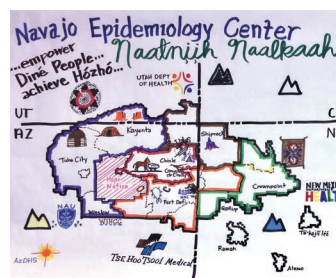





TRIBAL  
EPIDEMIOLOGY  
CENTERS

# 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.

Special thanks to the Urban Indian Health Institute for their insight and advice. The TECPHI photo narrative project was inspired by the community participatory evaluation approach used with their awardees.

**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



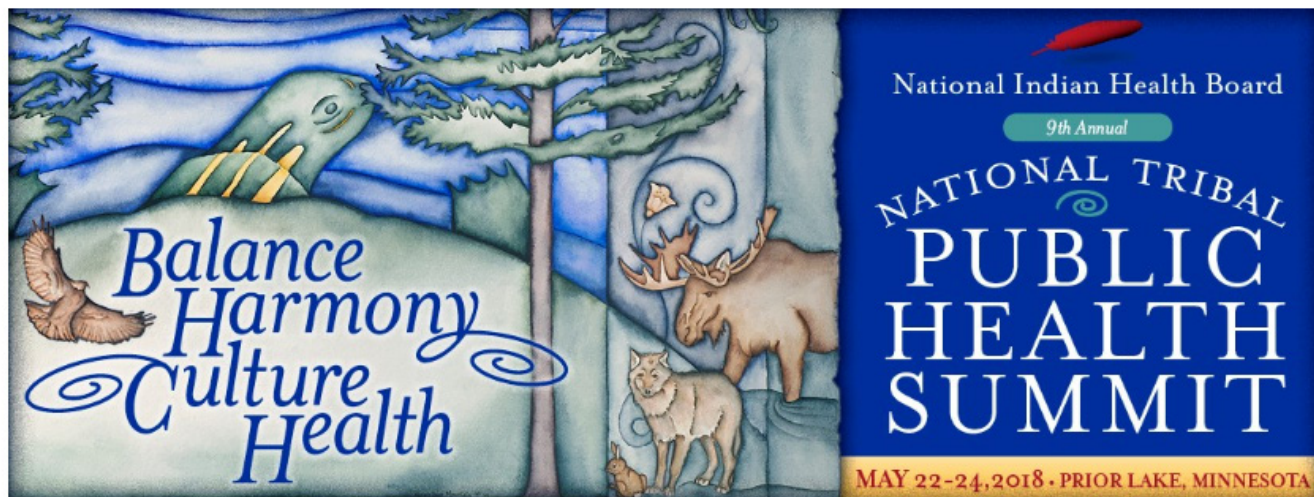
"As a direct result of TECPHI funding, CTEC has increased our own capacity as a TEC to perform primary data collection activities and monitor the health of Natives in California, and to provide more frequent and robust training to Tribes. While our TECPHI funds are distributed across all the CTEC epidemiologists, 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."

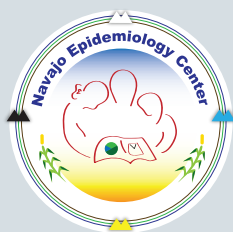


### Alaska Native Epidemiology Center



"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



"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**



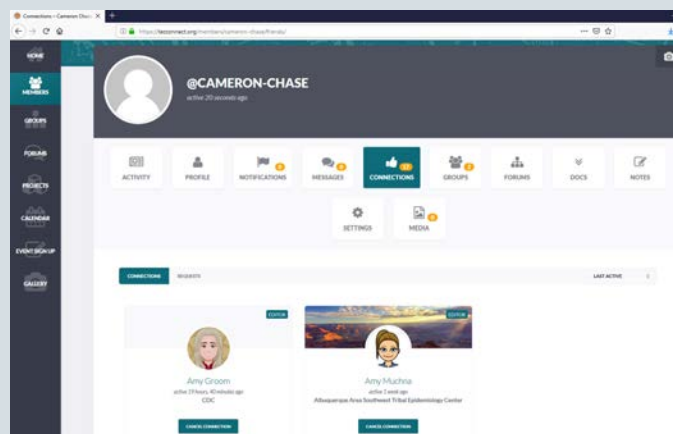
"UIHI is now able to provide a higher level of service through building our team to assist Tribes and urban Indian communities with indigenous research, evaluation, and trainings. Through this, the ceremony of research is done, simply for the love and well being of our American Indian and Alaskan Native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

### **Urban Indian Health Institute**

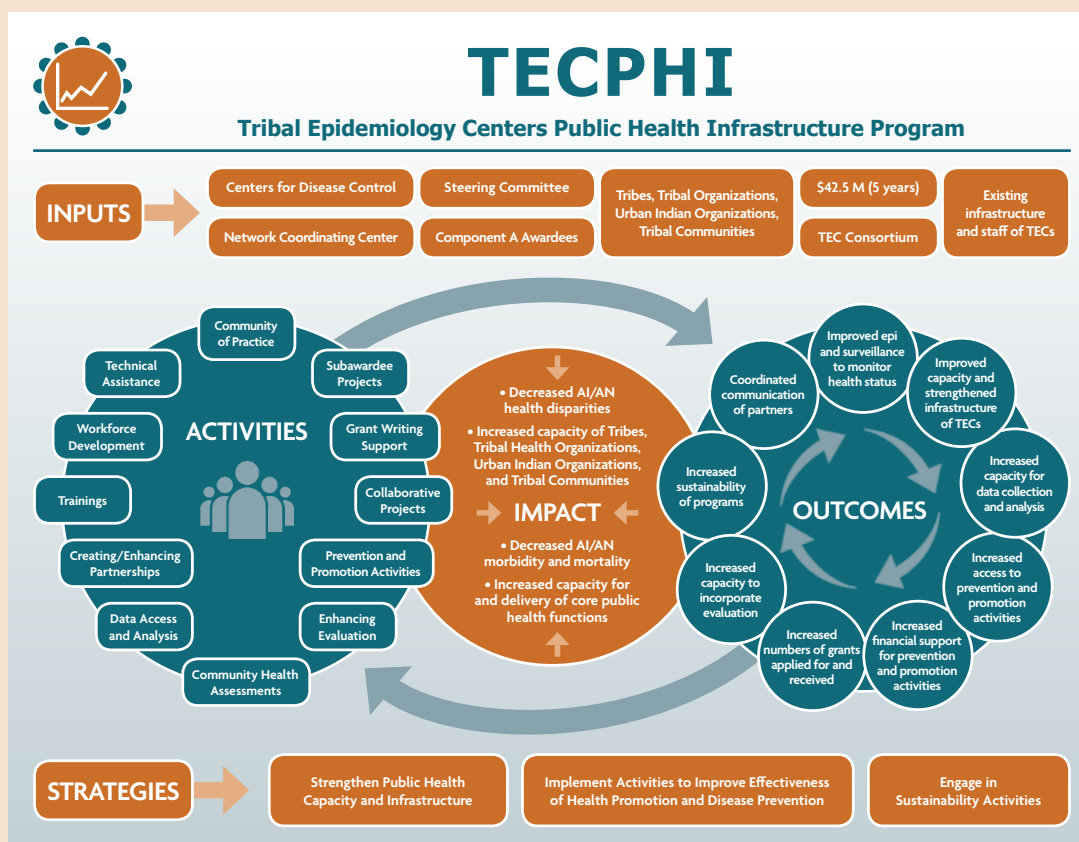


**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board

"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 TECConnect.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



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EPIDEMIOLOGY  
CENTER

## Great Lakes Inter-Tribal Epidemiology Center



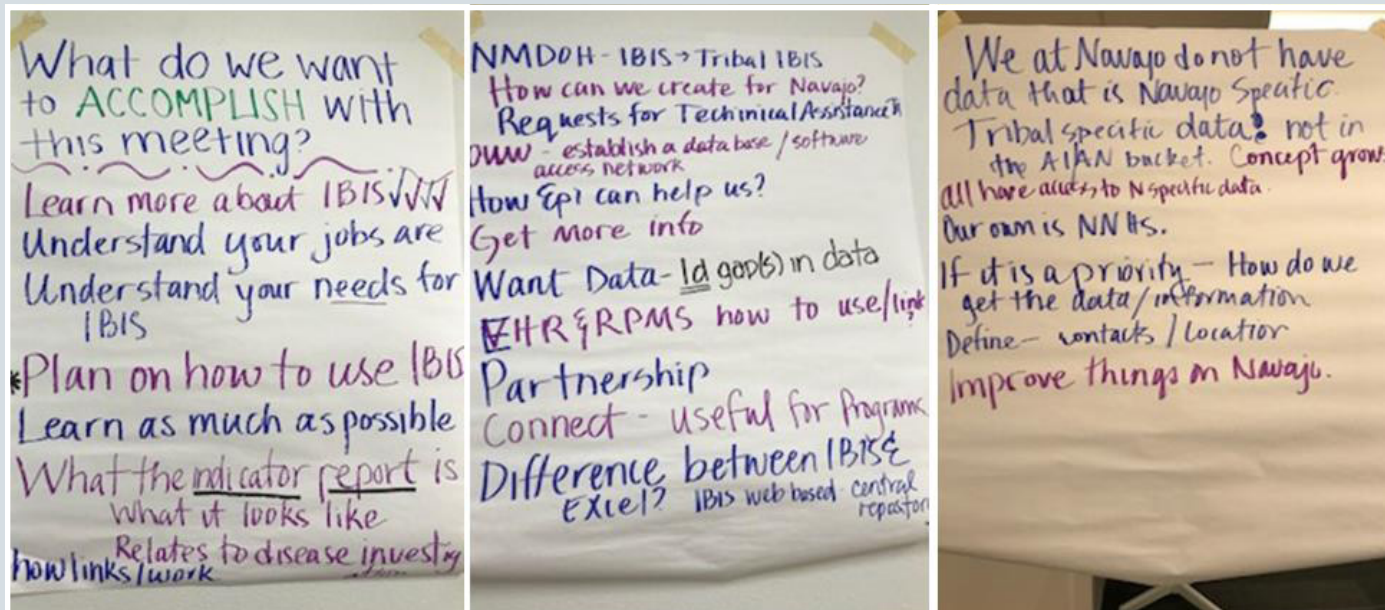
Unique pageviews:  
**1,641**



Unique pageviews:  
**1,967**

## 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.

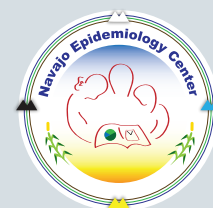
### Objectives:

- 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 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**

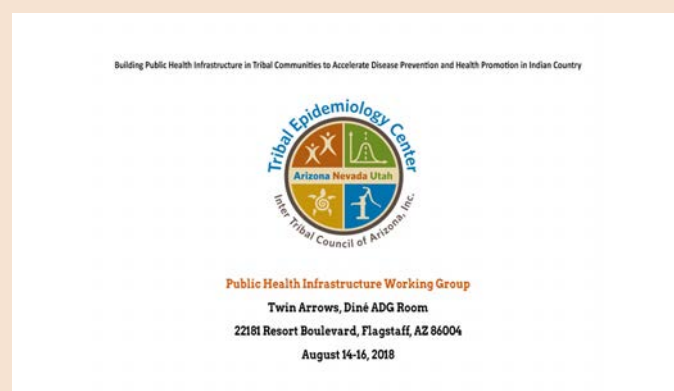
"The strategic planning workshop is provided in partnership with Blue Stone Strategy Group, LLC. It was provided to our Tribal sub-awardees as a way to develop a clear plan on how to develop and support their public health programs. The benefits of the workshop is to ensure the clarity of purpose of 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)."

### Strategic Planning Toolkit

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



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.

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



improvise most effectively have prevailed.'  
-Charles Darwin"

### Oklahoma Area Tribal Epidemiology Center



OKLAHOMA AREA  
Tribal Epidemiology Center



"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."

## Urban Indian Health Institute



"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."

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





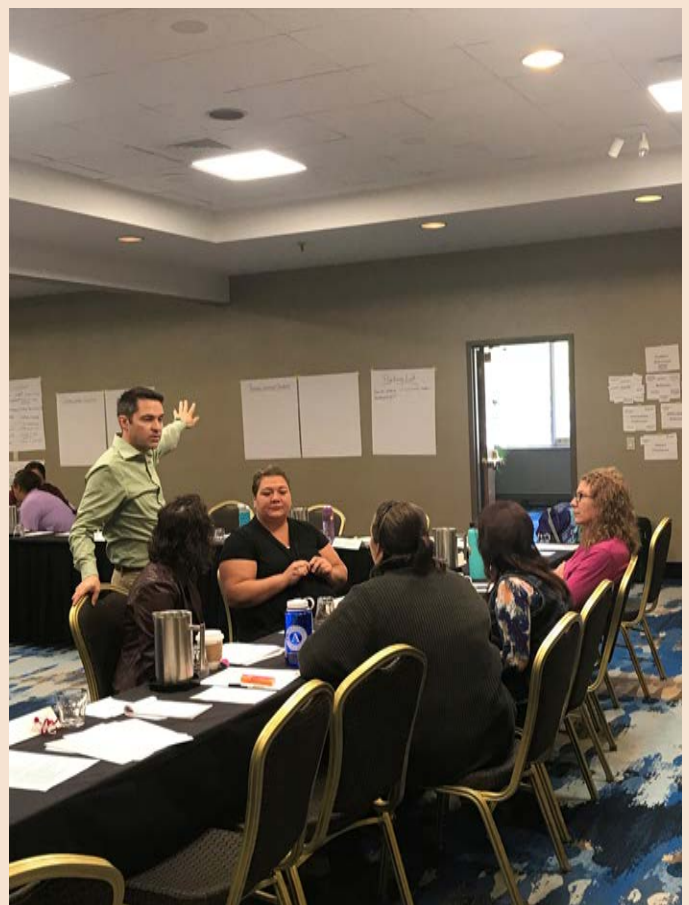
"Our TEC staff has grown substantially as a result of our TECPHI funding. Through the grant, we added four new staff and have supplemented various other staff as they have supported our projects. The added staff members brought new ideas, expertise, and networking opportunities to our organization, including 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 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

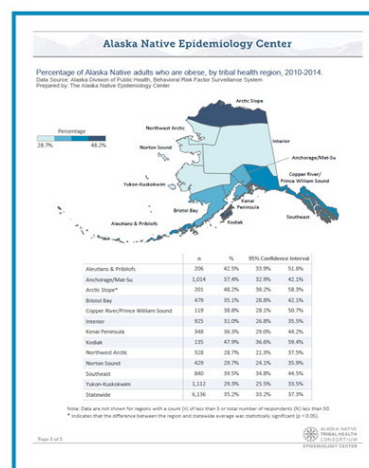
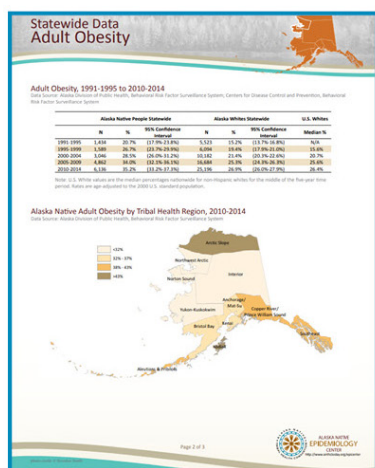
'survey master', describing the BRFs survey procedure to a participant. Rippy, the CTEC mascot, helpfully observes the interaction from Daniel's shoulder."



## California Tribal Epidemiology Center

"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

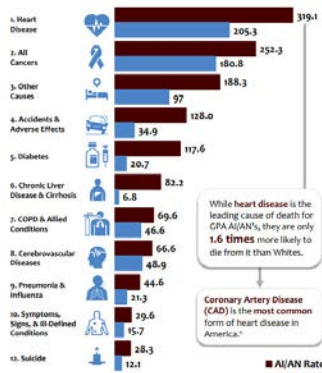


"Through TEC-PHI funds, GPTEC was able to post and hire for a Data Products Manager. This position was designed to: provide leadership for the development of high quality data products and services for GPTCHB/GPTEC and its partners; oversee the end-to-end production and dissemination of all GPTEC data 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."

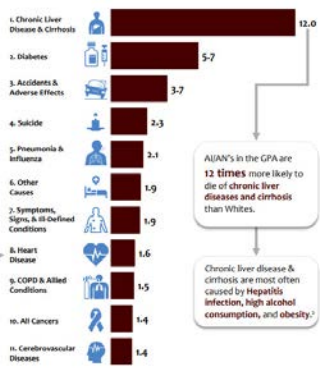
## Great Plains Tribal Epidemiology Center



Great Plains Area (GPA) American Indian/Alaska Native and White Age-Adjusted Mortality Rates (per 100,000)

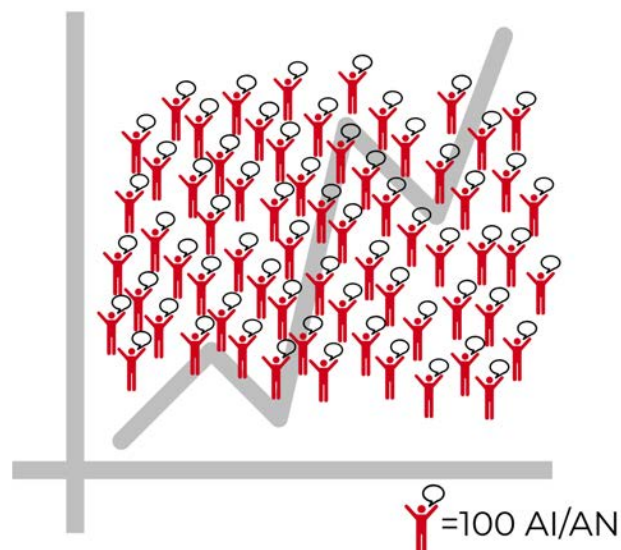


GPA American Indian/Alaska Native vs. White Rate Ratio\*



Source: Surveillance, Epidemiology, and End Results (SEER) Program (<https://seer.cancer.gov/>) SEER\*Stat Database: Mortality - All Causes, Aggregated With County, Total U.S., (1998-2015) Chronic Disease Population Adjustment - Linked to County Attributes - Total U.S., 1989-2015 Counties, National Cancer Institute, DCCPS, Surveillance Research Program, released December 2017. Underlying mortality data provided by NCHS (<https://www.cdc.gov/nchs/>).  
Created by the 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."

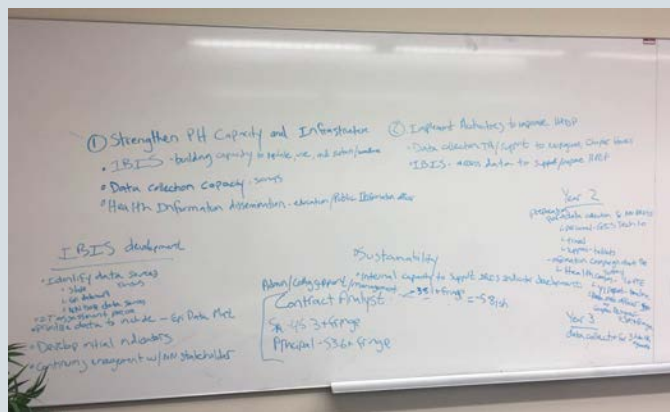
## Northwest Tribal Epidemiology Center



NORTHWEST  
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"Navajo TECPHI staff reviewed our current Year 2 Work Plan at a scheduled in-person meet in Gallup, NM, November 20, 2018, with our Project Officer, Ms. Amy Groom. The photo is a recap of our discussion to rethink the Year 2 Work Plan. Development of the Indicator-Based Information System (IBIS) currently involves the following:

- Identify data sources from: (a) state partners AZ, NM, and UT, (b) Epi Data Mart, (c) Navajo Department of Health (NDOH) data sources, and, (d) new opportunity for a project between NDOH and U.S. Census Bureau concerning vital statistics;
- Assessment of current Navajo Nation Information Technology piece to IBIS;
- Prioritization of compiled data from the Epi Data Mart;
- Develop initial indicators with NDOH Tribal programs;
- Continue engagement with Navajo Nation System stakeholders.



The Navajo Epidemiology Center will include:

Strategy 1: Strengthen public health capacity and infrastructure.

- Design, build, and implement content within the IBIS framework, e.g., data to populate in indicator profile dataset, use, and sustain epidemiology and surveillance to monitor health status;
- Incorporate data collected from existing sources, such as, health surveys, community health assessments, etc;
- Disseminate health information to support Strategy 2.

Strategy 2: Implement activities to improve effectiveness of health promotion and disease prevention.

- Increase data collection capacity with technical assistance and support of NDOH Tribal programs and community involvement/participation;
- Utilize IBIS community of practice and access to data to support and improve Strategy 2. Strategy 3: Engage in sustainable activities.
- In consultation with IBIS developers, maintain IBIS content with applying indicators to measure progress toward improved health;
- Improve collaboration between data partners."

## Navajo Epidemiology Center



"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





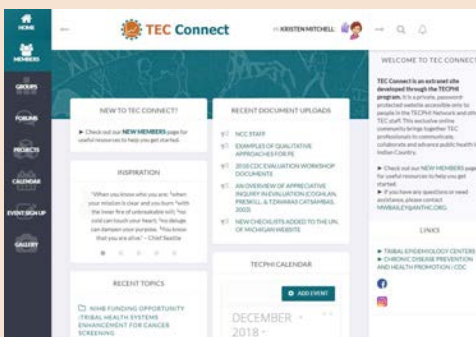
"The Oklahoma Area Tribal Epidemiology Center's (OKTEC) WATCH Program staff were able to receive appropriate training to effectively collect and evaluate data about early childhood education centers. These trainings offered the foundation for the OKTEC to be able to adequately implement and subsequently 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**

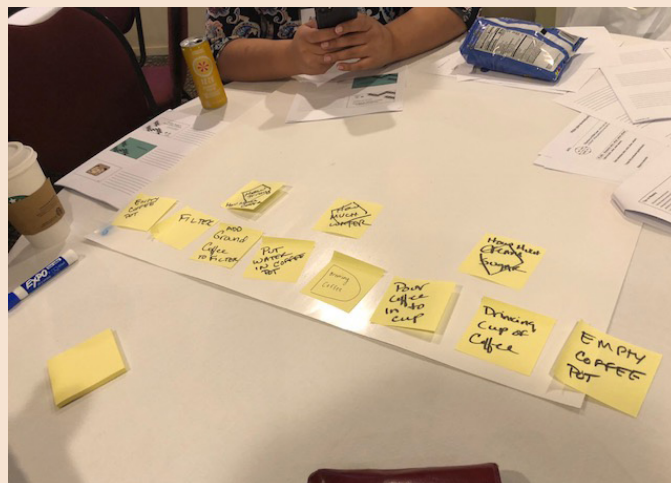


"A two-and-a-half-day meeting was held for immunization coordinators who work in IHS, Tribal, and urban Indian clinics across the Bemidji Area received immunization-specific training, took part in networking activities, and asked questions of state, regional, and nationally- focused immunization programming 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."

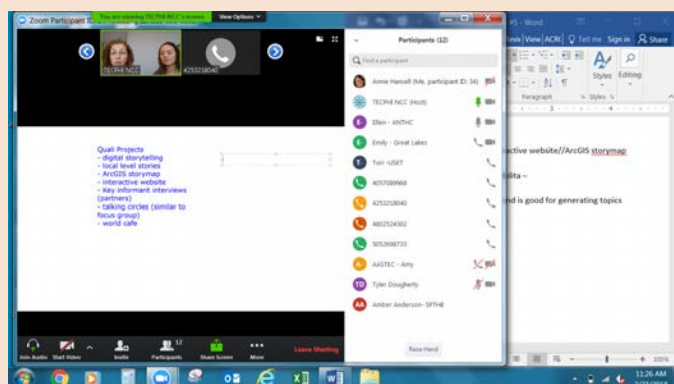
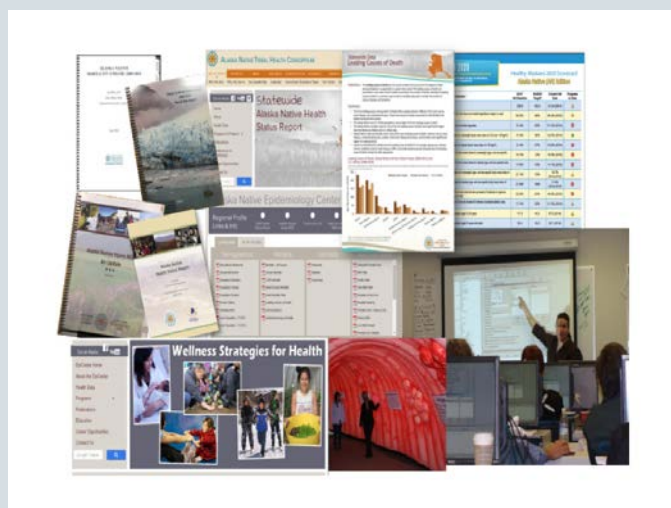


## California Tribal Epidemiology Center



"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



"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.navajon-sn.gov](http://www.nec.navajon-sn.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."

"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

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:

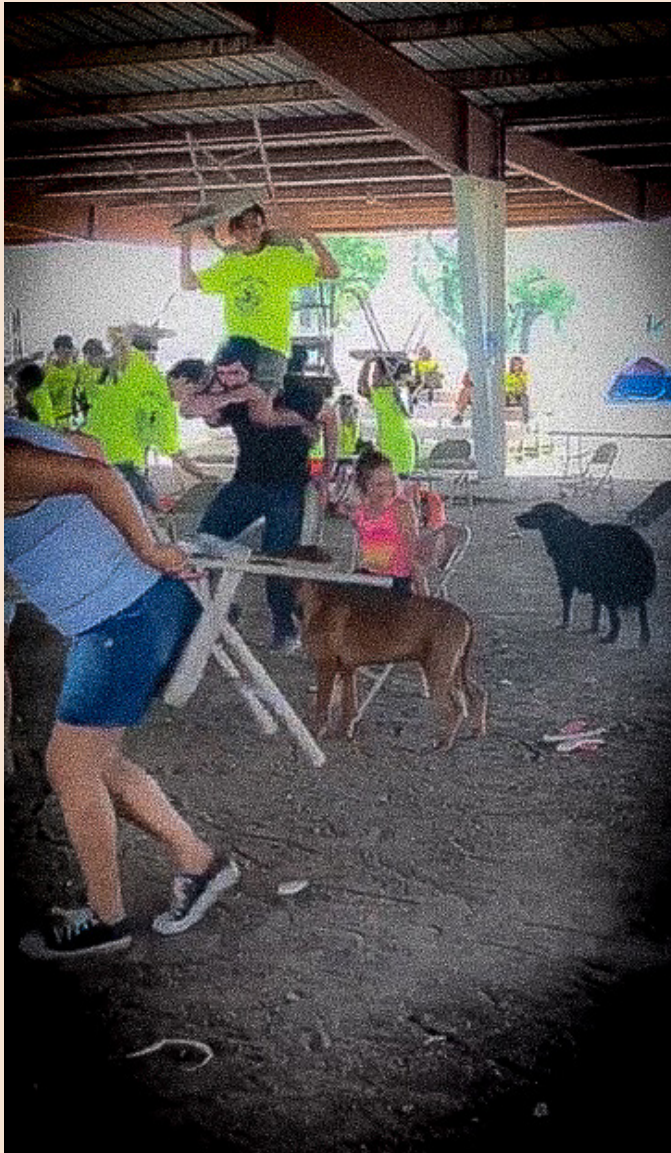
Street Address:

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."

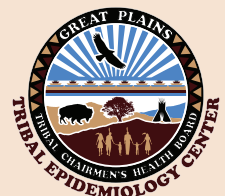
### Great Lakes Inter-Tribal Epidemiology Center



"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."



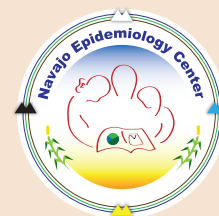
### Great Plains Tribal Epidemiology Center



"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 (AASTECC). 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



**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board



