

**US Department of Health and Human Services  
Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and  
Disease Registry (ATSDR)**

**FY 2013 Tribal Consultation Report<sup>1</sup>**

**I. Highlights of Division Specific Accomplishments/Activities**

**Consultation with Federally Recognized Tribes – CDC/ATSDR Tribal Consultation Policy**

On February 19, 2013, CDC/ATSDR sent the revised Tribal Consultation Policy to the chief, chairperson, governor, president, or equivalent elected or appointed tribal leader of each federally recognized tribe for a review and comment period. The initial comment period closed on March 15, 2013. After several requests for an extension, CDC/ATSDR reopened the comment period until May 20, 2013. Sixteen letters were received from tribes and Native-serving organizations providing comments on the revised Policy. CDC/ATSDR will respond to each individual tribe and organization that submitted a letter to address their comments.

**II. Division Specific Activities**

**Tribal Public Health Capacity Building and Quality Improvement (OSTLTS/OD)**

Under this new five-year cooperative agreement, activities will focus on strengthening and improving the infrastructure and performance of tribal public health agencies and tribal health systems through capacity building and quality improvement. To reduce health concerns within AI/AN populations, Priority Area 1 awardees will develop disease interventions, strengthen and build organizational infrastructure, and cultivate community partnerships. The Priority Area 2 awardee will conduct monitoring and evaluation for all Priority Area 1 awardees for quality improvement and disseminate lessons learned. Awardees include: Bad River Band of Lake Superior Tribe of Chippewa Indians; Inter-Tribal Council of Michigan; Pascua Yaqui Tribe; Kalispel Tribe of Indians; Toiyabe Indian Health Project; and Native American Cancer Research Corporation (Priority Area 2). Total funding – \$587,274

**Tribal Public Health Workgroup (OSTLTS/OD)**

Under this new five-year cooperative agreement, the National Indian Health Board is funded to coordinate a tribal public health workgroup to provide subject matter expertise and advice to the Tribal Advisory Committee and CDC/ATSDR. Funding – \$200,000

**Building Capacity of the Public Health System to Improve Population Health through National, Non-Profit Organizations (OSTLTS/OD)**

Under a new five-year cooperative agreement, the Association of American Indian Physicians (AAIP) will complete several capacity-building projects affecting AI/AN tribes and people. These initiatives include Native Specimens Policy Consultation; Compendium of Evidence-Based Intervention Success Stories from Indian Country; Data into Action Training – 101 for Tribes/Urban Indian Programs in How to Access and Utilize Available Data for Local Level

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<sup>1</sup> Note: An acronym list is provided at the end of this report.

Public Health Action; Native Public Health Courses for Schools of Medicine; and Tribal Grant Writing Training – Enhancement, Evaluation, and Promotion.

### **Public Health Associate Program (PHAP) (OSTLTS/FSO)**

PHAP, managed by OSTLTS, is designed to identify future public health professionals with undergraduate degrees and a passion for public service and public health. Throughout the two-year program, associates will gain hands-on, frontline experience that will serve as a foundation for their public health careers. There are four PHAP associates currently serving in tribal (2) and tribal-serving organizations (2). Funding – No specific award

### **Public Health Law 101: National Indian Health Board Public Health Summit Presentation (OSTLTS/PHLP)**

On June 18, 2013, PHLP presented on Public Health Law 101 and highlighted examples of tribal public health law relating to the 10 great public health achievements of the 20th century. PHLP also offered an overview of a tribal technical assistance request PHLP received on tribal hunting and fishing rights. Funding – No specific award

### **Tribal Specimens Policy Memo (OSTLTS/PHLP)**

PHLP received a technical assistance request to explore the legal landscape pertaining to the collection, use, storage, disposal, and return of tribal laboratory specimens to be used in the development of a CDC model policy on the issue. Funding – No specific award

### **Accreditation Support Initiative (OSTLTS/DPHPI)**

Total funding – \$102,400

- The **Eastern Band of Cherokee** completed two of three accreditation prerequisites: a first-ever tribal health assessment and an agency strategic plan. Funding – \$22,500
- The **Ponca Tribe of Nebraska** received funding to develop a mechanism for TribalTrack communications; train content area experts to use TribalTrack with tribal health departments; complete outreach sessions and train 17 tribal health department representatives; and modify and deliver an assessment tool to capture tribal health department education needs. Funding – \$39,900
- The **InterTribal Council of Arizona, Inc.** increased the accreditation readiness of tribal health departments in Arizona, Utah, and Nevada by providing a readiness and technical assistance needs assessment, an accreditation readiness workshop series, and a tribal stakeholders roundtable. Funding – \$40,000

### **CDC/IHS AI/AN Health Analyses Collaborations (NCEZID/DHCPP)**

Ongoing epidemiologic/analytical collaborative projects with IHS, Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program, other agencies and CDC divisions to detect and describe disease burden and health disparities for overall and specific infectious diseases among the AI/AN population. Analyses provide information for developing prevention strategies, vaccination policies, and reducing health disparities related to infectious diseases. Findings increase awareness of specific infectious diseases and highlight disease, person, and geographic target areas to further investigate health disparities. For example, the identification of lower respiratory tract infections disparities among Alaska Native children led to more in-depth

respiratory studies and educational efforts to reduce disease among young children in Alaska. Highlights of FY 2013 accomplishments include

- *Infectious Diseases*: 1) Analyzed overall and specific infectious disease hospitalizations among the AI/AN infant population using IHS data to provide recent infectious disease hospitalization rates, high-risk diseases and high-risk areas to focus further study and prevention measures for the reduction of infectious diseases in the AI/AN population. The findings were presented at the International Meeting on Indigenous Child Health. 2) Analyzed overall and specific infectious disease hospitalizations among the Alaska Native population using IHS data. This analysis provides recent infectious disease hospitalization rates, high-risk diseases and high-risk areas to focus further study and prevention measures for the reduction of infectious diseases in Alaska Native communities. The findings were presented at the International Congress on Circumpolar Health and are now published.
- *IHS/NDI Linkage Project*: Committee member on the Project and investigator on studies analyzing deaths among AI/AN infants and infectious diseases among all AI/AN deaths. The studies used newly created death dataset with IHS AI/AN race-corrected data which allowed for more accurate calculation of death rates among AI/AN people. Health disparities were examined by comparing death rates for non-Hispanic AI/ANs with those for non-Hispanic whites. Studies on infectious diseases mortality and infant mortality were completed and accepted for publication; the infant mortality findings were presented at APHA.
- *Molluscum Contagiosum virus (MCV)*: Case/control study was previously analyzed to describe the epidemiology and risk factors that contribute to the high incidence of MCV among children in two specific AI/AN communities. This work will help target outreach and education activities with the long term goal of reducing disease incidence in these communities. A presentation of a description of MCV cases in the communities was previously given at the Native Health Research Conference. A paper was cleared and is ready for submission for publication.
- *Dog bite injuries and rabies*: 1) Analysis of AI/AN hospitalizations and outpatient visits for dog bite injuries with focus on effect related to tick-borne diseases and rabies. Dog bites were found to be a significant public health threat among AI/AN children living in the Alaska, Southwest, and Northern Plains West regions, which indicate that enhanced animal control and education efforts should reduce dog bite injuries and emerging infectious diseases. A paper was published. 2) Analysis of the occurrence of rabies prophylaxis in the Navajo Nation was conducted. The analysis also included dog and cat bites, cat scratches, and exposure to rabies virus. Findings to be written for publication.
- *Encephalitis*: A study of encephalitis-associated hospitalizations was conducted to describe the trend and occurrence of specified and unspecified encephalitis. The paper describing the findings has been submitted for publication.
- *Neurologic Diseases*: 1) Ongoing analysis of mortality data for AI/ANs with prion disease as a cause of death. Current available data is used to determine the occurrence of the disease among this population, including in chronic wasting disease endemic areas for presentation at Prion conference. 2) Analysis of ALS-associated IHS inpatient and outpatient patient-based data to describe occurrence of ALS among AI/AN people. The

paper on ALS was published. 3) Analysis performed on the occurrence of Parkinson's disease in the Navajo Nation, and a draft of the paper was completed for publication.

- *Respiratory diseases*: 1) Analyzed lower respiratory tract infection and RSV-associated hospitalizations among AI/AN children under 3 years of age to describe trends and high-risk areas for presentation and publication. 2) Participated in a study of non-cystic fibrosis chronic suppurative lung disease/bronchiectasis-related occurrence and risk factors among indigenous children in Australia, New Zealand, and Alaska. The first study paper was published and the second paper is prepared for clearance. 3) Conducted study of asthma-associated hospitalizations among AI/AN people to describe the recent occurrence of asthma among AI/AN children and identify high-risk groups. The paper is prepared for clearance. 4) Completed an analysis of influenza hospitalizations among AI/AN people to describe the occurrence during seasonal periods over time in comparison with a select US population. Analysis was completed, and a paper was submitted to clearance.
- *Varicella*: Analysis of varicella-associated hospitalizations among AI/ANs was completed. The findings were presented at the International Meeting on Indigenous Child Health and published.
- *Vitamin D deficiency*: Completed analysis of inpatient and outpatient visit data to examine the occurrence among AI/AN children. A case-control study to describe factors involved in AN children was completed. A draft of a paper for publication is prepared.
- *Diabetes*: Assisted in a chart review analysis of diabetes-coded inpatient and outpatient visits in the AI/AN population. The findings were submitted in a paper for publication.
- *HPV/warts*: Protocol developed for a collaborative study of HPV-associated hospitalizations among AI/AN people. Evaluation of NPIRS HPV-related immunization data is being conducted with CDC/IHS immunization staff.
- *STD adverse outcomes*: Provided inpatient and outpatient visit analysis on select adverse events. A detailed study of ectopic pregnancies using these data was completed to examine the occurrence. The study was submitted as a paper for publication. Consultation and requests for specific IHS inpatient/outpatient visit analysis for specific diseases are conducted as appropriate.

Total funding – No specific award

### **Arctic Investigations Program (AIP) (NCEZID/DPEI)**

AIP's program mission is the prevention of infectious disease in people of the Arctic and Subarctic, with particular emphasis on indigenous people's health. AIP coordinates disease surveillance and operates one of only two Laboratory Response Network labs in Alaska.

Highlights of FY 2013 accomplishments include

- *Sanitation services and infectious disease risk in rural Alaska*: AIP assessed increased infectious disease risk due to lack of in-home sanitation services. These studies have been used to advocate for increased funding for water and sanitation services in Alaska.
- *Response to emergence of replacement pneumococcal disease in Alaska Native infants*: AIP supported introduction of a new pneumococcal vaccine, PCV 13, in southwest Alaska. Usage results clarified that it provides protection for up to 75% of serious pneumococcal illnesses. Since routine use of this vaccine began in 2010, rates of serious pneumococcal infections have decreased in rural Alaska Native children.

- *High rates of pediatric dental caries in Alaska Native children:* Dental caries among Alaska Native children represent a substantial and long-standing health disparity. Results of an AIP investigation concluded that pediatric dental caries are approximately five times more common in the region than for the general US childhood population. NCEZID's Division of Preparedness and Emerging Infections, along with two Alaska Native tribal health organizations, conducted a cost-effectiveness study of caries prevention strategies. AIP is also evaluating a caries surveillance system using electronic health records in collaboration with a tribal health organization in southwest Alaska.
- *Support for Alaska Native Health Research:* AIP promotes research activities by tribal health organizations and supports AI/AN health researchers.
- *Responding to pandemic H1N1 influenza in AI/AN populations:* AIP has been addressing the increased influenza mortality among AI/AN people by leading a five-state investigation into risk factors for deaths. Risk factors include older age, prior medical conditions, delayed start of anti-viral medication, decreased access to care, and smoking. AI/AN race was not an independent risk factor for death. Among AI/AN persons the risk factors for death were pre-existing medical conditions, obesity, and smoking. A report is circulating among tribal groups and agencies for approval prior to submission for publication in 2014.
- *Skin and soft tissue infections in rural Alaska:* In 2012, the Yukon Kuskokwim Health Corporation, a tribal health organization in southwest Alaska, requested CDC assistance through an Epi-Aid mechanism to improve prevention and control of skin and soft tissue infections caused by methicillin-resistant *Staphylococcus aureus*. AIP responded with a three-week field investigation in the villages with the highest rates of infection. The results of a knowledge, attitudes, and behaviors survey are being used to develop pilot intervention for 2014.

Total funding – No specific award

### **Partnerships for Prevention of Rocky Mountain Spotted Fever (RMSF) on Tribal Lands (NCEZID/DVBD)**

RMSF is a serious and potentially fatal disease that emerged on Arizona tribal lands in the last decade, so far infecting more than 250 tribal residents, and causing the deaths of 20 since 2003. Epidemic transmission of RMSF is linked to the brown dog tick and free-roaming dog populations on Arizona reservations and some parts of northern Mexico. Preventing RMSF and ticks bites is an important goal for Arizona tribal communities, and understanding and preventing the spread of infection to new areas is an important goal for state and federal partners. During FY 2013, the Rickettsial Zoonoses Branch (RZB) participated in an RMSF state partners planning meeting, held November 9th 2012 in Camp Verde, Arizona. Outcomes of the meeting included providing partner updates on progress toward RMSF control in the region, sharing new scientific findings related to RMSF, and the start of development of a framework for a state-wide model RMSF control plan. During 2013, RZB assisted with surveillance for RMSF on tribal lands by providing laboratory support to test canine blood specimens collected during some routine tribal rabies clinics for RMSF. Testing showed that several tribes (Colorado River Indian Tribes, Salt River Indian Community, Havasupai, Yavapai Apache) had little evidence of RMSF circulating among reservation dogs, but that another (San Carlos Apache Tribe) continued to have evidence of RMSF in dogs. RZB participated in monthly planning and data-sharing calls with three tribal

RMSF Task Forces (San Carlos Apache Tribe, White Mountain Apache Tribe, Tohono O'odham Nation). During 2013, RZB provided RMSF continuing medical education to healthcare providers serving Navajo Nation, and consulted on methods to improve tribal surveillance methods. The project is ongoing (started in 2003). Funding – \$30,000 (including in-kind support)

### **The RMSF Rodeo: A Demonstration Prevention Project on the San Carlos Apache Reservation, 2012–2013 (NCEZID/DVBD, NCEH/DEEHS)**

The RMSF Rodeo began in 2012 as a pilot tick prevention project with the San Carlos Apache Tribe. A collaborative project involving NCEZID, NCEH, tribal staff, the state of Arizona, USDA, and various private donors, the project aimed to improve human health and reduce human RMSF on the reservation by improving the health of community dogs. The project delivered appropriately timed and integrated pet care and tick control techniques to participating homes, including 1) placing a long-acting tick collar on all dogs; 2) treating every house in the project area once a month for four months with a tick-killing pesticide product; 3) creating a dog licensing and traditional collaring program to track dogs in the neighborhood; 4) providing free stakes and tethers to encourage owners to reduce pet dog roaming; 5) providing free spay or neuter services to promote dog population control. The first year of the project (2012) was highly successful and reduced tick infestations to < 1% of dogs, compared to 63% of dogs with ticks in non-project areas. In year 2 of the RMSF Rodeo project (2013), the project attempted sustained tick control using long-acting tick collars alone. Tick counts were sustained at low levels (< 3%) in the project community. As a result of this successful pilot, the San Carlos reservation expanded strategies of the RMSF Rodeo reservation wide in 2013, and achieved a 50% reduction in tick counts. In addition, two other tribes (White Mountain Apache and Tohono O'odham) are considering using strategies from the RMSF Rodeo during 2014. Funding – No specific award

### **Evaluating the Possible Effects of Doxycycline on Developing Teeth when Prescribed for Suspected RMSF (NCEZID/DVBD, NCCDPHP/DOH)**

Doxycycline is recommended by both CDC and the American Academy of Pediatrics as the treatment of choice for suspected RMSF in patients of all age. Although older tetracyclines cause staining of adult teeth when administered to children under the age of eight, doxycycline is a newer antibiotic in this class and has not been shown to cause this effect. Despite lack of evidence, the current FDA warning label for doxycycline states that it should not be used in children under the age of eight years due to possible staining of developing permanent teeth. The current label likely contributes to increased mortality from rickettsial infections among pediatric patients by encouraging healthcare provider avoidance. Over two-thirds of US healthcare providers said they would not use doxycycline to treat suspected RMSF in kids younger than eight years old. The case fatality rate among US children aged zero to nine is six times higher than that for adults. On Fort Apache, RMSF is a significant public health issue, and suspected RMSF patients of all ages are routinely treated with doxycycline. The teeth of White Mountain children ages 8–16 years old who received doxycycline while less than eight years old and who now had permanent teeth erupted were examined during 2013; children were examined with a parent's permission, and examinations were conducted by licensed dentists in school settings. No evidence of dental staining was observed in the permanent teeth of more than 75 children who had received doxycycline during the years of tooth development. Furthermore, there was no significant difference in tooth color between children who received doxycycline and those who

did not. These results may be used in future clinical education campaigns and to seek changes in the FDA label for doxycycline. Project is ongoing. Funding – No specific award

**Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of HIV Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations (NCHHSTP/DHAP)**

In FY 2013, 34 training sessions were provided by the three main CBA provider grantees who work with Native American populations, according to the Training Events Calendar (TEC). Because the TEC dataset is rather limited, and there is no variable available to indicate target population, the trainings by provided by these three providers have been selected as the most likely to represent trainings provided to Native American populations. These three CBA provider grantees are Colorado State University—Fort Collins CA7AE Project, Great Plains Tribal Chairmen’s Health Board, and National Native American AIDS Prevention Center.

**Building Capacity of the Public Health System to Improve Population Health through National, Non-Profit Organizations (NCHHSTP/DSTDP)**

Through the funding announcement “Building Capacity of the Public Health System,” which sought to ensure the provision of capacity building assistance for governmental and nongovernmental components of the public health system to optimize the quality and performance of public health systems, the public health workforce, public health data and information systems, public health practice and services, public health partnerships, and public health resources, CDC funded AAIP to support needs assessment and community engagement efforts to develop culturally competent, client-centered, and community-based interventions to prevent and control STDs among AI/AN populations in the US.

**Improving HIV Surveillance Among AI/AN in the United States (NCHHSTP/DHAP)**

The report entitled *Improving HIV Surveillance Among American Indians/Alaska Natives in the United States* ([http://www.cdc.gov/hiv/pdf/policies\\_strategy\\_nhas\\_native\\_americans.pdf](http://www.cdc.gov/hiv/pdf/policies_strategy_nhas_native_americans.pdf)) was completed in January 2013. This report was produced by HIV Incidence and Case Surveillance Branch (HICSB) representatives with extensive (FY 2012) CDC-state (HIV surveillance shop) collaboration. The report was showcased at the HICSB Branch Meeting in June, 2013.

**Support for Lead Public Health Advisor (PHA) (NCHHSTP/DSTDP)**

DSTDP continues to support STD/HIV prevention efforts of the Navajo Nation through the assignment of a lead PHA to the New Mexico Department of Health who serves as the designated STD/HIV technical advisor to the Navajo Division of Health. The lead PHA serves as a liaison between state, tribal, and local health programs and provides guidance and support epidemiological follow up, disease management, and program development and training.

**Get Yourself Tested (GYT) Campaign at Tribal Colleges and Universities (TCUs) (NCHHSTP/DSTDP)**

For the fourth consecutive year, DSTDP has partnered with IHS to promote the national GYT campaign across Indian Country. Since 2009, the effort across Indian Country has focused on strengthening relationships with TCUs in an effort to reach and educate Native young adults on TCU campuses. DSTDP staff reached out to 32 TCUs to share information and encourage

participation in the 2013 campaign and facilitate an evaluation of Native GYT efforts held during STD Awareness Month.

#### **Support for Epi-Aid, Phoenix, Arizona (NCHHSTP/DSTDP)**

DSTDP staff supported an Epi-Aid to investigate recent increases in gonorrhea among American Indians attending Phoenix Indian Medical Center (PIMC). Gonorrhea rates in Arizona have been increasing since 2010. Particularly large increases have been seen among American Indians, with a 150% increase in cases from 2010 (218 cases) to 2012 (538 cases). PIMC, a 127-bed hospital that serves Phoenix-area American Indians, reported a 96% increase in gonorrhea seen at their facility during the same period. CDC spent five days at PIMC gathering data to assist PIMC and the Arizona Department of Health in characterizing gonorrhea cases among American Indians attending PIMC from 2012 to 2013 with respect to demographics and geography, describing trends in gonorrhea case counts and evaluating the possible impact of PIMC interventions, characterizing PIMC gonorrhea screening practices in order to make recommendations for improved screening and detection, and determining whether case patients and partners were appropriately treated. Data analysis is ongoing. Funding – No specific award

#### **Quality Improvement Project to Enhance HIV/STD/hepatitis C Screening among AI/AN (NCHHSTP/DSTDP)**

DSTDP funding, awarded through a CDC/IHS interagency agreement, was provided to the Northwest Portland Area Indian Health Board (NPAIHB) to develop, implement, and assess a continuous quality improvement project to enhance HIV/STD/hepatitis C virus screening among AI/AN. The 12-month project partnered with four IHS and tribal health care facilities who focused on identifying, testing, and evaluating innovative practices to increase screening rates among AI/AN.

#### **STD/HIV Prevention Training Center AI/AN Workgroup (NCHHSTP)**

The STD/HIV Prevention Training Centers (PTCs), supported by CDC funding, have a long-standing AI/AN workgroup, currently co-chaired by staff at Denver PTC and California PTC. The workgroup continues to support numerous training and capacity building activities among tribes and tribal-serving organizations.

#### **Implementation of CHOICES in South Dakota (NCBDDD/DBDDD)**

In 2010, CDC and IHS entered into a three-year interagency agreement to adapt and implement CHOICES, an intervention to prevent alcohol-exposed pregnancies, among non-pregnant women in American Indian communities. This project targeted settings serving American Indian women of reproductive age of the Oglala Sioux Tribe in South Dakota to determine the feasibility of implementing CHOICES in various IHS settings and the acceptability of the intervention by American Indian women. In 2013, the National Institute of Minority Health awarded a three-year cooperative agreement to Sanford Health to support broader implementation of CHOICES among American Indian women in South Dakota. Funding – \$500,000 over 3 years

#### **Disseminating CHOICES among Tribal Communities: A Partnership with the National Organization on Fetal Alcohol Syndrome and Tribal Serving Organizations (NOFAS) (NCBDDD/DBDDD)**



In 2013, CDC worked with NOFAS to develop a plan to disseminate the CHOICES intervention broadly among settings serving tribal populations. During this year-long effort, NOFAS identified AI/AN stakeholders and received recommendations and feedback from them on topics pertinent to development of the plan (e.g., existing screening and brief intervention practices, implementation barriers/facilitators), as well as recommendations of individuals to serve in an advisory capacity to NOFAS. The final CHOICES Tribal Dissemination Plan resulting from this work was completed in December 2013. Funding – \$100,000

**Advancing Alcohol Screening and Brief Intervention in AI/AN Populations through Training and Technical Assistance (NCBDDD/DBDDD)**

In 2013, CDC awarded two cooperative agreements to Denver Public Health and the University of Wisconsin to advance alcohol screening and brief intervention and CHOICES in AI/AN populations through training and technical assistance. The purpose of these awards is to build capacity among the recipient organizations to serve as training and technical assistance centers on these two interventions in settings serving AI/AN populations. Each grantees will do this by initially working with three primary care clinics serving AI/AN populations. These awards are for a four year period. Funding – \$275,000

**Alaska Disability and Health Program (NCBDDD/DHDD)**

Alaska Disability and Health Program is working with the Breast and Cervical Health Check Program to ensure that preventative screening efforts for Native Alaskans include acknowledgement of potential disability-related barriers and concerns. The Program’s understanding of Native Alaskan disability issues will be enhanced by a second round of needs assessment focus groups in rural/remote Alaska. Funding – \$35,000

**Montana Disability and Health Program (NCBDDD/DHDD)**

The state of Montana is home to seven Indian reservations and 12 tribal groups. American Indians are Montana’s largest minority group with 7.5% of the population identifying as American Indian alone or in combination with another race. According to the Montana 2010 Behavioral Risk Factor Surveillance System (BRFSS), 27.0% of adult American Indian population in Montana had a self-reported disability. At the start of the Montana Disability and Health Program in 2002, the Montana Department of Public Health and Human Services had established partnerships with Native American organizations (e.g., those operating on any of Montana’s seven Indian reservations) , including disability providers in the Developmental Disabilities, Vocational Rehabilitation, and Independent Living Services and Support Systems. Those partnership and outreach efforts have continued through FY 2012. The Montana Disability and Health Program has supported nutrition education and service delivery improvement through MENU-AIDDs at several residential services providers that work in Indian country (Blackfeet Opportunities) and others who have many tribal members as consumers (Mission Mountain Enterprises and Eastern Montana Industries). MENU-AIDDs is a health education curriculum that improves food systems and outcomes in group home serving adults with intellectual and developmental disabilities. Finally, accessibility ambassadors to improve access to community health centers and rural health clinics in FY 2012 have included clinics operating in partnership with IHS. Collaborating with Salish Kootenai College. Funding – \$30,000

### **North Dakota Disability and Health Program (NCBDDD/DHDD)**

The North Dakota Disability and Health Program is a collaboration among the North Dakota Center for Persons with Disabilities at Minot State University; the Center for Rural Health at the University of North Dakota; and the North Dakota State Health Department, Division of Chronic Disease, Office for the Elimination of Health Disparities. Tribal activities include a collaboration meeting with Amputee Coalition and the project's tribal liaison, specific to the areas of limb loss and diabetes among North Dakota tribal communities. A workshop, Healthy Lifestyles for People with Disabilities, was held in the North Dakota tribal community Three Affiliated Tribes, located on Fort Berthold Indian Reservation in New Town, North Dakota. Air time was purchased for running of project-produced diabetes/limb loss videos in waiting areas of Indian Health clinics in North Dakota reservation communities. A March 2012 meeting among project staff, Amputee Coalition staff, and tribal members was coordinated and facilitated by a project tribal liaison. Funding – \$15,175

### **Limb Loss Public Health Practice and Information Resource Center (NCBDDD/DHDD)**

Today, almost two million Americans have experienced amputations or were born with limb difference. Another 28 million people in the US are at risk for amputation. The Amputee Coalition is the nation's leading organization on limb loss, dedicated to enhancing the quality of life for amputees and their families, improving patient care, and preventing limb loss. Over the last few years, the Amputee Coalition has developed a healthy partnership with the Plains Indians tribes in North Dakota by working with researchers at Minot State University and Okiciya Consulting, an American Indian- and woman-owned business. These efforts have led to the development of culturally appropriate peer support programs for the Plains Indians tribal community. Funding – \$5,000

### **Paralysis Resource Center (PRC) (NCBDDD/DHDD)**

PRC's mission is to promote the health and well-being of people living with paralysis by providing comprehensive information, resources, and referral services. PRC's Multicultural Outreach Program, located at the University of New Mexico through the PRC-UNM Cooperative Agreement, has expanded its activities on the Navajo Nation to target Native American communities throughout the US. The core elements of the Navajo Nation Project—a Navajo Nation Peer and Family Support Program and the dissemination of alternate-format materials on key public health topics for use by Community Health Representatives—continue. In the current project year, these activities will be expanded to other Native American communities through the national Community Health Representative Program of the IHS. Funding – \$50,000 (through the Christopher and Diana Reeve Foundation)

### **Colorectal Cancer Control Program (CRCCP) (NCCDPHP/DCPC)**

CRCCP's goal is to increase colorectal cancer screening rates among men and women aged 50 years and older from about 64% to 80% in funded states by 2014. Total funding – \$2,347,431

- **Alaska Native Tribal Health Consortium** – The Alaska Tribal Health System's CRC screening rate (flexible sigmoidoscopy in previous five years or colonoscopy in previous 10 years) prior to the initiation of the CDC-funded CRCCP was 50.9% (GPRA, 2009) and has increased by 3.8% per year for a current screening rate of 58.5% (GRPA, 2012). In the regions partnering with the ANTHC CRCCP, GPRA data showed that screening

rates increased by an average of 73% since program initiation. BRFSS data (2011) showed that Alaska Native adults who had ever had a sigmoidoscopy or colonoscopy reached 68.1%, improving from 50% in 2010 and 51.8% in 2008. The 2011 rate is the first time that the Alaska Native rate has been above the rate for all Alaskans (65%) and Alaska whites (65%). ANTHC coordinated an Alaska Tribal Health System Scientific Roundtable on CRC Screening Recommendations to review and update clinical screening guidelines for Alaska Native people with 21 clinical representatives from seven tribal health organizations and the Mayo Clinic. The resulting guidelines will be published in a State Epi Bulletin. CRC efforts also include funding five tribal health organizations to implement evidence-based practices such as client reminders and providing technical assistance and guidance to non-funded tribal health organizations. The Program has provided 1,678 colonoscopies to low-income Alaska Native peoples. Funding – \$700,000

- **Arctic Slope Native Association** – Through partnerships with the Alaska Cancer Registry, the Comprehensive Cancer Control programs, and the Alaska Breast and Cervical Health Partnership, the grantee works to increase CRC awareness among Alaska Natives living in the North Slope Borough. Arctic Slope Native Association supports systems-level changes to promote CRC screening, screening promotion events, and collaborates to provide a colorectal screening training opportunity for providers throughout the state of Alaska. The grantee also provides culturally appropriate patient navigation to the identified target population. Two hundred-and-twelve individuals have received colonoscopies through December 31, 2012. Funding – \$377,431
- **Southcentral Foundation (SCF)** – SCF uses evidence-based strategies such as client and provider reminders to identify customer-owners eligible for colorectal cancer screening. The grantee has provided flexible sigmoidoscopy to 402 customer-owners as of December 2012 (the most recent date for which complete data are available). Funding – \$670,000
- **South Puget Intertribal Planning Agency** – Funding – \$600,000

### **Collaborative Partnerships in Cancer Prevention and Control for American Indians (NCCDPHP/DCPC)**

The two primary activities of the cooperative agreement were: 1) Convene six regional meetings to strengthen relationships among cancer programs, with an emphasis on the inclusion of AI/AN in state cancer control planning efforts. Attendees included CDC-funded state and tribal cancer programs; non-funded tribes and tribal organizations; non-governmental organizations; elders and community members; and universities. 2) Develop educational materials for the AI/AN population on breast, cervical, and colorectal cancer, and cancer survivorship. Develop educational materials for public health professionals to share best practices related to AI/AN cancer control and prevention efforts. Funding – \$396,588

### **Summer Institute Course on Developing a Tribal Health Survey and Understanding the CDC BRFSS Survey in Your Community (NCCDPHP/DCPC)**

DCPC, in collaboration with NPAIHB, developed a course on conducting tribal health surveys for NARCH's Summer Institute training program. The course provided tribal public health managers and epidemiologists with concrete steps they can use in developing their own tribal health surveys. Epidemiologists involved with the NPAIHB and Albuquerque Area health survey

projects discussed with students how they designed, implemented, and analyzed their in-person survey or analyzed existing BRFSS data for specific tribes. DCPC helped students develop a draft health survey proposal and project plan for their tribe or Tribal Epidemiology Center through interactive sessions. Funding – No specific award

### **National Breast and Cervical Early Detection Program (NCCDPHP/DCPC)**

Through the National Breast and Cervical Cancer Early Detection Program, CDC provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. Total funding – \$7,066,152

- **Cherokee Nation (CN)** – CN has a strong patient navigation component, with navigators embedded in each of the clinics to guide patients through screening and diagnostics services. Due to the effectiveness of the breast/cervical patient navigators, CN has expanded their patient navigation model over the last two years. Additional navigators were hired to serve patients receiving all types of health services. Funding – \$846,321
- **Hopi Tribe** – The Hopi Tribe Breast and Cervical Cancer Early Detection Program delivers education, outreach, and cancer screening services to age and income-eligible women living on or near the Hopi Reservation. The Program serves approximately 1,100 women each year and provides services through the use of mobile mammography and partnerships with local healthcare facilities. Beyond providing direct screening services, the Program focuses on breast and cervical cancer screening education for all Hopi women and extensive case management for women with abnormal results. The Hopi Tribe Breast and Cervical Cancer Early Detection Program uniquely excels at reducing structural barriers for Hopi women by addressing cultural and geographic barriers to screening. Funding – \$516,710
- **Yukon Kuskokwim Health Corporation (YKHC)** – YKHC is run by the 58 tribes in the Yukon-Kuskokwim Delta. YKHC has an advanced mobile mammography system, which is critical in a region where there are no roads connecting the communities. The YKHC B&C target population is Alaska Natives in geographically isolated locations. Between July 2007 and June 2012, nearly 3,801 Alaska Native women were served by YKHC's breast and cervical cancer screening program. Funding – \$611,000
- Additional awardees include Arctic Slope Native Association (funding – \$533,024); Cheyenne River Sioux Tribe (funding – \$409,544); Kaw Nation (funding – \$369,210); Native American Rehabilitation Association of the NW, Inc. (funding – \$487,968); Navajo Nation (funding – \$871,109); SouthEast Alaska Regional Health Consortium (SEARHC) (funding – \$669,732); Southcentral Foundation (funding – \$1,242,986); South Puget Intertribal Planning Agency (funding – \$508,548).

### **National Comprehensive Cancer Control Program (NCCDPHP/DCPC)**

The National Comprehensive Cancer Control Program is a cost-effective approach that brings key stakeholders together to develop and implement population-based public health approaches to reduce the burden of cancer. Grantees are funded to develop and implement policy, systems-level, or environmental changes aimed at preventing cancer, detecting cancers early when they are more treatable, increasing access to treatment, and improving the quality of life of cancer survivors. Awardees include ANTHC (funding – \$317,948); Cherokee Nation (funding – \$229,581); Fond du Lac Band of Lake Superior Chippewa (funding – \$263,646); Great Plains

Tribal Chairmen's Health Board (funding – \$334,230); NPAIHB (funding – \$289,295); South Puget Intertribal Planning Agency (funding – \$263,841); Tohono O'odham Nation (funding – \$197,919). Total funding – \$1,896,460

### **Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Type 2 Diabetes Prevention in AI/AN Communities (NCCDPHP/DDT)**

Total Funding – \$1,598,985

- **Traditional Living Challenge in Contemporary Times; Indigenous Knowledge for Community Wellness** – Salish Kootenai College is building on programming that focuses on physical activity in relation to traditional foods gathering efforts. The overall project activities are blending the ancestral wisdom of traditional foods and lifestyles with contemporary realities. Two major components regarding traditional foods will be used to support active healthy lifestyles and physical activities based on traditional activities with a focus on youth: activities surrounding the permaculture of indigenous plants, and continuation of the Ancestors' Choice social marketing campaign to promote a healthy diet and lifestyle for the prevention of type 2 diabetes. Funding – \$100,000
- **Cherokee Nation Healthy Nation Healthy Foods Project** – The Cherokee Nation – Health Nation project incorporates a variety of activities, including community and school gardens, traditional foods gathering trips, traditional Cherokee foods cultivation, gathering, preparation, and preservation, traditional Cherokee foods education, and incorporation of the traditional Cherokee games Stickball and marbles into community and school activities. Over 55,000 members of the Cherokee Nation and their families benefited from the initiative's focus on nutrition, fitness, personal responsibility, and a renewed awareness of their shared heritage. Funding – \$100,000
- **Empowering Ramah Navajos to Eat Healthy (ERNEH) by Using Traditional Foods** – This project provides materials, training, and technical assistance to families to help them grow fresh vegetables in their own yards by using conventional in-ground gardens, developing raised bed gardens, or planting in commercially-viable garden boxes. The project also encourages physical activity and works to improve access to a greater variety of physical activities through community support. The project also provides technical assistance and training regarding food use, preservation, and selling excess produce. Finally, the book "Traditional Navajo Foods & Cooking," first published by the Ramah Navajo School Board in 1983 will be updated. Forty-five community members participating in the gardening project have increased access to healthy traditional food fully as a result of the efforts of the ERNEH Project; another 59 have increased access partially as a result of project efforts. Sixty-seven Honor Walk participants have increased access to information about traditional food fully as a result of the ERNEH Project. Funding – \$100,000
- **Siletz Healthy Traditions** – The Confederated Tribes of Siletz Indians' (CTSI) Siletz Healthy Traditions Project promotes health and prevention of diabetes through traditional foods and sustainable ecological approaches in the Siletz Indian community, engaging the local communities in identifying and sharing healthy traditional ways of eating, physical activity, communicating healthy messages and supporting efforts for diabetes prevention and wellness. The Project emphasizes traditional foods education, growing, harvesting, and preserving of locally grown or caught foods, engagement of community leadership to

facilitate food behavior changes, and preserving wisdom through collection of traditional stories. The Steering Committee is working on developing healthy policies for CTSI and suggestions to be included in the 2015–2025 Comprehensive Plan. Funding – \$100,000

- **WISEFAMILIES Through Customary and Traditional Living** – WISEFAMILIES Traditional Foods Program supports community-driven programs that help people adopt healthy lifestyles. The Program builds on traditional ways of eating, being active, and communicating by storytelling. All activities are developed with the goal to prevent chronic illness. Prior to the CDC Traditional Knowledge Program, tribal members expressed concern that the “old ways” of gathering and preparing traditional foods were being lost. The Wrangell Program has impacted 85% of Alaska Native families in the community and the media exposure has included near weekly newspaper articles and numerous stories on the local radio station. Funding – \$100,000 (to SEARHC)
- **Food is Good Medicine** – This project offers a model that embraces traditional foodways, physical activity, and community empowerment. Featuring the local traditional staple food, tanoak acorn, the Got Acorns Campaign was developed and launched to promote the health benefits of traditional foods and foodways. Young adults participating in the Leadership Program were empowered to explore their identity, interview elders and youth significant in their lives, and create digital stories that will be shared at community events. Funding – \$100,000 (to United Indian Health Services)
- **Native Gardens Project: An Indigenous Permaculture Approach to the Prevention** – By reclaiming cultural knowledge and traditions of companion gardening through their Native Gardens Project, the Standing Rock Sioux Tribe strives to prevent diabetes and contribute to a better quality of life for individuals and families living with diabetes. The Nutrition for the Elderly Program Advisory Council, the Standing Rock Special Diabetes Program, the state and county Extension Service, Sitting Bull College, and other partners support the Native Gardens’ efforts to make local foods from farms and family gardens available and accessible. In collaboration with the USDA Nutrition for the Elderly Program, the Program documented that 60% of 3,000 vouchers distributed to elders generated \$9,000 in 2010, encouraging local, certified farmers to keep growing. Through 4-H and Boys and Girls Clubs, youth are engaged, gathering berries and other wild edibles on hikes. Well-advertised winter and summer markets operate consistently, providing opportunities to preserve food and share stories through the cold months of winter. Funding – \$100,000
- **Building Community—Strengthening Traditional Ties** – The program encourages American Indian families to eat nutritious diets and adopt healthy active lifestyles. Families participate in school-based health, nutrition, and physical education programs, including summertime wellness camps and a theatrical production. The program also engages in policy advocacy, and educational programs that emphasize healthy lifestyle choices within the context of traditional cultural practices, such as expanding existing and creating new neighborhood and school-based gardening projects. Building Community established gardening partnerships with two local elementary schools, summer camp programs featuring the Coordinated Approach to Child Health curriculum, and worked with state policy makers in Oklahoma on healthy food initiatives to address the problem of food deserts. Funding – \$100,000 (to Indian Health Care Resource Center of Tulsa)

- **The Return to a Healthy Past Project (RTHP)** – RTHP has reintroduced traditional foods and physical activities in the Prairie Band of Potawatomi Nation to promote health and prevent diabetes, among other chronic conditions. Serving as a model for rural and urban communities, RTHP has established gardens, increasing production and access to traditional produce. Through partnerships with the Land Department, Tribal Council, local hunters, and the Diabetes Prevention Program, a wider variety of indigenous produce and meats were offered in diabetes education courses, Elders’ Center and Language Department gatherings and the Fall Harvest Feast. Traditional forms of physical activity have been broadened through nature hikes, camping trips, and gardening activities. Community members have increased access to traditional and other physical activities due to their exposure to the Project’s activities, such as hiking to identify wild plants and traditional foods, including wild onions, milk weeds, etc., and individual or family gardens. Funding – \$100,000
- **Healthy Roots for Healthy Futures** – This program works to increase the availability and accessibility to healthy, local, traditional foods and traditional forms of physical activity. The availability and access to local, traditional, healthy foods have been increased through the creation of entrepreneurial training and gardening programs, revision of the School Wellness Policy, and development of a farm-to-school system. Physical activity is promoted through gardening and trail use. Revitalization of trails reconnects communities to the traditional paths of their ancestors, while increasing options for physical activity. Funding – \$100,000 (to Eastern Band of Cherokee Indians)
- **Uniting to Create Traditional and Healthy Environments** – The Sault Ste. Marie (SSM) Tribe of Chippewa Indians, “Uniting To Create Traditional and Healthy Environments” Project, serves seven county service units. Partnership and collaborations with other tribal programs and surrounding health services help the project organize, support, and serve SSM tribal members. The Project has created a Healthy Traditions Advisory Council, which will help the Project to carry out traditional foods, social support, and physical activities or events, such as berry picking camp, workshops, training master preservers, implementing garden projects, building a Hoop House, implementing the harvest feast celebration, involvement in the local farmer’s market, fitness promotion, policy change for healthier food fundraising event, and digital storytelling. Funding – \$100,000
- **Listen to the Elders: Healing Nooksack Health through History** – The Nooksack Indian Tribe’s project involves gardening and planting, distributing garden-related materials, increasing community knowledge, awareness and use of traditional foods, and increasing physical activities, such as canoeing and hunting. Funding – \$99,000
- **Using Traditional Foods for Health Promotion and Diabetes Prevention** – The Aleut Diet Program includes sustainable hands-on activities focusing on the healthy preparation and use of local traditional foods. The purpose of these activities is to promote health and prevent type 2 diabetes in the Aleutian and Pribilof Islands Region of Alaska. The Program focus is to improve the nutritional health of people in the region through increased awareness of the benefits of traditional foods and the important role these foods play in reducing rates of dietary-related diseases such as diabetes, obesity, cancer, heart disease, hypertension, and dental caries. The Program also seeks to encourage increased consumption of traditional foods from the land and sea by all members of the community

as part of a healthy diet. The activities of the Program are centered on culturally relevant information dissemination and the development of written resources that speak to the nutritional benefits of traditional foods. Funding – \$100,000

- **Old Ways for Today's Health: Red Lake Traditional Foods Project** – The Project works to reinstate the consumption of a traditional healthy diet at the Red Lake Nation using family and community gardens, traditional food gathering encampments such as fishing, berry picking, hunting, wild ricing and maple sugar gathering, and cooking camps. The Project will collaborate with partners, including the tribal diabetes programs, Chemical Health, and community center boards to provide community education through media, demonstrations, and community participation. Through the traditional foods gathering activities, Red Lake Nation members have an increased opportunity to be physically active. With a total of 120 participants in activities during the first six months of Year 2, there has clearly been an increase in community members being physically active. Funding – \$99,985
- **Catawba Lifestyle And Gardening Project** – The Catawba Cultural Preservation Project (CCPP) is increasing awareness and the use of traditional foods and food practices by supporting individual and community gardens, and increasing fruits, vegetables, beans, and herbs in tribal members' diets by providing access to local gardens and a tribal farmer's market. The tribe is adopting policies that include preferred ecological methods for gardens using traditional growing methods to encourage a new generation of environmental stewards to care for the reservation ecosystem. The tribe is increasing physical activity with gardening, fishing, and traditional dancing and drumming. Innovative partnerships between the tribal Senior Center, CCPP, the Catawba Tribal Offices, and a Master Gardener have yielded a successful community garden project that is increasing local access to fresh, locally grown, and in some cases traditional foods. Elevated box gardens have been constructed for the senior center that mitigates the effects of aging on being able to fully participate in gardening. Additionally, changes in local practice within the Children's Programs are becoming a precursor to policy change. Emphasis is on elimination of sugar-sweetened beverages, incorporation of fresh, locally grown produce into lunch menus, and healthy snack alternatives are the focus of changes enacted so far. Funding – \$100,000
- **O'odham Ha'icu Ha-Hugi c Duakog: Tohono O'odham Food, Fitness & Wellness Initiative** – The Tohono O'odham Food, Fitness, and Wellness Initiative increases knowledge of and access to traditional foods, while engaging the Indian-Oasis Baboquivari Unified School District (IOBUSD) and tribal legislation in policy change to improve school health environments. Through strengthened partnerships with IOBUSD and Head Start, traditional foods were offered in meals and snacks at least weekly during the 2010–2011 school year. Trainings and educational workshops were offered to teachers and cooks. Y.O.U.T.H members continue to demonstrate leadership and innovative approaches to education, youth engagement, and other Tohono O'odham Community Action endeavors. Funding – \$100,000

### **Well Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) (NCCDPHP/DHDSP)**

Total funding – \$1,001,600



- **Southcentral Foundation** provides services to AI/AN women at the Anchorage Native Medical Center and the Valley Native Primary Care Clinic. SCF was recognized by APHA for making WISEWOMAN screening a standard of care for all women 40–64 years old presenting for their annual exam and/or a clinical breast exam. Funding – \$500,000
- The **Southeast Alaska Regional Health Consortium** provides services to AI/AN women representing 18 tribes in southeast Alaska. Funding – \$501,600

**PRC Core Research: Dangerous Decibels program (NCCDPHP/DPH)**

Oregon Prevention Research Center’s Center for Healthy Communities collaborates and partners with Native communities in Oregon to explore various health disparities and potential ways to address these disparities. During the first cycle of funding, core research projects were aimed at addressing the prevalence and impact of vision and hearing impairment and potential improvements to quality of life through correction (i.e., eye glasses and hearing aids) among some of the tribes in the Northwest and Midwest United States. During the second cycle of funding, focus was shifted to the prevention of noise-induced hearing loss and tinnitus in these same communities. Funding – \$535,610

**PHHS Block Grant – Kickapoo Physical Activities Program (NCCDPHP/DPH)**

The Kickapoo Tribe in Kansas continues promote physical activity to members of the Boys & Girls Club of the Kickapoo Tribe for youth between the ages of 5 and 21 years. The Kickapoo Tribe has developed and implemented an after school program that promotes physical activity through the use of sports, games, and cultural teachings. Through coordinated activities with various tribal, national, state, and local entities that promote the overall health and well-being of tribal members. The major health objective is HO 22-6 which is to provide physical activity in children and adolescents. Funding – \$20,185

**PHHS Block Grant – Santee Sioux Tribal EMS Program (NCCDPHP/DPH)**

The goal of the Santee EMS Program is to provide quality Emergency Medical Services 24 hours a day, 7 days a week, and 365 days a year to the members of the Santee Sioux Nation, partnering with the Santee Health Center for non-emergent healthcare needs. Funding – \$20,185

**First Ever Training on Investigating Infant Deaths in Indian Country (NCCDPHP/DRH)**

DRH, in partnership with Michigan Public Health Institute’s National Center for the Review and Prevention of Child Deaths and IHS Injury Prevention, sponsored the first ever training for investigating Sudden Unexpected Infant Deaths in Indian Country. More than 60 Navajo and Pueblo police officers, FBI agents, and other law enforcement officials completed a two-day training on April 25–26, 2013, to better investigate and recognize deaths of children from child abuse and sudden and unexplained deaths. Criminal investigators, police officers, and other first responders were coached on techniques including scene evaluation, evidence collection, scene recreation, and doll re-enactments, while honoring the child and family. American Indian babies die from Sudden Infant Death Syndrome and other Sudden Unexpected Infant Deaths at rates three times higher than white and Hispanic babies. The causes of these deaths can sometimes be difficult to identify and may include child abuse. Often an autopsy will not identify circumstances surrounding the child’s death; only a high-quality death scene investigation can

provide better answers for the medical and law enforcement investigators and the family.  
Funding – \$50,000

### **Pregnancy Risk Assessment Monitoring System Tribal Flu Project (NCCDPHP/DRH)**

The Pregnancy Risk Assessment and Monitoring System (PRAMS) Tribal Flu Project is an initiative to obtain representative data from American Indian mothers about their perceptions of and experience with H1N1 and seasonal influenza using the state-based PRAMS. In May 2011, New Mexico, Oregon, and Washington were approved for two years of funding, and Wyoming PRAMS joined our initiative without funding. Funded state health departments were charged with adapting their PRAMS-related epidemiologic and managerial support to work collaboratively with tribes in a manner respecting tribal sovereignty, with the ultimate project outcome being establishment or improvement of partnerships with tribes, increased response rates among AI women, and increased data sharing with tribes. Funding – \$142,691

### **Support for Maternal and Child Health (MCH) Epidemiologist and Public Health Advisor (NCCDPHP/DRH)**

The Maternal and Child Health Epidemiology Program (MCHEP) is a collaborative effort between CDC and the HRSA Maternal Child Health Bureau. Since 1987, MCHEP has assigned more than 35 senior CDC epidemiologists focused on MCH epidemiology capacity building and applied research to promote and improve the health and well-being of women, children, and families by providing direct assistance to public health agencies through assigning senior CDC MCH epidemiologists and fellows.

- The MCH epidemiologist assigned to the Northwest Tribal Epidemiology Center, on behalf of NPAIHB, provided consultation, technical assistance, surveillance, and analysis of epidemiologic information. Funding – \$96,601.77 (annual salary)
- DRH provided support for a public health advisor assigned to the IHS Division of Epidemiology and Disease Prevention, working in MCH, reproductive health, and STD prevention efforts among adolescents. Funding – \$142,951.07

### **Tribal Tobacco Control Program to Reduce Commercial Tobacco Use Among AI/AN (NCCDPHP/OSH)**

Total funding – \$1,865,340

- **Cherokee Nation** – Cherokee Nation (CN) Community Health Promotion Program within the CN Health Services Division partners with schools, communities, worksites, and healthcare settings within the Cherokee Nation tribal jurisdiction to implement policy, systems, and environment change. CN Tobacco Prevention Program interventions and strategies are organized around the MPOWER framework to guide policy, systems, and environment changes. The Program goal is to make CN citizens healthier by making the healthy choice, the easy choice for all tribal citizens. Funding – \$200,000
- **Muscogee Creek Nation** – The Muscogee Creek Nation (MCN) Tobacco Prevention Program (TPP) works within the MCN Division of Health. TPP works with 26 community centers and 63 public schools within the Muscogee (Creek) Nation district to reduce exposure to secondhand smoke among its citizens by promoting commercial tobacco-free work buildings and premises of all MCN-owned buildings. TPP works to reduce commercial tobacco abuse among tribal members by engaging tribal elders,

leaders and communities in activities that will encourage tribal members who use tobacco products to quit and collaborate with partners to eliminate youth access to tobacco products through various strategies. TPP interventions and strategies are organized around the MPOWER framework to guide policy, systems, and environment changes. The Program goal is to work toward decreasing the adult prevalence target of five percent by the end of the project period. Funding – \$250,000

- **Great Plains Tribal Chairmen’s Health Board** – Great Plains Tribal Chairmen’s Health Board formed the Northern Plains Tribal Tobacco Technical Assistance Center (NPTTTAC) to monitor commercial tobacco use and policies among the 17 federally recognized tribes and one Indian Service Area within the states of North Dakota, South Dakota, Nebraska, and Iowa. NPTTTAC has been highly successful in strengthening partnerships with the Aberdeen Area IHS and state health departments (North Dakota, South Dakota, Nebraska, and Iowa). They continue to build on those relationships and coordinating efforts and resources to work in partnership with tribes, IHS, and states. NPTTTAC is working toward leveraging state partnerships to provide additional funding to support tribal tobacco control activities. Funding – \$232,670
- **Tanana Chiefs Conference (TCC)** – TCC’s Cultural Integration of Tobacco Policy Project works in partnership with the TCC tribal villages and membership to create and implement tobacco policy to address and help prevent health disparities related to higher tobacco use among Alaska Natives in rural areas. TCC Health Services has provided health care to Alaska Native people living within its service area since 1973. As the traditional tribal consortium with 42 members representing 39 villages and 37 federally recognized tribes in the interior of Alaska, TCC is tasked with pursuing funding and resources to provide services that benefit the well-being of the tribal members it serves. In recent years, TCC has moved considerable resources from providing care after a problem has occurred to being more proactive in prevention and early intervention. In the course of this shift, TCC has been working with the leadership and members of the Villages we serve to engage and empower them in this process. The Tobacco Control and Prevention initiative supports this effort. Funding – \$250,000
- Additional awardees include Black Hills Center for American Indian Health (funding – \$250,000); Inter-Tribal Council of Michigan (funding – \$232,670); Nez Perce Tribe (funding – \$200,000); SEARHC (funding – \$250,000).

### **A Prospective Birth Cohort Study Involving Uranium Exposure in the Navajo Nation (NCEH/ATSDR/DTHHS)**

The purpose of this study is to evaluate environmental uranium exposure by recruiting Navajo mothers, assessing their uranium exposure at key developmental milestones, and following the children post-birth to assess any associations with birth defects or developmental delays. Extensive uranium mining and milling have occurred in the Navajo Nation during the last half century. While there have been many studies of environmental and occupational exposure to uranium and associated renal effects in the adult population, there have been very few studies of other adverse health effects. There is limited epidemiologic and toxicological information indicating that uranium may pose a risk to the developing fetus. Applied public health objectives of the study are to provide health education to help mitigate uranium exposure, increase prenatal

care utilization among Navajo mothers, and deliver earlier assessment and referral for identified developmental delays. Funding – \$1,000,000 through the University of New Mexico

### **Laboratory Support for a Prospective Birth Cohort Study Involving Environmental Uranium Exposure in the Navajo Nation (NCEH/ATSDR/DLS)**

The DLS Inorganic and Radiation Analytical Toxicology and Clinical Chemistry Laboratories provides technical assistance for a study conducted by the University of New Mexico to investigate exposure concerns in Navajo Nation communities affected by uranium waste. DLS is currently analyzing 1,200–1,300 urinary and blood specimens for antimony, barium, beryllium, cadmium, cesium, cobalt, lead, manganese, molybdenum, platinum, strontium, thallium, tin, tungsten, uranium; total and speciated arsenic; lead, cadmium, mercury, manganese, selenium; mercury speciation; and creatinine. Funding – No specific award

### **Association of BPA, Arsenic Levels, and Diabetes among Persons Living in the Cheyenne River Sioux Tribe (CRST) (NCEH/ATSDR/DLS)**

DLS, Inorganic and Radiation Analytical Toxicology, Organic Analytical Toxicology, and Clinical Chemistry Laboratories provided technical assistance for a study conducted by CDC's Division of Environmental Hazards and Health Effects Health Studies Branch in collaboration with the Cheyenne River Sioux Tribe (CRST). The goal of the study is to quantify bisphenol A (BPA) and arsenic concentrations in a Native American population, specifically in persons living in the CRST Reservation, and assess the association between these environmental chemicals and the clinical disorder diabetes mellitus. DLS provided collection and shipping supplies and labels as needed and analyzed 300 urine samples for total arsenic, BPA, and creatinine, as well as 100 urine samples for arsenic species. Funding – No specific award

### **Nicotine Exposure and Metabolism in Alaska Native Adults Research Study (NCEH/ATSDR/DLS)**

The DLS Emergency Response and Air Toxicants Branch provided in-kind laboratory analysis via agreement with the Alaska Native Medical Center/IHS on a cross-sectional study of 400 Alaskan Native adult tobacco users, 50 male and female smokers, commercial chew users, iq'mik users and non-tobacco users who received medical services in Dillingham, Alaska. The objective of the study was to generate information on nicotine and carcinogen exposure in underserved Alaska Natives. DLS completed chemical analysis of Alaskan iq'mik, a native smokeless tobacco mixture that combines tobacco and fungus/plant ash, and performed measurements in urine for cotinine (a nicotine byproduct). Select findings were published in FY 2013. Funding – No specific award

### **Maternal Organics Monitoring Study (MOMS) (NCEH/DLS)**

Exposure to persistent organic pollutants, heavy metals, and radionuclides in the environment may increase a newborn's risk of developmental, neurological, and immunologic effects. Alaska Native women are potentially exposed to these chemicals because their diet of fish and marine mammals has been shown to bioconcentrate organochlorine chemicals and heavy metals and atmospheric transport of nuclear fallout and accidents has spread radioactive materials over the circumpolar region. The aim of this study, led by ANTHC, is to investigate associations of individual contaminants or groups of contaminants with pregnancy outcomes and risk of

infectious disease as well as growth and development outcomes in the child's first year of life. DLS will provide technical assistance by measuring lipid content, polychlorinated biphenyls, polybrominated diphenyl ethers, organochlorine pesticides, perfluorochemicals, Vitamin D, lead, manganese, mercury, selenium, and total mercury in biological samples. Funding – No specific award

### **Trainings in Anchorage, Alaska and Tahlequah, Oklahoma with Environmental Health Officials on the Biology and Control of Vectors and Public Health Pests (NCEH/DEEHS)**

In response to the decline of vector control capacity at the state, tribal, and local health departments, EHSB partnered with the National Environmental Health Association to develop a course titled "Biology and Control of Vectors and Public Health Pests: The Integrated Pest Management" (IPM). Course topics are tailored to the state or region where the course is offered. The course typically includes rodent control, IPM, health effects of pesticides, and emerging pest issues such as bed bugs. The Cherokee Nation Office of Environmental Health sponsored this CDC training in Tahlequah, Oklahoma, on June 18–20, 2013. The Alaska Environmental Health Association hosted this training in Alaska on August 6–8, 2013. Funding – No specific award

### **Association of Environmental Health Academic Programs (NCEH/DEEHS)**

Through its CDC cooperative agreement, the Association of Environmental Health Academic Programs (AEHAP) works with TCUs to develop and promote formal environmental health training at TCUs. Since most TCUs are two-year colleges and are not eligible for accreditation from the National Environmental Health Science and Protection Accreditation Council (EHAC), AEHAP is working with TCUs to create environmental health curricula to generate TCU students' interest in environmental health. Students who take courses in environmental health will be far more likely to continue their education by majoring in environmental health at EHAC accredited programs after they obtain associate degrees. For example, in 2011 with AEHAP's support, Salish Kootenai College (SKC) formalized an environmental health track to its existing bachelor of science program in life sciences. SKC is the only tribal college with a four-year, "molecular-based" (i.e., "hard science") degree. They now have two tracks to this degree – cellular biology and environmental health. Currently, this track would fall short of EHAC accreditation because it is designed to facilitate student matriculation into environmental health types of graduate programs. AEHAP is working with the program to discuss the possibility of developing an online program for students in other TCUs. This would involve an assessment of the type of courses needed to meet EHAC Guidelines. Funding – \$10,000

### **NCEH/OTA National Tribal Environmental Health Think Tank (NCEH/ATSDR/OTA, OSTLTS/PHLP)**

The National Tribal Environmental Think Tank is tasked with 1) characterizing the priority environmental public health issues facing tribal communities, 2) determining which NCEH/ATSDR divisions and branches are best suited to address these issues, and 3) offering actionable recommendations for NCEH/ATSDR leadership on how best to collaborate and engage with tribes on the selected issues. The National Tribal Environmental Think Tank convened tribal leaders to determine environmental health priorities on November 13–14, 2012, February 21–23, 2013, and July 9–11, 2013. Funding – No specific award

### **Effective Strategies to Reduce Motor Vehicle Injuries Among AI/AN (NCIPC/DUIP)**

This program is to design and tailor, implement, and evaluate Native American community-based interventions with demonstrated effectiveness for preventing motor vehicle injuries within the following areas: 1) strategies to reduce alcohol-impaired driving among high-risk groups; 2) strategies to increase safety belt use among low-use groups; and 3) strategies to increase the use of child safety seats among low-use groups. An overriding intent of this funding is to assist tribes in developing evidence-based effective strategies in programs, which take into consideration the unique culture of Native Americans. Funding was awarded to eight grantees at approximately \$70,000 per grantee. The eight funded tribes are the Colorado River Indian Tribes (Mohave, Chemehuevi, Hopi and Navajo), SEARHC, California Rural Indian Health Board on behalf of the Yurok Tribe, Sisseton Wahpeton-Oyate of the Lake Traverse Reservation, Rosebud Sioux Tribe, Caddo Nation of Oklahoma, Oglala Sioux Tribe Department of Public Safety, and Hopi Tribe through the Office of Health Services (Arizona). The period of performance is September 2010 through September 2014. Funding – \$560,000

### **DSNS Mass Antibiotic Dispensing Workshop in Flagstaff, Arizona (OPHPR/DSNS)**

On August 28–29, 2013, Robert Garcia and Barbara Cooper of CDC/OPHPR/DSNS Training Team, in collaboration with the OPHPR's Division of State and Local Readiness Program Services Branch, facilitated the training of 70 participants in medical countermeasure dispensing operations for a large-scale public health event. Participants were predominately American Indian tribal members or American Indian preparedness partners from Arizona, New Mexico, and Utah. Arizona's Bureau of Public Health Emergency Preparedness within Arizona's Department of Health Services made the request for training on behalf of the Navajo Nation. The DSNS training team conducted the two-day workshop, the "Mass Antibiotic Dispensing Workshop," or "MAD" in Flagstaff, Arizona. CDR Robert Garcia, MAD course manager, designed the training using a compilation of medical countermeasure training modules and tailored the workshop to address cultural, geographic, and other considerations. These trainings support the readiness of personnel for exercises and any future real-world events. Additional workshops are planned in 2013 and 2014 for other regions of the Navajo Nation in coordination with Bureau of Health Emergency Management, Epidemiology & Response Division within the New Mexico Department of Health. Funding – No specific award

### **Considerations for Managing Laboratory Specimens from Native Americans (CSELS/DLPSS, OSTLTS)**

In response to a request, Dr. David Holmes and Ms. Delight Satter co-presented "Considerations for Managing Laboratory Specimens" to the CDC Tribal Advisory Committee during its February 2013 Meeting. This presentation provided an overview of the CDC's approach for addressing policy considerations specific to Native American specimens.

### **Epi-Aid 2013-018: Tuberculosis Outbreak among American Indians (North Dakota) (CSELS/DSEPD)**

In October 2012, cases from a tuberculosis outbreak began appearing among American Indians in Grand Forks County, North Dakota. Risk factors identified include homelessness, incarceration in a local jail, and substance use. This Epi-Aid provided recommendations for tuberculosis control and prevention in this population. Funding – No specific award

**Epi-Aid 2013-035: Group A Streptococcal Disease among Navajo Nation Citizens of Apache County, Arizona (CSELS/DSEPD, NCIRD)**

During January 8–February 23, 2013, six laboratory-confirmed invasive Group A Streptococcal (iGAS) infections and one suspected iGAS infection were identified among Navajo Nation citizens who seek care at a single IHS facility in Chinle, Arizona, which serves approximately 45,000 persons. A two-week Epi-Aid investigation was conducted in March 2013. The Epi-Aid team assisted the Navajo Epidemiology Center (NEC) and IHS/Chinle staff with identifying persons infected with iGAS, evaluating current iGAS surveillance and procedures, determining epidemiological or microbiological links between cases, developing prevention and control measures, and assisting the NEC and public health nurses with communication messages concerning iGAS infections. The team documented a two–three-fold increase in iGAS infections compared with similar months in previous years. However, no significant epidemiological or microbiological links were identified that would suggest a common source or sources. Funding – No specific award

**Epi-Aid 2013-57: Healthful Nutrition in Navajo Nation Stores (CSELS/DSEPD, NCCDPHP)**

Leadership in the Navajo Nation is growing increasingly concerned about the rise of obesity among the youth and adult Navajo Indian populations, and comprehensive information about the nutritional quality of food sources in the region is scarce. An Epi-Aid investigation was conducted in July 2013 in Window Rock, Arizona to assist the Navajo Division of Health with a baseline assessment of the nutrition environment in grocery and convenience stores across the Navajo Nation, and evaluate risk factors associated with poor nutrition and obesity in this population. In addition, the Navajo Nation plans to create policy and wellness changes to address the rising obesity concern. Funding – No specific award

**Epi-Aid 2013-077: Rapid Assessment of Emergency Tick Prevention Efforts on the San Carlos Apache Reservation Following an Epidemic of RMSF (CSELS/DSEPD, NCEZID/DVBD)**

RMSF is a severe and potentially fatal tick-borne bacterial disease that has recently emerged as a significant public health threat on some tribal lands in Arizona. The public health problem posed by RMSF is amplified by dog overpopulation and a lack of veterinary support and animal control programs. Since 2003, human RMSF cases have been reported in six reservations, with over 250 human cases and 19 deaths. A significant proportion of these cases have occurred on the San Carlos Apache Reservation in eastern Arizona. The objective of this Epi-Aid was to inform and strengthen RMSF control measures on the San Carlos Apache reservation. Team members from CDC, USDA, IHS, and the Arizona Department of Health Services conducted about 650 home visits and 400 surveys assessing tick activity and attitudes and acceptance of tick control measures around the reservation. Within the intervention area, ticks were observed on only 2% of dogs, while outside the intervention area, ticks were observed on 33% of dogs, significantly lower than previously measured, but still above the target of <10%. Preliminary results were provided to the tribe in early October and were presented at a state RMSF partners meeting December 3-5. Funding – No specific award

### **EIS Officer Placed at the Northwest Tribal Epidemiology Center (CSELS/DSEPD)**

The Epidemic Intelligence Service (EIS) matched an EIS officer to a newly-created EIS assignment at the Northwest Tribal Epidemiology Center (NWTEC) of NPAIHB in Portland, Oregon. The NWTEC is one of 12 tribal epidemiology centers across the country, and receives funding from multiple sources, including CDC and IHS. NPAIHB is a non-profit tribal organization and represents 43 tribes in Idaho, Oregon, and Washington. The EIS officer will work with the tribes to develop and conduct projects that serve the interests of the tribes while meeting the EIS program Core Activities for Learning. Funding – No specific award

### **Evaluation of IHS's NDW System as a Method for Communicable Disease Surveillance in AI/AN Communities of the Portland IHS Area (ID, OR, WA) (CSELS/DSEPD)**

AI/AN communities experience disproportionate burdens of disease. Currently, no system provides aggregate health data of Portland IHS Area (ID, OR, WA) AI/AN communities to tribal public health authorities, who do not have ready access to state health department data. The National Data Warehouse (NDW)—a repository of clinical data from IHS, tribal, and urban Indian clinics—is a rich source of health data for AI/ANs and might be useful as a disease surveillance system. The EIS officer, at the request of the IHS area medical epidemiologist and with NPAIHB member approval, will evaluate the NDW as a surveillance system for six communicable diseases: hepatitis A, B, and C, gonorrhea, chlamydia, and pertussis. Preliminary findings indicate that while there are limitations to using the NDW as a surveillance system, it could prove useful for AI/AN-specific public health surveillance to detect trends in reportable communicable diseases, guiding development of future AI/AN-specific public health surveillance systems. Funding – No specific award

### **Epi Info Technical Assistance (CSELS/DEALS)**

On January 23, 2013, the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) requested technical assistance with using Epi Info™ 7 to collect tribal BRFSS survey data using Android tablets. The BRFSS is a system of health-related telephone surveys that collect state data in all 50 states, the District of Columbia, and three US territories regarding health-related risk behaviors, chronic conditions, and use of preventive services. The data are used to help states establish and track state and local health objectives, plan health programs, implement disease prevention and health promotion activities, and monitor trends. An AASTEC epidemiologist traveled to Atlanta to participate in Epi Info 7 training (May 14–15, 2013). The Epi Info team also provided technical assistance in Atlanta (May 13 and May 16, 2013), and ongoing assistance with troubleshooting when the AASTEC representative returned to New Mexico. AASTEC successfully administered the BRFSS using Android tablets in October 2013 and plans to start the analysis phase of the project using Epi Info 7 in January 2014. Funding – No specific award

### **Presentation at the 1st Annual Navajo Nation Safety and Health Conference (NIOSH)**

During June 11–14, 2013, NIOSH staff attended the 1st Annual Navajo Nation Safety and Health Conference in Albuquerque, New Mexico, and presented on NIOSH and NIOSH's new tribal initiative to provide occupational safety and health support to AI/AN communities. Participation at the conference involved staffing a NIOSH informational booth, meeting and speaking with



attendees about NIOSH and their work, answering questions, and providing information about NIOSH and NIOSH's new tribal initiative. Funding – No specific award

### **III. Senior Leadership Visits to Tribes**

#### **NCCDPHP Visit to NWTEC/NPAIHB, June 27-28, 2013**

On June 27, 2013, NCCDPHP Director Ursula Bauer, MCHEP Lead, Dr. Charlan Kroelinger, and DRH Tribal Liaison, CAPT Myra Tucker, met with Dr. Victoria Warren-Mears, NWTEC Director, and NPAIHB staff to discuss programs, projects, and activities, and to learn ways that NCCDPHP and MCHEP may offer technical assistance in the future. Dr. Kroelinger and CAPT Tucker also met with Dr. Warren-Mears to close the placement of a CDC assignee at NWTEC. Drs. Bauer, Kroelinger, and CAPT Tucker also participated in a meeting between the NWTEC and Oregon Public Health Authority staff to discuss how the state health department and the Tribal Epidemiology Center could collaborate on maternal and child health activities targeting tribal populations. On June 28, Dr. Bauer met with Joe Finkbonner, NPAIHB Executive Director. Tribal leaders participated in a meeting with Director Bauer, Dr. Kroelinger, CAPT Tucker, and Dr. Warren-Mears. The tribal leadership meeting provided an opportunity to learn about the impact of the Community Transformation Grants (CTG) on the Makah Tribe and the Chehalis Tribes—to increase community opportunities for healthy eating, active living, and tobacco-free living; learn ways to more effectively communicate with tribal leaders and tribes; discuss tribal needs, including data sharing and technical assistance; and listen to tribal leaders discuss the challenges of working with the federal government.

#### **Meeting with NIOSH and the Navajo Nation Occupational Safety and Health Administration (NNOSHA) (NIOSH)**

On August 19–20, 2013, the NIOSH Western States Office hosted three representatives from NNOSHA. Presentations included overviews of NIOSH, NNOSHA, and the Mountain and Plains Education and Research Center, and provided information on specific programs, including the NIOSH Fatality Assessment and Control Evaluation Program, the NIOSH Health Hazard and Evaluation Program, and the Navajo Nation's Safety Loss Control Program. The meeting was an opportunity to discuss worker safety and health priorities for NNOSHA and identify potential areas of collaboration. Another meeting is scheduled for February 2014.

#### **Great Lakes Inter-Tribal Council, Inc., September 23-25, 2013**

On September 23–25, 2013, Dr. Leonard Jack, Jr., Director of the Division of Community Health, and DCH staff visited the Great Lakes Intertribal Council, Inc. to gain a programmatic overview consisting of progress, barriers, successes and technical assistance needs towards achieving program goals and objectives. The visit consisted of two days of culturally relevant information significant towards programmatic approaches of CTG activities.

### **IV. Affordable Care Act Activities specific to Tribes**

#### **National Public Health Improvement Initiative (NPHII) (OSTLTS/DPHPI)**

\$7,240,348 (\$2,459,994 for Year 1; \$2,443,662 for Year 2; and \$2,336,692 for Year 3) has been awarded to eight tribal governments or organizations funded through NPHII that support

approximately 250 federally recognized tribes. In Year 3, there were seven tribal governments or organizations funded (four directly-funded tribes and three tribal organizations).

- **Alaska Native Tribal Health Consortium, Division of Community Health Services** is collaborating with the state of Alaska on a statewide health assessment—the Healthy Alaskans 2020 (HA2020) initiative—and actively participates in the initiative’s working groups and advisory team. The HA2020 advisory team has used a variety of technological solutions (including instant polling systems, SharePoint, and AdobeConnect interactive meetings) to overcome travel and funding obstacles and large geographical dispersion. An online survey tool was deployed to obtain community of interest input on leading health indicators (LHIs) for HA2020, with two surveys capturing a total of over 3,300 respondents. These helped generate a list of HA2020 LHIs, target measures, and evidence-based strategies to meet LHIs and ultimately a HA2020 report for dissemination and posting on the web. ANTHC participates in the State of Alaska Indicator-Based Information System for Public Health, providing input on the development of performance tracking for HA2020 indicators. Additionally, the *Healthy Alaskans 2010- Health Status Progress Report of Leading Health Indicators* was completed in January 2013. ANTHC has also performed an organizational self-assessment to determine conformity with national public health standards. ANTHC continues working in the area of tobacco cessation, increasing referrals and services to reduce tobacco use among Alaska Native people. They are also expanding dissemination of Alaska Native health status information through the Alaska Native Epidemiology Center data website. Funding – \$250,000
- **Cherokee Nation (CN) Health Services** was able to hire a surveillance coordinator and complete the tribal health assessment, tribal health improvement plan, and tribal strategic plan. CN submitted its application to the Public Health Accreditation Board (PHAB) in May 2013. The first-ever “State of the Nation” health report is available on CN’s new public health website, [www.cherokeepublichealth.org](http://www.cherokeepublichealth.org). Funding – \$843,662
- **Gila River Indian Community (GRIC)** is working towards transitioning from a manual to an electronic disease surveillance system, which is expected to result in reduced staff time required for data entry and more accurate reports. GRIC has also begun developing standardized protocols for disease investigation and follow up. Funding – \$250,000
- **Mille Lacs Band of Ojibwe Public Health Department (MLBO)** is completing a tribal health assessment and has begun using software to track clinical services that are provided. Using the software will result in decreasing the amount of staff time spent on case management and reducing duplication of services. MLBO has also been developing emergency preparedness and response policies and procedures for the health department. Funding – \$243,032
- **Montana Wyoming Tribal Leaders Council (MWTLC)** is helping to strengthen tribal public health capacity by supporting the development of health codes on each reservation in Montana and Wyoming. A model health code has been developed for use by tribes and nine of ten tribes have each formed teams for overseeing development and implementation of health codes. MWTLC staff and consultants have also collaborated with Montana and Wyoming tribal health departments in conducting a feasibility study on workforce improvement, showing the continued need for workforce development and workspace improvement. They are also working towards the implementation of the

PHAB assessment among all tribes. Seven tribes are participating in updating their National Public Health Performance Standards Program Local/Governance assessment tools, conforming to the PHAB Standards. A total of \$160,000 in mini-grants was distributed to eight area tribes for capacity building towards accreditation. MWTLC has also completed and disseminated baseline tribe-specific community health profiles for Montana and Wyoming tribes (2006–2009) and is beginning data collection, cleaning, and analysis for the next report in 2014/2015 (2010–2013). MWTLC has a long-term goal of developing a final lessons learned document to disseminate among all Montana and Wyoming tribes, other American Indian tribes, and funding agencies. Funding – \$250,000

- **Navajo Nation Division of Health (NNDOH)** developed a standardized protocol for sharps disposal in the HIV clinic. NNDOH has also succeeded in decreasing the amount of time required to classify new positions before personnel can be hired, developed a quality improvement plan, and made progress towards transitioning from a division to a department of public health within the Navajo Nation government. Funding – \$250,000
- **Northwest Portland Area Indian Health Board** provides culturally competent training and technical assistance to 43 member tribes in support of the development, implementation, and completion of tribal community health assessments, health improvement plans, and agency strategic plans. NPAIHB continues to offer public health accreditation training and disbursed \$90,000 in mini-grants to nine area tribes to support tribal health departments working on accreditation readiness activities and quality improvement projects. Technical assistance on PHAB standards and Lean management principles is also offered to support performance management. NPAIHB maintains cross-jurisdictional partnerships with the Idaho, Oregon, and Washington performance improvement managers as well as the Northwest Center for Public Health Practice and participates regularly in tribal, board, national, and regional network steering committee meetings. Funding – \$249,998

#### **Community Transformation Grant Program: Small Communities (NCCDPHP/DCH)**

The CTG Small Communities Program is aimed at improving the health of small communities across the nation. The two-year grants were awarded to governmental and non-governmental agencies and organizations across a variety of sectors, including transportation, housing, education, and public health, and tribes and tribal organizations, to increase opportunities for people to make healthy living easier and improve health in communities of up to 500,000 people.

- **Coeur d’Alene Tribe** – The Benewah Medical Center—an accredited, comprehensive, ambulatory community health center, owned and operated by the Coeur d’Alene Tribe—is working to improve overall community health of the Coeur d’Alene Indian Reservation by increasing access to preventive care, reducing tobacco use, improving nutritional habits, and increasing physical activity. The project, *Preventing Health Issues Through Transformation*, will focus on assessing the needs of the community and identifying areas for improvement. This work may impact approximately 19,000 residents living in low-income, racial/ethnic minority, and medically underserved communities in two Idaho and two eastern Washington counties. Funding – \$405,820.46 (two years, forward-funded)
- **Cherokee Nation** – The Cherokee Nation is continuing work to develop tribal-specific approaches for preventing and reducing tobacco use and obesity, increasing physical

activity and improving nutrition. These approaches will help to reach long-range, high-impact tribal public health goals that for approximately 389,000 residents living in 14 counties in northeastern Oklahoma, with a focus on low-income, racial/ethnic minority, and medically underserved communities and persons affected by mental illness or substance abuse. Funding – \$1,287,191.10 (two years, forward-funded)

- **Tohono O’odham Community Action** – The goal of the Tohono O’odham Heritage of Health Initiative (TOHOHI) is to reduce obesity and type 2 diabetes on the Tohono O’odham Nation. TOHOHI is using school-based programs to increase access to locally grown foods, enroll eligible students in free or reduced-price school meal programs, involve school gardens and O’odham sports, and teach healthy behaviors. The initiative is also offering community-level nutrition and cooking programs, with locally farmed foods, geared to individuals and families. These changes may benefit up to approximately 200,000 medically underserved residents in southern Arizona. Funding – \$200,000

### **Community Transformation Grant Program: Capacity Building (NCCDPHP/DCH)**

The CTG Program is working to create healthier communities by making healthy living easier and more affordable. Concentrating on the causes of chronic disease, awardees are improving health and wellness with strategies that focus on areas such as tobacco-free living, active living and healthy eating, and clinical and community preventive services to prevent and control high blood pressure and high cholesterol. Capacity building awardees are establishing a solid foundation for community prevention efforts, by developing the human capital, skills, and partnerships, to ensure long-term success.

- **Confederated Tribes of the Chehalis Reservation** –The tribe is working to assess public health conditions of the Chehalis people and the community of Oakville and build capacity to implement strategies and solutions to problems identified, along with identified resources, partners, preferences, and local conditions. Funding – \$498,663
- **Great Lakes Inter-Tribal Council, Inc. (GLITC)** – GLITC has increased infrastructure components by partnering with other tribes, established a leadership team, formed an active coalition to support community health work, and completed community health assessments and policy scans in each community. GLITC will build on its existing relationships, policy-making experience, and community health assessment and communication skills to develop a Community Transformation Plan to implement strategies to reduce the burden of chronic disease in its communities. Funding – \$499,982
- **Sophie Trettevick Indian Health Center** – The Makah Community Transformation Project has generated interest and excitement related to changing environments and creating opportunities to live long, healthy lives free of chronic disease in their community. They have established a leadership team, formed and evaluated their CTG coalition, leveraged funding and resources to support identified needs, completed assessments, and prioritized strategies, and are beginning to implement health eating and active living pilot projects. Funding – \$218,929
- **Toiyabe Indian Health Project (TIHP)** – TIHP is a two-site health clinic in eastern California serving nine Paiute and Shoshone Tribes and tribal communities which provides comprehensive medical, dental, dialysis, community health, and mental health services to over 3,000 Native American patients in Inyo and Mono Counties. TIHP is working to increase the number of infrastructure components supporting CTG strategies,

including leadership team, coalition, community health assessments, and technical assistance. They are also working to implement several physical activity pilot projects and two healthy eating infrastructure projects. Funding – \$500,000

- **Yukon-Kuskokwim Health Corporation (YKHC)** – YKHC administers a comprehensive healthcare delivery system for 58 rural communities in southwest Alaska. YKHC is working to increase the number of infrastructure components supporting CTG strategies, including leadership team, coalition, community health assessments, and technical assistance. Funding – \$193,340

### **Community Transformation Grant Program: Implementation (NCCDPHP/DCH)**

The CTG Program is working to create healthier communities by making healthy living easier and more affordable. Implementation awardees are improving health and wellness by implementing strategies that focus on areas such as tobacco-free living, active living and healthy eating, and clinical and community preventive services to prevent and control high blood pressure and high cholesterol.

- **Sault Ste. Marie Tribe of Chippewa Indians** – The Sault Ste. Marie Tribe of Chippewa Indians is receiving \$500,000 to serve an estimated tribal population of over 176,000 within the state of Michigan. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments. Funding – \$500,000
- **Southeast Alaska Regional Health Consortium** – SEARHC is receiving \$499,588 to serve an estimated population of 72,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventative services. Funding – \$499,588

## **V. Tribal Delegation Meetings**

### **Government-to-Government Consultation with the Tohono O’odham Nation**

The Tohono O’odham Nation requested formal consultation regarding the CDC/ATSDR Tribal Consultation Policy. Consultation was held on December 5, 2012, via conference call. Participants included Dr. Ned Norris (Chairman, Tohono O’odham Nation), Chester Antone (Councilman, Tohono O’odham Nation), Ms. Teresa Zhang (Assistant Legislative Attorney, Tohono O’odham Nation), and Ms. Marcilda Geronimo (Legislative Secretary’s Office, Tohono O’odham Nation), Dr. Thomas Frieden (Director, CDC, and Administrator, ATSDR), Dr. Judith Monroe (Deputy Director, CDC, and Director, OSTLTS), Ms. Delight Satter (Associate Director for Tribal Support, OSTLTS), and Ms. Kimberly Cantrell (Deputy Associate Director for Tribal Support, OSTLTS). The Tohono O’odham Nation delegation discussed the Tribal Consultation Policy with Dr. Frieden and urged him to move forward on finalizing the revised Policy to ensure a current Policy in place at CDC/ATSDR (the previous Policy expired in 2010).

### **Oklahoma City Area Inter-Tribal Health Board Meeting**

On July 11, 2013, Dr. Thomas Frieden (Director, CDC, and Administrator, ATSDR) attended a meeting of the Oklahoma City Area Inter-Tribal Health Board in Oklahoma City, Oklahoma.

## **VI. Agency Tribal Advisory Committee**

The CDC/ATSDR Tribal Advisory Committee (TAC) serves as an advisory committee to CDC/ATSDR providing input, guidance, and advice on policies, guidelines, and programmatic issues affecting the health of Indian tribes. The TAC is composed of 16 members: one delegate from a federally recognized tribe in each of the 12 IHS areas, and one delegate from four federally recognized tribes at-large. A current TAC roster is available at the following website: <http://www.cdc.gov/tribal/tac/index.html>.

In FY 2013, the TAC convened at CDC Headquarters in Atlanta, Georgia, on February 5–7, 2013. Discussion topics included the Tribal Consultation Policy, tribal public health success stories, grant information, opportunities at CDC for Native participation, community-based participatory public health, substance abuse and mental health, diabetes, worker safety, and health outreach. The session also included a roundtable discussion with CDC/ATSDR senior leadership. In FY 2014, CDC will update the TAC Charter (finalized on November 21, 2013) and conduct recruitment for the open delegate positions on the TAC. The winter 2014 TAC Meeting and 10th Biannual Tribal Consultation Session will be held in Atlanta, Georgia, on February 18–19, 2014.

## **VII. Agency Tribal Consultation Policy**

The CDC/ATSDR Tribal Consultation Policy requires that all agency programs consult with tribal governments when developing programs, policies, and activities that will affect Native populations. The goal of the Policy includes, but is not limited to, assisting in eliminating the health disparities faced by Indian tribes, ensuring that access to critical health and human services and public health services is maximized to advance or enhance the social, physical, and economic status of Indians; and promoting health equity for all Indian people and communities.

The government-to-government relationship between the US and federally recognized Indian tribes dictates that the principal focus for consultation by CDC is with Indian tribes, individually or collectively. Consultation parties include: Indian tribes represented by the tribal president, tribal chair, or tribal governor, or an elected or appointed tribal leader, or their authorized representative; and the CDC director, ATSDR administrator, CDC deputy director for State, Tribal, Local and Territorial Support, or their designee.

CDC/ATSDR may gather information from Indian organizations in accordance with the Federal Advisory Committee Act (FACA), 5 U.S.C. App. 2, or with the “Unfunded Mandates Reform Act Exemption” to FACA found in the Unfunded Mandates Reform Act, P.L. 104-4, Section 204. The government does not participate in government-to-government consultation with these entities; rather the government communicates with these organizations in the interests of Indian tribes and Indian people. CDC may also communicate with Native-serving organizations, including urban and rural Indian organizations, in the interests of Indian communities and Indian people. Government-to-government consultation at CDC will occur as outlined in the HHS Tribal Consultation Policy.

The policy was signed on October 18, 2005, and updated on November 12, 2013 (FY 2014). A copy of the updated policy can be found at the following website: [www.cdc.gov/tribal/documents/tac/2014/CDCATSDR\\_Tribal\\_Consultation\\_Policy.pdf](http://www.cdc.gov/tribal/documents/tac/2014/CDCATSDR_Tribal_Consultation_Policy.pdf)

## Acronym List

AAIP	Association of American Indian Physicians
AASTEC	Albuquerque Area Southwest Tribal Epidemiology Center
AEHAP	Association of Environmental Health Academic Programs
AI/AN	American Indian/Alaska Native
AIDS	Acquired Immunodeficiency Syndrome
AIP	Arctic Investigations Program
ALS	Amyotrophic lateral sclerosis
ANTHC	Alaska Native Tribal Health Consortium
APHA	American Public Health Association
ATSDR	Agency for Toxic Substances and Disease Registry
BPA	Bisphenol A
BRFSS	Behavioral Risk Factor Surveillance System
CBA	Capacity Building Assistance
CCPP	Catawba Cultural Preservation Project
CDC	Centers for Disease Control and Prevention
CN	Cherokee Nation
CRC	Colorectal Cancer
CRCCP	Colorectal Cancer Control Program
CRST	Cheyenne River Sioux Tribe
CSELS	Center for Surveillance, Epidemiology and Laboratory Services
CTG	Community Transformation Grant
CTSI	Confederated Tribes of Siletz Indians
DBDDD	Division of Birth Defects and Developmental Disabilities
DCH	Division of Community Health
DCPC	Division of Cancer Prevention and Control
DDT	Division of Diabetes Translation
DEEHS	Division of Emergency and Environmental Health Services
DHAP	Division of HIV/AIDS Prevention
DHCPP	Division of High-Consequence Pathogens and Pathology
DHDD	Division of Human Development and Disability
DHDSP	Division of Heart Disease and Stroke Prevention
DLPSS	Division of Laboratory Programs, Standards and Services
DLS	Division of Laboratory Sciences
DOH	Division of Oral Health
DPEI	Division of Preparedness and Emerging Infections
DPH	Division of Population Health
DPHPI	Division of Public Health Performance Improvement
DRH	Division of Reproductive Health

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## Acronym List

DSEPD	Division of Scientific Education and Professional Development
DSNS	Division of Strategic National Stockpile
DSTDTP	Division of STD Prevention
DTHHS	Division of Toxicology and Human Health Sciences
DUIP	Division of Unintentional Injury Prevention
DVBD	Division of Vector Borne Diseases
EHAC	National Environmental Health Science and Protection Accreditation Council
EHSB	Environmental Health Services Branch
EIS	Epidemic Intelligence Service
EMS	Emergency Medical Services
ERNEH	Empowering Ramah Navajos to Eat Healthy
FACA	Federal Advisory Committee Act
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FSO	Field Services Office
FY	Fiscal Year
GLITC	Great Lakes Inter Tribal Council
GPRA	Government Performance and Results Act
GRIC	Gila River Indian Community
GYT	Get Yourself Tested
HA2020	Health Alaskans 2020
HHS	Department of Health and Human Services
HICSB	HIV Incidence and Case Surveillance Branch
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
iGAS	Invasive Group A Streptococcus
IHS	Indian Health Service
IOBUSD	Indian-Oasis Baboquivari Unified School District
IPM	Integrated Pest Management
LHI	Leading Health Indicator
MAD	Mass Antibiotic Distribution
MCH	Maternal and Child Health
MCHEP	Maternal and Child Health Epidemiology Program
MCN	Muscogee Creek Nation
MCV	Molluscum Contagiosum Virus
MLBO	Mille Lacs Band of Ojibwe
MWTLC	Montana Wyoming Tribal Leaders Council
NARCH	Native American Research Center for Health
NCBDDD	National Center on Birth Defects and Developmental Disabilities

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### Acronym List



NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV, Viral Hepatitis, STD and Tuberculosis Prevention
NCIPC	National Center for Injury Prevention and Control
NCIRD	National Center for Immunization and Respiratory Diseases
NDW	National Data Warehouse
NEC	Navajo Epidemiology Center
NIOSH	National Institute of Occupational Safety and Health
NN	Navajo Nation
NNDOH	Navajo Nation Division of Health
NNOSHA	Navajo Nation Occupational Safety and Health Administration
NNAAPC	National Native American AIDS Prevention Center
NOFAS	National Organization on Fetal Alcohol Syndrome
NPAIHB	Northwest Portland Area Indian Health Board
NPHII	National Public Health Improvement Initiative
NPIRS	National Patient Information Reporting System
NPTTTAC	Northern Plains Tribal Tobacco Technical Assistance Center
NWTEC	Northwest Tribal Epidemiology Center
OD	Office of the Director
OPHPR	Office of Public Health Preparedness and Response
OSH	Office on Smoking and Health
OSTLTS	Office for State, Tribal, Local and Territorial Support
OTA	Office of Tribal Affairs (NCEH/ATSDR)
PCV	Pneumococcal Conjugate Vaccine
PHA	Public Health Advisor
PHAB	Public Health Accreditation Board
PHAP	Public Health Associate Program
PHLP	Public Health Law Program
PHHS	Preventive Health and Health Services
PIMC	Phoenix Indian Medical Center
PRAMS	Pregnancy Risk Assessment and Monitoring System
PRC	Paralysis Research Center
PTC	Prevention Training Center
RMSF	Rocky Mountain Spotted Fever
RTHP	Return to a Healthy Past
RZB	Rickettsial Zoonoses Branch
SCF	Southcentral Foundation
SEARHC	Southeast Alaska Regional Health Consortium
SKC	Salish Kootenai College

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### Acronym List

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Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR)

SSM	Sault Ste. Marie Tribe of Chippewa Indians
STD	Sexually Transmitted Infection / Sexually Transmitted Disease
TAC	Tribal Advisory Committee
TCC	Tanana Chiefs Conference
TCU	Tribal Colleges and Universities
TIHP	Toiyabe Indian Health Project
TOHOHI	Tohono O'odham Heritage of Health Initiative
TPP	Tobacco Prevention Program
UNM	University of New Mexico
USDA	US Department of Agriculture
WISEWOMAN	Well-Integrated Screening/Evaluation for Women across the Nation
YKHC	Yukon Kuskokwim Health Corporation
Y.O.U.T.H.	Young O'odham United Through Health (Y.O.U.T.H.)

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**Acronym List**

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Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR)