

Alaska ID ECHO: PrEP Series



Putting PrEP into Practice: A Panel of Alaska Provider Experiences

April 25, 2023

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

Welcome to the Alaska ID ECHO April 2023 PrEP Mini-Series

Approved Provider Statements:



In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

CPE Credit will be posted to the online CPE Monitor system within 60 days following completion of each activity when applicable.

Contact Hours:

ANMC designates this activity for a maximum of 4.0 contact hours, including 4.0 pharmacological contact hours credit.

Commensurate with participation, 1 contact hour/session. **Enduring access credit expires April 30, 2025**

Financial Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. With the exception of Hope McGratty, PA / faculty for this educational event, are primary investigators in an ANTHC sponsored hepatitis C study funded in part by Gilead Sciences. All of the relevant financial relationships listed have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure your attendance is recorded, you have actively engaged in the entire activity. Follow the guidance of the facilitators to claim the CE credit earned for your participation.

For more information contact
jlfielder@anthc.org or (907) 229-1185



ALASKA NATIVE
MEDICAL CENTER



COLLABORATORS



Jessica Bloome, MD, MPH
Deputy Director, CBA Project



Leah Besh, PA
Director of HIV Clinical Services

Jennifer Williamson
Program Coordinator



Azul DelGrasso, MA
Senior Workforce Development Specialist



Jennifer Arnold
Special Projects Coordinator
MW AETC



Taylor Holsinger, MPH
HIV Prevention Coordinator

Sarah Brewster, MPH, MSW
HIV Surveillance Coordinator

PrEP PRESCRIBER PANEL



Leah Besh, PA-C
ANTHC EIS/HIV Services



Sonaz Safari, FNP-C
Anchorage Neighborhood
Health Center



Hope McGratty, PA-C
Alaska Infectious Disease
Management Group



Rod Gordon, RPh
Specialty Pharmacy



Tracey Wiese, ARNP
Identity Health Clinic

LEAH BESH, PA-C, AAHIVS
ALASKA NATIVE TRIBAL HEALTH CONSORTIUM



LEAH BESH

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

Clinicians

Leah Besh, PA-C, HIV Clinical Specialist, labesh@anthc.org

Jacob Gray, MD

Clifford Schneider, MD

Timothy Thomas, MD

RN Care Managers

Lisa Rea, RN, ldrea@anthc.org

Thor Brendtro, RN, SCF, tbrendtro@SouthcentralFoundation.com

Case Management

Linda Hogins, CMA

Minnie Chavez, ACM

Support Team

Laura Riley, Sr. Program Manager

Jenn Arnold, AETC Coordinator, aetc@anthc.org

Jeni Williamson, Rural Navigator, ECHO Coordinator, akidecho@anthc.org



LEAH BESH, ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

WHAT WE DO

- **Clinical Care**

ANTHC/ANMC-Internal Medicine Clinic
Field Clinics to tribal hubs/need based

- **Collaboration/Co-management of patients**

- **Intensive Case Management and Outreach**

- **Alaska AETC** *AIDS Education and Training Center*

Provide HIV prevention and management educational opportunities to care teams and communities around our state, aetc@anthc.org

Non-Urgent Clinical consultation-Call us at 907-729-2907

- **HIV prevention outreach**

iknowmine.org and iwantthekit.org

Healthy Communities Building:
Internal Medicine Clinic, 3rd Floor
3900 Ambassador Drive on the
ANMC Campus
(907) 729-2907

HOPE McGRATTY, PA-C, AAHIVS, MPH
ALASKA INFECTIOUS DISEASE MANAGEMENT GROUP



HOPE McGRATTY, AK ID MANAGEMENT
GROUP

Alaska Infectious Disease Management Group



Dr. Benjamin Westley

Dr. Megan Clancy

Hope McGratty PA-C, AAHIVS, MPH

HOPE McGRATTY, AK ID MANAGEMENT GROUP

3500 LaTouche Street Suite 200
Anchorage, AK 99508-4248

P: 907-561-4362
F: 907-563-4498

Mon-Thur: 9a-4p
Fri: 9a-12p
closed 12p-1p daily

- Inpatient and outpatient ID clinic
- Currently consulting at Providence Hospital and St. Elias Specialty Hospital
- Conditions we treat/provide care include but are not limited to, HIV, viral hepatitis, TB, STIs, PrEP, PEP
- Private practice accepting all insurance including Medicare, Medicaid, Tricare, VA
- New patients can be seen within 1 week with me, or 2-3 weeks with Drs. Westley or Clancy

HOPE McGRATTY, AK ID MANAGEMENT GROUP

Disclosures:

I participated in the Gilead Medical Affairs Advisory Program in 2018 and 2022

TRACEY WIESE, APRN
IDENTITY HEALTH CLINIC





Dr. Tracey Wiese, APRN founded the first clinic in Alaska that openly and enthusiastically provided a full range of services to support the physical and mental health needs of the gender and sexually diverse peoples of Alaska. That clinic grew quickly, and the need for more support was evident, and in January of 2021, Dr. Wiese, APRN sold her practice to Identity, Inc, making the clinic Alaska

Dr. Tracey Wiese, APRN, FNP-BC, PMHNP-BC
Email: health@identityinc.org



OBJECTIVES

- We primarily serve individuals identifying as gender/sexually diverse, however other clients include sex workers or individuals participating in BDSM/Kink practices that desire this level of prevention/protection.
- The clinic offers both injectable and oral PrEP and assists patients in insurance authorizations, lab monitoring and ongoing support while they are on PrEP, including testing for any other sexual health concerns.

Barriers

Patient Related: Social drivers of health (transportation, can't take time off work, stigma, safe spaces)

System Related: Insurance coverage, care compliance

How Can We Help?

- **Acknowledge adverse impact of minority stress**
- **Recognize and affirm intersectional racial and cultural identities**
- **Facilitate stigma reduction**
- **Empower assertive communication**
- **Restructure minority stress conditions**
- **Validate and affirm strengths, resilience and survival**
- **Foster supportive relationships**
- **Affirm gender expression**
- **Advocate for:**
 - Policy change, legal protections
 - Increased awareness/competency among professional peers
 - Protective facility and agency policies and practices
 - Inclusive physical spaces and documentation
 - Inclusive prevention outreach materials
 - Inclusion of SOGI data in surveys and research
- **Understand privilege and use it (appropriately) to advocate**

SONAZ SAFARI, MS, APRN, FNP-C
ANCHORAGE NEIGHBORHOOD HEALTH CENTER



ROD GORDON, RPh, AAHIVP, PIC, GLIP
SPECIALTY PHARMACY



ROD GORDON, SPECIALTY PHARMACY



Rod Gordon, RPh, AAHIVP,
PIC, Specialty Retail Pharmacy Manger, GLIP
Anchorage, Alaska
July 2014 to August 2020

- Specialty Pharmacy focus: HIV and Hepatitis C
- GLIP held the State of Alaska ADAP contract and provided HIV medications throughout the state.
- Practice worked closely with ANHC, SCF and local providers like Drs. Westley, Clancy, and PA, Hope McGratty, from the Infectious Diseases Management Group
- Areas of practice focus: patient education, adherence monitoring, patient financial assistance/case management.

ROD GORDON, SPECIALTY PHARMACY

- 1. Adherence Monitoring:** made weekly phone calls to all patients with refills due during the upcoming 7-day period. Scheduled refills of HIV meds, and arranged for local deliveries, and mailed out meds to patients across the state.
- 2. Patient Education:** In addition to intake education, provided quarterly adherence assessment reports to patients under our service, showing the percentage of days covered and a reminder summarizing the recommended administration guidance for each patient's regimen, including common side effects and potential drug interactions.
- 3. Patient Financial Assistance:** Pharmacy utilized working contracts with several providers of patient financial assistance, e.g., Patient Access Network Foundation, Patient Advocate Foundation, ADAP, etc. to actively secure assistance for patients. Also worked directly with manufacturer-provided patient assistance programs to secure prompt access to financial copay assistance for both PrEP and PEP services.

PrEP PRESCRIBER PANEL



Leah Besh, PA-C
ANTHC EIS/HIV Services



Sonaz Safari, FNP-C
Anchorage Neighborhood
Health Center



Hope McGratty, PA-C
Alaska Infectious Disease
Management Group



Rod Gordon, RPh
Specialty Pharmacy



Tracey Wiese, ARNP
Identity Health Clinic



Questions?

ADDITIONAL RESOURCES



ANTHC AETC Program

- AETC@anthc.org
- 907-729-2907



AK ID ECHO: HCV, HIV, PrEP and common STIs

- Second Tuesday of each month from noon- 1 p.m. AKST
- akidecho@anthc.org // www.anthc.org/ak-id-echo



Department of Health HIV/STD Program

- prepak@alaska.gov
- PrEP and PEP: <https://health.alaska.gov/dph/epi/hivstd/Pages/PrEP.aspx>
- PrEP for Patients: <https://health.alaska.gov/dph/Epi/hivstd/Pages/PrEP-Patients.aspx>



National PrEP line

- 888-448-4911

PrEP MATERIALS

- Updated Materials:
 - Basics for Oral PrEP
 - Prescribing Oral PrEP
 - PrEP Medications Fact Sheet
 - Oral PrEP Pocket Card
 - Injectable PrEP Pocket Card
 - Diversity and Health Equity Terminology

Alaska Division of Public Health | HIV/STD Program

Prescribing Oral HIV PrEP

Updated February 2023

Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (99% for sexual transmission, 74% for IDU transmission).
- Full protection after 7 daily doses for anal sex after 20 daily doses for vaginal or front hole sex or sharing needles.
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.
- Off-label use of 2-1-1 PrEP for anal sex is highly effective in MSM and transgender women.

Indications (recent history):

- Inform all patients who are sexually active or inject drugs about PrEP.
- Prescribe for patients who request PrEP, with any sex partner with untreated HIV or HIV risk factors, who report an STD, condomless anal, vaginal, or front hole sex, or transactional sex or who used PrEP in past year.

Contraindications:

1. HIV positive;
2. eGFR < 60 mL/min for F/TDF or eCrCl < 30 mL/min for FTAF.

Patient Eligibility:

- FDA approved for adults and adolescents ≥ 77lbs (35kg).
- F/TDF: approved for cisgender women and men, transgender women; protective for receptive and insertive anal, vaginal, and front hole sex, sharing needles.
- FTAF: approved for cisgender men, transgender women; protective for receptive and insertive anal sex, insertive vaginal and front hole sex.

Considerations:

- HIV exposure < 72 hours: evaluate/prescribe PrEP (post-exposure prophylaxis), then consider PrEP.
- Acute HIV symptoms (serum venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- HBV infection and ALT > 2x upper limit of normal (continue HIV treatment if stopping PrEP).
- Age > 50 years or eCrCl < 90 mL/min (check creatinine every 6 mos); other risks for kidney disease such as diabetes or hypertension; consider frequent checks.
- Osteoporosis or history of non-traumatic fracture (consider FTAF, cabotegravir; check vitamin D, DXA scan).
- Pregnancy or breast/childfeeding (discuss risk and benefits)

Alaska Division of Public Health | HIV/STD Program

PrEP Basics for Oral PrEP

99% PrEP is safe and can reduce your risk of HIV from sex by more than 99%.

It takes 1 week before protection for anal sex, and 3 weeks for vaginal sex.

Take 1 pill once a day. Finding a routine is essential.

Get tested for HIV and STDs every 3 months.

Tell your provider if you plan to stop or restart PrEP.

HOW TO GET PrEP

- Tell your primary care provider you'd like to start PrEP. Doctors, Nurse Practitioners, and Physician Assistants can prescribe PrEP.
- Visit www.prelocator.org to find PrEP providers in your area.

TAKING THE PILL

One pill per day

- There are three FDA-approved oral medications for PrEP: F/TDF (Generic, Truvada®, and Descovy®). All are highly effective in clinical trials; however, various personal factors and your provider will determine which one is best for you.
- PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational substances.

Getting into a routine

- It is very important to take PrEP as prescribed, such as taking it at the same time each day. To help with this try:
 - Taking a pill with you if you will be out late.
 - Set a text or alarm.
 - Take your PrEP on a daily, like eating a meal.

Missed a dose?

- Take the missed dose occasionally missed but if it is important to remember if you usually that you forgot, it's ok usual schedule the next make up for a missed dose?

Tolerable side effects

Some people experience starting PrEP. These 2 first month. Some PrEP medication and bone mineral cholesterol and weight stopped. While taking monitor your health!

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

Filling your prescription

- Refills are not always automatic. Contact your pharmacy when you have 2 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost. Visit www.readysetprep.hiv.gov for payment resources.

STAY PROTECTED

Page 1 Alaska Division of Public Health | HIV/STD Program

PrEP Medications

There are three FDA-approved oral medications for pre-exposure prophylaxis (PrEP): F/TDF (Generic, Truvada®, and Descovy®). All are safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either regimen. Choice may be limited by insurance coverage.

Oral PrEP	Generic or Truvada® Tenofovir disoproxil fumarate 300 mg + Emtricitabine 200 mg (F/TDF) generic version available	Descovy® Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (F/TAF)
Indications	F/TDF is approved for use for all adults and adolescents ≥ 35 kg with indications for PrEP	F/TAF is approved for use for adults and adolescents ≥ 35 kg at risk for sexually acquired HIV, excluding individuals at risk only from receptive vaginal sex or only from injection drug use
Dosing	1 pill once daily unless using a PrEP 2-1-1 schedule	1 pill once daily
On Demand PrEP: 2-1-1 Dosing <i>This strategy has not yet been reviewed by the FDA, but is recommended by the CDC in their 2021 PrEP Guidelines</i>	2-1-1 for people with anal exposures only: 2 pills 2-24 hours before anal sex (24 hours before for optimal protection) • then 1 pill 24 hours after first dose • then 1 pill 24 hours after second dose For a detailed 2-2-1 prescribing guide, refer to the CDC's 2021 PrEP Guidelines	The PrEP 2-1-1 dosing schedule is not recommended for use with F/TAF (Descovy®) outside of a clinical trial
Side Effects	Generally safe and well tolerated • Headache and abdominal discomfort which often resolves in a few weeks • Weight loss • Small decrease in eGFR, which improves upon discontinuation of F/TDF	Generally safe and well tolerated • Abdominal discomfort, nausea, and headache, which often resolves in a few weeks • Small increase in LDL cholesterol • Slight increase in body weight
Other Notes	Estimated GFR or CrCl by serum labs should be ≥ 60 mL/min to safely use F/TDF	Estimated GFR or CrCl by serum labs should be ≥ 30 mL/min to safely use F/TAF

Questions?
Call The National Clinicians Consultation Center PrEPline at 1-855-448-7727

Alaska Division of Public Health | HIV/STD Program

Prescribing Oral PrEP

What is PrEP?

- Pre-exposure prophylaxis (PrEP) is medication for HIV negative individuals that helps prevent HIV before an exposure event occurs. This is different than post-exposure prophylaxis (PEP).
- Two fixed-dose antiretroviral oral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Generic or Truvada®), and tenofovir alafenamide/emtricitabine (Descovy®).
- No negative significant health effects have been observed among individuals who have taken PrEP for up to 5 years.
- The FDA has approved one injectable PrEP medication: cabotegravir (CAB) 600 mg. CAB is a single antiretroviral drug given as an intramuscular injection initially 1 month apart for 2 months, then every 2 months to prevent HIV.

PrEP can reduce the risk of acquiring HIV from sex by >99%, and from IDU by ~74%.

Who May Benefit from PrEP?

- Anyone who self-identifies a need or want for PrEP
- Men who have sex with men (MSM)
- People who inject drugs and use stimulants like methamphetamine
- People with partners with or at risk for HIV
- Transgender persons
- People who have had an STD, condomless/barrierless (vaginal or anal) sex, or transactional sex

Taking a Sexual History Prior to Prescribing PrEP

- Partners: Do you have sex with men and/or women and/or transgender individuals?
- Practice: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection: From STDs: What methods do you use to prevent STDs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- Past: History of STDs: Have you ever had an STD?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?

Alaska Division of Public Health | HIV/STD Program 1

GENDER PRONOUNS: Provider 101

Why should pronouns matter to you? Because they matter to your patients.

The use of correct name and pronouns is associated with decreased depressive symptoms, suicidal ideation, and suicidal behavior in trans youth.

Used incorrectly, a pronoun may cause a patient to feel you don't understand or accept their gender identity and aren't capable of providing them competent care.

Used correctly, they show respect and affirm the gender identity of your clients.

Ask your patients about pronouns.

Ask every patient. Ask every time.

When should I ask?

Any time you interact with a new patient, as a regularly part of your introduction.

How should I ask?

"Do you use pronouns, for example he, she, or they? Which pronouns do you use?"

Note: Some patients may not be familiar with this question or with parts of speech. To explain, use yourself as an example – "I use she/her pronouns. What pronouns do you use?"

The English language, including its pronouns, are part of the forced assimilation Indigenous people experience. We know that Indigenous people have always taken great care in how we refer to one another which is why we have ceremonies for gifting names.

Identity	Subjective	Objective	Possessive	Reflexive	Title
Feminine/ Femme	She laughed.	I called her.	The book is hers.	She loves herself.	Ms. So-and-So
Masculine	He laughed.	I called him.	The book is his.	He loves himself.	Mr. So-and-So
Nonbinary	They laughed.	I called them.	The book is theirs.	They love themselves.	Mx. So-and-So
None	Zoe laughed.	I called Zoe.	The book is Zoe's.	Zoe loves Zoe.	Zoe

How do I use a singular they pronoun?
You already know. We do it all the time:

"Hey, someone left their phone."
"Oh no, I hope they come back for it."



How should you refer to someone? However they refer to themself.

Russell ST, Pollitt AM, Li Q, Grossman AH. Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth. *J Adolesc Health*. 2018;83(4):503-505. doi:10.1016/j.jadohealth.2018.02.003

Not sure? Ask.

Lets meet some gender-diverse people.

Each person's gender identity is unique. These are just three examples.



Zeke identifies as Two Spirit, which means they express their gender identity and spiritual identity in indigenous, non-Western ways. They were assigned female at birth, and they're happy with their body. They're a sculpture artist, which requires them to work with machinery. They might come to you for a work-related injury or a regular check-up.



El is indigiqueer, which means El is both indigenous and LGBTQ+. El identifies as genderfluid. Sometimes, El uses she/her pronouns. Sometimes, El uses he/him pronouns. El is in graduate school and may come to you for help dealing with school-related stress. When El is in a clinic, El prefers no pronouns.



Ari is trans and nonbinary. Ari wears both masculine and feminine clothing. At times, they present more masculine. At other times, they present more feminine. They also change presentation based on the group they're in. Ari may come to you for hormones and would prefer that you use they/them pronouns.

Ask them, "Do you use pronouns, for example he, she, or they? Which pronouns do you use?"

Want to go the extra mile?

Put your pronouns in your signature:

Let patients know your pronoun preference when introducing yourself:

Have pronouns on the onstage at your events.

Project Manager
888-8888 | oo@gmail.com
My pronouns are she/her/hers.
Feel free to share your pronouns with me.

"Hi, I'm Lizzy, and I don't use pronouns. How about you?"



GENDER-DIVERSE Provider 101

GENDER-DIVERSE

Gender-diverse is an umbrella term used to describe people who are not cisgender. *Some people prefer genderqueer or other terms.*

Cisgender (Cis): A person may be cis if their gender identity matches the sex they were assigned at birth.

TRANSGENDER

A person may be trans if their gender identity doesn't match the sex they were assigned at birth.

*Note: the word transsexual should **not** be used.*

NONBINARY

A person may be nonbinary if they don't identify fully as male or female. They may identify as both male and female, as a mixture of male and female, or as another gender (neither male nor female).

GENDERFLUID

A person may be genderfluid if their gender identity changes from day to day or from moment to moment. Some genderfluid people identify as trans. Others do not.

AGENDER

A person may be agender if their gender is absent or neutral. Some agender people identify as trans. Others do not.

TWO-SPIRIT

Two Spirit refers to someone who is Native and expresses their gender identity or spiritual identity in indigenous, non-Western ways.

This term can only be applied to a person who is Native. A Two Spirit person has specific traditional roles and responsibilities within their tribe.

Not all Native LGBTQ people identify as Two Spirit.

Important Notes on Usage:

- None of these terms have an -ed on the end.
- These terms are adjectives, not nouns. You could say, "a Two Spirit person" or "a person who identifies as Two Spirit." You would not say, "a Two Spirit." The same applies to all terms.
- The words "transsexual," "tranny," and "transvestite" are offensive and should not be used.
- All of these terms are relatively new and quickly evolving. It's best if you ask someone what the term they use means to them.
- These terms don't provide any information about sexual orientation or attraction.
- This sheet is not meant to guide pronoun use. If you don't know someone's preferred pronouns, ask, "Do you use pronouns? If so, what pronouns do you use?"
- While some run parallel to traditional Indigenous concepts, none of the concepts listed here are traditional terms from specific tribal cultures.

SEXUAL ORIENTATION Provider 101

A person's sexual orientation refers to the way one describes their emotional, romantic, or sexual attraction. The language we have to describe sexual orientation is still informed by cisnormative ideas.

These terms are self-definitions. People who identify with these terms may have different and equally valid ways of defining these terms.

GAY

A word used to describe people whose emotional, romantic, or sexual attraction is to people of the same gender.

Avoid identifying gay people as "homosexuals," an outdated term considered derogatory and offensive to many lesbian and gay people.

LESBIAN

A word used to describe women who are emotionally, romantically, or sexually attracted to other women. Some lesbians may identify as gay.

BISEXUAL

A word used to describe people whose emotional, romantic, or sexual attractions might be to people of the same gender or of another gender.

ASEXUAL

A word used to describe people who do not experience sexual attraction.

PANSEXUAL

A word used to describe people who form emotional, romantic, or sexual attractions to people of any gender identity.

AROMANTIC

A word used to describe people who do not experience romantic attraction.

QUEER

A word used to describe people whose sexual orientation isn't straight. This may include people who also identify as gay, bisexual, lesbian, pansexual, or another identity.

NOTES: A person's gender identity and sexual orientation are two different aspects of their identity. It's important not to make any assumptions about a person's sexual orientation based on their gender identity and vice versa.

STRAIGHT

A word used to describe people whose emotional, romantic, or sexual attraction is to people of the opposite (man/woman) gender.

TWO-SPIRIT

For some people, Two Spirit can describe a sexual orientation that exists beyond the confines of Western definitions. The term Two Spirit may denote meanings that relate to gender identity or sexual orientation.

Free prevention resources available in Alaska iknowmine.org/shop



HIV SELF-TEST KIT



HARM REDUCTION KIT



PERSONAL CONDOM PACK



CONDOMS FOR ORGANIZATIONS



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM





ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB
Indian Leadership for Indian Health

Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.