



**TRIBAL
EPIDEMIOLOGY
CENTERS**

Tribal Epidemiology Centers Public Health Infrastructure Program (TECPHI) Year 1 Progress Report - FY2018

Building Public Health Capacity and Infrastructure in Indian Country



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Acronym Glossary

AASTEC	Albuquerque Area Southwest Tribal Epidemiology Center
AI/AN	American Indian/Alaska Native
ANEC	Alaska Native Epidemiology Center
ANTHC	Alaska Native Tribal Health Consortium
APR	Annual Performance Report
BRFSS	Behavioral Risk Factor Surveillance System
CHA	Community Health Assessment
CDC	Centers for Disease Control and Prevention
CTEC	California Tribal Epidemiology Center
CoP	Community of Practice
DHHS	Department of Health and Human Services
DSA	Data sharing agreement
EPG	Evaluation Practice Group
GLITEC	Great Lakes Inter-Tribal Epidemiology Center
GPTEC	Great Plains Tribal Epidemiology Center
IHS	Indian Health Service
ITCA	Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center
NEC	Navajo Epidemiology Center
NCC	Network Coordinating Center
NWTEC	Northwest Tribal Epidemiology Center
OKTEC	Oklahoma Area Tribal Epidemiology Center
PM	Performance measure
RMTEC	Rocky Mountain Tribal Epidemiology Center
TA	Technical assistance
TECPHI	Tribal Epidemiology Centers Public Health Infrastructure Program
TECs	Tribal Epidemiology Centers
T/TO/UIO	Tribes, Tribal organizations, and urban Indian organization
USET	United South and Eastern Tribes, Inc. Tribal Epidemiology Center
UIHI	Urban Indian Health Institute

Executive Summary

The following report discusses implementation and progress for Year 1 of the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Program. It describes the collective progress and achievements of the 12 Tribal Epidemiology Centers (TECs) located nationwide and the Network Coordinating Center (NCC) in meeting the goals of the program by increasing capacity, infrastructure, and serving Area partners and organizations to their fullest ability.

Year 1 was a planning and pre-implementation year for many of the TECPHI awardees and the focus of this report will be to describe the initial implementation, early activities, baseline data, and successes and challenges experienced. The report also illustrates the TECPHI program through photo narratives which help tell the story of TEC growth and achievements, as well as support provided to TEC Area partners and organizations to address chronic disease prevention and other health priorities.

The TECPHI Program

In 2017, the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (CDC) awarded TECs \$42.5 million for a new 5-year cooperative agreement called the Tribal Epidemiology Centers Public Health Infrastructure Program (TECPHI). TECPHI is a comprehensive and robust funding opportunity to increase internal TEC capacity and infrastructure.

TECPHI seeks to build public health capacity and infrastructure of TECs to deliver public health services for disease surveillance, epidemiology, prevention and control of disease, injury, or disability to and with the Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs) they serve.

All 12 TECs and the NCC are funded under the TECPHI program. Although each of the TECs' projects are unique, they are all engaging in the following three key strategies to contribute to reductions in chronic diseases and risk factors, reductions in disparities in health outcomes, and improvements in overall health for American Indian/Alaska Native (AI/AN) people nationwide:

1. Strengthening public health capacity and infrastructure;
2. Implementing activities to improve effectiveness of health promotion and disease prevention; and
3. Engaging in sustainability activities.

TECPHI Evaluation Approach

A national *TECPHI Program Evaluation Plan* was developed in Year 1 as a result of a collaboration between the TECs, the CDC, and NCC. One overarching question has guided the TECPHI program evaluation:

What can TECs do now that they were not able to do before TECPHI funding?

Four evaluation questions further focus the TECPHI program evaluation:

- To what extent has the capacity of TECs to collect and monitor data on health status of Tribal populations increased as a result of TECPHI funding?
- To what extent have partnerships between TECs and Area partners and organizations been enhanced or established as a result of TECPHI funding?
- To what extent has awareness of the services and expertise offered by TECs increased as a result of TECPHI activities?
- To what extent has technical assistance been delivered by TECs to Area partners and organizations to develop capacity in the use of data for surveillance and epidemiology and health priority setting as a result of TECPHI funding?

TECPHI Program Year 1 Progress

Eight performance measures (PMs) quantitatively address the evaluation questions. The PMs have been categorized by program objectives: workforce development, partnerships and collaborations, communication and outreach, technical assistance, and sustainability.

Growing and Building the TEC Workforce

TECPHI funding supported 100 TEC staff positions of which 41% are filled by AI/AN people. Overall, TECs increased their workforce by 46 new staff, representing a 29% increase from the beginning of Year 1. Approximately 40 of the new staff were hired to support the TECPHI program. This number does not include internally reassigned staff. The new staff included 11 epidemiologists, nine public health communication specialists, four program evaluators, three program managers, and five other staff members. Additionally, eight TECs supported 11 interns with TECPHI funds and at least two TECs are developing internship curricula.

TECs were successful in increasing the capacity of their workforce, and most TECs worked to improve Tribal public health workforce capacity by sponsoring or supporting a variety of training opportunities to build core public health competencies. During Year 1, TEC staff participated in over 241 training opportunities and provided or supported over 110 technical training opportunities reaching over 1,800 individuals. It is estimated that 50% of the 1,800 TEC training participants were AI/AN.

Developing Partnerships and Increasing Collaborations

All TECs have been working to cultivate connections with a variety of partners including other TECs, T/TO/UIOs, state health departments, other health organizations, and organizations from other sectors. In Year 1, TECs reported 233 new or expanded partnerships with a variety of organizations. Over 100 of these partnerships were established between TECs and T/TO/UIOs. Five TECs are using the subawardee model to increase Tribal public health capacity and infrastructure among T/TO/UIOs. TECs also increased collaborations with other TECs. On average, TECs partnered with three other TECs during Year 1. A private website called *TEC Connect* was created by the NCC and launched in May 2018. *TEC Connect* provides an online platform to support communication, sharing, and collaboration among TEC staff.

All TECs are working towards increasing access to data to improve monitoring of health status for Area partners and organizations. During Year 1, TECs established 61 new or expanded data sharing agreements (DSAs) providing access to 63 datasets including the Indian Health Service Epi Data Mart, National Cancer Institute Surveillance, Epidemiology, and End Results Program, Medicaid, state immunization data, the Violent Death Reporting System, and hospital discharge data. Approximately 18 new DSAs were established between TECs and T/TO/UIOs allowing access to Tribal partner data.

Improving Communication and Outreach

TECs are producing a variety of publications to disseminate high quality, current, and culturally representative data to the public. In Year 1, TECs produced at least 151 publications including 59 health status fact sheets and 19 peer reviewed publications. Many publications were created specifically for Tribal partners. Several TECs made efforts to enhance their communications through the use of data visualization, new software systems, and outreach at community events and professional conferences.

All TECs have been expanding their web and online presence to enhance user experience and increase availability and reach of online resources, information, training, and communication to Area partners, Tribes, and other organizations. In Year 1, an estimated 96,000 new and returning visitors accessed TEC websites with approximately 13,000 reported downloads of TEC publications. In addition, 10 TEC success stories, and new features, improvements, and resources were added to the website.

Enhancing Technical Assistance and Support to Tribes, Tribal Organizations, and Urban Indian Organizations

All TECs are providing ongoing and enhanced technical assistance (TA) to T/TO/UIOs and working to increase their capacity to respond to TA requests. In Year 1, over 660 TA requests were fulfilled by TECs and at least 53% of the TA requests were fulfilled for T/TO/UIOs. Common TA provided included data collection, data provision, evaluation, presentations, site visits, data analysis, publication review, grant writing, community planning and programming, and creating a variety of toolkits and guidance documents. TECs are also enhancing mechanisms for tracking TA to better capture types of TA provided and for which organizations.

Planning for Sustainability

TECs are providing grant writing training and support to enable T/TO/UIOs and other TECs to increase the number of successful grant applications. In Year 1, TECs applied for 117 grants and were awarded 95, the majority of which were federal grants. TECs supported Area partners and organizations in applying for 53 grants. Some examples of support provided included supplying data for the background information or statement of need, conducting a technical review, and developing evaluation plans. Six TECs offered grant writing trainings to Area partners and organizations.

In addition to grant seeking activities, TECs engaged in other sustainability activities, many of which are described in other sections, including strategic planning, developing partnerships, improving communications, conducting program evaluation, and addressing organizational capacity.

Conclusions

Year 1 of the TECPHI program has been a time of enormous growth for TECs. TECs experienced many achievements in planning and implementing activities to build Tribal public health capacity and infrastructure. TECs have accomplished significant gains across all program areas including workforce development, partnerships and collaboration, communication and outreach, technical assistance, and sustainability.

The initial progress of the TECs and the TECPHI program is the first step to increase public health capacity and infrastructure in Indian Country. The TECs, and the TECPHI program, will continue to evolve and grow over the course of the funding period to support their Area partners and organizations to address chronic disease prevention and other health priorities. Baseline data from the TECPHI performance measures will serve as a benchmark to track continued growth over the course of the TECPHI program. Progress, outcomes, and photos and stories from awardees will be reported and shared on an annual basis to demonstrate the impact of the TECPHI program on improving overall health and wellness in Indian Country.

Performance Measures

Number of TEC staff supported at least in part by TECPHI funding: 100	Number of trainings provided or supported by TECs at least in part by TECPHI funding: 110	Number of new or expanded partnerships supported at least in part by TECPHI funding: 233	Number of new or expanded data-sharing agreements established at least in part by TECPHI funding: 61
Number of publications produced with support at least in part by TECPHI funding: 151	Number of users of TEC websites: 96,000	Number of technical assistance requests fulfilled at least in part by TECPHI funding: 660	Number of grant opportunities applied for or supported by TECs: 170

Introduction and Background

The following report presents the Year 1 findings from the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Program. It describes the collective progress and achievements of the 12 Tribal Epidemiology Centers (TECs) and the Network Coordinating Center (NCC), in meeting goals of increasing capacity and infrastructure and serving Area partners and organizations to their fullest ability. Quantitative and qualitative data are used to help tell the story of TEC growth, achievements, and support provided to their Area partners and organizations to address chronic disease prevention and other health priorities.

Purpose of the TECPHI Progress Report

The purpose of the TECPHI Program Year 1 Progress Report is to summarize the first year of the TECPHI program with a goal of demonstrating the findings of the program to all partners in a way that is most useful to them. TECs have grown and accomplished exponential amounts of work both internally and externally for Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs) in all program objectives: workforce development, collaboration, communication and outreach, technical assistance, and sustainability.

Year 1 was a planning and pre-implementation year for many of the awardees and the focus of this report will be to describe the successes and challenges experienced, provide performance measure baseline data, present examples of TEC progress and achievements, and illustrate TECPHI program experiences with TEC photo narrative data (Please see Appendix A for photo narrative submissions from all TECs).

TECPHI Program Progress Report Data Sources

The *TECPHI Program Year 1 Progress Report* summarizes data and information from three main data sources:

1. TECPHI performance measure data;
2. TECPHI photo narrative project; and
3. FY2018 Annual Performance Reports (APRs) submitted to the CDC in April 2018.

Performance measure and photo narrative data represent work completed over the entire grant year (September 30, 2017 – September 29, 2018) and APRs describe progress the awardees made from September 30, 2017 to March 30, 2018.

Limitations

Some TECs stated that data for a few performance measures (e.g. website users and downloads, technical assistance, and training participation) may have been underreported. In Year 2, TECs will be actively working to change systems and processes to better capture performance measure data collected for the national TECPHI evaluation efforts.

The NCC is reliant on the information submitted by the TECs regarding their accomplishments tied to TECPHI funding. The information submitted is not necessarily reflective of the breadth and depth of work they do each day to serve their Area partners and organizations. The NCC will continue to work with TECs to determine innovative and alternative approaches to share milestones and accomplishments.

The TECPHI Program

In September 2017, the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion (CDC) awarded TECs \$42.5 million for a new 5-year cooperative agreement called the Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country (DP17-1704) referred to as TECPHI. TECPHI supplements funding that TECs receive from other sources, including the Indian Health Service (IHS), and will expand the capacity of TECs to perform their seven core functions. TECPHI is a comprehensive funding opportunity available to TECs to increase internal capacity and infrastructure that complements the IHS funding, reducing programmatic silos within TECs, and strengthening capacity and infrastructure for **all** TEC activities and staff.

TECPHI seeks to build public health capacity and infrastructure of TECs to deliver public health services for disease surveillance, epidemiology, prevention and control of disease, injury, or disability to and with the T/TO/UIOs they serve.

TECPHI intends to contribute to reductions in chronic diseases and risk factors, reductions in disparities for AI/AN health outcomes, and improvements in overall health and wellness through increased public health infrastructure and capacity. TECs will also engage in sustainability activities to plan to sustain program efforts after the funding cycle ends.

All 12 TECs (Component A awardees) and the NCC (Component B awardee) are funded under the TECPHI program (See Table 1). Although, each of the awardee projects are unique, they are all engaging in three key strategies to contribute to reductions in chronic diseases and risk factors, disparities in health outcomes, and make improvements in overall health for AI/AN people nationwide:

1. Strengthening public health capacity and infrastructure;
2. Implementing activities to improve effectiveness of health promotion and disease prevention; and
3. Engaging in sustainability activities.

Table 1: TECPHI awardees and project titles

Awardee	Project Title
Component A Awardees	
Alaska Native Epidemiology Center (ANEC)	Building Public Health Infrastructure for Alaska Native People
Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)	Strengthening Tribal Public Health Infrastructure for Chronic Disease Prevention and Management Program
California Tribal Epidemiology Center (CTEC)	California Tribal Epidemiology Center Building Public Health Infrastructure Initiative
Great Lakes Inter-Tribal Epidemiology Center (GLITEC)	Bemidji Area Thriving (BAT) Project
Great Plains Tribal Epidemiology Center (GPTEC)	Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country
Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA)	Building Public Health Infrastructure in Tribal Communities
Navajo Epidemiology Center (NEC)	Navajo Nation: Public Health Infrastructure
Northwest Tribal Epidemiology Center (NWTEC)	Improving Data and Enhancing Access-Northwest (IDEA-NW)
Oklahoma Area Tribal Epidemiology Center (OKTEC)	Southern Plains Tribal Health Board Public Health Infrastructure Project
Rocky Mountain Tribal Epidemiology Center (RMTEC)	Rocky Mountain Tribal Epidemiology Center - Public Health Infrastructure (RMTEC-PHI)
United South and Eastern Tribes, Inc. Tribal Epidemiology Center (USET)	USET Community Health Infrastructure Project (CHIP)
Urban Indian Health Institute (UIHI)	Building Resilience and Action to Nurture Community Health (BRANCH)
Component B Awardees	
Network Coordinating Center (NCC)	Building Tribal Public Health Infrastructure Component B (Located at ANEC)

The partners in this collaborative effort include policy makers, the CDC, the IHS, the TECPHI Steering Committee, the 12 TECs, the NCC, and the 5.2 million AI/AN people the TECs serve.

Building Public Health Capacity, Infrastructure, and Sustainability in Indian Country

Public health capacity, infrastructure, and sustainability have been described in the literature, but have not been previously defined or described for TECs or in the Tribal health context. For the purposes of the TECPHI program and this report, Table 2 provides the definitions and associated strategies for public health capacity, infrastructure, and sustainability.

Table 2: TECPHI definitions and strategies

Definitions	Strategies
Public health capacity	
<p>The ability to respond to ongoing AI/AN public health needs by performing seven core public health functions including collecting data, evaluating existing delivery systems, data systems, and other systems impacting health, identifying health priorities and health status objectives, making recommendations for health service needs, making recommendations for improving health care delivery systems, providing epidemiologic technical assistance, providing disease surveillance and assisting in the promotion of public health.</p>	<p>TECPHI intends to expand TECs’ capacity to perform the seven core functions, and to provide the highest quality public health support to the Tribes, Tribal organizations, and urban Indian organizations they serve.</p>
Public health infrastructure	
<p>The foundation and framework that enables the public health system to function, including a workforce trained in public health core competencies, information and data systems for rapidly analyzing, assessing, and communicating information, the ability to respond to public health needs that are culturally responsive and relevant, and having an established plan to sustain program efforts once funding has ended.</p>	<p>TECPHI intends to increase TECs’ ability to respond to the health priorities of Tribes, Tribal organizations, and urban Indian organizations; increase TEC and Tribal workforce capacity; expand culturally-centered information dissemination; increase TECs’ ability to work in consultation with Tribes, Tribal organizations, and urban Indian organizations; and to honor Tribal sovereignty over data collection, ownership, and systems.</p>
Sustainability	
<p>The ability of a program to continuously respond to Area partners’ and organizations’ needs is valued by those they serve, and maintain a focus consistent with its goals and objectives.</p>	<p>TECPHI intends to improve the sustainability of TECs by integrating approaches to fulfill the TEC seven core public health functions that preserve and protect indigenous values and methods; develop and train a competent and engaged workforce who understands indigenous values and methods; foster collaborations with internal and external partners; demonstrate value to Area partners and organizations; and increase the capability to secure and maintain funding to enhance the TECs’ responsiveness and adaptability to the health priorities of Tribes, Tribal organizations, and urban Indian organizations.</p>

TECPHI Program Evaluation Approach

Role of the Network Coordinating Center

The Alaska Native Tribal Health Consortium's (ANTHC) Alaska Native Epidemiology Center (ANEC) is serving as the NCC for the TECPHI program. In this role, and in collaboration with the CDC and the 12 TECs, the NCC has been responsible for developing a national evaluation approach to monitor progress and accomplishments in achieving the expected outcomes of the program.

TECPHI Program Formative Evaluation

In Year 1 of the program, the NCC conducted a formative evaluation consisting of 31 key informant interviews to examine past evaluation efforts by TECs nationally and understand expectations for the evaluation of the TECPHI program. The NCC engaged with key partners including the 12 TECs, the CDC, IHS, and others dedicated to improving TEC and Tribal public health capacity and infrastructure. Key informants wanted clear and concise communication related to the national TECPHI program evaluation approach and have a straightforward evaluation and performance measurement plan established early in the program. They also requested a minimal number of performance measures tied to evaluation questions that were consistently collected from all TECs to demonstrate individual and collective success.

Developing the TECPHI Program Evaluation Plan

In January 2018, the NCC convened an Evaluation Practice Group (EPG) that included representatives from all TECs. The group developed the evaluation approach including the program logic model, evaluation questions, and performance measures (See Appendix B for TECPHI Program Logic Model). The EPG's collaborative effort resulted in the creation of the national *TECPHI Program Evaluation Plan* that includes one overarching evaluation question, four specific evaluation questions, eight performance measures, and a description of the photo narrative project. The final plan was approved by the TECPHI Steering Committee in April 2018.

The evaluation plan was approved by the CDC in May 2018. It is a living document and is meant to be flexible and modifiable, in collaboration with all partners, and to reflect the evolving needs of the TECPHI program. The NCC is dedicated to integrating indigenous values into the TECPHI evaluation approach by demonstrating individual as well as collective success, and by allowing flexibility so the 12 TECs are able to tell their stories and describe work in their own way.

The purpose of the plan is to provide a collective and consistent approach in determining what the program has achieved during the funding timeframe. The data presented in this report describe the performance measures detailed in the *TECPHI Program Evaluation Plan* and are intended to be used to demonstrate progress, guide program implementation, and inform future activities.

TECPHI Program Evaluation Questions and Performance Measures

One overarching question has guided the TECPHI program evaluation:

"What can TECs do now that they were not able to do before TECPHI funding?"

This question highlights the main purpose of the funding opportunity, which is to increase the capacity and strengthen the infrastructure of TECs to better respond to the public health priorities of Area partners and organizations.

The evaluation questions and performance measures have been categorized to align with TECPHI objectives (See Table 3).

Table 3: Crosswalk of TECPHI program objectives, evaluation questions, and performance measures

Program Objectives	Evaluation Questions	Performance Measures
Growing and Building the TEC Workforce	To what extent has the capacity of TECs to collect and monitor data on health status of Tribal populations increased as a result of TECPHI funding?	<ul style="list-style-type: none"> ◇ Number of TEC staff supported at least in part by TECPHI funding. ◇ Number of trainings provided or supported by TECs at least in part by TECPHI funding.
Developing Partnerships and Increasing Collaborations	To what extent have partnerships between TECs and Area partners and organizations been enhanced or established as a result of TECPHI funding?	<ul style="list-style-type: none"> ◇ Number of new or expanded partnerships supported at least in part by TECPHI funding. ◇ Number of new or expanded data-sharing agreements (DSAs) established at least in part by TECPHI funding
Improving Communication and Outreach	To what extent has awareness of the services and expertise offered by TECs increased as a result of TECPHI activities?	<ul style="list-style-type: none"> ◇ Number of publications produced with support at least in part by TECPHI funding. ◇ Number of users of TEC websites.
Enhancing Technical Assistance and Support to Tribes, Tribal Organizations, and Urban Indian Organizations	To what extent has technical assistance been delivered by TECs to Area partners and organizations to develop capacity in the use of data for surveillance and epidemiology and health priority setting as a result of TECPHI funding?	<ul style="list-style-type: none"> ◇ Number of technical assistance (TA) requests fulfilled at least in part by TECPHI funding.
Planning for Sustainability	All Evaluation Questions	<ul style="list-style-type: none"> ◇ Number of grant opportunities applied for or supported by TECs.

Storytelling is an important aspect of indigenous evaluation. Stories “support the interpretation of the data” and stories are a traditional way of sharing what does and does not work (Tribal Evaluation Workgroup, 2013, p. 2). Stories allow participants to provide context to their experience. By incorporating stories into evaluation, participants are able to reflect on the relationship of activities to the anticipated outcomes or goals of their work (LaFrance and Nichols, 2009).

In addition to contributing the performance measure data, TECs and the NCC are participating in a photo narrative project (a process similar to PhotoVoice) by submitting 1-2 photos with a corresponding brief narrative annually for each photo in response to the overarching evaluation question and each of the four specific evaluation questions. The photos and narratives give context to performance measure data and/or allow TECs and the NCC to fill gaps and highlight work not represented by the performance measures. The photos and narratives illustrate observed and/or experienced changes of TEC and NCC capacity, infrastructure, and sustainability over time. Photos and narratives are being collected with the intention to be shared on *TribalEpiCenters.org* to visually demonstrate program progress.

The next section describes progress and challenges associated with program objectives and performance measures. Examples of TEC work are provided to highlight work and achievements and various photo narratives are included throughout the report to illustrate TECPHI program experiences and to help tell the story of the TECPHI program. Please see Appendix A for full presentation of photo narratives.

References:

LaFrance, J., & Nichols, R. (2009). *Indigenous evaluation framework: Telling our story in our place and time*. Alexandria, VA: American Indian Higher Education Consortium (AIHEC).

Tribal Evaluation Workgroup. (2013). *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Growing and Building the TEC Workforce

Developing the TEC workforce is a key component of improving TEC capacity, infrastructure, and sustainability.

TEC Staff

All TECs have been enhancing their workforce by hiring and supporting staff to attend professional development training to ensure a high level of epidemiological skills and public health competencies. Other activities include supporting interns, student practicum placements, and developing workforce development tools like staff training modules and internship curricula.

Performance Measure

Number of TEC staff supported at least in part by TECPHI funding:

100

Progress:

In Year 1, TECPHI funding supported 100 TEC staff positions of which 41% are filled by AI/AN people. Over 65% of TECPHI supported staff have a Master's degree or higher and the average length of TEC employment is 4.2 years. Overall, TECs increased their workforce by 46 new staff, representing a 29% increase from the beginning of Year 1. Approximately 40 of the new TEC staff were hired to support the TECPHI program. This number does not include internally reassigned staff. The new staff included 11 epidemiologists, nine public health communication specialists, four program evaluators, three program managers, and five other staff members. Additionally, eight TECs supported 11 interns with TECPHI funds and at least two TECs are developing internship curricula.

All TECs hired contractors or subject matter experts. For example, the NCC contracted with the Community of Practice (CoP) subject matter experts Etienne and Beverly Wenger-Trayner to conceptualize and implement the TECPHI CoP approach. The Wenger-Trayner's joined the March 2018 TECPHI Steering Committee meeting to help the group design the CoP for the TECPHI program.

The Inter Tribal Council of Arizona (ITCA) hired Blue Stone Strategy Group, a Native American-owned advisory firm protecting and strengthening Tribal sovereignty, to facilitate a strategic planning session with their subawardees using a culturally appropriate strategic planning guidance toolkit. The toolkit provided a framework for participants to create a mission and vision, and develop values, goals, and action plans for their programs.



"TECPHI funding allowed for UIHI to hire new staff that increased our internal capacity around indigenous evaluation, epidemiology, internships, and program management. Although the funding made hiring possible, the process itself didn't happen immediately and so there was a time with many empty desks, waiting to be filled by those with the needed expertise."

– Urban Indian Health Institute

Challenges:

The majority of TECs reported challenges with recruiting and hiring qualified staff in a timely manner and many will continue to recruit, hire, and train through Year 2. Some TECs reported challenges with staff turn-over in the first year and with internal hiring processes and/or contracting delays. As a result, some project work has been delayed or timelines have shifted to accommodate staffing challenges. One TEC also reported that their subawardees experienced hiring challenges, resulting in delays in projects. Two TECs reported they experienced hiring delays due to lengthy federal approval processes and work plan revisions requested by the funder to clarify staff hiring needs.

TECs also reported that prolonged staffing vacancies have challenged TECs in spending down funds resulting in large carry-over requests or re-allocation of funds.

Some TECs have struggled with managing the rapid growth of their workforce. Specific challenges mentioned include lack of space for new staff and/or office moves to accommodate staff, lack of awareness of current projects because of the number of new projects/staff, and the balance of hiring enough staff to manage funding and uncertainties of support after the current funding cycle.

Training

TECs were successful in increasing their internal workforce capacity, and most TECs worked to improve T/TO/UIO public health workforce capacity by sponsoring or supporting a variety of training opportunities to build core public health competencies.

Progress:

During Year 1, over 110 technical training opportunities to over 1,800 individuals were provided or supported by TECs to support a Tribal public health workforce and TEC workforce development. In general, most of the training topics were related to the core competencies of public health like epidemiology, data analysis, program evaluation, community health profiling, health literacy, grant writing and management, data communication and visualization (e.g. Digital Storytelling, PhotoVoice, health literacy). Other trainings offered included health related topics like nutrition, breastfeeding, and self-care techniques.

It is estimated that at least 50% of the 1,800 TEC training participants were AI/AN. The number of AI/AN participants is “estimated” because the majority of the TECs did not track the race/ethnicity of training participants. TECs reported they will develop methods to capture the race/ethnicity of training participants in Year 2.

The Great Lakes Inter-Tribal Epidemiology Center (GLITEC) hosted the Bemidji Area Child Immunization Project (BACIP) Meeting in Minneapolis, MN. During the two-and-a-half-day meeting, immunization coordinators, who work in IHS, Tribal, and urban Indian clinics across the Bemidji Area (Michigan, Minnesota, Wisconsin, and Chicago) received immunization-specific training, took part in networking activities, and asked questions of state, regional, and national immunization program staff. The BACIP meeting was organized after feedback from immunization coordinators during the Bemidji Area Child Immunization Needs Assessment (BACINA) indicated that they wanted more opportunities to receive training and network with each other. Fifty-eight professionals working in immunization at the local, state, regional, and national level all came together for the BACIP meeting. Ninety-two percent of meeting participants agreed or strongly agreed that they gained new knowledge during the meeting, and the same percent said that they would recommend the meeting to a colleague or friend. During the meeting, GLITEC asked immunization coordinators for guidance regarding the next phase of the BACIP project. They advised GLITEC to develop culturally-competent materials to provide accurate information about vaccines to be used in immunization promotion campaigns and during patient encounters.

Performance Measure

Number of trainings provided or supported by TECs at least in part by TECPHI funding:

110



"A two-and-a-half-day meeting was held for immunization coordinators... across the Bemidji Area [who] received immunization-specific training, took part in networking activities, and asked questions of state, regional, and nationally-focused immunization programing staff... Fifty-eight professionals working in immunization attended. GLITEC hosts regularly-scheduled calls for immunization coordinators to discuss challenges, celebrate success, and receive virtual training on various topics..."

*– Great Lakes Inter-Tribal
Epidemiology Center*

The Oklahoma Area Tribal Epidemiology Center (OKTEC) hosted its annual Tribal Public Health Conference in April 2018. The conference offered 49.5 training hours on nine different topics to approximately 400 attendees. OKTEC staff are exploring options to offer participants continuing education credits at future years' conferences.

The Urban Indian Health Institute (UIHI) worked with two organizations to develop a 2-day in-person training and online curriculum about traditional foods and beverages for urban Indian populations. The curricula, *Decolonizing Diets: Traditional Foods and Beverages for Urban Indians*, is an interactive 2-day train the trainer where attendees learned strategies for using traditional foods for chronic disease prevention and management.

Many of these trainings were in-person, but TECs also offered trainings via distance to increase reach and the enhance the ability of community members to participate. For example, UIHI hosted a webinar, *Indigenous Epidemiology: Identifying Health Priorities Among Urban Native Populations*, introducing attendees to a data visualization dashboard that profiles public health indicators for 30 urban Indian health service areas nationwide. The webinar was attended by 109 people representing urban Indian organizations, academic institutions, local, state, and federal agencies, and health institutions located across the country.

TEC staff participated in over 241 events. The Rocky Mountain Tribal Epidemiology Center (RMTEC) focused on increasing internal workforce capacity for five new staff who attended 11 different trainings (including three training institutes where a number of topics were covered) and five conferences. Staff gained valuable skills in a range of public health topics including epidemiology, qualitative and quantitative data analysis, strategic planning, and data visualization.

The NCC has supported overall TEC workforce development. For example, the NCC provided seven webinars, sponsored an in-person Grants Management Training (providing travel support for four TEC staff to attend), and obtained virtual access for TEC staff to attend the American Public Health Association conference. Additionally, in Year 1 the NCC sponsored the ANEC to become a National Board of Public Health Continuing Education Provider and attendees of NCC sponsored trainings are able to obtain Certified in Public Health recertification credits.

Developing Partnerships and Increasing Collaborations

Effective partnerships play an integral role in program sustainability for TECs by expanding data sharing and access, increasing communication, and sharing best practices among health and non-health sector partners on chronic disease prevention and other priority areas. Partnerships build a broad base of support in the community for program implementation, program success, and program sustainability. In addition, partnerships help TECs understand the needs of those they serve to be responsive and adaptable to their health priorities.

Partnerships

All TECs have been working to cultivate connections with a variety of partners including other TECs, T/TO/UIOs, state health departments, other health organizations, and other sectors and organizations. TECPHI funding enabled TECs to strengthen existing partnerships and to establish or reestablish relationships through a variety of mechanisms. They are working collaboratively with partners on specific projects like joint trainings, publications, site visits, quality improvement, and technical assistance to enhance services and to leverage resources. TECs are implementing communities of practice (CoPs) and working groups with partners to facilitate knowledge-sharing, problem-solving, and communication.

Progress:

In Year 1, TECs reported 233 new or expanded partnerships. Over 100 of these partnerships were established between TECs and T/TO/UIOs.

Performance Measure

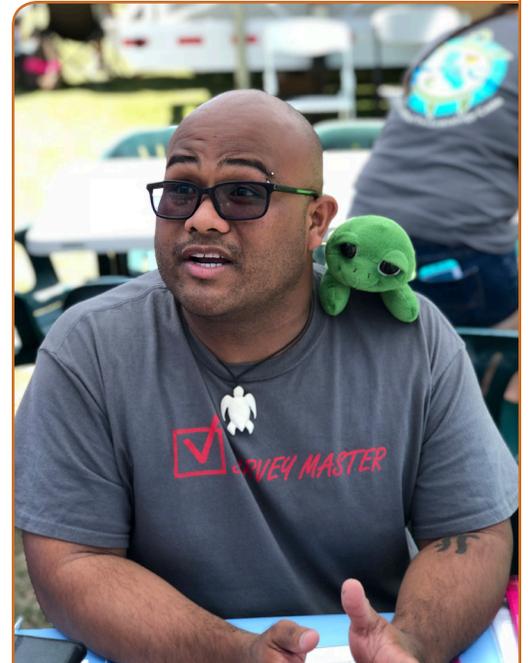
Number of new or expanded partnerships supported at least in part by TECPHI funding:

233

TECs are connecting with partners, organizations, and subject matter experts to discuss opportunities for collaboration around Tribal public health issues. Four TECs have coordinated, or have plans to coordinate, working groups with representatives from Area partners and organizations to encourage

multi-sector collaboration on a variety of topics. For example, the Albuquerque Area Tribal Epidemiology Center (AASTECC) has coordinated two workgroups with Area Tribes: the Tribal Data Users Workgroup and the Native Wellness Think Tank. The Tribal Data Users Workgroup will include representation from the TEC, 27 Area Tribes, and regional Tribal and urban Indian organizations. The goal of the workgroup will be to identify Tribal data priorities and enhance Tribal data capacity. They will meet annually to discuss public health priority areas and culturally appropriate strategies to address priority areas.

The Alaska Native Tribal Epidemiology Center (ANEC) has partnered with Outpatient Pediatrics, Alaska Native Medical Center, to evaluate compliance and outcomes of a pediatric obesity intervention clinic. The evaluation will include analysis of data from more than 100 patients collected over a 5-year period. Results are anticipated to inform improvements in pediatric overweight and obesity patient care to include surveillance, screening, referral, and treatment.



"CTEC's ability to collect and monitor data on the health status of Tribal populations has increased in two specific ways as a direct result of TECPHI funding. First, this funding has allowed us to create a partnership with UCLA to oversample American Indians/Alaska Natives for their California Health Interview Survey. Second, this funding allowed us to repeat our Tribal Behavioral Risk Factor Survey (BRFS) with more responses than ever before...The ability of CTEC to collect this primary data makes CRIHB stand out as a Tribal organization. CTEC intentionally included the majority of our staff in the BRFS data collection to ensure that we will have lasting institutional knowledge of the process. This builds our capacity as a TEC to conduct major data collection activities in the future. The picture here includes Daniel, a staff member and 'survey master', describing the BRFS survey procedure to a participant. Rippy, the CTEC mascot, helpfully observes the interaction from Daniel's shoulder."

— California Tribal Epidemiology Center



"... As RMTEC strives to nurture strong partnerships with Tribes to develop public health services, systems, and epidemiologic capacities, employees must take to the field to facilitate lasting impressions... Site visits are not all work, though. After staff have collected data, presented information, or offered advice, they sometimes find themselves dancing with chairs, children, dogs, and the echoes of laughter."
 – Rocky Mountain Tribal Epidemiology Center



"The Alaska Native EpiCenter continues to enhance partnerships with the state, local academic institutions, and across all Tribal health regions through trainings, technical assistance responses, and coordination of resources."
 – Alaska Native Epidemiology Center

TECs are also working to strengthen internal working relationships. For example, the Northwest Tribal Epidemiology Center (NWTEC) formed a Biostatistical Core of TEC staff that has established a formalized charter describing the goals, objectives, major activities, and each member's area of expertise and interest. The Core currently meets twice a month to discuss the data needs of Portland Area Tribes and Tribal organizations.

Five TECs are using the subawardee model to increase Tribal public health capacity and infrastructure among T/TO/UIOs. Subawardee projects include conducting community health assessments (CHAs), assembling and enhancing coalitions, developing strategic plans for health promotion disease prevention activities, improving data quality, receiving targeted technical assistance and training, and working on community-led public health projects. Subawards range from mini-grants to larger, long-term projects.

ITCA is working with eight Tribes and supporting Tribal community projects with intensive training and individualized technical assistance. During the first year, ITCA hosted two 2-day Tribal Public Health Infrastructure Working Group meetings for subawardees and conducted site visits to each Tribal community.

AASTEC is supporting three Tribes in conducting comprehensive CHA activities. The CHAs will be used to identify a community's health status, strengths, resources, needs, and health priorities. AASTEC will be providing targeted training and technical assistance related to quantitative and qualitative data collection and strategic planning based on needs and outcomes of CHAs.

An objective of TECPHI funding is to increase collaborations among TECs, and during Year 1 TECs partnered with an average of three other TECs. The NCC has been working to facilitate additional opportunities for TECs to network, share, and learn from each other. The NCC established a CoP approach in March 2018 with three subject specific practice groups: Program Manager, Evaluation, and Data. Each CoP group meets at least once per quarter. The CoP meetings are becoming an interactive forum to develop relationships and connections among TECs. During Year 1, there were a total of 14 meetings, with an average of seven TECs and 12 attendees participating each meeting.

Additionally, the NCC launched an internal website called *TEC Connect* in May 2018, which provides an online platform for communication, sharing, and collaboration among TEC staff. At the end of Year 1, there were 93 registered users. Other features of *TEC Connect* include general and topic specific discussion forums, spaces to organize and share resources, and a media/photo gallery.

In conjunction with an in-person Grants Management training, the NCC hosted an in-person half-day "TEC-to-TEC" site visit with representatives from eight TECs. The site visit provided an opportunity for TEC staff from across the country to learn about the Alaska Native Epidemiology Center (ANEC) and network with other TEC staff. Many staff commented the site visit was a highlight of the

trip. Participants felt the networking time was the most valuable part of the experience and in future opportunities would have liked more time to interact with other staff.

Additionally, all TECs have participated in various activities coordinated by the NCC: a TECPHI Kick-Off Steering Committee meeting in March 2018; a TECPHI formative evaluation; an Evaluation Work Group to develop the *TECPHI Program Evaluation Plan*; the CoP meetings; and connecting on *TEC Connect*.

Based on a prioritized list of potential collaborative activities developed by the TECPHI Steering Committee, the NCC has also worked to coordinate collaborative projects. In Year 1, the NCC coordinated and funded a TEC supplement issue for the *Journal of Public Health Management and Practice*, with an anticipated publishing date in Fall 2019. A total of 16 manuscripts were submitted for publication. This project will highlight the work of the TECs and increase visibility and understanding of the TEC mission.

Challenges:

Some TECs described challenges in establishing partnerships including difficulty in coordinating outside partners, limited participation during videoconferences, rigorous and lengthy funder and/or parent organization contracting and approval processes, maintaining collaborations due to competing workloads, delays in recruiting subawardees and the Memorandum of Approval process, and geographic or scheduling challenges hindering in-person meetings or site visits.

Data Access

All TECs are working towards increasing access to data to improve monitoring of health status for Area partners and organizations. TECs are updating Tribal registries, creating linkages with major state and hospital registries, oversampling the AI/AN population in various population health surveys, expanding surveillance reach to rural populations, identifying data gaps, increasing the number of data sharing agreements, and developing new databases to complement existing data systems. TECs are also enhancing data management systems to improve data collection, public health surveillance, quality assurance, and accessibility of data by T/TO/UIOs.

Progress:

During Year 1, TECs established 61 new or expanded data sharing agreements (DSAs). The majority of the DSAs (43) were between TECs and other organizations (e.g. DHHS, IHS, State Health Department) and provided access to 63 datasets including the IHS Epi Data Mart, National Cancer Institute Surveillance, Epidemiology, and End Results Program, Medicaid, state immunization data, the Violent Death Reporting System, and hospital discharge data. Approximately 18 DSAs were established between TECs and T/TO/UIOs allowing access to Tribal partner data.



*"One of the first year projects for TECPHI was to contract with The University of California Los Angeles (UCLA) to oversample AI/ANs in their California Health Interview Survey. While the data sampling method has been altered and the project has been delayed into year two, the partnership with UCLA has strengthened as we've worked with them to overcome the sampling obstacles. Another partnership that has been strengthened is between CTEC and the California State Department of Health, who we have worked with to create a plan to correct racial misclassifications in state data sets....
The picture included here shows a summer research associate working on a team building exercise with Omara, an epidemiologist within CTEC. Embedding 5 summer research associates within CTEC and 4 other Tribal organizations we work with helped improve our relationships with those Tribal organizations by increasing our communication with them and giving us mutual goals of developing the skillsets of the summer associates."*

– California Tribal Epidemiology Center

Performance Measure

Number of new or expanded data-sharing agreements established at least in part by TECPHI funding:

61

TECs are working to improve data collection and representativeness of T/TO/UIO. The California Tribal Epidemiology Center (CTEC) used findings from the California AI/AN Health Priorities Survey to identify youth and adult questions appropriate for a Tribal Behavioral Risk Factor Survey (BRFS). Additional questions addressing cultural connectedness were also added to the survey after pilot testing in Tribal communities. Using an intensive, in-person survey administration data collection protocol, CTEC staff collected 2550 adult and youth Tribal BRFSS responses. CTEC then partnered with the University of California Los Angeles to conduct the oversampling of AI/AN for the California Health Interview Survey.

Many TECs have increased their access to data by establishing or expanding partnerships with State Health Departments and pursuing partnerships with other organizations and Tribes. For example, ANEC is collaborating with the State of Alaska to conduct rural oversampling and improve rural AN cell phone response rates. NWTEC obtained access to the State of Washington's syndromic surveillance system and are exploring a similar collaboration with the State of Oregon. The Navajo Epidemiology Center (NEC) is making connections within the Navajo Nation Healthcare and Public Health system including the State Health Departments of New Mexico, Arizona, and Utah to determine key health indicators to include in a data management system for the Navajo Nation. OKTEC entered into an AI/AN oral health collaborative partnership with Oklahoma State Department of Health (OSDH) Department of Oral Health and OSDH Office of Tribal Liaison.

Improving Communication and Outreach

TECs have been working to improve data dissemination and communications with external audiences about their role and services.

Publications and Outreach

TECs are producing a variety of publications to disseminate high quality, current, and culturally representative data to the public. The purpose of these publications is to increase awareness of health status and needs, and to communicate progress on public health initiatives. Publications include evaluation or programmatic fact sheets and reports, published manuscripts or articles, pamphlets, brochures, and other works like online publications or digital stories. TECs are also enhancing methods for improving data visualization, dissemination, and communication and at least three TECs are exploring Tableau software to make publication and data communication more efficient and visually engaging.

Progress:

In Year 1, TECs produced at least 151 publications including 59 health status fact sheets and 19 peer reviewed publications.

Many publications were created specifically for Tribal partners. For example, the Great Plains Tribal Epidemiology Center (GPTEC) supported five local staff in creating community health profiles for their communities and United South and Eastern Tribes, Inc. Tribal Epidemiology Center (USET) created nine Tribal specific publications currently under review by Tribal partners.

At least three TECs are exploring software or systems to enhance data dissemination. ANEC has chosen to use Tableau as a new data visualization software and created a template for all future factsheets. Two staff have received intensive Tableau training and are in the process of migrating data to Tableau software. Tableau is also being used to support other Alaska initiatives including updates to the Healthy Alaskans 2020 scorecard that tracks progress made on state health priorities and goals.

Coordinated by the NCC, TECs collaboratively staffed exhibits at three national conferences: the American Public Health Association Annual Meeting and Expo, the National Indian Health Board Tribal Public Health Summit, and the CityMaTCH Maternal and Child Health Leadership Conference. TEC publications, materials, and information were disseminated with an approximate reach of a total of 14,000 attendees at the three events. The exhibits provided an opportunity for TEC staff to educate attendees about TECs and Tribal health, network with potential partners, disseminate TEC publications, and to share job openings.

During Year 1, the NCC created a national TECPHI brochure that describes the program, provides an overview of TECs, and includes a picture and brief description of the 12 TEC projects and the NCC. The brochure was printed and distributed to all TECs and the CDC and is available at TribalEpiCenters.org/tecphi.

Performance Measure

Number of publications produced with support at least in part by TECPHI funding:

151



"GPTEC has been able to significantly expand its staff... [and] its presence and visibility through collaborative efforts and outreach opportunities within the Great Plains region... and make connections with local and regional staff that support our work. This will undoubtedly contribute to increased awareness of and engagement with GPTEC services and expertise in the future..."

– Great Plains Tribal Epidemiology Center

TEC Websites

All TECs have been increasing routes of data dissemination to audiences by expanding web presence to enhance user experience and increase availability and reach of resources, information, training, and communication.

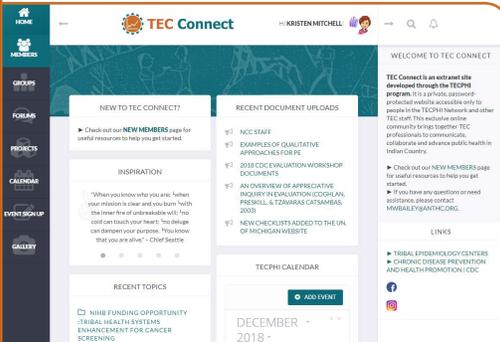
Progress:

In Year 1, an estimated 96,000 new and returning visitors accessed TEC websites with approximately 13,000 reported downloads of TEC publications.

Performance Measure

Number of users of TEC websites:

96,000



"TEC Connect is up and running! It's been a great space to connect, collaborate, and share resources."

– Network Coordinating Center

The NCC has supported all TECs in increasing visibility, reach, and in disseminating publications and information via *TribalEpiCenters.org*. All TECs have contributed to the content of *TribalEpiCenters.org* website and new features, improvements, and resources have been added to website, including 10 new TEC success stories posted to the website in Year 1. Over 9,000 new and returning visitors accessed the site and there were 900 downloads from *TribalEpiCenters.org*. The most downloaded publications from *TribalEpiCenters.org* included AASTEC's opioid fact sheet, "TEC Public Health Authority Core Functions," and the "TEC timeline."

TEC Connect was launched in May 2018 and had 93 users by the end of Year 1. Additionally, the NCC launched a new Instagram profile and TECPHI e-newsletter during the time period to improve communications and drive traffic to the websites.

NCC conducted 10 usability tests for *TribalEpiCenters.org* and *TEC Connect* and is continuing to make improvements based on feedback.

Challenges:

Some TECs reported they do not have a reliable method for tracking users and/or document downloads on their websites, thus the baseline is likely underreported. TECs are in the process of making changes and enhancing their websites to allow better web analytics to include tracking of usage and document downloads. In addition, TECs are working to improve user experience and are using social media to increase visibility.

"Our connection with the rest of the TEC network has been a significant benefit as a result of this project. Our connections have been more than the TEC Connect message boards... it has also connected us with various other TECs at a personal and professional level. In the photo, staff from three different TECs came together to plan for various community health assessments in each of our communities... Through TECPHI, our objective is to continue meetings like these as we grow and learn from each other's practice. Additional collaboration sessions, whether in person or virtually, are being planned and are expected to continue growing the capacity of the entire TEC network."

– United South and Eastern Tribes Tribal Epidemiology Center



Enhancing Technical Assistance and Support to Tribes, Tribal Organizations, and Urban Indian Organizations

Technical Assistance

All TECs are providing ongoing and enhanced technical assistance (TA) to T/TO/UIOs and working to increase their capacity to respond to TA requests. Additionally, TECs often respond to state and federal requests.

TA provision is one of the TEC seven core functions and is a significant way the TECs can support improving the health and well-being of their Tribal community members and work toward eliminating health disparities. TA is broadly defined as the exchange and/or the provision of resources, information, training, data access, collection, and management, program development, implementation, maintenance, evaluation, and identification of health priority areas. TA may also include site visits, presentations, data requests, and evaluation assistance.

Progress:

In Year 1, over 660 TA requests were fulfilled by TECs and at least 53% of the TA requests were fulfilled for T/TO/UIOs. One TEC did not collect data on the type of organization requesting the TA. Common TA provided included data collection, data provision, evaluation, presentations, site visits, data analysis, publication review, grant writing, and community planning and programming.

TECs are enhancing mechanisms for tracking TA to better capture types of TA provided and to which organizations. Enhancements include adding TA requests forms/links to TEC websites (e.g. GPTEC, NEC, and OKTEC), creating more detailed and more accessible internal tracking procedures (e.g. GPTEC, NWTEC, RMTEC and UIHI),

hiring outside contractors to create a TA request/response flow process (e.g. CTEC), hiring a technical assistance coordinator (e.g. GPTEC), and using other data collection software (i.e. REDCap) to systemize data collection and analysis (e.g. ANEC and NCC).

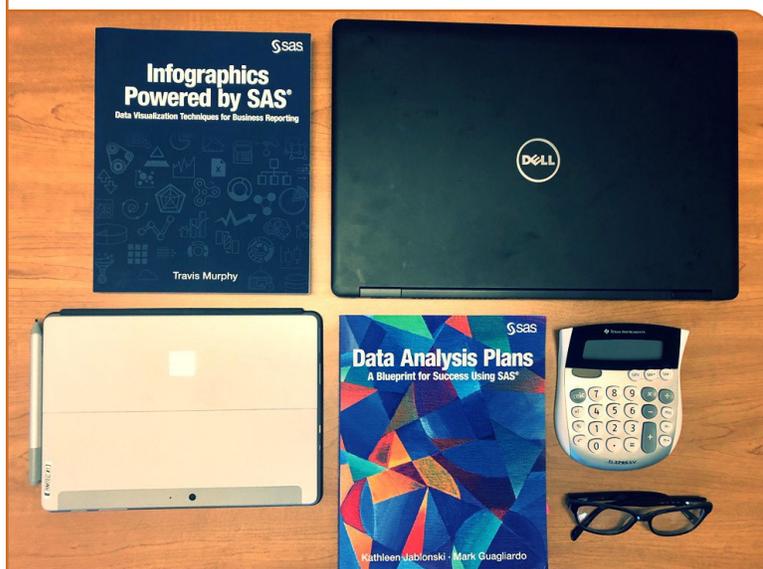
TECs also created a variety of toolkits, assessments, and guidance documents to support T/TO/UIOs. GPTEC compiled several resources to create an assessment to capture Tribal public health capacity and infrastructure, priorities and needs, and interest level in seeking accreditation. GPTEC will use responses to tailor specific training, TA, etc. GPTEC is also in the process of developing an Indigenous Evaluation Toolkit that will be made available on the GPTEC website.

USET is developing a toolkit to identify general infrastructure and public health assets and needs of Tribes. The toolkit is being created with support and input from a variety of internal and external partners.

Performance Measure

Number of technical assistance requests fulfilled at least in part by TECPHI funding:

660



"Teamwork makes the data dreamwork... TECPHI funding has allowed RMTEC to form a new Data Management Team. As a result, RMTEC is better equipped to serve the Tribes through improvement of collecting and monitoring data, providing technical assistance, and responding to data requests in a timely manner."

— Rocky Mountain Tribal Epidemiology Center



Technical Assistance Request Form

Please complete and submit this form to request technical assistance (TA) from the Navajo Epidemiology Center. A member of our team will respond to you shortly.

Name of Requestor:

Role/Job Title:

Organization:

Street Address:

City:

State:

"The Navajo Epidemiology Center Vision is Empowering Dine' People to achieve Hozho through naalniih naalkaah (epidemiology - disease surveillance). During January 2018, the NEC updated the webpage www.nec.navajo-nsn.gov to include upload a 'Technical Assistance Request Form'... The NEC works directly with the Navajo Nation Department of Information Technology (NN DIT) who helped design and maintains the webpage...There is an increase in the use and access to the Form."

– Navajo Epidemiology Center

ITCA staff conducted intensive site visits to eight subawardees and provided tailored TA on surveillance and related data systems. RMTEC conducted site visits to all nine reservations in their area. During these visits, RMTEC staff identified Tribes who had completed a CHA within the previous 5 years, Tribes in the planning stages of conducting a CHA, and those requiring a CHA.

The NEC has been working to understand the local data needs and identify priority health indicators in preparation for implementing a comprehensive data management system. NEC offered TA and worked on enhancing a system to accurately monitor requests and responding in a timely manner. In January 2018, NEC updated their website to include a "Technical Assistance Request Form" enabling easy method for submitting TA requests.

Challenges:

The challenge in tracking TA is that all TECs define, categorize, track, and qualify TA differently and thus the TA PM may be underreported. Some challenges mentioned by TECs in fulfilling TA requests included making TA responses consistent and ensuring appropriate follow-up, tailoring TA responses to the needs of the T/TO/UIOs and subawardees, and delays in developing TA tracking systems.

Planning for Sustainability

As described in Table 2 on page 10, the sustainability of a program is dependent on a variety of domains. Engaging in activities that build and plan for sustainability is one of the key strategies of the TECPHI program. One way that TEC sustainability is enhanced is with an increased capacity to secure funding. This activity includes increasing knowledge of funding opportunities, supporting grant application submission processes, and attending/providing grants writing and management trainings. Various other domains of sustainability (e.g. funding, partnerships, staff, communications) are being monitored by the eight performance measures. Finally, strategic planning is an important component of planning for sustainability and many TECs and the NCC will be using strategic planning to guide TEC work for the next several years.

Grant Opportunities and Management

TECs are providing grant writing training and support to enable T/TO/UIOs and other TECs to increase the number of successful grant applications. Training topics include grant writing, grant management, grant reporting, evaluation, and how to effectively partner and leverage resources. Grant writing support includes: identifying appropriate grants to apply for; providing data for grant applications; and providing other assistance in the preparation and review of grant applications.

Progress:

In Year 1, TECs applied for 117 grants and were awarded 95, the majority of which were federal grants. Many TECs shared funding opportunities with Area partners and organizations via their websites, emails, or listservs.

TECs supported Area partners and organizations in developing 53 additional grants. Some examples of support provided include supplying data for the background or statement of need, providing a technical review, and developing evaluation plans. Six TECs offered grants writing trainings to Area partners and organizations.

The NCC has worked to identify and share potential sources of funding. The NCC regularly tracked and disseminated grant opportunities to partners via *TribalEpiCenters.org* and *TEC Connect* and approximately 30 grant opportunities were shared in Year 1. The NCC sponsored an in-person Grants Management training in Anchorage, AK that was attended by a total of 30 people, which included 14 TEC staff from eight TECs. The training was so highly rated that participants requested the same instructor for the next level of Grants Management training to be held in July of Year 2.



"A circle has no beginning and no end; it signifies the strength of an unbreakable bond... The circle also represents the network of relationships that we have built through our work together. Our impact as an organization depends largely on the partnerships that we develop and foster... As the significance of the circle is common among us, so is our shared goal of improving health and wellness within Native American communities and nations across our country."

– Albuquerque Area Southwest Tribal Epidemiology Center

Performance Measure

Number of grant opportunities applied for or supported by TECs:

170



"Across NWTEC we were able to identify that projects were often kept in their own silo. This created inefficiency, with projects often having to duplicate effort or use their limited resources to answer a question that could be more efficiently answered by another project. With TECPHI funding... we have been able to move from staff describing themselves as isolated to a collaborative environment that is able to leverage varied areas of expertise."

– Northwest Tribal Epidemiology Center

Strategic Planning Toolkit

Inter Tribal Council of Arizona Inc.
Tribal Epidemiology Center



"The strategic planning workshop... was provided to our Tribal subawardees as a way to develop a clear plan on how to develop and support their public health programs... This workshop would not have been possible if it was not for the TECPHI funding and the partners like Blue Stone Strategy Group, LLC."

– Inter Tribal Council of Arizona
Tribal Epidemiology Center

TECs are interested in conducting strategic planning sessions for themselves and supporting partners to participate in strategic planning to plan for sustainability of programs. For example, ITCA hosted a 2-day in-person Strategic Planning Workshop for their subawardees who were provided with a toolkit outlining a strategic planning process designed specifically for their Tribal partners. Participants were asked to reflect on the question "What are you trying to achieve?" and develop a framework for a strategic plan that included a mission, vision, values, goals, and action plans for their program.

UIHI conducted a strategic planning session to determine an organizational Indigenous Evaluation Framework applicable to urban Indian communities. RMTEC and ANEC have made strategic planning a priority for Year 2.

Supporting Awardees

Year 1 was a planning and pre-implementation year for many of the TECPHI awardees and the CDC and the NCC worked to support the awardees in meeting the expected goals of the program. As the funder, the roles of the CDC include establishing the overall TECPHI program vision, objectives, and overseeing program performance and business management matters. The NCC supports the program, in collaboration with the 12 TECs and the CDC, by providing overall coordination, logistics, communication, and technical assistance to the CDC, the 12 TECs, and other partners.

TECPHI awardees have appreciated the constant support and communication from the CDC. The monthly meetings have provided opportunities to address challenges and barriers as they arise and have enhanced the collaborative nature of the award. The TECs would like the CDC to continue connecting TECs to federal agencies, subject matter experts, etc. to identify potential collaborative projects or other opportunities. Subject matter experts specifically requested included a variety of chronic conditions, infectious diseases, unintentional injury, child health, and nutrition to assist in selection of evidence-based interventions or policies and procedures appropriate for Area partners and organizations. Awardees have also appreciated the CDC's continued efforts to advocate for TECs to CDC leadership and other policy makers.

Several awardees identified opportunities the CDC could further enhance TEC efforts. Specific requests for technical assistance included data analysis for community health profiling, spatial analysis, program evaluation, identifying alternative resources for training, education (including mechanisms to earn continuing education units) and curriculum development for staff and/or geographically remote community members, identifying policy and systems change opportunities, capacity and infrastructure assessment/evaluation resources, and engaging multi-sector workgroups.

Other support requests included assistance identifying qualified candidates for staff vacancies, accessing primary and secondary datasets (e.g. BRFSS), communicating and disseminating TEC-related news, and ensure timely communication to expedite contract approval processes. Finally, the CDC could support national TECPHI evaluation efforts by reminding TECs of the focus of the program is to increase capacity, infrastructure, and support sustainability for **all** TEC staff and activities and of the role of the CDC and the NCC in achieving the goals of the program.

As the coordinating entity, the NCC has worked to create opportunities for TEC staff to learn from the wisdom of their colleagues, connect, and collaborate. Several TECs mentioned that *TEC Connect* has been a useful platform to connect with other TEC staff, and the TEC Directors have appreciated the NCC coordinating and leading collaborative projects that are time and resource intensive (e.g. TEC Journal Supplement, conference exhibit booths, etc.). Other areas that have worked well include coordinating the national TECPHI evaluation approach resulting in an approved plan within the first 6 months of the funding opportunity, establishing the CoP approach for TEC staff to interact, offering training opportunities (both in-person and virtually) on a variety of topics to build capacity, and providing resources or technical assistance support as needed.

The NCC has also recognized opportunities to further the goals of the program including using social media to increase visibility and reach of TECs, enhancing the CoP experience to promote more active participation, and encouraging TEC staff to utilize *TEC Connect*. In Year 2, the NCC plans to conduct an implementation evaluation of NCC services and has developed an internal evaluation plan to ensure that awardee and CDC needs are met.

Conclusions

Year 1 of the TECPHI program has been a time of enormous growth for TECs. TECs experienced many achievements in planning and implementing activities to build Tribal public health capacity and infrastructure. TECs have accomplished significant gains across all program areas including workforce development, partnerships and collaboration, communication and outreach, technical assistance, and sustainability.

The initial progress of the TECs and the TECPHI program is the first step to increase public health capacity and infrastructure in Indian Country. The TECs, and the TECPHI program, will continue to evolve and grow over the course of the funding period to support their Area partners and organizations to address chronic disease prevention and other health priorities. Baseline data from the TECPHI performance measures will serve as a benchmark to track continued growth over the course of the TECPHI program. Progress, outcomes, and photos and stories from awardees will be reported and shared on an annual basis to demonstrate the impact of the TECPHI program on improving overall health and wellness in Indian Country.

Appendix A: TECPHI Photo Narrative Submissions



Tribal Epidemiology Centers Public Health Infrastructure Program YEAR 1 PHOTO NARRATIVE





Storytelling is an important aspect of indigenous evaluation. Stories “support the interpretation of the data” and stories are a traditional way of sharing what does and does not work (Tribal Evaluation Workgroup, 2013, p. 2). Stories allow participants to provide context to their experience. By incorporating stories into evaluation, participants are able to reflect on the relationship of activities to the anticipated outcomes or goals of their work (LaFrance and Nichols, 2009).

In addition to contributing the performance measure data, TECs and the NCC are participating in a photo narrative project (a process similar to PhotoVoice) by submitting 1-2 photos with a corresponding brief narrative annually for each photo in response to the overarching evaluation question and each of the four specific evaluation questions. The photos and narratives give context to performance measure data and/or allow TECs and the NCC to fill gaps and highlight work not represented by the performance measures. The photos and narratives illustrate observed and/or experienced changes of TEC and NCC capacity, infrastructure, and sustainability over time. Photos and narratives are being collected with the intention to be shared on *TribalEpiCenters.org* to visually demonstrate program progress.

References:

LaFrance, J., & Nichols, R. (2009). *Indigenous evaluation framework: Telling our story in our place and time*. Alexandria, VA: American Indian Higher Education Consortium (AIHEC).

Tribal Evaluation Workgroup. (2013). *A Roadmap for Collaborative and Effective Evaluation in Tribal Communities*. Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

Overarching Question:

What can TECs do now that they were not able to do before TECPHI funding?



"As a Tribal Epidemiology Center, one of our aims is to provide our partners with high quality data, both secondary and primary sources, which represent their own unique communities. Although this can sometimes feel like a monumental task, we rely on the wisdom of the communities that we serve to guide us. Through the TECPHI project, we have developed the Tribal Data Users Workgroup where we gather our partners together to discuss data needs, issues, opportunities, and guiding principles of data collection and use. Our workgroup partners include high ranking political officials and subject matter experts, and through the development of the workgroup, we have constructed a space where those individuals can gather together and share ideas. We have purposely designated seats at the table for those who hold the various types of wisdom that we need in order to successfully serve our partners. The workgroup has provided the opportunity to explore the pathways to Indigenous Data Sovereignty which is truly the foundation of our work in Tribal data. With this workgroup as our resource and guide, we will confidently move forward into new opportunities to gather and produce data for our partners."

Albuquerque Area Southwest Tribal Epidemiology Center



"As a direct result of TECPHI funding, CTEC has increased our own capacity as a TEC to perform primary data collection activities and monitor the health of Natives in California, and to provide more frequent and robust training to Tribes. While our TECPHI funds are distributed across all the CTEC epidemiologists, the funding also allowed us to hire an additional epidemiologist and program evaluator to increase our time capacity for providing technical assistance to Tribes and to account for extra time collecting new data. Our TEC staff received extra training this year in subjects including SAS, data visualization, and evaluation to increase their ability to provide training to the Tribes. This increase in staff time and expertise paid off quickly when we hosted the Grant Writing and Evaluation training for staff members of Tribes and Tribal organizations. With our staff leading most of the training sessions, we provided sessions on a range of practical topics."

California Tribal Epidemiology Center



"This year GLITEC was able to support a community member submitting an abstract to the NIHB Public Health Summit and provide resources for them to present."

Great Lakes Inter-Tribal Epidemiology Center



"In FY18, there were 661 instances of Technical Assistance (TA) across the EpiCenter, of these 155 were directly supported by TECPHI. This TA has included data analysis, data provisions, material and education distribution, project evaluation, planning and multiple presentations."

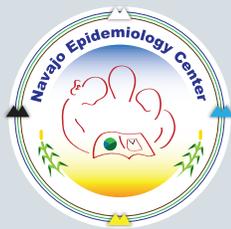


Alaska Native Epidemiology Center



“The Navajo Epidemiology Center can now expand our partnership with the Navajo Area Indian Health Services, Tribal Organizations, Navajo Department of Health - Divisions, Navajo Chapter Governances, Dine’ College, Navajo Technical University, other higher education universities and colleges, State Health Departments of AZ, NM and UT, and non-profit organizations to increase awareness and to empower Dine’ People to achieve Hozho through naalniih naalkaah (epidemiology - disease surveillance). The I.H.S. Division of Epidemiology and Disease Prevention (DEDP) has been NEC’s primarily federal funding since 2005 to address seven core functions of epidemiology. TECPHI is an opportunity for NEC to expand and enhance our capacity to access data through data collection and analysis into reports for access; continue to build disease surveillances; attend and provide trainings and conferences to share the products and projects, and to strengthen partnerships. Both DEDP and TECPHI will help increase the collaborative approach with the Good Health and Wellness in Indian Country and Native Connections efforts.”

Navajo Epidemiology Center



Navajo Epidemiology Center
Naalniih Naalkaah
(disease surveillance)

The 7 core functions of the Navajo Epidemiology Center

- Collect data
- Evaluate data and programs
- Identify health priorities
- Make recommendations for health service needs
- Make recommendations for improving health care delivery systems
- Provide epidemiologic technical assistance
- Provide disease surveillance

Contact us:
Tel: 505.871-4239
Website: www.dcd.navajo-nm.gov
Email: navajopeid@ndoh.org

Mission
The mission of the Navajo Epidemiology Center is to contribute to Hozho of Dine' People by monitoring health status, monitoring disease surveillance, conducting health research, conducting disease outbreak investigations, reporting health data, providing technical assistance, and identifying priority health concerns.

Vision
The vision of the Navajo Epidemiology Center is to empower Dine' People to achieve Hozho through Naalniih Naalkaah (epidemiology - disease surveillance).

Projects of the Navajo Epidemiology Center include:

- Infectious disease epidemiology
- Chronic disease epidemiology
- Behavioral & lifestyle epidemiology
- Behavioral health epidemiology
- Intergovernmental
- Food security
- Preventive health care
- Public health promotion
- Health research



“Across NWTEC we were able to identify that projects were often kept in their own silo. This created inefficiency, with projects often having to duplicate effort or use their limited resources to answer a question that could be more efficiently answered by another project. With TECPHI funding the IDEA-NW project has been able to focus on the way statistics staff are structured within NWTEC. We have been able to move from staff describing themselves as isolated to a collaborative environment that is able to leverage varied areas of expertise. Moving forward we hope to use this as a catalyst for TEC-wide change.”

Northwest Tribal Epidemiology Center



**NORTHWEST
PORTLAND
AREA
INDIAN
HEALTH
BOARD
TRIBAL
EPIDEMIOLOGY
CENTER**

"This is the newly developed Wellness Around Traditional Community Health (WATCH) Program logo. The development, planning, and implementation of the WATCH Program was only possible through the newly awarded Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Grant. The WATCH Program incorporates nutrition and physical activity education into the curriculum of Tribal preschools. The new curriculum are carefully crafted to ensure compliance with Oklahoma State Education Standards. The WATCH Program also involves the healthcare providers by educating them on how to talk with parents about their child's weight and the parents of the children by sending home weekly news letters about healthy foods, providing recipes for the Food of the Month, and holding family WATCH nights at the preschools."



**Oklahoma Area
Tribal Epidemiology Center**



"Supported in part by TEC-PHI funds, GPTEC was able to hire a Technical Assistance and Training Coordinator to lead GPTEC in developing the infrastructure to systematically intake, track, plan, and evaluate the response to technical assistance requests and developing a comprehensive public health training program to support the growth of public health capacity and readiness for public health accreditation throughout the region. This position was filled by Hillary Presecan, MA in November 2017, and as a result, GPTEC has made significant process in the development of tools, systems, and protocols for the technical assistance request intake and fulfillment process, while also working with the newly hired Evaluation Coordinator (Molita Yazzie, MHS, MSc) to develop plans for evaluating GPTEC's TA services. Hillary also led GPTEC in working with Technology & Innovation in Education (TIE) - a local subject-matter expert in curriculum development and the use of innovative strategies for education and training - to develop a roadmap for the Tribal Public Health Liaison program, a comprehensive learning pathway that will simultaneously support the growth of GPTEC and Tribal public health capacity and infrastructure, but also promote the development of Tribal readiness for public health accreditation, where interest exists. The program is proposed to be beneficial both in offering a la carte training for individuals, but also certification and credentialing programs to promote the growth of a Tribal public health workforce. While this program represents a long-term vision for GPTEC's growth, the full development and initial implementation of this vision would not be possible without TECPHI funds."



**Great Plains Tribal
Epidemiology Center**

“The TECPHI funding has allowed RMTEC to hire five new staff who are directly impacting our capacity to strengthen data policies and protocols, improve and expand data agreements, advance coordination of key TEC projects, and expand outreach and communication with TEC partners.”

Rocky Mountain Tribal Epidemiology Center

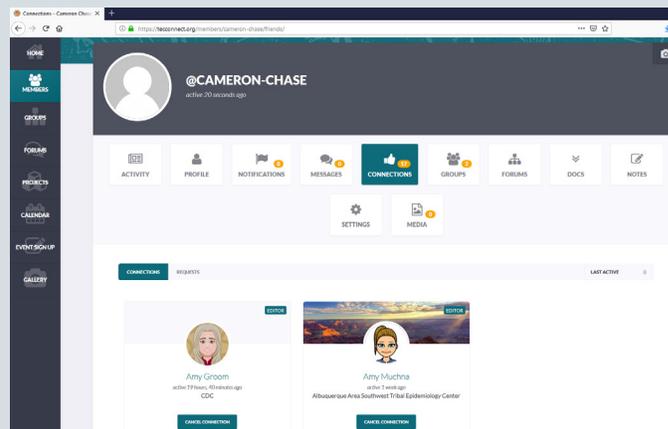


“UIHI is now able to provide a higher level of service through building our team to assist Tribes and urban Indian communities with indigenous research, evaluation, and trainings. Through this, the ceremony of research is done, simply for the love and well being of our American Indian and Alaskan Native relatives.”

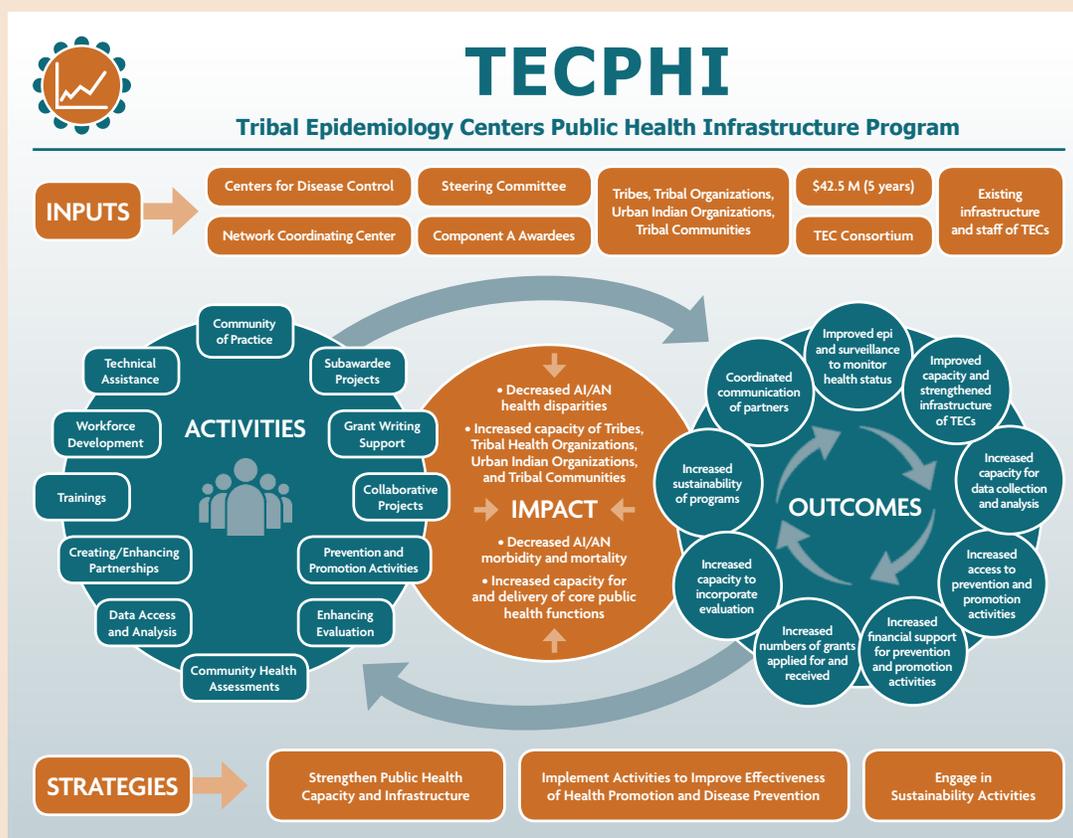
Urban Indian Health Institute



"With this funding, USET is now able to expand its staff capacity and provide a broader spectrum of public health services and capacities to its Tribal Nation members. While staffing is always a challenge to fill, TECPHI funds have helped add and support valuable assets that have helped us acquire nearly \$2,000,000 in additional project funds. These staff have been able to expand their capacities through training and networking opportunities. The TEConnect.org website is one key asset that this project has provided and allows our staff to connect with all the other TECs across Indian Country. This has proven a valuable relationship building and resource sharing platform that has allowed us to begin to build and grow our relationships with other Tribal organizations. We expect this platform to continue to serve in this role and grow as we encourage staff to collaborate and learn from each other and other TEC staff across Indian Country."



**United South and Eastern Tribes, Inc.
Tribal Epidemiology Center**



"TECPHI is an exciting new program that presents a huge opportunity to increase Tribal public health capacity and infrastructure. Look at all of those activities and anticipated outcomes!"

Network Coordinating Center



“There are two main ways that the TECPHI funding has helped us to raise awareness of our services as a Tribal Epidemiology Center: 1) through the provision of subawards and 2) through the development of our Tribal Data Users Workgroup. As a TEC, we aim to directly engage as many of the communities in our area as possible, so one of our key TECPHI activities was the distribution of subawards to support community-specific data projects. In the process of working with the awarded communities, the TECPHI team traveled to have in-person visits to discuss the services we offer as a TEC. That process facilitated our ability to share information about our services and discuss new directions with our partners. Our Tribal Data Users Workgroup has provided us with not only a platform to present information on our services to key partners, but also the opportunity to gather feedback from those partners regarding new services they would like to see us provide. In this way, our Tribal Data Users Workgroup acts as an additional advisory board for our TEC, giving us firsthand insight into the needs and desires of our partner communities. The workgroup members, who represent a large portion of the Tribes in our area, are in turn able to take the knowledge of our services and expertise back to their communities and organizations.”

Albuquerque Area Southwest Tribal Epidemiology Center



“Through our data collection efforts for the Tribal Behavioral Risk Factor Survey, CTEC staff completed 41 site visits and interacted with a diverse range of the AI/AN communities across California. Our presence at so many public events, ranging from clinic visits, to huge Pow Wows, to intimate celebrations at local museums, allowed us the time and opportunity to talk with Native Americans across the state who were unfamiliar with CTEC. We took advantage of this opportunity to bring brochures and materials that describe our services to increase awareness of what we offer. The picture below shows Zoilyn, an epidemiologist at CTEC, describing what CTEC is and offers to a crowd of potential BRFs survey participants at a Karuk Tribal Reunion event. In addition to the BRFs activities, our outreach coordinator has begun sending out monthly funding opportunities to interested Tribes and Tribal health programs. This monthly reminder also serves to maintain engagement with Tribes who we work with regularly, and to remind them of the other technical assistance we provide.”

California Tribal Epidemiology Center



“Supported in part by TEC-PHI funds, GPTEC has been able to significantly expand its staff, including the hiring of two new positions: the Technical Assistance & Training Coordinator (Hillary Presecan, MA) and the Public Health Liaison (Carly Shangreau, BSHS). Partly as a result of this expansion, GPTEC has been able to expand its presence and visibility through collaborative efforts and outreach opportunities within the Great Plains region. For example, GPTEC staff operated booths at the Great Plains Area Good Health & Community Wellness Symposium (August) as well as the Turtle Mountain Community Health Fair (September) to disseminate updated GPTEC promotional and data products, conduct outreach related to expanded GPTEC services, and make connections with local and regional staff that support our work. This will undoubtedly contribute to increased awareness of and engagement with GPTEC services and expertise in the future. As described elsewhere in this report, GPTEC has also been able to pursue a wide variety of additional collaborative opportunities, supported at least in part by TEC-PHI, to further engage TEC, state, federal, Tribal, and other partners more meaningfully toward this same end.”



Great Plains Tribal Epidemiology Center



“In the past IDEA-NW would have to dedicate the majority of their teams time to logistics associated with being able to, and actually conducting data linkages. With the expansion in funding the IDEA-NW team has been able to focus more on interacting with Tribes and Tribal organizations. The NWTEC hosts Tribal delegates from the 43 recognized Tribes in Oregon, Washington and Idaho for quarterly meetings. Over the last year we were able to attend multiple Quarterly Board Meetings where we presented on the IDEA-NW project and solicited feedback about how to best utilize our resources to address their Tribal community’s needs.”



Northwest Tribal Epidemiology Center



NORTHWEST
 PORTLAND
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 EPIDEMIOLOGY
 CENTER

"GLITEC had a booth at the NIHB public health summit; TECPHI supported this awareness building activity."

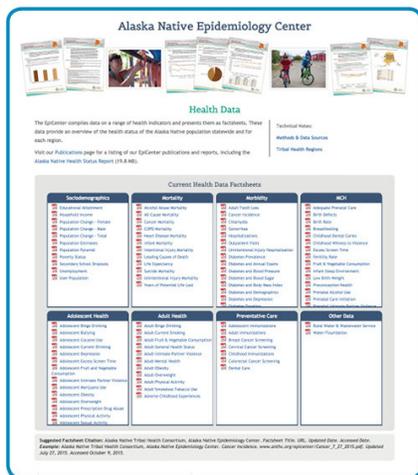
Great Lakes Inter-Tribal Epidemiology Center



FY17

Total pageviews:
2,370

Unique pageviews:
1,641



FY18

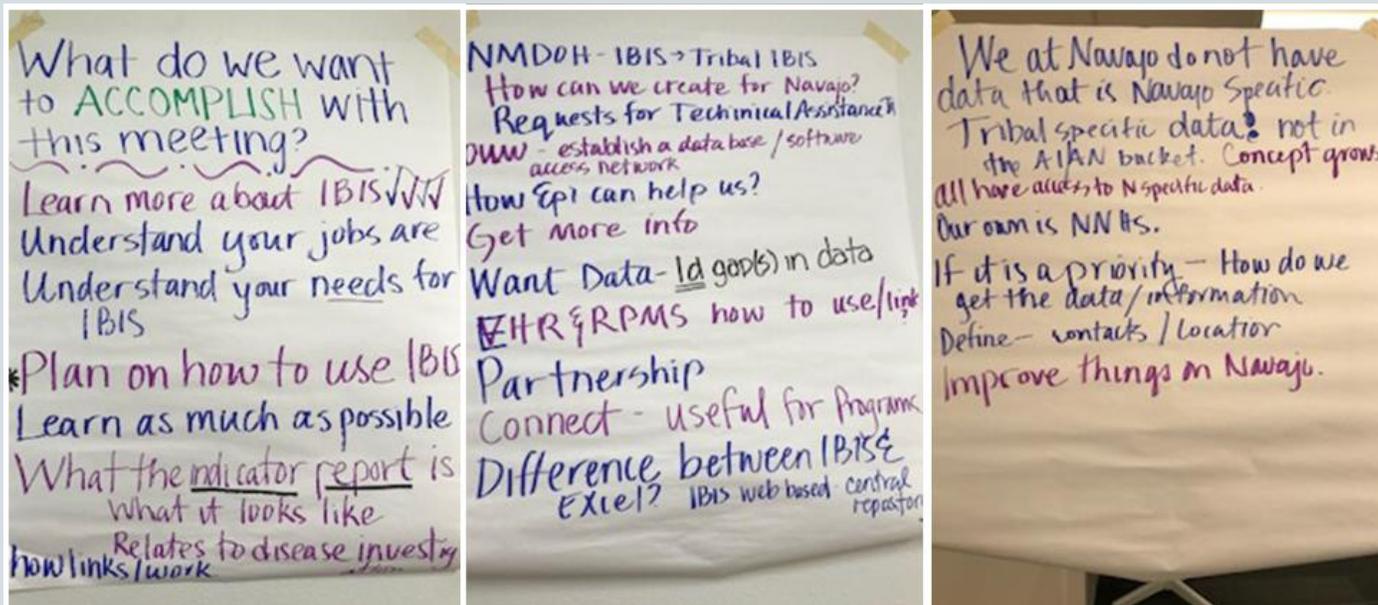
Total pageviews:
2,458

Unique pageviews:
1,967

"Awareness was tracked by the number of unique webpage views. Data show count of page views before TECPHI and during TECPHI Year 1."

Alaska Native Epidemiology Center





"The Navajo Epidemiology Center conducted a 'Tribal Epidemiology Center's Public Health Infrastructure Symposium' on July 20 and September 12, 2018, in Window Rock, AZ.

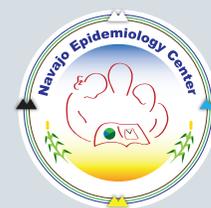
Objectives:

- Become familiar with existing delivery and data systems for potential linkages with Navajo IBIS;
- Assist Navajo Nation to determine health status objectives and services needed to meet those objectives;
- Provide technical assistance to develop Navajo Nation health priorities on chronic disease prevention and other health priority areas; and,
- Cultivate multi-sector collaborations.

This photo narrative was selected to demonstrate the facilitated discussion among symposium participants who shared their expectations to increase awareness to include the following: Learn more about IBIS. What does NEC provide? What indicator reports does NEC have available? What are reports are available as it relates to disease

investigation? How are requests for technical assistance from the NEC? The focuses were to raise awareness of NEC and introducing the Navajo Indicator Based Information System and priorities of health indicators among key stakeholders from the Navajo Department of Health fellow Programs and Divisions. The NEC currently lacks a data system where health data can be stored and accessible to the Navajo partners and programs. NEC is currently exploring what web-based data files are available to increase awareness to health information regarding the Navajo population. At the end of this symposium, the NEC received positive feedback and lessons learned included the need to become more visible among the Programs and Divisions to share the reports available on the website."

Navajo Epidemiology Center



"It's a difficult and daunting task to describe all 12 TECs unique characteristics and breadth of activities for the TECPHI program. Hot off the presses, the new TECPHI brochure will hopefully make describing 'what we do' a little easier."

Network Coordinating Center





“The Rocky Mountain Tribal Leaders Council Epidemiology Center maintains strong relationships with many Tribal programs and Tribal Health Directors through regional health leader and Tribal Chairpersons’ meetings, but upon receiving TEC-PHI funding, we identified that these relationships and the awareness of our services could be improved upon. The service area for the RMTEC spans eight reservations and 10 Tribes all across Montana and Wyoming, so it is often difficult to travel to each of the Tribes. TEC-PHI funding made these site visits possible. In the summer of 2018, at least one TEC-PHI staff member was able to visit every Tribe to talk about health topics of concern and communicate directly with health department staff about the services and expertise that we offer. Pictured above are three TEC-PHI staff and our Epi Center director at The People’s Center, where we

learned more about the history of the Confederated Salish and Kootenai Tribes following our visit with their Tribal Health Director.”

Rocky Mountain Tribal Epidemiology Center



“Coordinating TEC exhibit booths at events around the country is a great collaborative activity among the TECs and opportunity for networking. TEC information has flown off the table, and we have had really great questions and conversations about what TECs do.”

Network Coordinating Center

“The strategic planning workshop is provided in partnership with Blue Stone Strategy Group, LLC. It was provided to our Tribal sub-awardees as a way to develop a clear plan on how to develop and support their public health programs. The benefits of the workshop is to ensure the clarity of purpose of each program, establish realistic goals and objectives, establish benchmarks for measurement of progress, and focus resources and staff on key priorities. Each Tribal participant left the training with a strategic plan that encompassed their individual scope of work, and that is aligned with Building Tribal Public Health capacity and infrastructure within their communities. This workshop would not have been possible if it was not for the TECPHI funding and the partners like Blue Stone Strategy Group, LLC. Along with working closely with Blue Stone Strategy Group, LLC, ITCA TEC further developed relationships with The Grantsmanship Center, Inter Tribal Council of Nevada (ITCN), Center for Disease Control and Prevention (CDC), Public Health Associate Program (PHAP), and the American Management Association (AMA).”

Building Public Health Infrastructure in Tribal Communities to Accelerate Disease Prevention and Health Promotion in Indian Country



Public Health Infrastructure Working Group
Twin Arrows, Diné ADG Room
22181 Resort Boulevard, Flagstaff, AZ 86004
August 14-16, 2018

Through the Public Health Infrastructure Working Group, ITCA TEC is able to provide epidemiological support for the purpose of building public health capacity and infrastructure in Tribal communities. The Public Health Infrastructure Working Group is an activity where participating Tribes come together twice a year and share their success. The Tribes receive tailored training that directly benefits their individual projects. During the Public Health Infrastructure Working Group, ITCA TEC receives important feedback regarding technical assistance and training needs that would be beneficial to additional Tribes. Working with the TECPHI partner Tribes, we have been able to improve TEC services overall.

Strategic Planning Toolkit
*Inter Tribal Council of Arizona Inc.
Tribal Epidemiology Center*



**Inter Tribal Council of Arizona, Inc.
Tribal Epidemiology Center**



“The Oklahoma Area Tribal Epidemiology Center (OKTEC) has increased the number of collaborative partnerships over the past year. These partnerships have increased the awareness of many of the technical assistance services provided by the OKTEC to our area Tribes, Tribal organizations, and urban Indian clinics. The OKTEC relies on a plethora of Tribal community members, Tribal organizations, state and federal organizations, and urban Indian clinics to provide essential services and programs to the forty-three federally recognized Tribes in the Southern Plains area. ‘It is the long history of humankind (and animal kind, too) that those who learned to collaborate and



improvise most effectively have prevailed.’
-Charles Darwin”

**Oklahoma Area
Tribal Epidemiology
Center**





“The below photo is from a grant writing workshop in August 2018. The facilitator (standing) is discussing the grant writing plan that members from three different Tribal Nations have designed and are discussing. This is a novel activity that our Tribal Nations have had difficulty achieving in the past. They are sharing their resources and knowledge with guided facilitation from area experts that USET was able to help provide. This is only one of many skills that USET has grown or supported between our Tribal Nation members and even internally. The goal of this project is for USET to continue improving upon the services we offer. We have started with grant writing and management and would like to continue into compliance and other public health data and program management trainings to grow the public health capacities and infrastructure of our members.”

“Through TECPHI funding, UIHI was able to host a series of four workshops in which participants from across the country attended. Pictured above, our two-day Decolonizing Diets workshop, held at the Pike Place Market, allowed an interactive experience to learn about traditional foods and beverages. It also provided UIHI the chance to share the work that we do, and the services that we offer such as data requests and TA for research and evaluation for urban Indian organizations.”

**United South and Eastern Tribes, Inc.
Tribal Epidemiology Center**



Urban Indian Health Institute





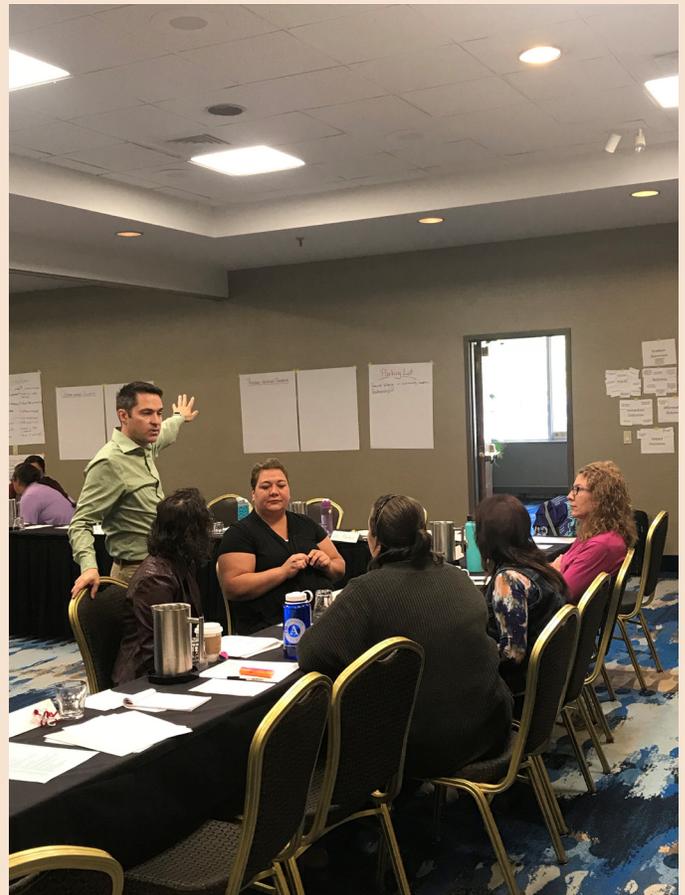
"Our TEC staff has grown substantially as a result of our TECPHI funding. Through the grant, we added four new staff and have supplemented various other staff as they have supported our projects. The added staff members brought new ideas, expertise, and networking opportunities to our organization, including already established working relationships with some of our area's more prominent Native health training organizations. Those partnerships have in turn led to a number of wonderful training opportunities for our own staff, further enhancing our internal capacity. Together our team has attended workshops and trainings in leadership and team building, evaluation methodologies, and data collection techniques. Our goal is to use that internal capacity growth to turn around and provide additional opportunities to grow the same capacity within the communities that we serve."

Albuquerque Area Southwest Tribal Epidemiology Center



"GLITEC was able to host two well attended and received trainings for Tribal and urban Indian clinic staff to attend. TECPHI supported participant attendance and training logistics."

Great Lakes Inter-Tribal Epidemiology Center





“CTEC’s ability to collect and monitor data on the health status of Tribal populations has increased in two specific ways as a direct result of TECPHI funding. First, this funding has allowed us to create a partnership with UCLA to oversample American Indians/ Alaska Natives for their California Health Interview Survey, which will give us in-depth new insight on the current health issues facing AIANs here in our state. Second, this funding allowed us to repeat our Tribal Behavioral Risk Factor Survey with more responses than ever before. This iteration of the survey includes a new component on Adverse Childhood Experiences, and includes a youth survey, which has not been done before here in California. These two new data sets will be helpful for Tribes in our state who are looking for data to use in grant proposals or when planning programs and prioritizing health issues. The ability of CTEC to collect this primary data makes CRIHB stand out as a Tribal organization. CTEC intentionally included the majority of our staff in the BRFSS data collection to ensure that we will have lasting institutional knowledge of the process. This builds our capacity as a TEC to conduct major data collection activities in the future. The picture here includes Daniel, a staff member and



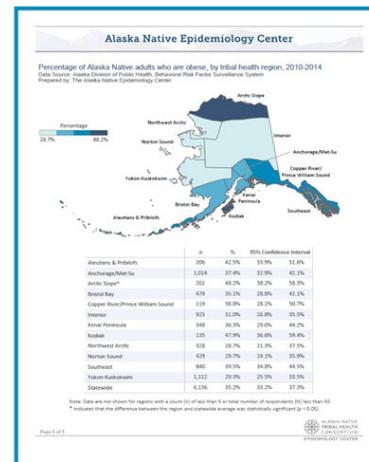
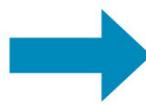
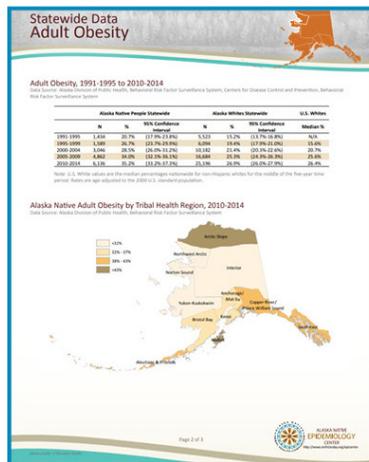
‘survey master’, describing the BRFSS survey procedure to a participant. Rippy, the CTEC mascot, helpfully observes the interaction from Daniel’s shoulder.”

California Tribal Epidemiology Center

“During FY18, TECPHI selected Tableau as a new data visualization tool to explore ways of increasing efficiency in the production process of health status factsheets.”

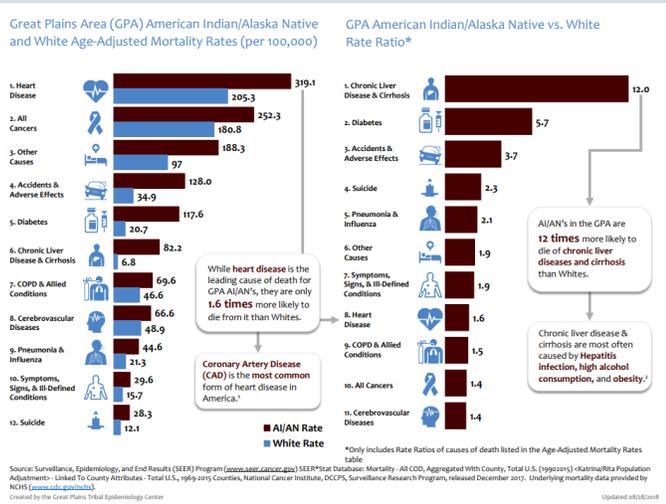


Alaska Native Epidemiology Center

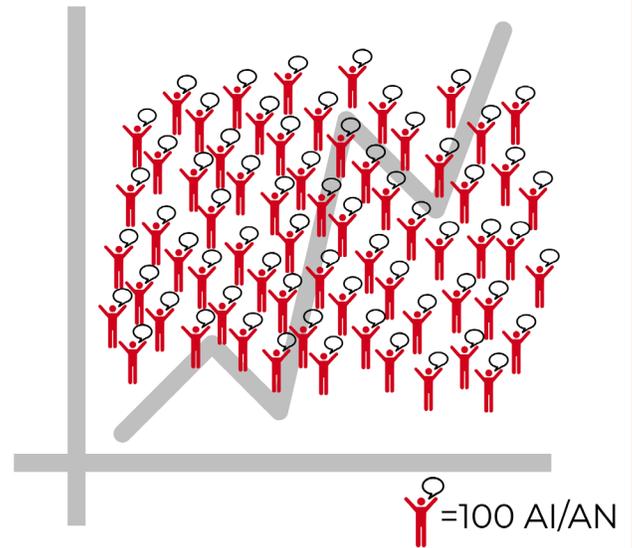


"Through TEC-PHI funds, GPTEC was able to post and hire for a Data Products Manager. This position was designed to: provide leadership for the development of high quality data products and services for GPTCHB/GPTEC and its partners; oversee the end-to-end production and dissemination of all GPTEC data products for Tribes and other stakeholders; ensure the quality of all data and metadata within GPTEC's growing Digital Resource library; maintain and expand the archiving capabilities of the Library; and promote health literacy among GPTEC's stakeholders by contributing to the development of training opportunities and providing technical assistance on data interpretation, use, and communication in support of public health decision-making. Since the hiring of Sarah Shewbrooks, MPH to fill the position in June, she has worked to enhance GPTEC's data products by making them more visually appealing. This has included updated Mortality and Maternal & Child Health reports at the regional and Tribal level. She also contributed to the updating of materials for and completion of GPTEC's Community Health Profiling training held in August, and the pursuit of capacity within Tableau for the future development of GPTEC data dashboards. Overall, this position has contributed significantly to the growth and expansion of GPTEC's data capacity and services."

Great Plains Tribal Epidemiology Center



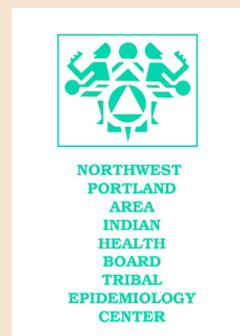
Giving a voice to 6,744 American Indians and Alaska Natives (AI/AN) in Washington



Without the TECPHI grant, the IDEA-NW team couldn't give a voice to misclassified AI/AN in 4 datasets

"Through the expansion of funding associated with the TECPHI grant the IDEA-NW has been able to greatly increase our ability to identify American Indians/ Alaska Natives who were incorrectly identified in data systems in Washington and Oregon. These efforts move beyond monitoring the health status of Tribal populations to fulfilling our duty as a Tribal Epidemiology Center to give a voice to those AI/ANs residing in Oregon, Washington and Idaho. Across four datasets we were able to identify 6,744 misidentified AI/ANs. These individuals not only increase the accuracy of AI/AN statistics but allow AI/ANs to be heard that would otherwise be left silent."

Northwest Tribal Epidemiology Center





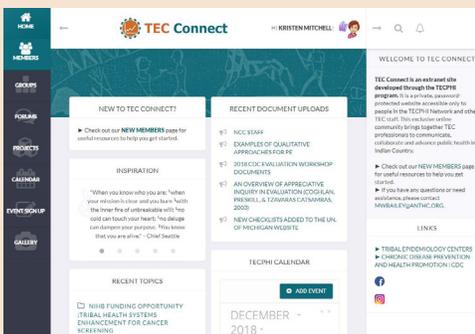
"The Oklahoma Area Tribal Epidemiology Center's (OKTEC) WATCH Program staff were able to receive appropriate training to effectively collect and evaluate data about early childhood education centers. These trainings offered the foundation for the OKTEC to be able to adequately implement and subsequently evaluate early childhood nutrition and physical activity public health interventions. The WATCH Program will overhaul the way American Indian/Alaska Native (AI/AN) youth (2-5 years old) are taught the importance of proper nutrition and physical activity. This first-of-its-kind program incorporates the early childhood education center teachers, health care providers, and parents into

an early childhood education program for AI/AN communities aimed at preventing childhood obesity and diabetes."

Oklahoma Area Tribal Epidemiology Center



OKLAHOMA AREA Tribal Epidemiology Center



"TEC Connect is up and running! It's been a great space to connect, collaborate, and share resources."

Network Coordinating Center

“TECPHI funding allowed for UIHI to hire new staff that increased our internal capacity around indigenous evaluation, epidemiology, internships, and program management. Although the funding made hiring possible, the process itself didn’t happen immediately and so there was a time with many empty desks, waiting to be filled by those with the needed expertise.”

Urban Indian Health Institute



“In the photo below, there are representatives seated around the table from at least 15 different Tribal Nations in from our area, discussing mortality data from substance abuse related deaths. This panel is serving to discuss causes and find possible area-wide solutions to the current opioid epidemic and the related behavioral health impacts. Specifically, discussion was centered around the lack of resources and prevention infrastructure to support their populations. Because of TECPHI funding and the capacities and partnerships that

are supported as a result of TECPHI activities, our Tribal Nations are gaining agency over this terrible epidemic and priming them to work with USET with greater understanding of the barriers and assets that each community has in regards to prevention and response. From this meeting, resources and partnerships were formed or discussed leading to the nearly \$2,000,000 of additional funding that USET has acquired to support public health activities in fiscal year 2019, with more than \$1,500,000 of that money going towards substance abuse prevention and response.”

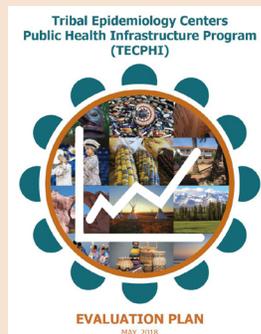


United South and Eastern Tribes, Inc. Tribal Epidemiology Center



“We are so fortunate to work with such an engaged, thoughtful, and insightful group of people. Although the NCC is responsible for coordinating the national TECPHI evaluation approach, the final plan represents a HUGE collaborative effort.”

Network Coordinating Center



EQ3

To what extent has technical assistance been delivered by TECs to Area partners and organizations to develop capacity in the use of data for surveillance and epidemiology and health priority setting as a result of TECPHI funding?



"A large portion of the work we do focuses on growing the capacity and skills of our partners, particularly in terms of data collection and use. The TECPHI funding strengthened our ability to direct those resources to the Tribes in our area who want to increase the quality and quantity of data specific to their own communities and programs. Through Tribal subawards and other projects, our TECPHI team has provided direct technical assistance to Tribes within our region in the development of a strategic plan based on community level data, the use of data to identify gaps and needs within community programming, and primary data collection opportunities and best practices. For some of the individuals involved in these projects, this was their first opportunity to see their community data through the lens of program planning and community development. Together we explored opportunities to use the data to determine future programming needs and advocate for a data-focused community health plan. For others, it was their first time engaging in the primary data collection process from beginning to end. The process taught standard techniques for interviewing and best practices in maintaining data integrity while also encouraging the use of technology to streamline and improve their data collection practice. Through these projects, we have coupled our technical assistance work with training in order to grow the capacity within the local staff."

**Albuquerque Area
Southwest Tribal
Epidemiology Center**



"A two-and-a-half-day meeting was held for immunization coordinators who work in IHS, Tribal, and urban Indian clinics across the Bemidji Area received immunization-specific training, took part in networking activities, and asked questions of state, regional, and nationally- focused immunization programming staff. The BACIP meeting was organized after feedback from immunization coordinators. Fifty-eight professionals working in immunization attended. GLITEC hosts regularly-scheduled calls for immunization coordinators to discuss challenges, celebrate success, and receive virtual training on various topics. GLITEC is available to assist I/T/U clinics and immunization coordinators one-on-one with improving their childhood immunization coverage rates."

**Great Lakes Inter-Tribal
Epidemiology Center**



“This past project year, TECPHI funding resulted in 18 instances of technical assistance. The majority of the requests were for access to data on specific health issues affecting the local AIAN population in California, though assistance was also provided in the form of training, data collection and analysis activities, reviewing grant proposals, and other types of problem solving. One major instance of technical assistance CTEC was able to conduct as a direct result of TECPHI funding was the Grant Writing and Evaluation training held in Roseville in March of 2018. This picture shows a strategic planning exercise conducted at that training. A total of 44 participants from Tribes and Tribal organizations attended 10 sessions, learning topics such as program design, collecting and analyzing qualitative and quantitative data, and conducting surveys and focus groups. Feedback from the participants indicated high satisfaction with the training, and appreciation for increasing their capacity to write grants and conduct program planning and evaluation activities.”

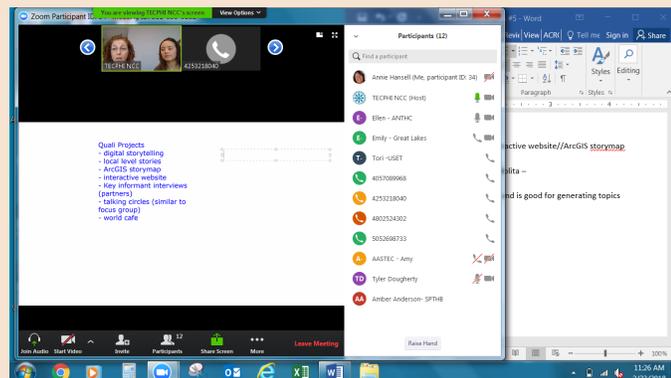
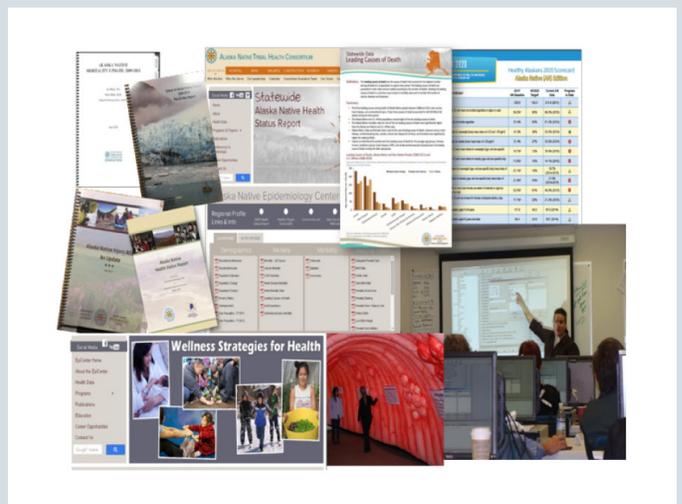


California Tribal Epidemiology Center



“In FY18, there were 661 instances of Technical Assistance (TA). This TA has included data analysis, data provisions, material and education distribution, project evaluation, planning and multiple presentations.”

Alaska Native Epidemiology Center



“The Evaluation Practice Group features an impressive breadth and depth of knowledge from TEC staff across the country. This feels like a community and we appreciate the TEC staff’s dedication and participation.”

Network Coordinating Center

OST Planning Office Survey

Introduction: The following questions ask about your information needs as a representative for the Oglala Sioux Tribe. The types of data or information being asked about in this short survey can be as diverse as the decisions you make affecting the health, safety, economic well-being, or general welfare of the people you represent. Examples of the information sources we are asking you to consider may include, but are not limited to, departmental updates, grants and contracts, research protocols, results of tribal surveys, health statistics, meeting minutes, and, other documents and reports. Electronic sources may include spreadsheets, databases, websites or other media. As you answer each question, please consider the tribal offices or departments where you might find this information.

Your answers will be kept strictly confidential. What we learn from this survey will help guide the OST Planning Office as it moves forward to develop a plan for managing OST's data assets.

Questions:

1. How often did you find it necessary to seek out information from tribal sources to make critical decisions affecting the health, safety, economic well-being or general welfare of the people you served?
 - Always
 - Most of the time
 - Sometimes
 - Rarely
 - Never



"GPTEC initiated a partnership with the Oglala Sioux Tribal (OST) Planning Office in July that began with a technical assistance request received from staff within the Office for training, access to resources, and guidance on OST Tribal data management, collection, analysis, translation, dissemination, and prioritization of data when making Tribal decisions. This staff member attended the Community Health Profiling training hosted by GPTEC in August, and GPTEC's Data Coordinating Unit responded to the request by developing a survey for the Planning Office to administer to outgoing OST Tribal Council Members to inquire about how they had used data to inform decision-making during their tenure. Since the end of the Fiscal Year, this partnership has expanded to include working with OST to create a united plan for Tribal data governance."

Great Plains Tribal Epidemiology Center

"The Navajo Epidemiology Center Vision is Empowering Dine' People to achieve Hozho through naalniih naalkaah (epidemiology - disease surveillance). During January 2018, the NEC updated the webpage www.nec.navajonnsn.gov to include upload a 'Technical Assistance Request Form' which includes the contact information of the person/ agency making the request and the technical assistance needed. This webpage is available on the NEC information pamphlet. NEC delivers capacity to Navajo Area and organization through access to information through the webpage, in-person, direct email contacts, direct from the NEC projects, public service announcements and collaborative partnerships. The NEC works directly with the Navajo Nation Department of Information Technology (NN DIT) who helped design and maintains the webpage. NN DIT also provides an analytics summary report. During September 2017-2018, a glance

of the analytics include: 4,143 Users; 15,397 Page Views; 6,299 Sessions; and the following to ten location with high number of users in orders of users:

1. Gallup, NM
2. Phoenix, AZ
3. Shiprock, NM
4. Albuquerque, NM
5. Not recorded
6. Farmington, NM
7. Flagstaff, AZ
8. Tuba City, AZ
9. Los Angeles, CA
10. Tucson, AZ

The NEC received 2 Technical Assistance Request Forms between June through September 2018 and 8 from October to November 2018. There is an increase in the use and access to the Form. The TA Request Forms include the topics of Hanta Virus, Diabetes, Research project, and Collaboration to need a few."

Navajo Epidemiology Center
Navajo Department of Health

Technical Assistance Request Form

Please complete and submit this form to request technical assistance (TA) from the Navajo Epidemiology Center. A member of our team will respond to you shortly.

Name of Requestor:

Role/Job Title:

Organization:

Street Address:

City:

State:

Navajo Epidemiology Center





“RMTEC serves American Indians that are geographically distanced over 240,000 square miles in Montana and Wyoming. As RMTEC strives to nurture strong partnerships with Tribes to develop public health services, systems, and epidemiologic capacities, employees must take to the field to facilitate lasting impressions. TECPHI funding has allowed staff to build relationships with Tribal counterparts at these locations; consequently, technical assistance requests have snowballed into joint initiatives to use data for evidence-informed action. Site visits are not all work, though. After staff have collected data, presented information, or offered advice, they sometimes find themselves dancing with chairs, children, dogs, and the echoes of laughter.”

Rocky Mountain Tribal Epidemiology Center



“The Oklahoma Area Tribal Epidemiology Center’s capacity surrounding AI/AN oral health in the Southern Plain area has increased dramatically. The OKTEC now has a dedicated oral health professional working to eliminate American Indian/Alaska Native (AI/AN) oral health education and treatment gaps, as well as working to improve communication among Tribes, Tribal organizations, and urban Indian clinics about AI/AN oral health information and data.”



Oklahoma Area Tribal Epidemiology Center



OKLAHOMA AREA
Tribal Epidemiology Center

“Over the last year we have been able to drastically increase the number of Health Data Literacy trainings we have been able to offer to interested northwest Tribes. In the span of a year, we were able to transition from triaging requests for training to expanding the offered courses and outreach we do to Tribes about our Health Data Literacy trainings. Through these trainings we have been able to help increase the data, epidemiological, and overall knowledge of Tribal health employees across the northwest.”

**Northwest Tribal
Epidemiology Center**



**United South and Eastern Tribes, Inc.
Tribal Epidemiology Center**



“In the past year, USET has provided a variety of trainings for our member Tribal Nations to grow their epidemiology capacity. However, none were more well received than the Hepatitis C conference that was hosted in September 2018. At this conference more than 40 individuals from 11 different USET member Tribal Nations met to discuss the epidemiology and methodology behind their Hepatitis C data and performance. This was a forum in which all participants were able to discuss their questions and learn from one another while also increasing public health capacities and knowledge for their Tribal Nations. This is but only one instance in which USET has facilitated capacity growth amongst our membership. Through TECPHI, USET has been able to personalize technical assistance to the unique needs of each member Tribal Nation.”

“With new staff came different levels of experience working with the American Indian and Alaskan Native community. In order to establish a baseline understanding of social determinants of health and working within Indian Country, all new staff participated in an interactive training with UIHI Director, Abigail Echo-Hawk, in which traditional regalia in the form of a ribbon skirt was created. In this photo, the skirt is being gifted to the Seattle Indian Health Boards Community Service department. These trainings grounded the staff in the framework of TA as a gift we give to our community, our responsibility is to give the greatest gift we have. As a result, the team provided uniform support in analyzing data, producing reports, providing trainings and other services using indigenous methodologies. The partner organizations were then able to use these relevant services to



increase their capacity to understand and utilize data to set their health priorities and programming.”

Urban Indian Health Institute





"A circle has no beginning and no end; it signifies the strength of an unbreakable bond. The symbol of the circle holds a common significance within all of the Tribes that we serve. It is a foundational shape for the medicine wheel, the four sacred directions, colors, and elements, and it is incorporated into many official Tribal seals and symbols. The circle also represents the network of relationships that we have built through our work together. Our impact as an organization depends largely on the partnerships that we develop and foster. The funding that we received through the TECPHI grant has played an important role in our ability to maintain and grow partnerships with other community and national organizations throughout the past year. Through the TECPHI program, we have increased the number of networking opportunities between ourselves and our partner Tribal communities and organizations. We are using those opportunities to provide for more in-person interactions with our partners in an effort to give equal representation and voice to each individual involved. As the significance of the circle is common among us, so is our shared goal of improving health and wellness within Native American communities and nations across our country."

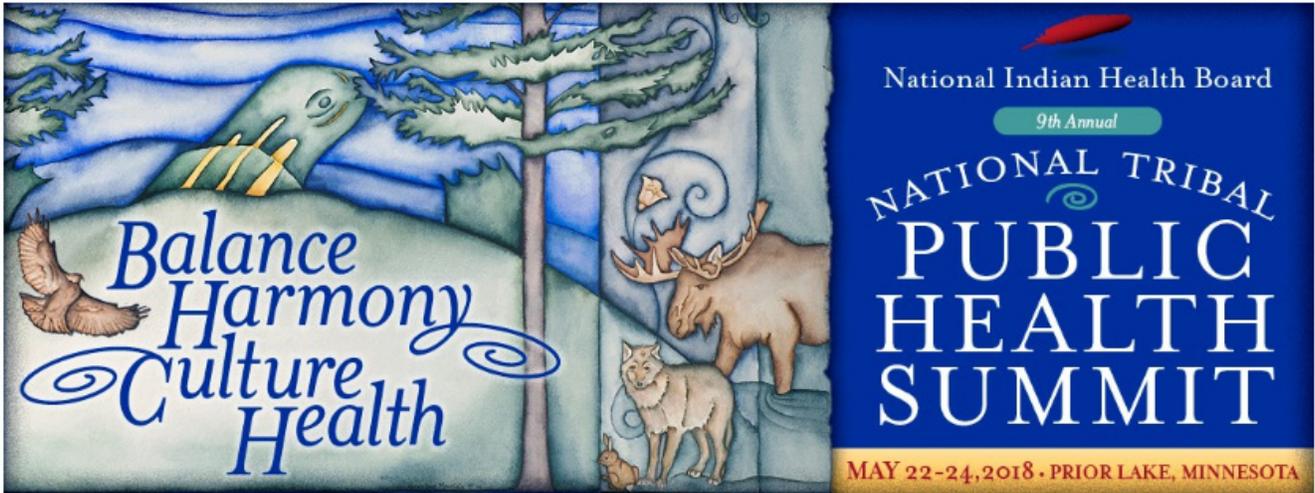
Albuquerque Area Southwest Tribal Epidemiology Center



"One of the first year projects for TECPHI was to contract with The University of California Los Angeles (UCLA) to oversample AIANs in their California Health Interview Survey. While the data sampling method has been altered and the project has been delayed into year two, the partnership with UCLA has strengthened as we've worked with them to overcome the sampling obstacles. Another partnership that has been strengthened is between CTEC and the California State Department of Health, who we have worked with to create a plan to correct racial misclassifications in state data sets. Because we are located so close to the California state capital, this is both a vital and convenient relationship for CTEC to build upon. The picture included here shows a summer research associate working on a team building exercise with Omara, an epidemiologist within CTEC. Embedding 5 summer research associates within CTEC and 4 other Tribal organizations we work with helped improve our relationships with those Tribal organizations by increasing our communication with them and giving us mutual goals of developing the skillsets of the summer associates."

California Tribal Epidemiology Center





"This year GLITEC was able to support a community member submitting an abstract to the NIHB Public Health Summit and provide resources for them to present."

Great Lakes Inter-Tribal Epidemiology Center



"GPTEC hosted a Symposium in July entitled 'Exploring the Intersection of Criminal Justice, Lakota Culture, and Behavioral Health', supported by GPTEC staff and capacity grown in part through TEC-PHI. This event engaged over 75 participants in multi-disciplinary discussion designed to foster productive discourse and build relationships across agencies, cultures, and communities. Partners attending the meeting included: Tribal leaders, program staff, and treatment directors; the Rapid City Police Department; the State's Attorney's Office; the Sheriff's Office; IHS Behavioral Health; the Addiction Technology Transfer Center at the University of North Dakota; local physicians; and community organizations including Catholic Social Services, Lutheran Social Services, One Rapid City, Rapid City Collective Impact, the Madison House, U.S. Department of Probation and Pretrial Services, and Working Against Violence, Inc. Action items and next steps included a community partner directory to support additional collaboration, as well as a follow-up Roundtable held in August for additional discussion. As a result of the Symposium, GPTEC has grown its professional network extensively within these areas, greatly enhancing our potential to pursue collaborative projects in response to these leading Tribal priorities."



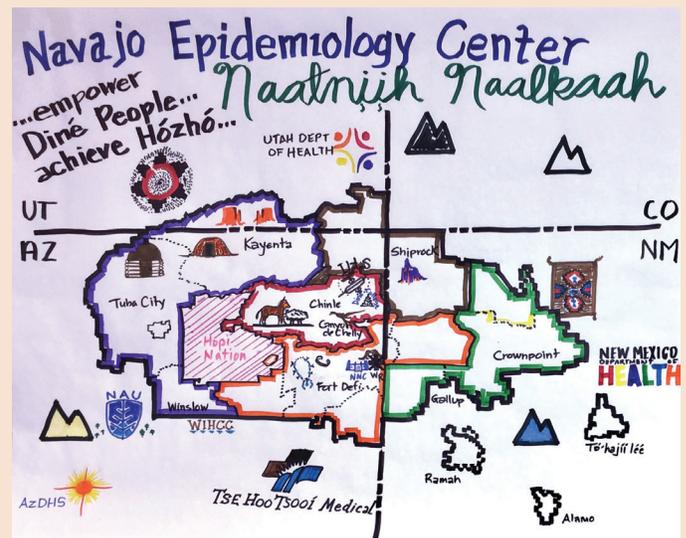
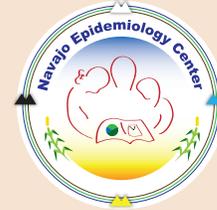
Great Plains Tribal Epidemiology Center



“Unlike the other Tribal Epidemiology Centers (TECs), Navajo provides public health services to one Tribe within the Navajo Area Indian Health Service region, excluding satellite communities of Ramah, Alamo, and To’hajii’lee (served by Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)). By cultivating multi-sector collaboration with states of Arizona, New Mexico, and Utah, the Navajo Epidemiology Center (NEC) has established and enhanced partnerships with the Centers for Disease Control and Prevention (CDC), Navajo Area Indian Health Service Units (both federal I.H.S. and Tribally-controlled 638 facilities) within Navajo Area, and Navajo Department of Health (NDOH) Tribal programs. Improving public health capacity for the NEC will include adding a workforce of three new staff to assist current staff with TECPHI activities. Building on existing public health infrastructure, a health information system will be implemented as an Indicator-Based Information System (IBIS) for public health on the Navajo Nation which supports assessing the needs and resources across the System and Area interfaced with other data systems to provide a comprehensive picture of health status, robust system of reporting to provide data to inform Tribal data driven decisions, and is value added for the IBIS user within the IBIS framework. Opportunities for prevention are identified to inform public health programming and policy decision-making. The collaborative process involves engaging, in some instances, re-engaging Area partners and

Tribal programs ensuring that they are considered in indicator and data source selection. Indicator selection lays the foundation for increased capacity for and delivery of core public health functions all TECs provide.”

Navajo Epidemiology Center



“The Alaska Native EpiCenter continues to enhance partnerships with the state, local academic institutions, and across all Tribal health regions through trainings, technical assistance responses, and coordination of resources.”

Alaska Native Epidemiology Center



“The combined anecdotal and evaluation feedback we are hearing during the first year of the Oral Health Community of Practice (CoP) under TECPHI is that this is so needed. Just in one year with word of mouth marketing, we are getting support, interest, and engagement from a variety of professions, organizations, and sectors. So far, oral health professionals, prevention specialists, public health nurses, University of Oklahoma, TSET (Tobacco Settlement Endowment Trust), and the National Indian Health Board are contributing to the diversity of this CoP. This CoP has also enhanced and strengthened the OKTEC’s relationship with the IHS OKC Area office’s Dental Support Center (IHS DSC) and their leadership. The IHS DSC is actively engaged with the CoP and proves to be a salient contributor to the CoP’s progress and proliferation. This project has been a bridge for communication, collaboration, and alignment between IHS DSC and OKTEC as well the Tribes. In the first year, we’ve identified our similar goals and ways to leverage our resources to achieve those goals. We have also identified new goals that can be achieved by way of this CoP collaborative. Members have expressed professional development and training requests and interest in true collaboration among the Tribes. The picture attached is from the launch of the CoP which was at the TEC’s 2018 Tribal Public Health Conference. Attendees benefited from the small group sessions where ideas and possibilities for the CoP were discussed. Repeated feedback from the session included the hope and excitement about a group dedicated to collaboration for the advancement of oral health among Native Americans in Indian Country.”



Oklahoma Area Tribal Epidemiology Center



“The NCC and CDC met in-person in Anchorage in December, 2017. They spent the day hearing about and asking questions about our new project. We are excited to be part of this collaborative partnership.”

Network Coordinating Center



“With the induction of TECPHI funding the IDEA-NW project has been able to expand its ability to use the Northwest Tribal Registry (NTR) to link to state data systems previously unavailable to the IDEA-NW team. The expansion of these relationships allow us to dynamically provide data to northwest Tribes. These efforts often include getting to know your fellow employee over many hours of manually linking records in a small office. During the photographed instance, we enjoyed tea offered to us by the Washington State Public Health Tribal Liaison.”



Northwest Tribal Epidemiology Center

“With the hiring of 5 new TEC-PHI staff, RMTEC has been able to expand and strengthen many partnerships. One important partnership that RMTEC has is with Montana Department of Public Health and Human Services (MT DPHHS). A MOU was signed during year one of TEC-PHI and TEC-PHI staff attended the quarterly meetings to collaborate further with MT DPHHS.”

Rocky Mountain Tribal Epidemiology Center



“Opportunities to meet in-person with our colleagues are a valuable method to establish trust and support working relationships. The Alaska Native Epidemiology Center hosted the first of hopefully many ‘TEC2TEC’ site visits. We spent the afternoon sharing information about what we do and who we serve, providing an orientation to the Alaska Tribal Health System, and sharing overviews of our major projects and programs.”

Network Coordinating Center



“As stated in the overarching evaluation question response for TECPHI, our connection with the rest of the TEC network has been a significant benefit as a result of this project. Our connections have been more than the TEC Connect message boards. While this platform is incredibly useful and is helping us to build our own capacity and resources, it has also connected us with various other TECs at a personal and professional level. In the photo below, staff from three different TECs came together to work plan for various community health assessments in each of our communities. The work products are a fruit of our shared labors and are higher quality as a result of our cooperation than if they had been produced in isolation. These relationships are very valuable to each of us and have a lot of potential to grow. Through TECPHI, our objective is to continue meetings like these as we grow and learn from each other’s practice. Additional collaboration sessions, whether in person or virtually, are being planned and are expected to continue growing the capacity of the entire TEC network.”

**United South and Eastern Tribes, Inc.
Tribal Epidemiology Center**



“Using the ancestors’ tools’ Through BRANCH Community Grants Program, UIHI enhanced and established relationships with four urban Indian organizations, working together to combat chronic disease. The picture above is from the grantee American Indian Health & Services in Santa Barbara, CA of a participant from one of their BRANCH funded workshops who said: ‘The knowledge she’s gained about her ancestral plants has helped her incorporate more traditional foods-like, chia, nopales, and acorn-into her daily life and the plant tending workshops, which often require hours of hiking in the hills and mountains, have encouraged her to be more physically active in between workshops. She has seen improvements in managing her blood pressure and diabetes, which she feels is due to her change in diet and physical activity inspired by the collective.’”

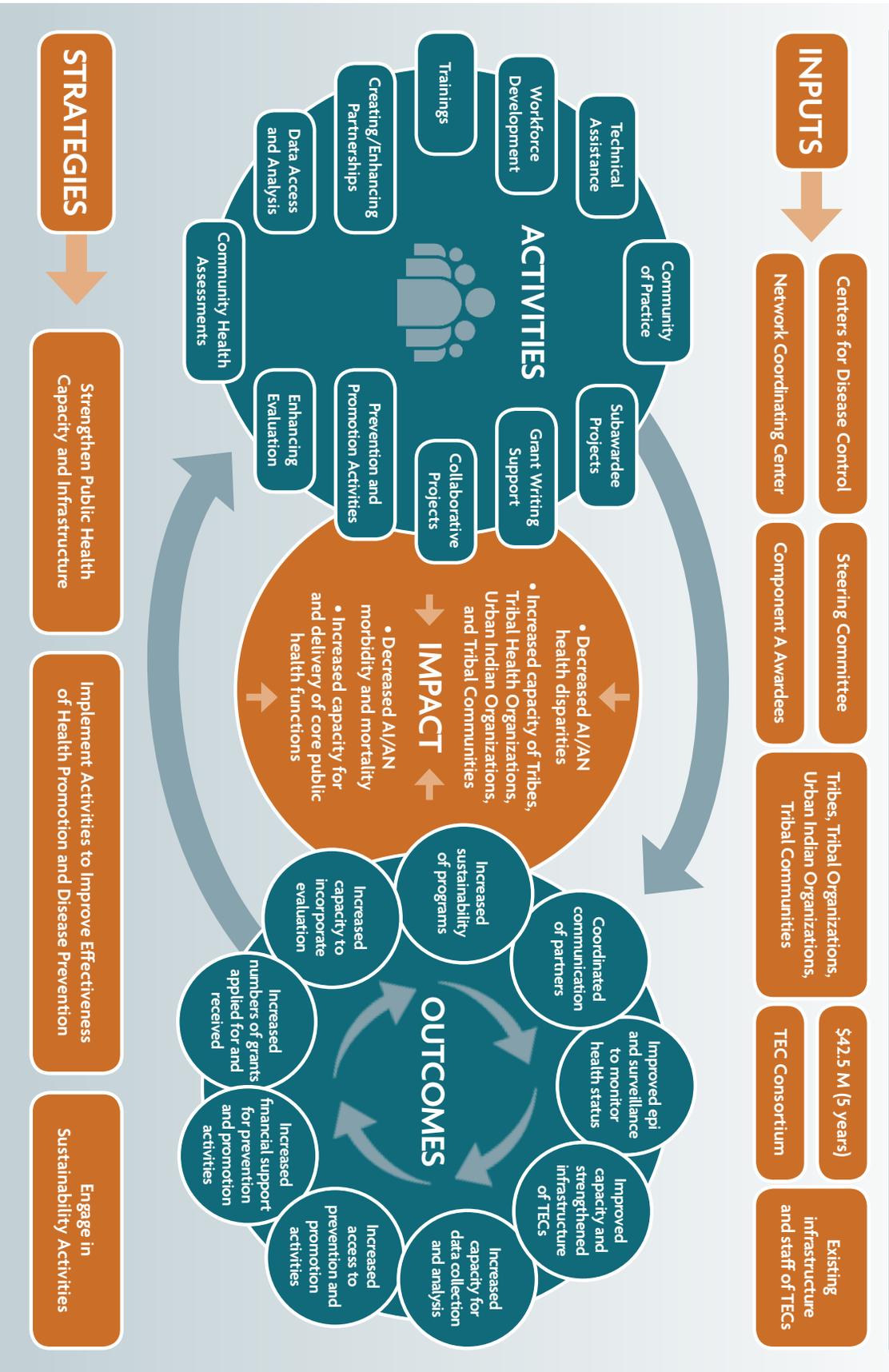
Urban Indian Health Institute





TECPHI

Tribal Epidemiology Centers Public Health Infrastructure Program





**TRIBAL
EPIDEMIOLOGY
CENTERS**