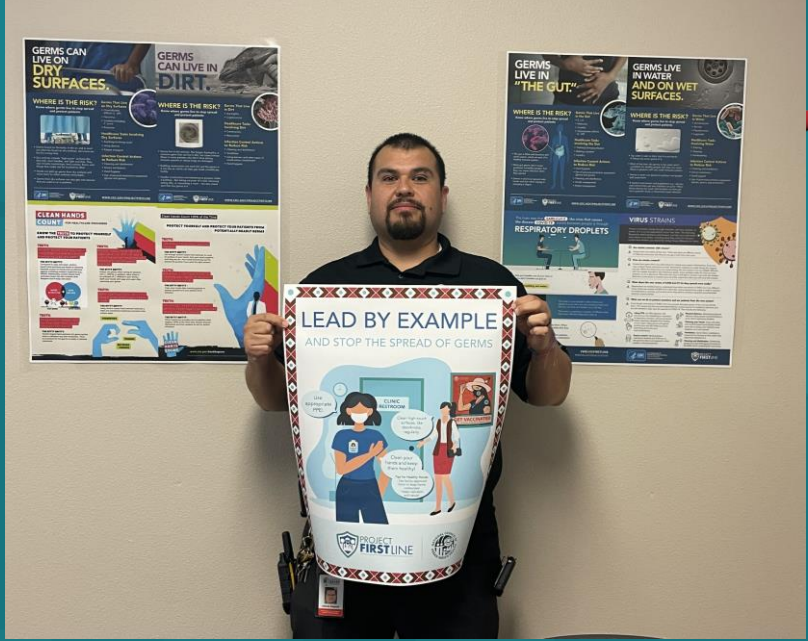
UIOs funded

## Highlights

- IPC Program Reviews
- IPC Panel Discussion
- Montana UIO Collaboration
- Learning Management Systems
- UIO Spotlights



Urban Indian Organizations





# Digital Media Products



## LEAD BY EXAMPLE

### AND STOP THE SPREAD OF GERMS

Use appropriate PPE!

CLINIC RESTROOM

Clean high-touch surfaces, like doorknobs, regularly.

Clean your hands and keep them healthy!

Tips for Healthy Hands:

- Use facility approved lotion to keep hands moisturized
- Keep nails short and natural

GET VACCINATED

PROJECT FIRSTLINE


NATIONAL COUNCIL OF URBAN INDIAN HEALTH



# Digital Media Products (cont.)

## TRANSPORTATION IPC CHECKLIST FOR UIOS



BEFORE TRIP	DURING TRIP	AFTER TRIP
Monitor both your client's and your own health and symptoms. If you're feeling sick, follow your facility protocol.	Wear masks and sit as far apart as possible if the client has respiratory symptoms.	You and the client should use hand sanitizer when getting out of the vehicle.
Replenish supplies (alcohol-based hand sanitizer, PPE, cleaners, and disinfectant).	When possible and appropriate, improve ventilation, for example, open the windows.	If you suspect any IPC concerns or become symptomatic, inform your supervisor and follow protocols.
Clean and disinfect high-touch surfaces such as seat belts, door handles, and steering wheel.	<b>Safety Tips</b> Read and follow the disinfectant label. Wear gloves when you clean. Keep your hands and vehicle clean.	Clean and disinfect the vehicle upon arrival at the final location. Be cautious of anything that may have been left behind.
You and the client should use hand sanitizer when getting in the vehicle.	Refer to your facility protocol for additional guidance.	Want more information? Reach out to your supervisor or scan the QR code: 

This project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,257,869.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

## LEAD BY EXAMPLE

Clean, Disinfect and Cruise with Confidence







NATIONAL COUNCIL of URBAN INDIAN HEALTH

National Indian Health Board



Podcast

# NCUIH Native Healthcast

National Council of Urban Indian Health

7

Episodes

18

Guests

9

Streaming Platforms

NCUIH NATIVE HEALTHCAST

PRESENTS

## Where We've Been and Where We're Going

Hosted by **Vickie K. Oldman (Diné)**



WITH SPECIAL GUEST

**Dr. Donald Warne**  
(Oglala Lakota)



NCUIH NATIVE HEALTHCAST

PRESENTS

INFECTION CONTROL

## Highlighting Young Native Voices in Health

Hosted by **Vickie K. Oldman (Diné)**

WITH SPECIAL GUESTS



**Breanna Wheeler**  
(She/Her)

(Shakopee Mdewakanton Sioux Community - Adoptee)



**Daliyah Killsback**  
(They/Them)

(Northern Cheyenne)



**Elinor Ascher**  
(She/Her)

(Muscogee Nation)



**Faith Bowman**  
(She/Her)

(Stockbridge-Munsee Band of Mohican Nation)



NCUIH NATIVE HEALTHCAST

PRESENTS

INFECTION CONTROL

## Highlighting Frontline Voices in Health

Hosted by **Vickie K. Oldman (Diné)**

WITH SPECIAL GUESTS FROM



United American Indian Involvement, Inc.



Native American Lifelines, Inc.

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# Community of Learnings



2023 PROJECT FIRSTLINE

## COMMUNITY OF LEARNING SERIES



WEAVING RESILIENCE INTO INFECTION  
PREVENTION AND CONTROL (IPC) FOR UIOS

January 24, March 16, and May 11  
2-3 p.m. EST



Register at [ncuih.org/project-firstline](https://ncuih.org/project-firstline)

## 2 Series (6 Trainings)

### Weaving Resilience into IPC for UIOs

1. Reinforcing Key IPC Actions During Flu Season: Addressing Gaps in UIO IPC Training Programs
2. Reflections on Burnout & IPC at UIOs: A Storytelling Approach
3. IPC in Offsite & Virtual Care Settings at UIOs

### IPC for Distinctive UIO Care Settings

1. IPC in Urban Indian Outreach/Referral Settings (CEUs)
2. IPC in Urban Indian Behavioral Health Settings (CEUs)
3. IPC in Urban Indian Primary Care Settings



# Continuing Education Units

Partnered with American Medical Association EdHub to launch a NCUIH microsite to host CEU eligible trainings.

LMS for non-CEU trainings as well (podcast).



## Urban Indian Health Care Education from NCUIH

Advocating for the health of American Indians and Alaska Natives living in urban settings.

[Browse Activities](#)

The National Council of Urban Indian Health (NCUIH) is a U.S.-based nonprofit organization devoted to supporting and developing quality, accessible and culturally competent health services for American Indians and Alaska Natives living in urban settings. Among the education offered by NCUIH on the AMA Ed Hub is a podcast targeted to health care professionals in Urban Indian Organizations (UIOs). The NCUIH Native Healthcast, created in partnership with the Centers for Disease Control and Prevention's Project Firstline, covers how to support frontline health care workers and team members in building their infection prevention and control knowledge and understanding.

[Learn More](#)

### Featured Activities

PROFESSIONAL WELL-BEING 2 Credits CME

#### Missing and Murdered Indigenous People (MMIP) Compassion Fatigue Training

Urban Indian Health Care Education from NCUIH

INFECTIOUS DISEASES 1 Credit CME

#### Infection Prevention and Control (IPC) in Urban Indian Outreach/Referral Settings

Urban Indian Health Care Education from NCUIH



CORONAVIRUS (COVID-19) 1 Credit CME

#### Indigenous Wellness: A Conversation on Long COVID

Urban Indian Health Care Education from NCUIH



### Featured Podcasts

HEALTH DISPARITIES

#### Addressing Emerging Infection Control Threats to Urban Indian Organizations (UIOs)

Urban Indian Health Care Education from NCUIH



HEALTH DISPARITIES

#### Supporting Health Care Workers With Infection Prevention and Control

Urban Indian Health Care Education from NCUIH





# IPC Fellowship

Provided Native American students with the opportunity to increase the work being done in urban Native public health.

**NCUIH** NATIVE  
HEALTHCAST

PRESENTS

INFECTION CONTROL

## Highlighting Young Native Voices in Health

Hosted by Vickie K. Oldman (Diné)

WITH SPECIAL GUESTS



**Breanna Wheeler**  
*(She/Her)*  
(Shakopee Mdewakanton Sioux  
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**Elinor Ascher**  
*(She/Her)*  
(Muscogee Nation)



**Faith Bowman**  
*(She/Her)*  
(Stockbridge-Munsee  
Band of Mohican Nation)



NATIONAL COUNCIL of  
URBAN INDIAN HEALTH

## Highlights

6  
Fellows  
2020-2023

- Event Host
- Leading Event Activities
- Podcast Participation
- Literature Review
- Fellows' Corner
- Indigenous Perspectives
- Networking
- Professional Development



# PhotoVoice

## CALLING ALL UIO WORKERS!

The National Council of Urban Indian Health (NCUIH) is recruiting all UIO workers to participate in a PhotoVoice project.



To apply and learn more, go to <https://ncuih.org/community-health/project-firstline/>



Indigenous staff are strongly encouraged to apply. Participants will be compensated for their participation.

All UIO staff are eligible to participate.

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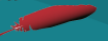
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Participants

3

Urban Indian Organizations

Highlights  
Ethical Review  
Rooted in Indigenous Knowledge



# NCUIH

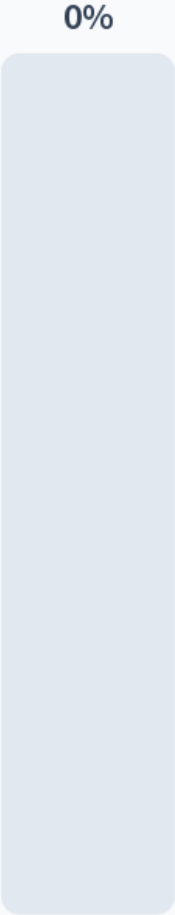
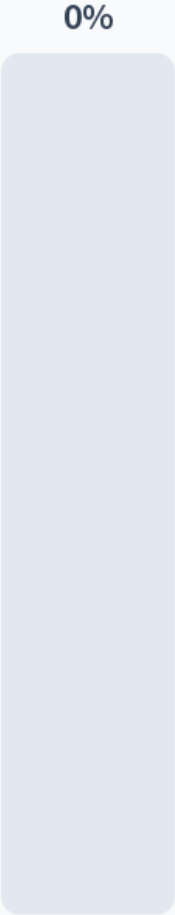
NATIONAL COUNCIL *of* URBAN INDIAN HEALTH





# Closing

The Indian Health Service, Tribally Operated Facilities, and Urban Health Programs are all distinctly different pathways through which healthcare is delivered to AI/AN people.





## Why are advanced appropriations necessary for Indian Country?

Reduce the negative impact of government shutdowns.

0%

Prevent short-term stopgap measure.

0%

Allows for better planning of healthcare services

0%

All of the above

0%

## What projects can you see your organization collaborating with NIHB or NCUIH on?

Nobody has responded yet.

Hang tight! Responses are coming in.



**Miigwech  
Kutâputunumuw  
Thank You  
Yá'át'ééh  
liohbwana  
Pidamayayapi**



# Contact Information

## National Indian Health Board

- Audrianna Marzette, Public Health Policy and Programs Manager, [amarzette@nihb.org](mailto:amarzette@nihb.org)
- Tyrone Peterson, Infectious Disease Associate, [tpeterson@nihb.org](mailto:tpeterson@nihb.org)

## National Council of Urban Indian Health

- Zoë Harris, Public Health Associate, [zharris@ncuih.org](mailto:zharris@ncuih.org)
- Evey Maho, Director of Technical Assistance, [emaho@ncuih.org](mailto:emaho@ncuih.org)
- Alyssa Longee, Public Health Manager, [alongee@ncuih.org](mailto:alongee@ncuih.org)

## Question & Answer

Nobody has responded yet.

Hang tight! Responses are coming in.

## What will you take away from this presentation?

Nobody has responded yet.

Hang tight! Responses are coming in.



# Contact Information

## National Indian Health Board

- Audrianna Marzette, Public Health Policy and Programs Manager, [amarzette@nihb.org](mailto:amarzette@nihb.org)
- Tyrone Peterson, Infectious Disease Associate, [tpeterson@nihb.org](mailto:tpeterson@nihb.org)

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- Alyssa Longee, Public Health Manager, [alongee@ncuih.org](mailto:alongee@ncuih.org)