COVID Vaccination Perspectives - State Agencies as Tribal Partners

Tribal Sovereignty

Tribal sovereignty in the United States is the inherent authority of indigenous tribes to govern themselves within the borders of the United States of America. The U.S. federal government recognizes tribal nations as "domestic dependent nations" and has established a number of laws attempting to clarify the relationship between the federal, state, and tribal governments.

Federal Indian Trust Responsibility

The Federal Indian Trust Responsibility is a legal obligation under which the United States “has charged itself with moral obligations of the highest responsibility and trust” toward Indian tribes. It is also a legally enforceable fiduciary obligation on the part of the United States to protect tribal treaty rights, lands, assets, and resources, as well as a duty to carry out the mandates of federal law with respect to Federally Recognized Tribes.

Tribal Governments

Tribal governments are separate sovereign nations with powers to protect the **health, safety and welfare** of their members and to govern their lands.

This tribal sovereignty predates the existence of the U.S. government and the state of Oregon. The members residing in Oregon are citizens of their tribes, of Oregon and, since 1924, of the United States of America.

Most tribal governments have reservation or trust lands created by treaties or federal acts. Each tribe determines their own citizenship (enrollment).

Federally Recognized Tribes

Federally Recognized Tribes are individual Sovereign Nations. The United States Government has a unique legal relationship with American Indian tribal governments as set forth in the Constitution of the United States, numerous treaties, statutes, Federal court decisions and Executive Orders.

This relationship is derived from the political and legal relationship that Indian Tribes have with the federal government and is not based upon race.

Federally recognized tribes are those Native American tribes recognized by the United States Bureau of Indian Affairs for certain federal government purposes. There are currently 573 Federally Recognized Tribes.

American Indian and Alaska Native (AI/AN) peoples in the U.S.

- As of August 2018, there are 573 federally recognized tribes in the U.S., 48% of which are in the Northwest region of the United States.
- In 2010, the AI/AN population was 1.7% of the U.S. total population, or about 5.2 million people. This includes individuals who identified as AI/AN in combination with one or more other races.
- AI/AN make up 2.8% of the population in the states of Idaho, Oregon, and Washington,* and 18% of the population in Alaska.**
- More than 70% of AI/ANs live in urban areas; fewer than 30% live on reservations or in rural communities.*

SOURCES: *2010 US CENSUS BUREAU, **ALASKA FEDERATION OF NATIVES
NORTHWEST CENTER FOR PUBLIC HEALTH PRACTICE - HTTP://WWW.NWCPHP.ORG/DOCS/TRIBES-TOOLKIT/TRIBAL/NORTHWEST-TRIBES.HTML#REFLOC38

Tribal Overview, by State

State	# Tribes	Population*	Health Facilities
Alaska	229	147, 752 (~18%)	31 tribal organizations run 7 hospitals, 36 health centers, 166 village clinics
California	110	723,225 (1.9%)	31 tribal health programs operate 57 clinics, 8 urban health programs
Idaho	5	36,385 (2.3%)	7 tribal clinics, 2 tribally managed FQHCs, 1 IHS health center
Oregon	9	109,223 (2.9%)	13 tribal health centers, 2 IHS health centers, 6 Urban Indian Health facilities – NARA
Washington	29	198,996 (3.0%)	3 IHS health centers, 2 Urban Indian Health programs

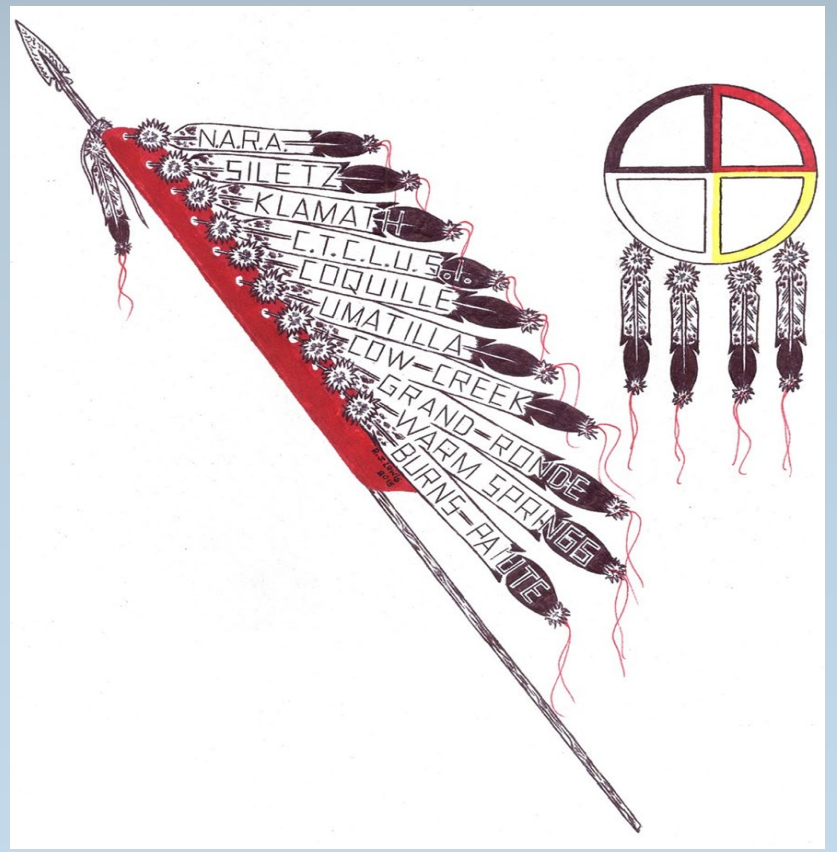
*SOURCE: 2010 US CENSUS

Oregon Senate Bill 770

Oregon also honors tribal sovereignty and recognizes the right of Indian tribes to self-determination and self-governance.

First state to adopt formal legal government-to-government relations through legislation:

- Directs state agencies to develop and implement policy on relationship with tribes; cooperation with tribes.
- Requires training of state agency managers and employees who communicate with tribes; annual meetings of representatives of agencies and tribes; annual reports by state agencies.



Tribal Service Areas

Each tribe's area of interest may extend far beyond its tribal governmental center or reservation location. The federal government acknowledges that many tribal members do not live on tribal lands and, therefore, allows for tribes to provide governmental programs in specified service areas.

Sometimes referred to as Contract Health Service Delivery Areas (CHSDAs) or Purchase and Referred Care Delivery Areas (PRCDAs)

For example, the Confederated Tribes of Siletz service area includes 11 Oregon counties: Benton, Clackamas, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Washington and Yamhill.

	Tribe										
County	Burns-Paiute	Coos, Lower Umpqua, Siuslaw	Coquille	Cow Creek Band of Umpqua	Cowlitz (WA Tribe)	Grand Ronde	Klamath	Siletz	Umatilla	Warm Springs	**# of CHSDAs containing County**
Benton								X			1
Clackamas								X		X	2
Columbia					X						1
Coos		X	X	X							3
Curry		X	X								2
Deschutes				X							1
Douglas		X	X	X							3
Harney	X										1
Jackson			X	X							2
Jefferson										X	1
Josephine				X							1
Klamath				X			X				2
Lane		X	X	X				X			4
Lincoln		X						X			2
Linn								X		X	2
Marion						X		X		X	3
Multnomah						X		X			2
Polk						X		X			2
Tillamook						X		X			2
Umatilla									X		1
Union									X		1
Wasco										X	1
Washington						X		X			2
Yamhill						X		X			2
# of Counties in CHSDA	1	5	5	7	1	6	1	11	2	5	

Indian Health Care Delivery System

Indian Health Programs can be grouped into 3 categories:

- Indian Health Service (IHS) Directly Operated – 12 Areas, 170 Service Units
- Tribally Operated (P.L. 93-638 Indian Self-Determination Act) – represents 60% of IHS appropriation
- Urban Indian Health Care Program – established to increase health care accessibility for urban AI/AN

IHS Funds support all 3 categories

Per Capita Personal Health Care Expenditure Comparison:

- FY 2019 IHS expenditure: $4,078
- Total CY 2017 U.S. National Health Expenditure: $9,726

I/T/U Health Care is not insurance in FY 2017, 75% IHS individuals report at least one other means of health care coverage.

Types of Health Services that may be provided

- Ambulatory Primary Care (outpatient care)
- Inpatient care - Hospitals
- Medical specialties
- Traditional healing practices
- Dental and Vision Care
- Behavioral Health Services

Nomenclature

When talking about a Tribe, please use the names of the Tribal Government

The name of the Health Center or clinic is a facility name and is not the Tribe name

With respect to the grouping of health care sites affiliated with IHS, Tribes and the Urban Indian Health Program, recommended term is ITU - IHS, Tribal and Urban

Oregon Tribal Governments

Burns Paiute Tribe

Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians

Confederated Tribes of Grand Ronde

Confederated Tribes of Siletz Indians

Confederated Tribes of the Umatilla Indian Reservation

Confederated Tribes of Warm Springs

Coquille Indian Tribe

Cow Creek Band of Umpqua Tribe of Indians

Klamath Tribes

COVID Vaccine Planning: Tribal Consultation

Collective 9 Tribes Consultation/Urban Confer on 10/23/20 and individual tribal consultation on 10/29/20

Tribes chose to receive COVID vaccine allocation through IHS or Oregon

Oregon worked in advance with partners:

- the IHS vaccine planning team
- Northwest Portland Area Indian Health Board
- Partners serving Columbia River tribal communities

Meetings with Tribal leaders and Health Directors:

- To determine allocation preference for Pfizer vs. Moderna vaccine
- To revisit allocation process
- Ongoing planning and implementation
- To request pre-order for Pfizer pediatric vaccine

COVID Vaccine Doses Distributed by IHS, 5/5/2023

Area	Total Doses Distributed	Total Doses Administered
California	506,200	236,627
Portland	223,290	115,008
Alaska		

The COVID-19 Vaccine Distribution and Administration by IHS Area data is only reflective of facilities that chose the IHS jurisdiction for vaccine distribution. Alaska Area data is not reported as all tribes chose to receive COVID-19 vaccine from the State of Alaska.

Guiding principles

Each Tribe has the sovereign authority to determine:

- its service population
- its priority groups

who they receive the COVID-19 vaccine distribution from and how they dispense them to their populations

Ordering and Inventory:

IHS, Tribal and Urban Indian health sites (I/T/U's) in the OR distribution order COVID vaccine directly from the state and follow the same guidelines as other COVID providers, per the provider agreement.

These sites are long-standing participants in the Vaccines For Children (VFC) Program and users of the OR ALERT IIS.

Issues and Challenges

- Federal and State government to government (G2G) relationships --- not county
- Tribes are a jurisdiction and a partner – continual elevation
- G2G requires flexibility and adaptability to support Tribes
- Tribal community partners – novel systems, new approaches

VOTE and Vaccine Engagement Coordinators (VECs) roles and activities

VOTE's lead VECs for AI/AN communities and organizations

- provide funding and support for vaccine efforts of the Multnomah County Native Covid-19 Collaboration and their six partner organizations.
- Facilitate conversations to help plan vaccine efforts
- Attend other meetings with Multnomah County Native Covid-19 Collaboration to build relationship, respond to questions and elevate AI/AN concerns with VOTE and CRRU
- Support AI/AN events outside of VOTE process with resources, such as volunteers, food boxes and interpretive services
- Uplift concerns from AI/AN communities about vaccine hesitancy and concerns around data collection.

VOTE AI/AN Community Partners

The Multnomah County Native Covid-19 Collaboration

- NAYA Family Center
- NARA Northwest
- Future Generations Collective
- Bow & Arrow Culture Club
- Painted Horse Recovery Center
- Columbia River Inter-Tribal Fish Commission

Successes & Challenges

- NARA - Consistent numbers showing up to weekly testing and vaccine events, seeing average of 50 people per event since the beginning of July
- Multnomah County Native Covid-19 Collaboration held a multi partner vaccination event on Indigenous People's Day, which resulted in 136 community members receiving a COVID vaccine.
- VOTE partner 4D Recovery Center has provided food support to Painted Horse Recovery in addition to the work they do at NAYA, and we have sent SHAs out to them to do vaccine confidence activities

What's Next?

- Taking on new challenge of pediatric vaccines and finding culturally specific opportunities for AI/AN communities, and not a one-size-fits-all approach to vaccinating kids

Successes & Opportunities

Patient records merge addressing racial misclassification

Defined roles, continually defining process

Early partnership, continued collaboration

What else? – please share:

Working Within the System

Process –

Introducing a concept or proposal to Tribes – contact Cecile Town

Matters that need to be elevated are sent to Danna Drum who engages Julie Johnson with OHA Tribal Affairs if needed

Consult with Carey Palm and Cecile Town on communicating out to sites

Contact Coline Benson on vaccine equity or partnership concepts

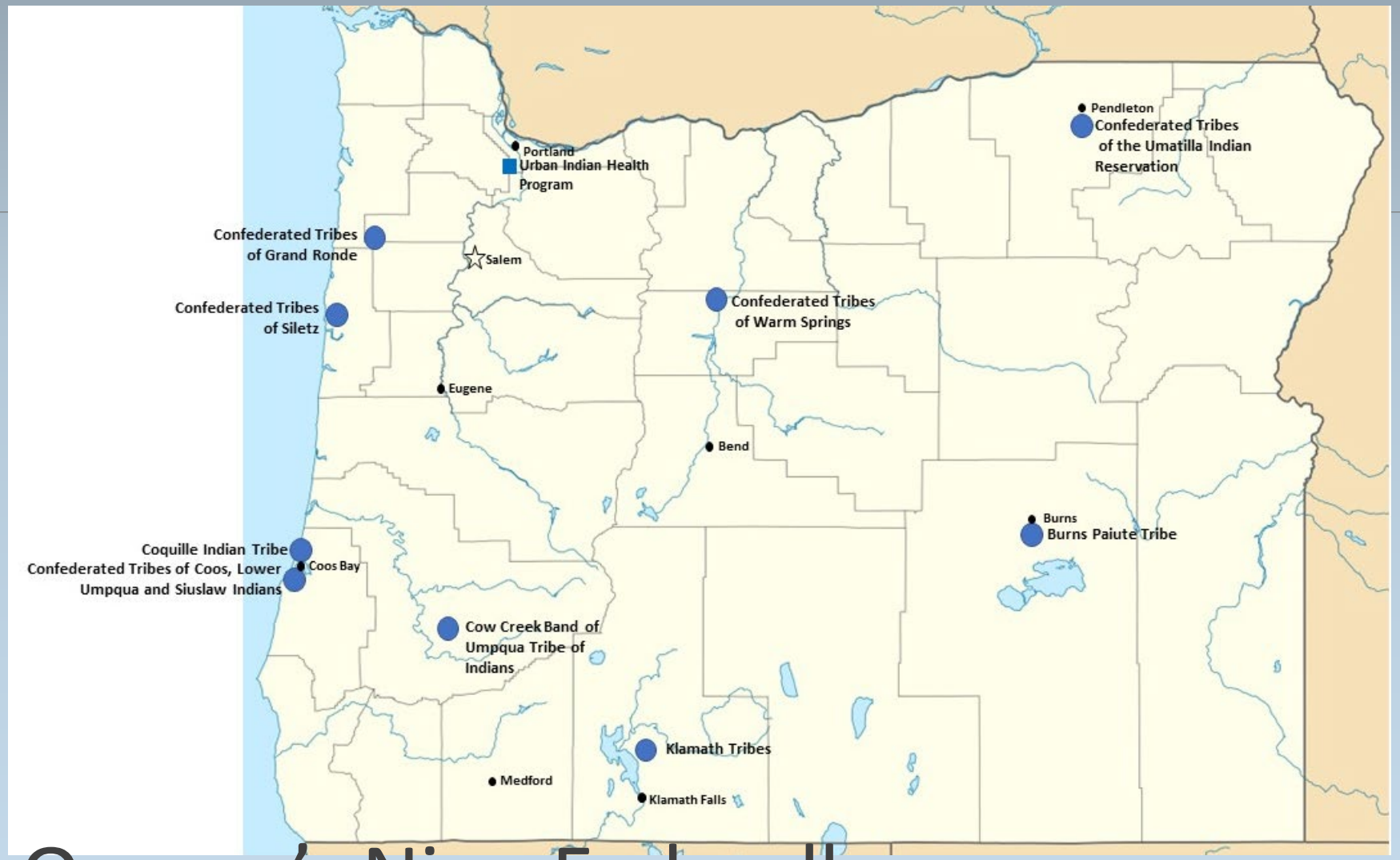
Cecile Town (Yakama/Choctaw)
CDR, USPHS
CDC NCIRD ISD Public Health Advisor assigned to the Oregon Health Authority

COVID Commercialization in Mid-2023

- Commercialization timeline announcement expected February 28th
- COVID PHE extended until May 11, 2023
  - The end of the PHE will not directly affect COVID vaccines within IHS
    - The PREP Act is scheduled to expire 10/11/2024 and covers vaccinators and non-traditional vaccinators
    - COVID Vaccine will still be available from the USG through summer/fall 2023
    - Reporting of administration, wastage and inventory is still required by CDC Program Agreements and the MOA
  - The end of the PHE will not impact FDA's ability to authorize vaccines for emergency use.
    - Existing EUAs for products will remain in effect and new EUAs can be authorized
      - FAQs: What happens to EUAs when a public health emergency ends? | FDA
    - EUA products will be used AFTER commercialization also, the EUAs will simply be updated

COVID-19 Vaccine Supply

- Ample supply exists for monovalent and bivalent vaccines
- Order when needed, but keep inventory lean
- EXCEPTIONS
  - Janssen/J&J no longer available for order – USG supply depleted
  - Bivalent Peds <5/<6 (Pfizer and Moderna)
    - There is a VERY short supply of bivalent Peds <5/<6yrs across the country
    - Orders in IHS jurisdiction are limited to 100 doses currently and sites should coordinate ALL orders for these products with the AVPOC.
    - Vaccine can also be requested through redistribution.
      - Over 18,000 doses distributed in the IHS jurisdiction, < 500 doses administered



Oregon's Nine Federally Recognized Tribes

Oregon Population, Persons Identifying as AI/AN, OHA COVID Dashboards

130,416 AI/AN (alone or in combination, PSU pop estimates 2020)

8,270 AI/AN in Clackamas County

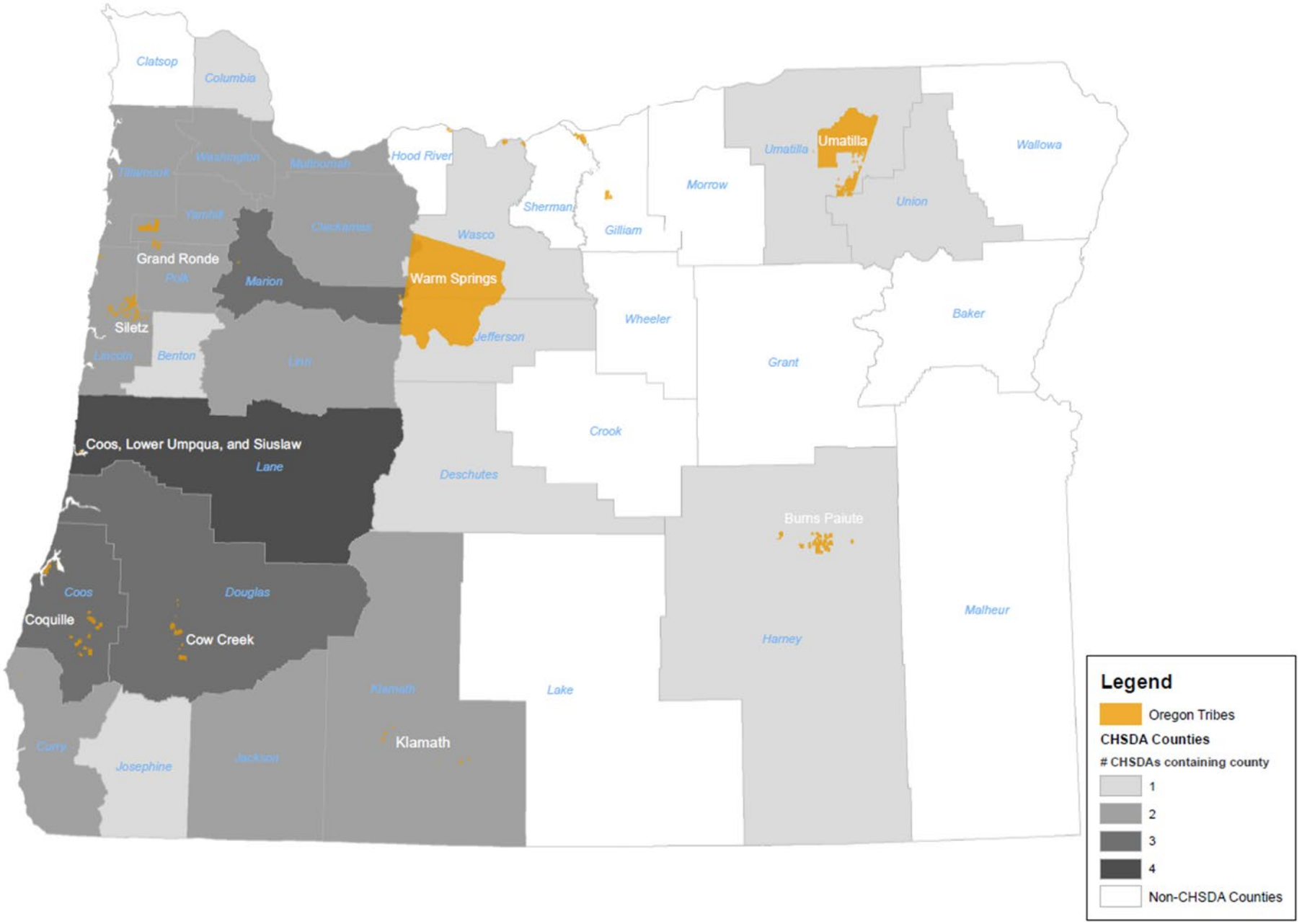
17,953 AI/AN in Multnomah County

10,776 AI/AN in Washington County

Portland is 9th largest Native American population in USA

Source: https://public.tableau.com/app/profile/oregon.health.authority.covid.19/viz/OregonCOVID-19VaccineEffortMetrics/RaceandEthnicityData

Oregon Tribes and Tribal CHSDA Counties



Vaccine Allocation: Tribes and Tribal Communities

Oregon State Distribution, by Tribe and facility:

- Coquille Indian Tribe, Coquille Indian Tribe Community Health Center
- Klamath Tribes, Klamath Tribal Health & Family Services Wellness Center
- Confederated Tribes of Grand Ronde, Grand Ronde Health and Wellness Center
- Confederated Tribes of Siletz Indians, Siletz Community Health Clinic
- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians
- Burns Paiute Tribe – currently partnering with Harney LPHA to store and administer vaccine
- Urban Indian Health Program, NARA Wellness Center

Oregon also sent vaccine to One Community Health, to provide vaccine to tribal community members along the Columbia River, starting with Celilo Village

Vaccine Allocation: Tribes and Tribal Communities

The IHS Distribution covers Tribes and tribal health centers by IHS Area, or region.

IHS Distribution, by Tribe and facility:

- Cow Creek Band of Umpqua Tribe of Indians, Cow Creek Health & Wellness clinics
- Confederated Tribes of the Umatilla Indian Reservation, Yellowhawk Tribal Health Center
- Confederated Tribes of Warm Springs, Warm Springs Health & Wellness Center

Working Together

Julie Johnson, OHA Director of Tribal Affairs

Danna Drum, OHA Policy and Partnerships

Carey Palm, Tribal Liaison and Tribal Emergency Preparedness Coordinator

Cecile Town, OIP Tribal Liaison

Hameda dil Mohamed, OIP Equity Analyst, Tribal Tech Contact

Coline Benson, CRRU Vax Operations Tribal Equity Coordination

VECs, CRRU VOTE Team

Ben Sanford and Kendi OldShield

- Medicaid and Medicare play a critical role in filling funding gaps for Indian Health Service, Tribes/Tribal Organizations, and urban Indian organizations, ensuring access to needed services for AI/AN individuals.
- Indian Health Care Providers (IHCPs) are a trusted source and assist AI/AN patients with enrollment in Medicare, Medicaid, Children's Health Insurance Program (CHIP), and the Marketplace
- CMS is urging states to engage with Tribes and IHCPs now to: – Talk about unwinding activities at Tribal/state meetings – Share implementation plans and seek Tribal input – Collaborate on outreach to patients enrolled in Medicaid or CHIP to remind them to update their contact information and complete their renewals