CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.

NEWSLETTER

SUMMER 2024

INSIDE THIS ISSUE

Director's Message

Greetings! My name is Nicamer Tolentino and I'm the new Research and Evaluation Department Director and the California Tribal Epidemiology Center (CTEC) Director. I previously worked for California Rural Indian Health Board (CRIHB) for five years in the Health System Development Department as the director and then ran a youth homeless housing and shelter program in Sacramento. I came back to CRIHB because of my commitment and passion working with the Tribal community and believe I could help lead the Research and Evaluation Department. It's been a few months and I feel invigorated and honored to be working in CTEC and with my team.

As the new director and returning employee, the job is both familiar and new. I'm familiar with CRIHB policies and the Tribal community, but I'm learning a lot about CTEC and the department. I've been meeting with staff on a weekly basis and with funders and partners to get acclimated. I'm learning that we have lot to do and a long road ahead in advocacy for the Indigenous community.

In March, CTEC was honored to partner with our Public Health Department to host the 7th annual "Data, Evaluation, and Grant Writing Conference – Empowering Native Communities Insights to Address Opioid Challenges" in Anaheim, where close to 50 Tribal community members and staff attended. We had powerful and captivating speakers who are Tribal Chairmen, Tribal members, and researchers from various universities. It was a fun and full event and we look forward to next year.

CTEC is excited to partnering with University of California Los Angeles Center for Health Policy Research to participate in the California Health Interview Survey (CHIS) to include American Indian Alaskan Natives (AIAN). CHIS is one of the largest state health surveys in the nation and this research will enhance the data produced for AIAN. This survey will expand upon the CHIS data for AIAN by conducting a 16-minute follow-up with AIAN participants. The goal is to complete at least 200 interviews throughout California.

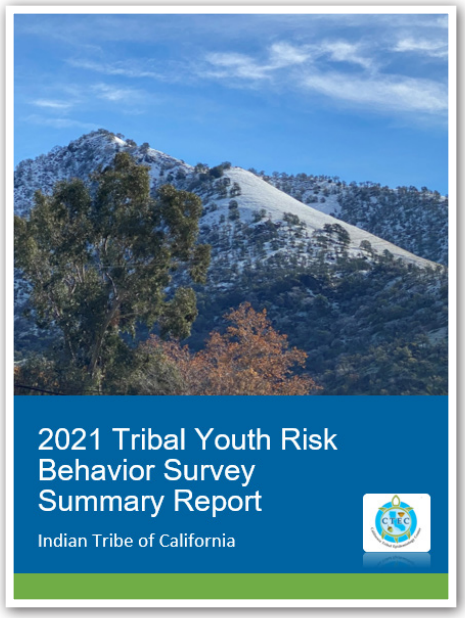
If you have any questions regarding CTEC or the Research and Evaluation Department, please feel free to reach out to me at ntolentino@crihb.org.

Nicamer Tolentino, MPH
Director, Research and Evaluation

Tribal Behavioral Risk Factor Surveillance System

By Zhenyu Situ, MPH

The California Tribal Behavioral Risk Factor Surveillance System (TBRFSS) is an adaptation of the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), a nationally recognized telephone survey designed to collect comprehensive state-level data on health-related risk behaviors, chronic conditions, and utilization of preventative services.



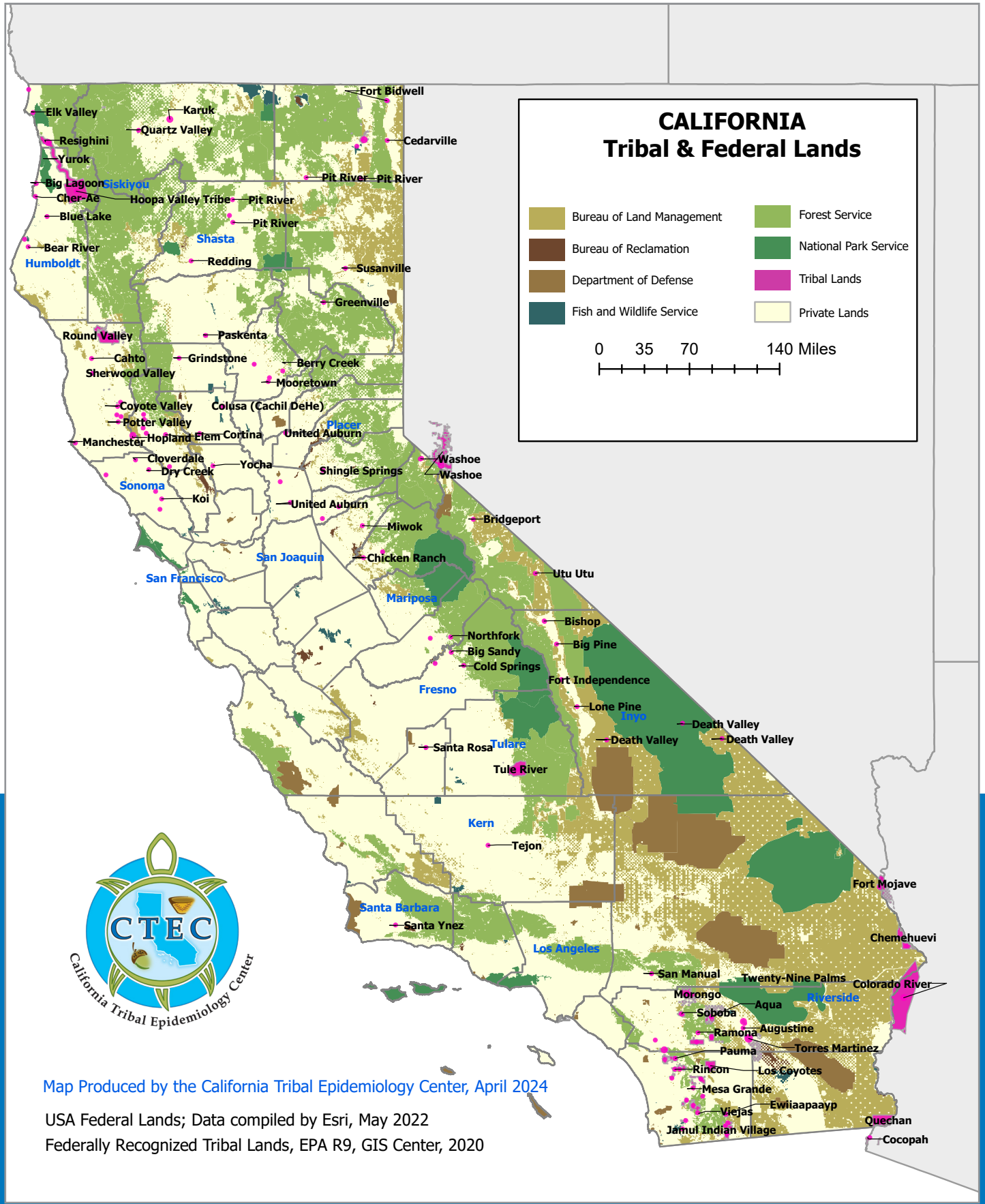
All data collected through the California Tribal BRFSS was meticulously entered into Qualtrics, a secure software platform utilized as a central server for data storage and management. The subsequent California Tribal BRFSS report employs rigorous univariate and bivariate descriptive statistical analyses, including frequency distributions such as means and univariate analysis, to effectively present the gathered data. Notably, any instances of missing data, represented by responses indicating uncertainty or refusal to answer, were excluded from the analysis, and reporting process.

CTEC staff played an integral role in this project, contributing significantly to data analysis, report writing, and peer review. As the final contributor to this endeavor, staff assumed the responsibility of reviewing and editing reports submitted by various tribal entities. Furthermore, staff spearheaded efforts to contextualize the findings within the framework of Tribal community health. The comparative analysis between the California state's BRFSS and the TBRFSS reports serves as a valuable resource for Tribal members, enabling them to discern priority areas for intervention and identify areas of strength relative to the broader California health landscape.

Updated Map of Tribal Lands and Federal Territories

By Umer Maqsood, MPH

The California Rural Indian Health Board (CRIHB) California Tribal Epidemiology Center (CTEC) created a new map for California Tribal and federal lands using the most recent data, replacing outdated information from 1998. This update was necessary due to changes in population, legal decisions, new tribal recognitions, environmental shifts, and the need for accurate data over time. With the most recent data integrated into the map, CRIHB CTEC will have a clearer understanding of the geographical distribution of Tribal lands and federal territories, enabling them to customize their services and programs to meet the specific needs of Tribal communities.



Map Produced by the California Tribal Epidemiology Center, April 2024

USA Federal Lands; Data compiled by Esri, May 2022

Federally Recognized Tribal Lands, EPA R9, GIS Center, 2020

7th Annual Data Evaluation and Grant Writing Conference

By Antoinette Medina, MPA

The California Rural Indian Health Board, Inc. (CRIHB), California Tribal Epidemiology Center (CTEC) was awarded the Centers for Disease Control and Prevention Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Cooperative Agreement for 2022-2027. Through this funding, CRIHB CTEC gathers and strengthens California American Indian Alaska Native (AIAN) public health data, as well as provides training and technical assistance to California Tribes, Tribal Organizations (TOs), and Urban Indian Organizations (UIOs). This funding is essential to hosting CTEC's 7th Annual Data, Evaluation, and Grant Writing Conference held in March 5-7, 2024, at the DoubleTree Suites Hilton in Anaheim, California.

This annual conference strengthens participants' capacity in grant writing, data utilization, and program evaluation to support health promotion efforts. The conference is free and open to Tribal, TOs, and UIOs staff, with full travel scholarships available to most participants.

This year, CTEC, in collaboration with CRIHB's Public Health Department's Tribal Opioid Response (TOR) team, selected the theme "Empowering Native Communities-Insights to Address Opioid Challenges". The three-day conference sessions were split into data and evaluation and grant writing tracks, each tailored to the theme. The conference kick-off began with a welcome reception and networking opportunity featuring program highlights from TOR grantees. Day one through three featured keynote speakers Robert Aguilar, Pauma Band of Mission Indians, and Executive Director of Inner Tribal Treatment; Dr. Elaine Davidson, M.D, Assistant Medical Director at Indian Health Council, Inc.; O'Nesha Cochran-Dumas, Oglala Sioux, Senior Director of Program Development and Outreach at the Miracles Club; Dr. Amy E. West, Southern Cheyenne and Professor of Clinical Pediatrics, Psychology, Psychiatry & the Behavioral Sciences at the University of Southern California; and Flaman McCloud, Tribal Chairman of Big Valley Rancheria. Each shared their experiences with opioids and personal and community impacts, data collection, evaluation, and incorporating ethics in research in indigenous communities.

Daniel Domaguin, LCSW and Project Specialist for the California Consortium for Urban Indian Health opened the conference sessions with Mindfulness Practice as Harm Reduction. Claradina Soto, PhD, Navajo/Jemez Pueblo, Associate Professor at the University of Southern California, hosted a session on Exploring Perspective with Focus Groups and Key Informant Interviews. Gary Bess & Associates Sarah Peterson, Mike Nichols, and Katie Strautman provided resources and tools to help with grant writing skills through three sessions: Reading and Evaluating Grant Opportunities, Grants Management and Grant Writing Planning Aids, and Developing a Grant Proposal. Dr. Allyson Kelley and Jill Campoli, Clinical Consultant of Allyson Kelley & Associates, provided an interactive sensory session on Visual Evaluation-Wellness Trauma

& Recovery, Plans for Data Collection. Kelley Milligan, Senior Evaluation Associate at Allyson Kelley & Associates, led the discussion on Secondary Data Collection as a Tool for Program Planning and Evaluation: Overdose Detection Mapping Application Program (ODMAP) and served as the moderator for the Overdose Detection Methods Panel that included panelists O'Nesha Cochran-Dumas, Flaman McCloud, and Nancy Hernandez, Social Services Director/ICWA Coordinator for the Big Valley Band of Pomo Indians. Special consultant and training coordinator Deborah Kawkeka, Kickapoo, closed the conference by facilitating a special session entitled Healing Loss and Grief for Healers.

In addition to our guest speakers, CTEC staff delivered a comprehensive array of sessions and poster presentations to conference participants. Their provided expertise spanned a broad spectrum, covering key topics, including data sources essential for grant writing, data decolonization and the misclassification of AIAN suicide rates, surveillance strategies regarding opioid crises within indigenous communities, and an overview of effective Narcan administration to individuals experiencing a crisis.

CRIHB CTEC's 8th annual conference is slated for Spring/Summer 2025.

Tribal Overdose Prevention Program

By Sneha Jaiswal, MPH and Priyanka Manghani, MPH

The opioid epidemic has been plaguing the public health landscape of the United States for over three decades and American Indians Alaskan Natives (AIAN) have been disproportionately impacted by this epidemic, with higher mortality rates from opioid overdoses as compared to other racial groups in the United States. The AIAN population had a 33% increase in drug overdose deaths during the period of 2020-2021 with rates of 42.5 and 56.6 deaths observed per 100,000 persons, with overdoses being most prevalent in men as well as younger age groups of 25-34 years and 35-44 years respectively[1,2]. These disparities further exist at the state level, especially in California, which is home to 631,016 AIAN and in 2022, saw one of the highest rates of opioid overdose deaths in AIAN (48.7 per 100,000) as compared to all other races[3].

CTEC is engaged in developing a program focused on preventing opioid overdoses within Tribal communities, the objective is to strengthen the surveillance systems to adequately prevent, detect and respond to the opioid epidemic crisis.

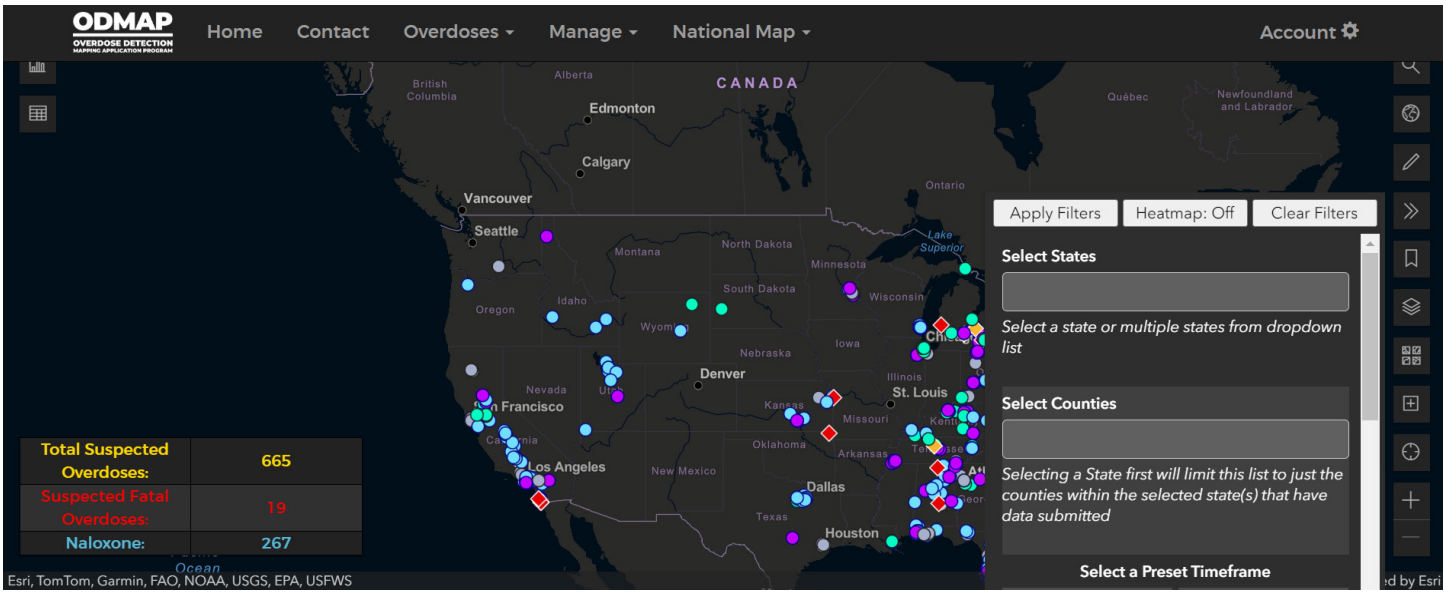
To address this disproportionate burden, the California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) is working on the Tribal Opioid Overdose Prevention Program, which is funded by Centers for Disease Control and Prevention (CDC). CRIHB CTEC is engaged in developing a program focused on preventing opioid overdoses within Tribal communities, the objective is to strengthen the surveillance systems to adequately prevent, detect and respond to the opioid epidemic crisis. Within this initiative, CTEC is establishing a Tribal Opioid Advisory Committee. This committee aims to deepen insight into culturally appropriate strategies for preventing opioid overdoses and identifying relevant risk factors. By doing so, they hope to mitigate opioid overdoses within Tribal communities. Additionally, CTEC is forming a Tribal Youth Advisory Committee. This committee will serve as a platform for Native youths to collectively voice their ideas and advocate for changes they wish to see within their communities.The primary objective of the Tribal opioid prevention program is to establish an opioid surveillance system across various Tribal Health Programs (THPs). There are two main ongoing projects:

1. Opioid syndromic surveillance.
2. Implementation of the Overdose Detection Mapping Application Program (ODMAP).

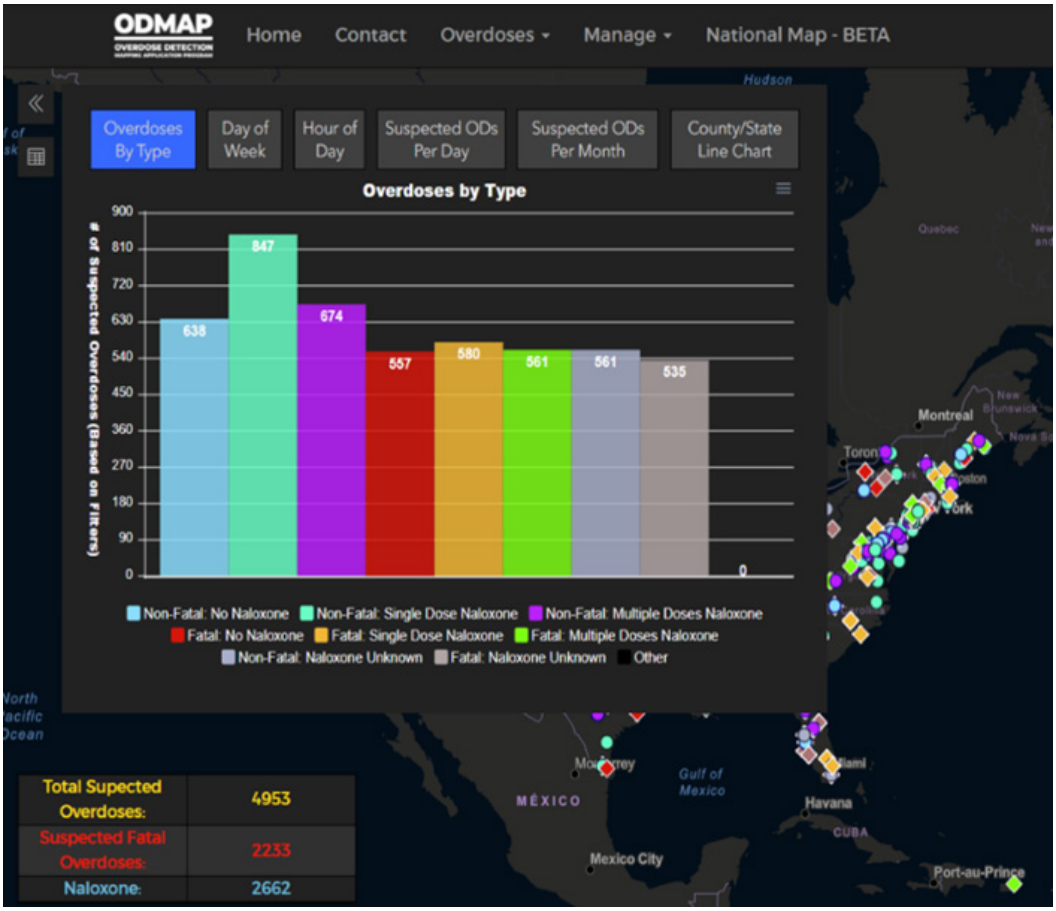
Opioid syndromic surveillance:
The Opioid Syndromic Surveillance Project aims to support up to four THPs to develop and enhance their local surveillance system, through a cross collective approach of working in partnership with law enforcement, public health, and safety departments. These partnerships will aid in garnering accurate surveillance data on the burden to act upon, while also aiding in monitoring, early response as well as evaluating the effectiveness of interventions in addressing opioid misuse. We believe strengthening data quality through this approach would also channel long term policy making for addressing opioid misuse, overdoses in Indian country.

Overdose Detection Mapping Application Program (ODMAP):
ODMAP is a free, web-based tool that provides near-real-time suspected overdose data. It is developed and managed by the Washington/Baltimore High-Intensity Drug Trafficking Areas (HIDTA). The main objective of ODMAP is to develop strategies to prevent the spread of opioid misuse and overdoses. ODMAP collects data such as date, time, location, outcome, and naloxone administration. Agencies may include suspected drugs, age, gender, and hospital transport. Any federal, state, or Tribal agency can get access to ODMAP. Some of the features of ODMAP include:

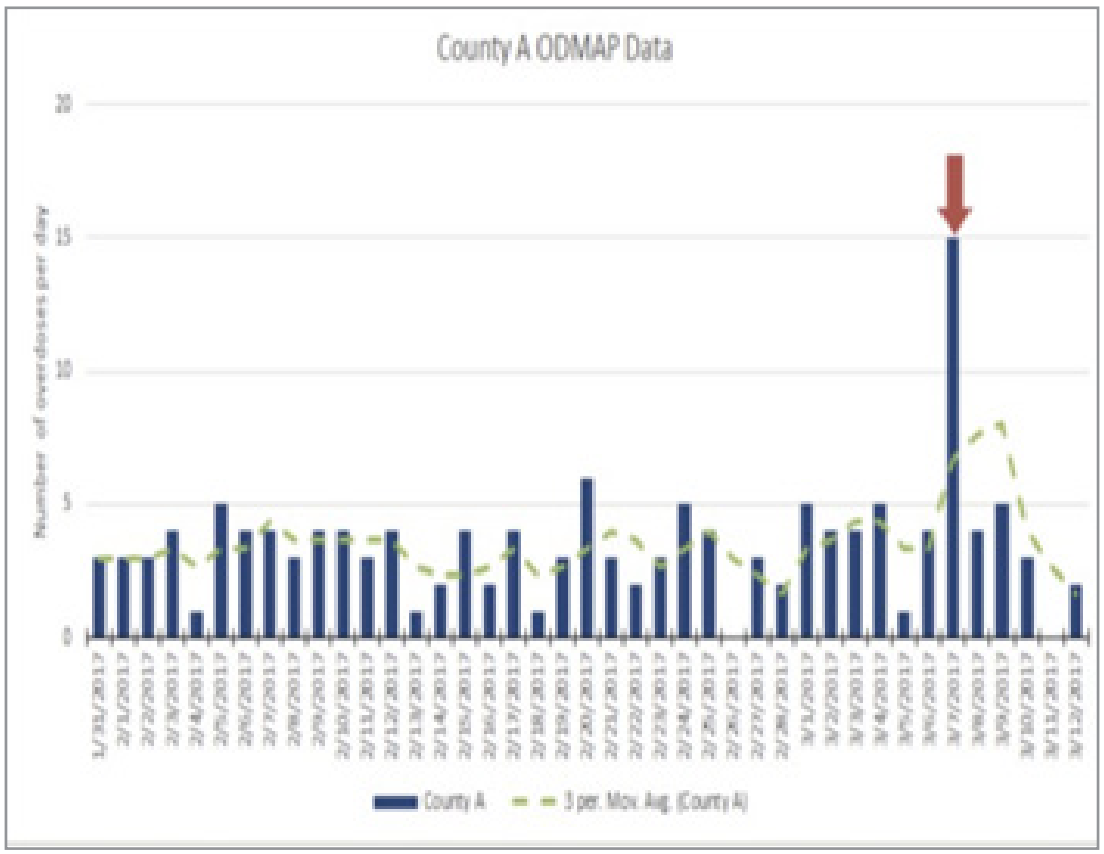
1. National Map: Following data entry, ODMAP generates a map illustrating fatal and non-fatal opioid incidents. It provides 24-hour statistical updates.



2. Charts and Graphs: ODMAP develops charts that can be downloaded



3. Spike Alert: The ODMAP Spike Alerts are created to promptly notify users when there is a surge in overdoses, providing real-time alerts to enable the public safety and public health sectors to mobilize response strategies effectively.



CRIHB CTEC and ODMAP:

At present, CTEC has initiated collaborations with numerous THPs to integrate ODMAP, aiming to bolster the prompt and comprehensive collection of data concerning both fatal and non-fatal overdoses within their Tribal communities. The overarching objective is to facilitate early detection of opioid misuse and overdoses, thereby enabling swift and effective responses in real time.

References:

[1] IHS Supports Tribal Communities in Addressing the Fentanyl Crisis | May 2023 Blogs. Newsroom. Published May 9, 2023. Accessed May 7, 2024. https://www.ihs.gov/newsroom/ihs-blog/may-2023-blogs/ihs-supports-tribal-communities-in-addressing-the-fentanyl-crisis/
[2] Opioids_Impact_Fact_Sheet_8.5x11_2023.pdf. Accessed May 7, 2024. https://www.aastec.net/wp-content/uploads/2023/04/Opioids_Impact_Fact_Sheet_8.5x11_2023.pdf
[3] California Overdose Surveillance Dashboard: https://skylab.cdph.ca.gov/ODdash/?tab=Home

Tribal Trauma Informed Care

By Nirbachita Biswas, MPH

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) is making significant strides in improving healthcare for American Indian Alaska Native (AIAN) communities. With funding from the Centers for Disease Control and Prevention (CDC) as part of the Tribal Epidemiology Centers Building Public Health Infrastructure Program (TECPHI), CRIHB CTEC is now entering the second year of a five-year funding stream. This year, their focus is on collaborating with four Tribal Health Programs (THPs)/Urban Indian Organizations (UIOs) to develop a culturally relevant tool for Tribal Trauma-Informed Care (TTIC). The TTIC pilot project would assess Trauma Informed Care (TIC) related knowledge, attitudes, and practices among THPs/ UIOs staff.

Trauma can have a profound impact on individuals' health, particularly in AIAN communities where historical and intergenerational trauma are prevalent. While existing TIC tools exist, they often fall short of addressing the unique experiences of Tribal communities. By incorporating Indigenous perspectives, the TTIC project aims to better understand and address trauma in a culturally sensitive manner. Through conducting TTIC surveys at each THP/ UIO, this pilot project seeks to identify strengths and areas for improvement in providing culturally relevant trauma-informed care. By partnering and conducting TTIC surveys at each participating organization, CRIHB CTEC is laying the groundwork for a comprehensive approach to trauma-informed care that meets the diverse needs of AIAN communities. This initiative underscores the importance of recognizing and addressing the impact of trauma within healthcare settings, ultimately aiming to enhance TIC practices that benefit patients across AIAN communities in California.

By partnering and conducting TTIC surveys at each participating organization, CRIHB CTEC is laying the groundwork for a comprehensive approach to trauma-informed care that meets the diverse needs of AIAN communities.

Health Equity Dashboard

By Antoinette Medina, MPA

California Rural Indian Health Board, Inc.
California Tribal Epidemiology Center

How to use this dashboard

Opioid Overdoses

This section shows the impact of opioid overdoses on the American Indian and Alaska Native (AIAN) population in California (CA) in recent years. By analyzing data, trends, and regional patterns, this section aims to visualize the extent of the disparity, identify areas of intervention and inspire action to fulfill specific needs identified.

What are Opioids?

Opioids are a class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and man..

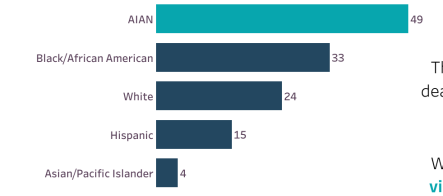
In 2021,
220 people died every day
from an opioid overdose nationwide.

Among the AIAN population, there was
a
39% increase in opioid death rates
from 2019 to 2020 nationwide.

Centers for Disease Control and Prevention (CDC)

Get Data Here

Opioid Overdose Deaths by Race/Ethnicity in 2022

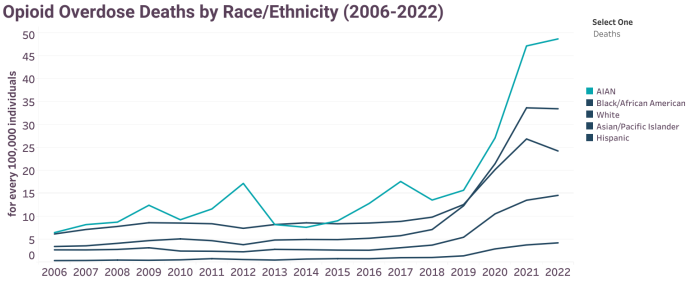


The rate of opioid overdose deaths is **highest for the AIAN population**.

While **emergency department visits and hospitalizations are lower** compared to other groups.

The **AIAN population** has consistently suffered the **highest impact** of opioid overdose deaths since 2006.

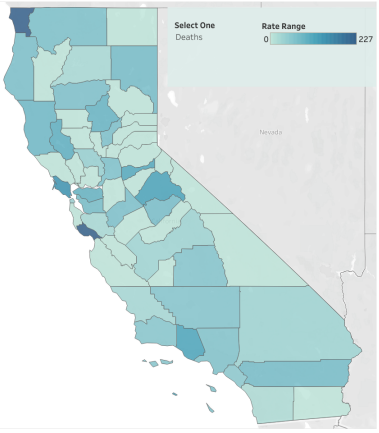
Opioid Overdose Deaths by Race/Ethnicity (2006-2022)



Opioid Overdose Deaths among the AIAN Population by County 2022

The **most ED visits** among the AIAN population are reported by **Humboldt County**.

The **highest** death rates among the AIAN population are reported by **Del Norte** and **Santa Cruz Counties**.



The AIAN Population is Fighting the Opioid Epidemic

Learn more about how to
protect yourself, loved ones, and community

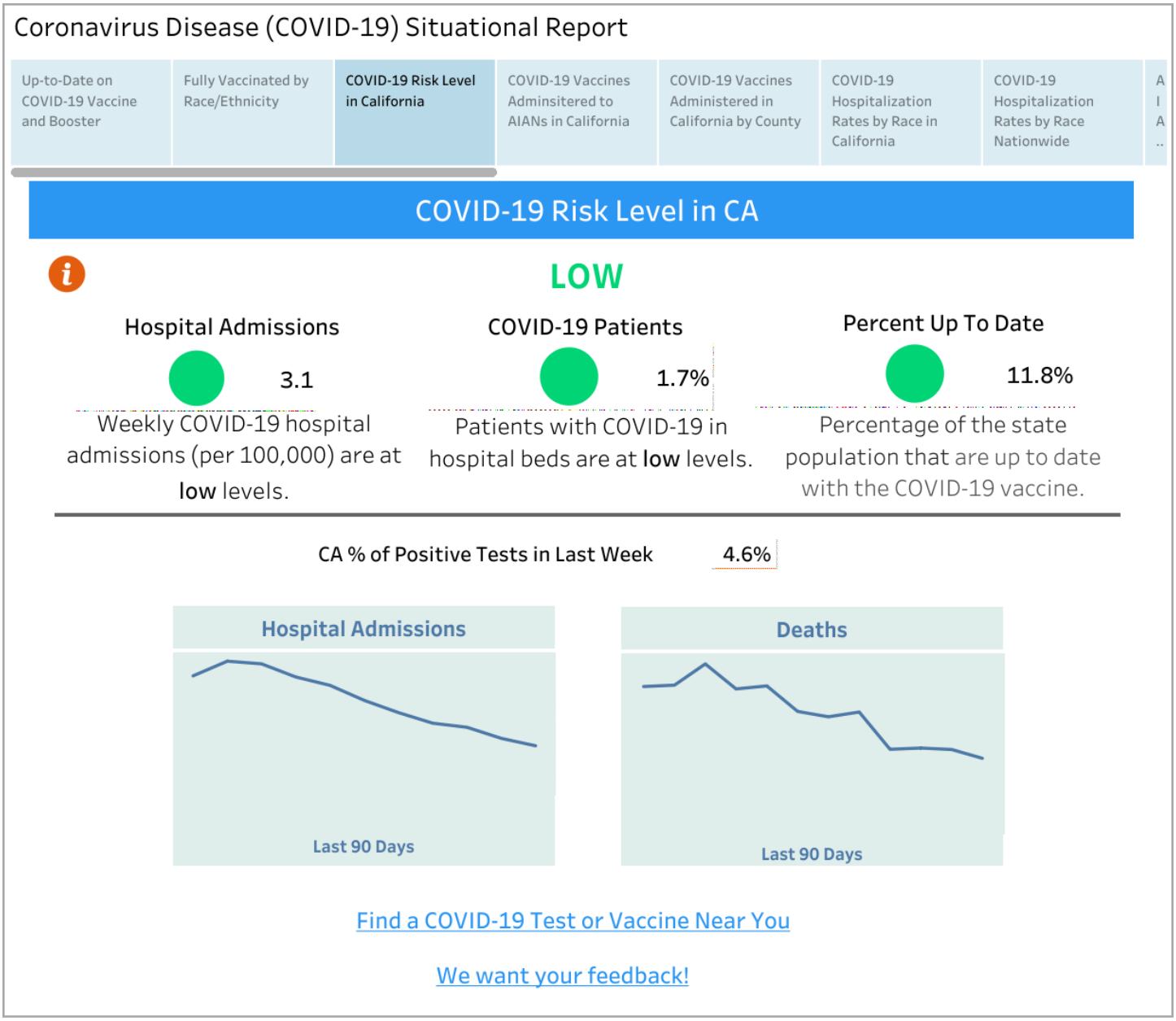
Find Narcan Near You

Opioid Stewardship in the Indian Health Service (IHS)

We want your feedback!

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) received feedback from Tribal partners across California requesting easy-access data dashboards that describe the impact of specific health concerns amongst the American Indian Alaska Native (AIAN) populations in California. The following is a synopsis of each of these dashboards.

The Opioids Dashboard shows the impact of overdose emergency department visits, hospitalizations, and deaths among the AIAN population in California in recent years. The most recently available data is sourced from the California Department of Public Health (CDPH) and is used to visualize the extent of the disparity, identify areas of intervention, and inspire action for addiction treatment and prevention of overdose. Some of the opioids included in this dashboard are heroin, synthetic opioids such as fentanyl, and pain relievers (i.e., oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine).

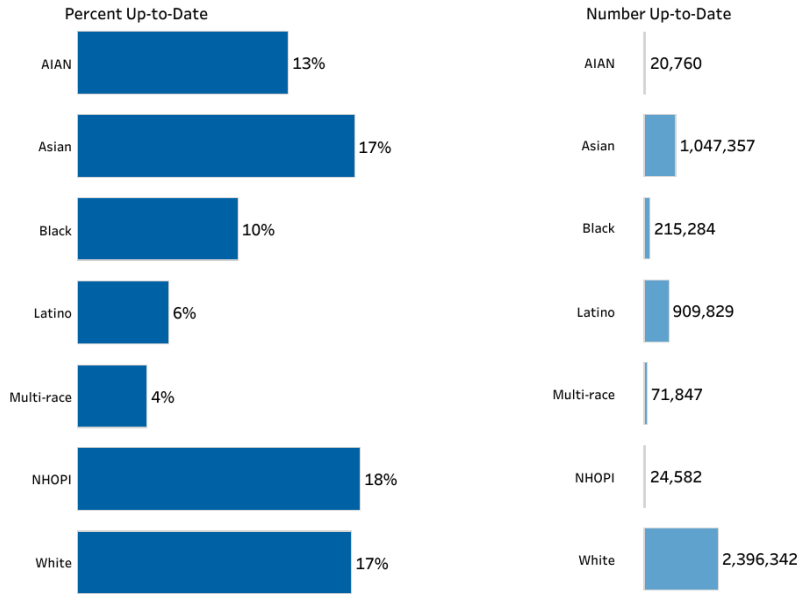


Coronavirus Disease (COVID-19) Situational Report

Up-to-Date on COVID-19 Vaccine and Booster | Fully Vaccinated by Race/Ethnicity | COVID-19 Risk Level in California | COVID-19 Vaccines Adminsitered to AIANs in California | COVID-19 Vaccines Administered in California by County | COVID-19 Hospitalization Rates by Race in California | COVID-19 Hospitalization Rates by Race Nationwide | A I A ..

Fully Vaccinated and Up-to-Date with Booster by Race/Ethnicity in CA

More Information!



We want your feedback!

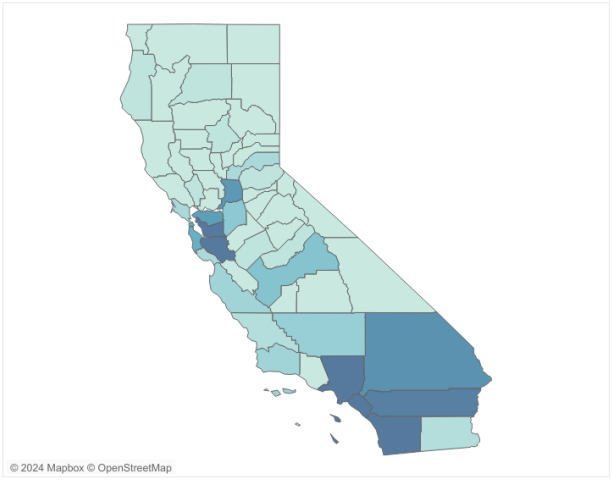
Coronavirus Disease (COVID-19) Situational Report

Fully Vaccinated by Race/Ethnicity | COVID-19 Risk Level in California | COVID-19 Vaccines Adminsitered to AIANs in California | COVID-19 Vaccines Administered in California by County | COVID-19 Hospitalization Rates by Race in California | COVID-19 Hospitalization Rates by Race Nationwide | AIAN COVID-19 Case Demographics

Vaccinations Administered in CA

95,545,555	3,601,818	29,108,820
Total Doses	People Partially Vaccinated	Fully Vaccinated

Data from CDPH does not include vaccines administered by Federal entities such as Indian Health Service, Department of Defense, U.S. Federal Bureau of Prisons, and Veterans Affairs.



Doses Administered by County of Residence

Los Angeles	24,169,836
San Diego	8,475,239
Orange	7,652,595
Santa Clara	5,978,877
Alameda	5,074,290
Riverside	4,585,936
San Bernardino	3,796,166
Sacramento	3,608,311
Contra Costa	3,440,735
San Francisco	2,919,604

We want your feedback!

The Sexually Transmitted Infections (STIs) Dashboard highlights the impact of STIs on the AIAN population in California from 2016 to 2020. The dashboard includes the most recent available data from the CDPH and the Centers for Disease Control and Prevention (CDC) on chlamydia, gonorrhea, and syphilis. Data is visualized by race/ethnicity, rates over time, gender, and regional patterns of diagnosis.

California Rural Indian Health Board, Inc.
California Tribal Epidemiology Center

How to use this dashboard

Sexually Transmitted Infections (STIs)

This section highlights the impact of STIs on the American Indian and Alaska Native (AIAN) population in California (CA) in recent years. By analyzing data, trends, and regional patterns, this section aims to shed light on the extent of the prevalence, pinpoint areas requiring intervention, and motivate efforts to address specific needs identified.

What are STIs?

STIs, or Sexually Transmitted Infections, are passed from one person to another through sexual contact. This includes infections such as chlamydia, gonorrhea, and syphilis, among others.

In 2022, **chlamydia** was the **most common STI** nationwide.

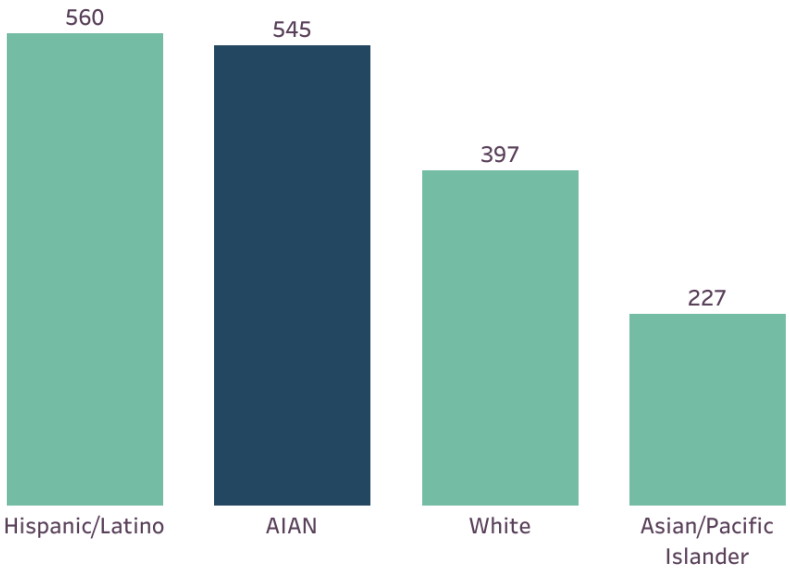
Among the AIAN population in 2020, **chlamydia rates** were **3.4 times higher** than Whites nationwide.

National Overview of STDs, CDC (2021) and Reported STDs in the United States, CDC (2020)

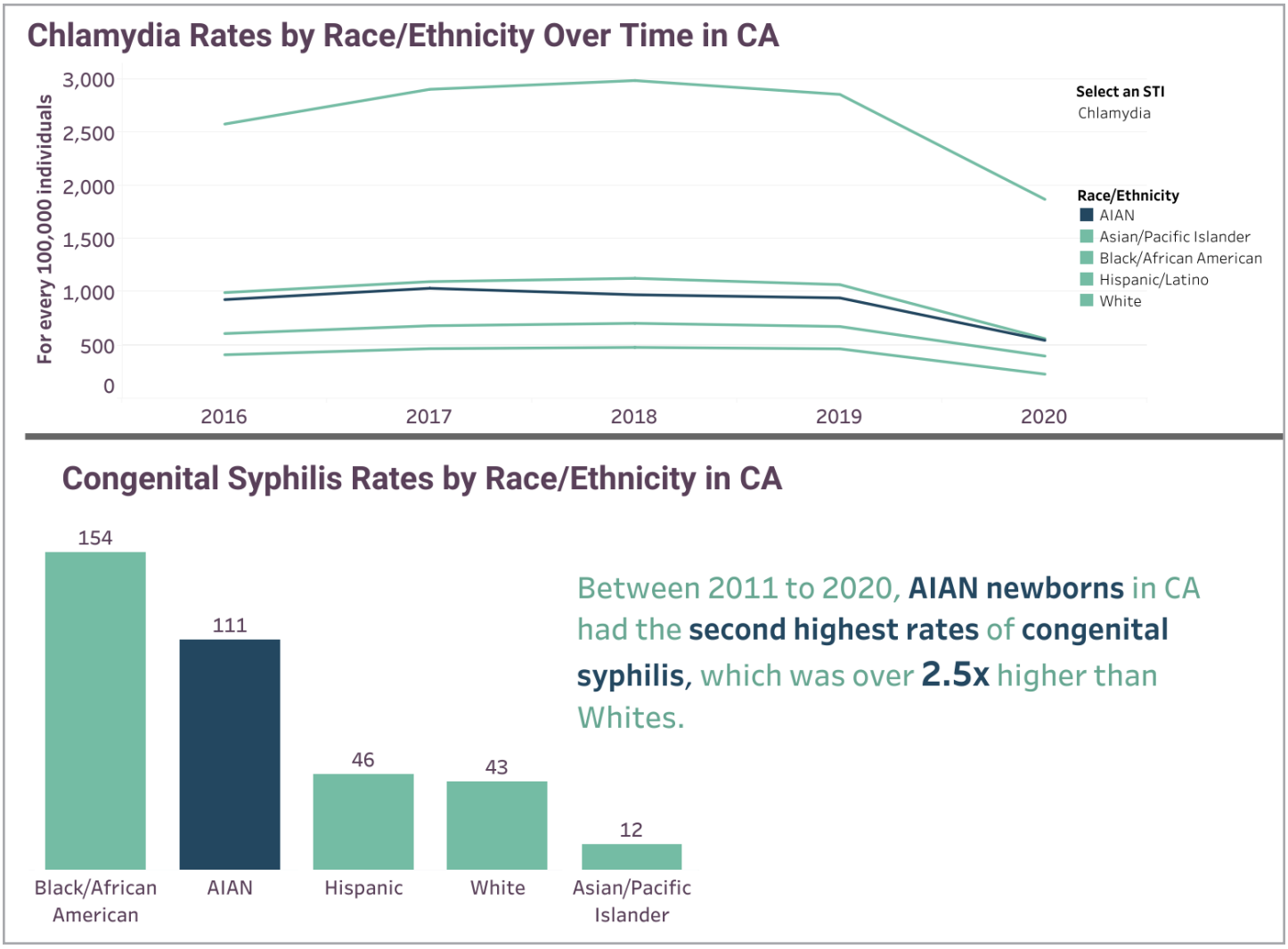
Chlamydia Rates by Race/Ethnicity in California (CA) 2020

Select an STI
Chlamydia

Select a Year
2020



In 2020, the AIAN population in CA had about **1.5x higher rates** of **chlamydia and gonorrhea** than Whites.



The Diabetes Dashboard shows the impact of diabetes on adult (18+) AIAN who responded to the California Health Interview Survey (CHIS). The CHIS is the nation's largest health survey and is a leading source of credible and comprehensive data on the health of California's diverse population. This dashboard uses CHIS data collected since 2012, focusing on the most recent years from 2021-2022. The dashboard visualizes diabetes and pre-diabetes data by race, gender, rates over time, and age of first diagnosis.

The COVID-19 Dashboard is a digital version of the CRIHB CTEC Situational Report, which provided the AIAN community with essential COVID data throughout the pandemic. Data from multiple sources is consolidated into 18 dashboards that vividly portray the impact of the COVID-19 pandemic on the AIAN population in California. These dashboards paint a clear narrative, progressing from the regional AIAN population to the broader population, from California to the entire nation. This consolidation enhances the accessibility and shareability of multi-sourced data, presenting it as a comprehensive information hub capable of influencing policy changes and decisions by Tribal and community partners.

The dashboards undergo maintenance on a weekly basis to ensure their accuracy and relevance. Visualizations are promptly refreshed with new data, and additional analyses are conducted to deepen insights. Each dashboard incorporates a link to a feedback survey, allowing users to provide valuable input on effectiveness and user experience. Based on the invaluable feedback from users, continuous improvements in dashboard usability and quality are implemented.

Please visit our dashboard at https://crihb.org/prevention-and-education/public-health/.

Join the California Rural Indian Health Board

California Tribal Epidemiology Center's Tribal Opioid Advisory Committee

California Rural Indian Health Board (CRIHB) California Tribal Epidemiology Center (CTEC) is forming an opioid advisory committee for both adults and youths. This initiative aims to address the health disparities that American Indian and Alaskan Native communities face in relation to the opioid epidemic.

The committee seeks to unite individuals who are dedicated to tackling opioid-related challenges. Members will have the chance to share their insights to enhance our understanding of protective strategies against opioid overdoses and the risk factors involved, with a strong focus on cultural considerations within Tribal communities. Additionally, this committee will provide a platform for youths to voice their opinions and collaboratively suggest improvements they wish to see in their communities.

IF YOU ARE INTERESTED IN JOINING,
please reach out to our
Project Coordinator, Salomon Vidal, at svidal@crihb.org,
or our Epidemiologists,
Priyanka Manghani, at pmanghani@crihb.org, or
Sneha Jaiswal at sjaiswal@crihb.org

California Tribal Epidemiology Center's
Building Public Health Infrastructure Funding

Summer Research Assistant Program Year 1 Evaluation Results

Purpose

The Summer Research Assistant Program (SRAP) is a component of the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) funding at the California Rural Indian Health Board Inc.'s (CRIHB) California Tribal Epidemiology Center (CTEC). In alignment with the goals of the funding, the SRAP aims to build public health infrastructure and capacity for future Tribal health workers. The SRAP provides real-world, firsthand experiences working in a Tribal health community setting for undergraduate and graduate interns.

Methods

The seven-step process and outcome evaluation, defined in CTEC's five-year comprehensive evaluation plan, included collecting qualitative and quantitative data from the SRAP interns, CRIHB CTEC mentors, and Tribal Health Program/Urban Indian Organization (THP/UIO) mentors.

Results

The 2023 SRAP employed two interns who are current graduate students studying public health at the University of North Dakota and California State University, Chico. One intern identified as American Indian. Before the SRAP internship, neither had worked in Tribal public health. Two host sites, United Indian Health Services, Inc. and Chapa-De Indian Health, housed the interns and had them work on critical Tribal public health projects.

Internship Topics

- Best practices for Community Health Representatives (CHR) within Tribal communities
- Indigenous maternal health

Primary Activities/Skills During Internship

- Develop educational materials
- Literature review
- Evaluation
- Training manual development

"I helped develop tools clinics/Tribal organizations can use to see the benefits of a CHR program, or some of the things that they can look forward to or expect from a CHR."

- 2023 SRAP Intern

Key Outcomes

Interns

During their internship, both interns became better acquainted and knowledgeable of Tribal public health organizations, mentors, and resources and plan to use what they learned in professional public health settings in the future. Both had the opportunity to work at the community level in their first public health position and plan to work in Tribal public health in the future if given the opportunity. One intern left the program with a position in Tribal public health.

- Increased knowledge, skill, and abilities among interns in Tribal public health.
- Increased self-efficacy to pursue their chosen public health career.
- Applied public health practices in real-life situations.
- Learned the unique strengths and traditions of California Tribal communities.
- Expanded their network with public health professionals and organizations.

THP/UIO Site Outcomes

THP/UIO mentor described how the internship increased local capacity by delivering evidence-based, detailed information that they would not have been able to pull together otherwise.

- Added public health knowledge to the THP/UIO.
- College education and academic training in public health.
- Projects were completed, and the community benefited.

Future Recommendations

Interns

- Maintain consistent and ongoing communication.
- Adapt and remain flexible.

THP/ UIO Sites

- Maximize intern time.
- Provide expectations, guidelines, and processes for interns at the beginning.

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- Account for THP/UIO hiring requirements.
- Increase check-ins with CRIHB CTEC project staff and SRAP interns.

"The work our SRAP did has given us an evidence base from which to build out our CHR program. We would not have been able to conduct such a comprehensive review of the literature on our own."

– 2023 THP/UIO SRAP Mentor

Tule River Indian Health Center Long COVID Survey: How Common is Long COVID in the Community?

By Krista Morris, CDC Foundation, CRIHB CTEC Consultant

Some individuals infected with COVID-19 experience long-term symptoms, known as Long COVID or Post-COVID Conditions, which can persist for weeks, months, or even years.[1] There is still much to learn about who develops Long COVID and why some people experience lasting symptoms while others do not. Our team at the California Rural Indian Health Board (CRIHB) California Tribal Epidemiological Center (CTEC) is collaborating with the Tule River Indian Health Center, Inc. (TRIHCI) on a project aimed at addressing these questions within the TRIHCI patient community. We are working at the request of Dr. Eric Coles who is the Public Health Officer at TRICHI.

Individuals who volunteer for the survey have the opportunity to share information about their symptoms following COVID-19 infection, how the virus has affected their ability to perform daily functions, and provide feedback on Tule River's COVID-19 policies. Insights gained from the TRIHCI patient community will be used to seek grant funding, inform future Long COVID projects, and improve public health policies and resources to support TRICHI patients with Long COVID. Currently, our team is analyzing the survey data and preparing presentations to share with the community. We are also working on publishing a paper with Dr. Coles to serve as a resource for other Tribes seeking to understand the impact of Long COVID in their communities.

Citation

[1] Centers for Disease Control and Prevention. Long COVID or Post COVID Conditions (PCC). Last Updated Dec. 16, 2022. https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html

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