TRIBAL EPIDEMIOLOGY CENTERS

Public Health Infrastructure Program

PHOTO NARRATIVE
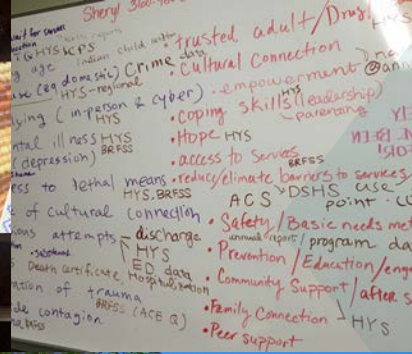## *YEAR 2*

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Introduction

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, the TECs and the NCC are participating in a photo narrative project (a process similar to PhotoVoice). A brief narrative and 1-2 photos are submitted each year that reflects upon experiences related to the evaluation questions.

The photo narrative illustrates interim answers to the TECPHI evaluation questions regarding changes of capacity, infrastructure, and sustainability. Additionally, the photos help the TECs and the NCC "fill gaps" and provide context to performance measures data that may not have been represented with the reported numerical data. 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.

Evaluation Questions

OVERARCHING QUESTION

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

EQ1 | AWARENESS

To what extent has awareness of the services and expertise offered by TECs increased as a result of TECPHI activities?

EQ2 | CAPACITY

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?

EQ3 | TECHNICAL ASSISTANCE

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?

EQ4 | PARTNERSHIPS

To what extent have partnerships between TECs and Area partners and organizations been enhanced or established as a result of TECPHI funding?

Alaska Native
Epidemiology Center (ANEC)
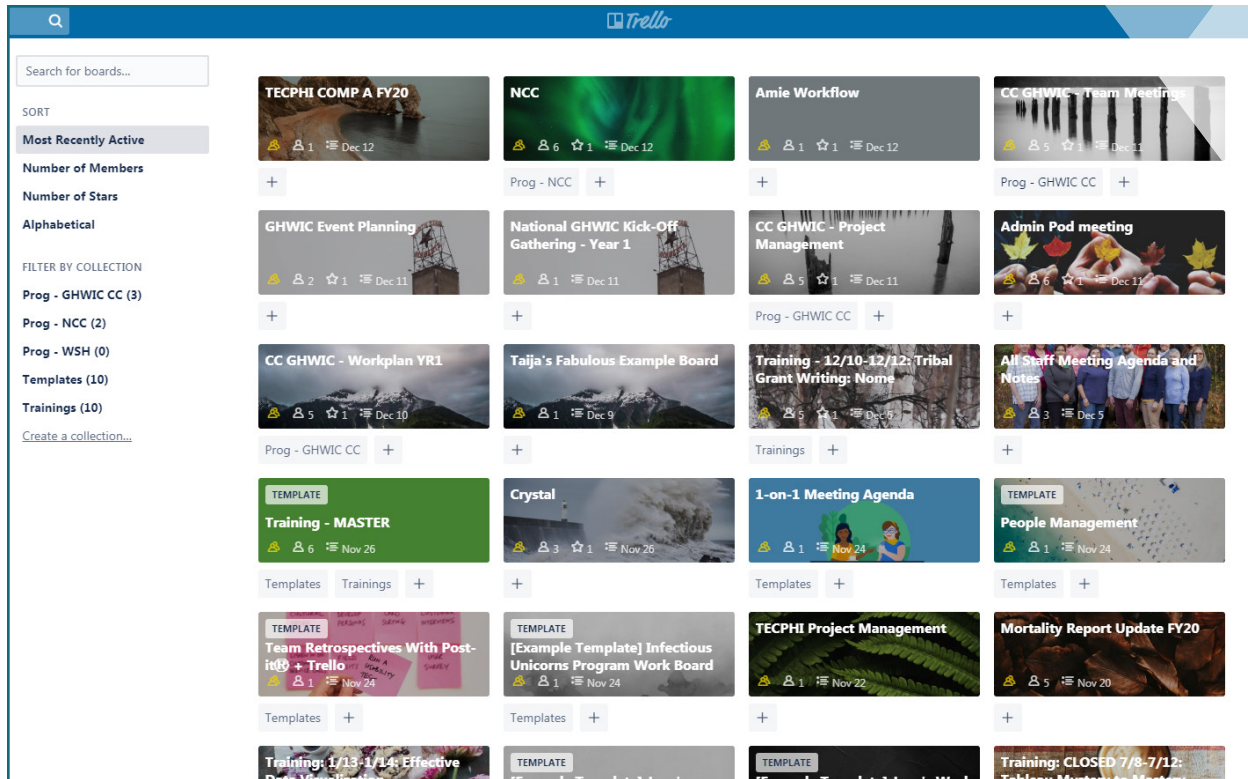
ANEC digitized its internal project management and planning systems and created standard operating procedures and protocols so all work is tracked and documented.

OVERARCHING QUESTION

Thanks to TECPHI funding, the Alaska Native Epidemiology Center is moving to digitize its internal project management and planning systems.

We selected Trello as our tool of choice and have been busy organizing and creating project-, staff-, and task-specific boards.

This includes creating standard operating procedures and protocols for data management and analysis, ensuring all our work is tracked and documented.

EQ1 | AWARENESS

To spread awareness of our expertise and services, EpiCenter staff sit on several working and advisory groups, providing epidemiology and public health expertise to state and Tribal leaders and staff. For example, EpiCenter staff participate in Alaska's State Health Improvement Plan, Healthy Alaskans 2020/2030 (HA 2020/2030). Healthy Alaskans is lead jointly by the Alaska Native Tribal Health Consortium and the State of Alaska Department of Health and Social Services. EpiCenter staff attend regular meetings related to Alaska Native data, and provide presentations, epidemiology expertise, and Alaska Native data advocacy. We are part of the Advisory, Core, and Data Teams for HA2030. EpiCenter's participation in this group and others like them help raise awareness of EpiCenter's expertise and services as well as Alaska Native data issues.

EQ2 | CAPACITY

ANEC has focused on data presentation improvement and tests the presentations with different audiences for usability.

In TECPHI Year 1, EpiCenter revised its data production process for efficiency. In Year 2, EpiCenter staff continued this process by focusing on different ways to present data and exploring different audiences for data presentation effectiveness.

As staff try out new ways to present data, they go out and test the data with different audiences for usability. For example, in FY19, we tried a beta testing of a potential data dashboard at EpiCenter's annual Scientific Advisory Council meeting. Continuing to hear back from our users ensures we provide useful and informative data to Alaska Native people.

In November 2018, two EpiCenter staff traveled to Bethel, Alaska to provide a basic population health overview to ANTHC's Dental Health Aide Therapy (DHAT) program. The experience was well-received, and in March 2019, EpiCenter staff were invited to expand upon their epidemiology and evaluation presentations to DHAT students in Anchorage, Alaska.

EpiCenter staff have been asked to continue this training annually, and to assist with creating a DHAT project data tracking system. This work will help DHAT develop capacity for surveillance and health priority settings into the future.

ANEC presented population health information to ANTHC's Dental Health Aide Therapy program and have been asked to offer trainings annually and create a project specific data tracking system.

EQ4 | PARTNERSHIPS
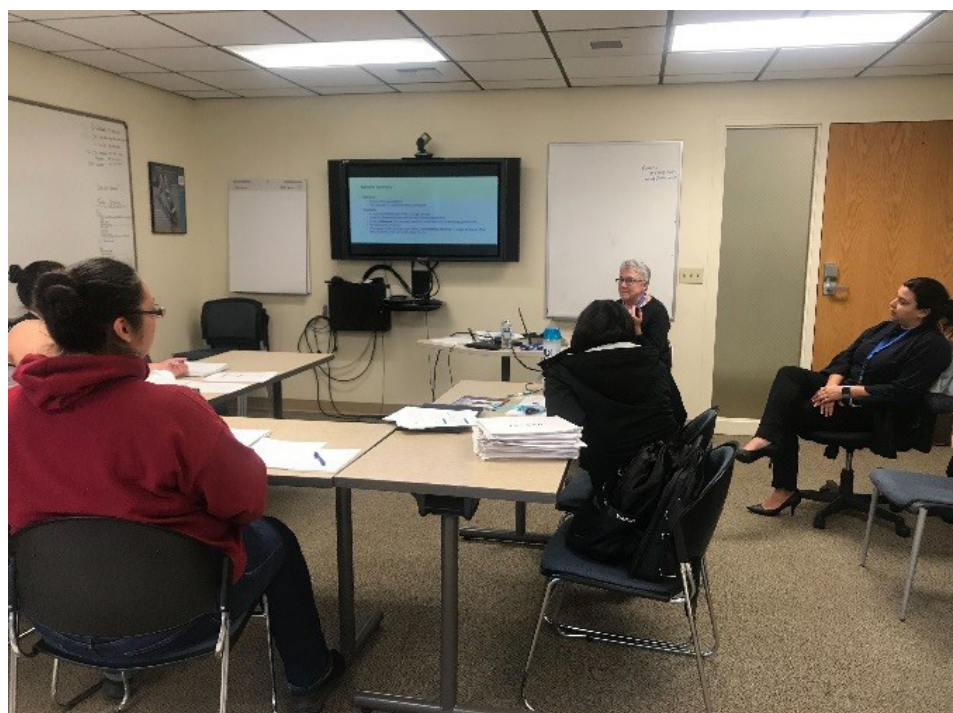
ANEC has focused on increasing its outreach to Alaska's regional Tribal Health Organizations through technical assistance and held its annual Scientific Advisory Council (SAC) meeting for key stakeholders to come together and discuss projects.

Throughout TECPHI, EpiCenter has focused on increasing its outreach to Alaska's regional Tribal Health Organizations through technical assistance, hosting trainings, and its annual Scientific Advisory Council (SAC) meeting for key stakeholders. SAC meeting participants include Tribal and non-Tribal partners, and give EpiCenter the opportunity to report on our various projects and receive feedback from our stakeholders. EpiCenter uses SAC, trainings, and technical assistance to increase our partnerships around Alaska.

ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM
EPIDEMIOLOGY CENTER

Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

OVERARCHING QUESTION

We spent a good deal of time this past project year out in the field visiting with our partner communities, many of which are located along the Rio Grande, pictured here on a beautiful autumn day. Although the river connects many tribes in our region, it also physically divides some. In reflecting on this past year, our team determined that we are approaching our TECPHI project as an opportunity to be a bridge: between our partner tribes and available resources, between our funder and the tribal nations in our area, and between the current reality and our hopeful future.

A large part of the program growth we saw in our second year revolved around strengthening partnerships and building opportunities for increasing capacity. Through the provision of subawards, trainings, technical assistance, and site visits, we have increased awareness of our program and the services we can provide. We look forward to future program years as opportunities to provide increasingly meaningful support to our partners.

EQ1 | AWARENESS

A large part of our work plan has involved the provision of trainings intended to build the capacity of our staff and partners. Our community partners have shown great interest in the trainings, and we have many people who consistently register for nearly every available training opportunity. Those repeating interactions have given us additional opportunities to interact with our community partners and share information regarding the resources and assistance we are able to provide. We have found that word of our services has spread throughout the past two project years as we are receiving more frequent requests for assistance and trainings now that people are more aware of what we can offer.

Trainings to build the capacity of AASTEC staff and partners has led to consistent training attendance and more awareness of the services they offer.
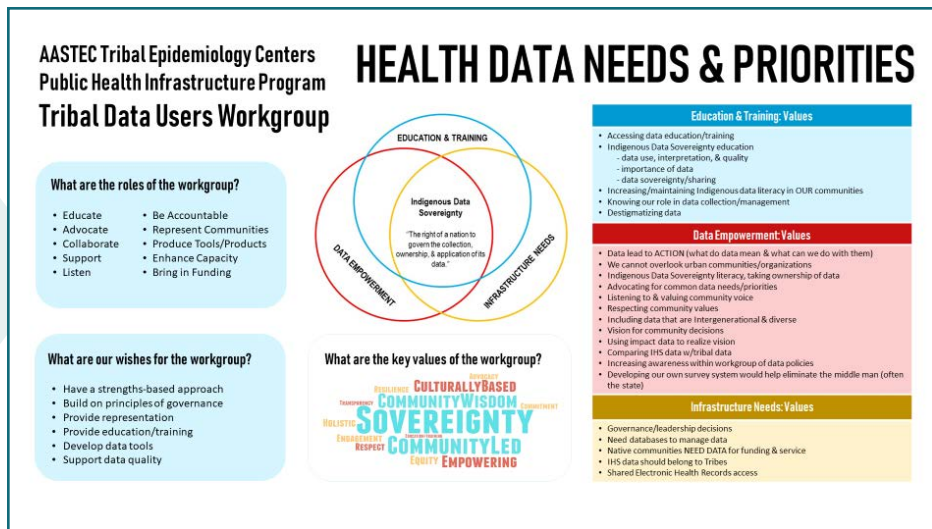

EQ2 | CAPACITY

This past project year, through many fruitful discussions, our Tribal Data Users Workgroup (TDUW) has taken steps towards solidifying their roles, core values, and goals for themselves as a group. In order to better support the TDUW, the TECPHI team spent a great deal of time summarizing, theming, and analyzing all previous meeting discussions into a usable handout. The process of engaging in a group analysis helped our TECPHI team to take a deeper dive into the needs and perspectives of our partner communities, and gave us additional insights into the barriers and challenges that they are facing.

Through doing that work, we strengthened our own understanding of our partner communities by taking the time to process all of the wisdom, knowledge, and experiences that the TDUW has shared. We are excited to continue supporting the TDUW as they work towards developing tools to assist their communities and leadership in engaging with tribal health data in a more meaningful way.

EQ3 | TECHNICAL ASSISTANCE
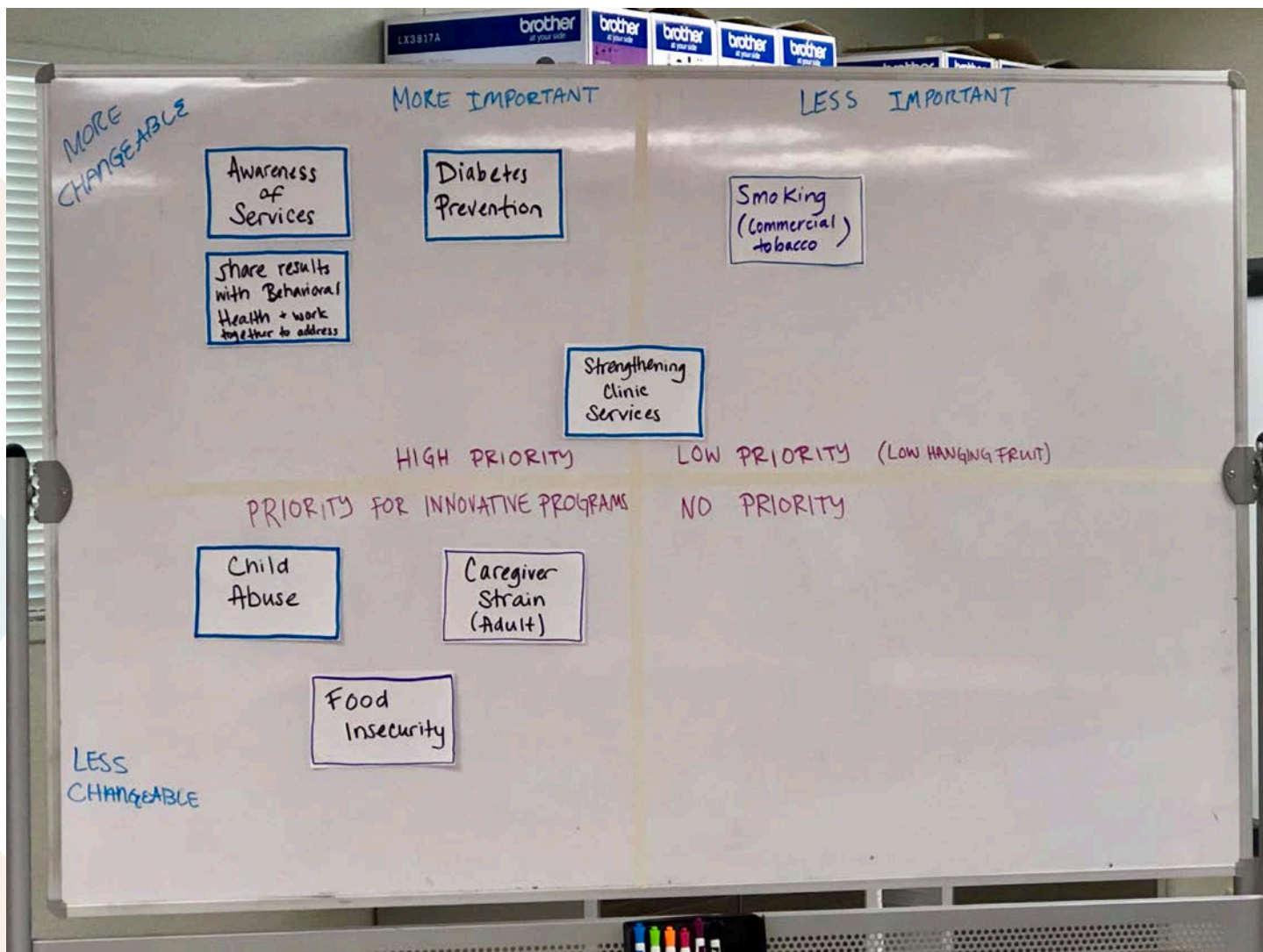
Our technical assistance provision increased quite a bit this year due to the community health assessment activities of our subawardees.

We were able to provide more awards in the second project year, and many communities who received an award felt comfortable and confident to reach out to us with TA requests.

Throughout the first two project years, we have seen the awareness of AASTEC and specifically TECPHI growing. Because of the time we have spent visiting with the subawarded communities and discussing their needs, awareness of what we offer has spread to others outside of the project. We have even heard through colleagues that some communities are in the process of preparing to apply for a subaward.

> **The TA AASTEC has provided has led to an increase of subaward applications, indicating that word about the TEC services and funding opportunities are far reaching.**

Now that they are more aware of the process involved in completing a community health assessment, they want to spend more time in preparation to ensure that they have a strong team to carry out the work. This shows us that word is spreading regarding our services and funding opportunities, and that communities are preparing to engage with our program even more in the coming years.

EQ4 | PARTNERSHIPS

A partnership is not just an occasional interaction - it's a trusting relationship. We can see that our relationships with our partnering communities are becoming stronger because we are receiving more and more requests, from community program staff as well as tribal leadership, to visit them in person. We consider those visits to be integral to our ability to build strong and lasting bonds. They allow us to learn so much more about our partners by experiencing where they come from, what their daily living environments look like, and how to best support them. We can then in turn connect individuals in our partnering communities with our contacts who provide subject matter expertise.

AASTEC is enhancing partnership networks by connecting those they serve.

In this way, we feel that we are further enhancing the capacity of our partners by expanding their own partnership networks.

California Tribal Epidemiology Center (CTEC)

With TECPHI funding, CTEC has been able to expand its capacity to host summer research assistants.

OVERARCHING QUESTION

TECPHI funding has allowed the California Tribal Epidemiology Center (CTEC) to expand its overall programming and offer more services throughout California. Specifically, in this year of funding, CTEC was able to fund 7 summer research assistants to work with various Tribal Organizations throughout the states; this is the largest number of research assistants yet and it has proven to have had a major impact on the programs that the research assistants worked with.

Research assistants were partnered with CTEC staff who provided expertise on the projects. By taking on more students, TECPHI has increased the number of opportunities provided to American Indian and Alaska Native student researchers, capacity of CTEC staff who provided mentorship/guidance, and health impact of services/research provided to Tribal communities throughout the state of California in a variety of programs.

EQ1 | AWARENESS

The California Tribal Epidemiology Center (CTEC) is tasked with providing services to Native organizations throughout the state. While many Tribes, Tribal Organizations, Urban Indian Organizations, area partners and other organizations utilize these services, it is important for CTEC to continue outreach throughout the state. This picture features CTEC staff outreaching at the National Indian Health Board's 26th Annual Tribal Health Conference. Tribal health conferences like these provide great outreach opportunities to spread awareness of the services offered by CTEC. This has also led to fostering new partnerships to assist in data related technical assistance. CTEC believes that outreach events like these will increase the number of services that are delivered to California area partners and organizations.

CTEC continues to build partnerships throughout California by attending gatherings such as the National Indian Health Board's 26th Annual Tribal Health Conference.

EQ2 | CAPACITY

TECPHI has allowed CTEC to begin looking at AIAN fatal opioid overdose data with partners such as the California Department of Public Health (Steve Wirtz, center).
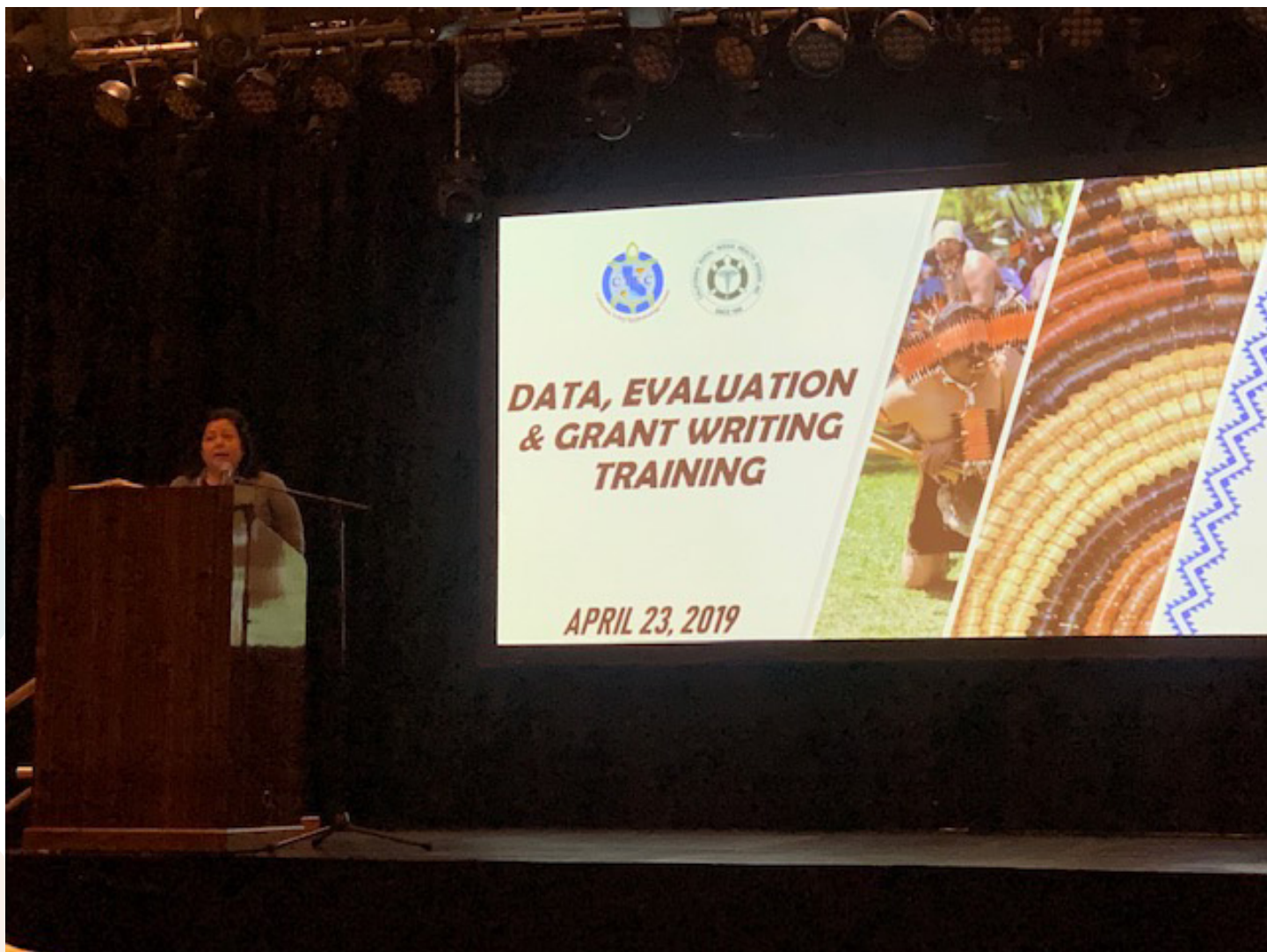
With TECPHI funding, California Tribal Epidemiology Center (CTEC) staff has worked this past year in opioid related health monitoring and data collection which included Epidemiologist Leeann Cornelius (pictured right) and Research and Public Health Director Vanesscia Cresci (pictured left) meeting with Steve Wirtz of the California Department of Public Health to improve state American Indian and Alaska Native (AIAN) data regarding fatal opioid overdose. By fostering these partnerships, CTEC is working to reduce AIAN racial misclassification and to establish better practices in data collection regarding opioid overdose. CTEC hopes to find solutions to racial misclassification in order to capture and provide the most accurate representation of health statistics for California AIAN individuals. Although a direct solution has not yet been established, funding from TECPHI has allowed CTEC to begin this process and continue this work.

EQ3 | TECHNICAL ASSISTANCE

The California Tribal Epidemiology Center (CTEC) provides assistance to Tribes, Tribal Organizations, and Urban Indian Organizations throughout the state.

These services allow CTEC to provide a variety of data related services, trainings and presentations, and to increase staff capacity. An example of this is the CTEC Data, Evaluation & Grant Writing Training that was offered in Morongo, CA this past year. At this conference, Tribal leaders, staff and community members attended to learn technical skills in both grant writing and evaluation.

Pictured above is CTECs Data, Evaluation & Grant Writing Training where attendees learned technical skills in both grant writing and evaluation.

Conferences like these have been developed in part due to technical assistance requests regarding trainings and presentations. CTEC hopes to continue trainings like these to cater to the evaluation, grant writing, and data need in Tribal communities throughout California.

EQ4 | PARTNERSHIPS

The TECPHI cooperative agreement allowed the California Tribal Epidemiology Center (CTEC) to develop partnerships with three different health organizations (two Tribal Organizations and one Urban Indian Health Organizations) to conduct Community Health Assessments. One of these partnering health organizations included the Sacramento Native American Health Center (SNAHC).

The Sacramento Native American Health Center team administering surveys to assess needs of AIAN patients and Tribal communities they serve.

Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

DATA SYMPOSIUM

TRIBAL RESEARCH REVIEW BOARD PLANNING

Tribal Community Members, please join us!

Interactive sessions include:
- Introduction to the Data Governance Board
- Tribal Data Sovereignty
- Identifying Core Values regarding the protection of Tribal data
- Planning Tribal Research Review process

Complimentary continental breakfast and box lunch provided!

Limited spots available –Register today!

September 10 & 11, 2019   8:30 am – 4:30 pm

GLITEC's TECPHI supported a Tribal research review board planning data symposium to educate attendees on background and handling of Tribal data. It was a Tribal led event.

OVERARCHING QUESTION

Through TECPHI, GLITEC was able to sub-award to two Tribes in the Great Lakes region with their data-related projects. One Tribe in the Great Lakes region has a Tribal Council-appointed Data Governance Board which is overseeing Tribal Data Sovereignty and Data Governance work. GLITEC provided resources to the Data Governance Board as they work to in a structured, consistent manner to develop policies, procedures and strategies for the management of all Tribal data. The work they are doing is comprehensive, innovative, and has the support of Tribal Departments and the Community. One of the major accomplishments another Tribe was able to accomplish as a result of the funding provided by GLITEC through TECPHI was that they were able to train a dozen employees in middle to upper-level management in Lean and Six Sigma. This training established a systematic framework for the Tribe to evaluate processes, services available, and if Tribal activity provides value to Tribal members. Additionally, TECPHI resources supported the Tribe's community collaborative data system. The data system allows for real-time data sharing between the Tribe's justice department, medical organizations, youth services, education, and other departments to help improve opportunities, services, and safety of the community.

EQ1 | AWARENESS

Vaughn Bowles, MHA, MBA, Menominee Tribal Clinic presenting A solution to silos: Development of an intra-Tribal repository to facilitate data sharing at the American Public Health Association's 2019 Meeting.

This project was supported, in part through GLITEC's TECPHI program.
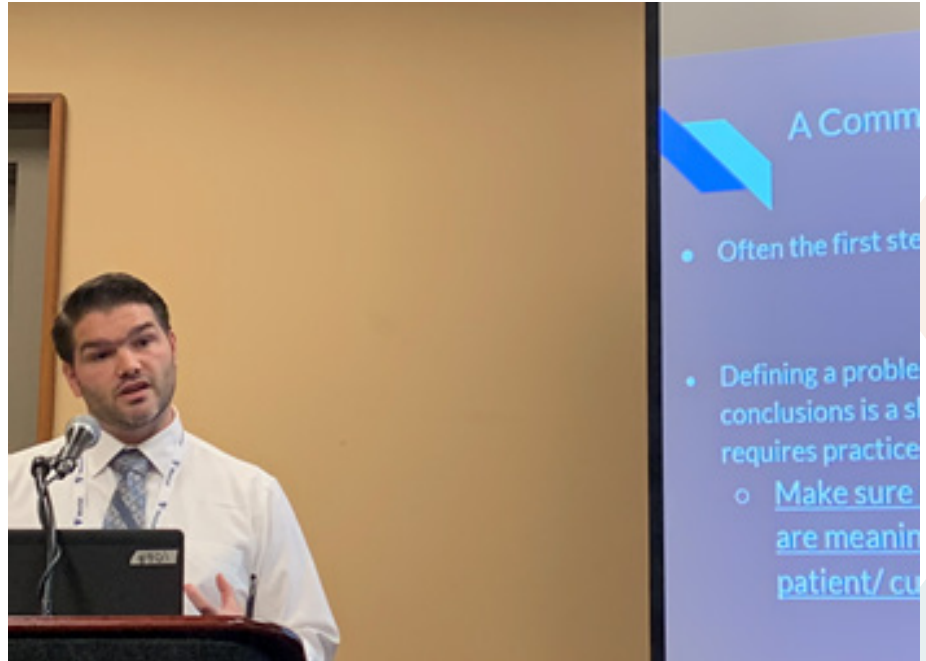
EQ2 | CAPACITY

Meghan Porter, MPH, presenting on data from the Bemidji Area elder health report at the Council of State and Territorial Epidemiologists' Annual Meeting.

This project was made possible through TECPHI funding.

EQ3 | TECHNICAL ASSISTANCE

GLITEC hosted three in-person training opportunities in 2019 for Tribal/urban Indian clinics/Service Unit staff.

GLITEC hosted three in-person training opportunities in 2019 for Tribal/urban Indian clinics/Service Units (I/T/Us). Fifty-four I/T/U staff attended GLITEC TECPHI training opportunities. Travel support was available for I/T/U staff to the Resource Patient Management System (RPMS), Hepatitis C and Substance Use Disorder, and Introduction to Epidemiology for Health Professionals trainings.

Seventy-five percent of Introduction to Epidemiology for Health Professionals "agreed" that they felt confident in their knowledge of epidemiology. Eighty-eight percent of participants "agreed" that the information presented in the RPMS training will be useful to them and their organization.

EQ4 | PARTNERSHIPS

Through TECPHI, support for the Bemidji Area Childhood Immunization Project (BACIP) has allowed GLITEC to connect with state departments of health and I/T/Us in Bemidji Areas in several ways. GLITEC continues to assemble childhood immunization surveillance data from state and federal systems, and has recently began evaluating the extent to which I/T/Us in Bemidji Area use evidence-based and innovative and promising practices to increase childhood immunization rates.

Childhood immunization-related print materials are being developed. Although flu and HPV materials have been developed by other organizations for American Indian/Alaska Native audiences, no American Indian/Alaska Native-specific childhood immunization-related materials exist nationwide. GLITEC worked with a Native photography team to take photos of Native families in a reservation and an urban community in Bemidji Area to ensure that photos used in the materials would be representative of those the materials are intended to reach. An advisory group primarily consisting of Immunization Coordinators provided advice on the type, content, and appearance of the materials. One type of these materials are reminder-recall postcards; reminder-recall is an evidence-based practice.

In addition, BACIP provides opportunities for immunization coordinators to receive education on vaccine-preventable disease related topics and connect with each other for mutual support. Through these discussions, GLITEC also maintains an understanding of issues faced by Native communities regarding childhood immunization. Taken together, the BACIP activities work towards the ultimate goal of improving childhood immunization coverage rates.

Through TECPHI, support for the Bemidji Area Childhood Immunization Project (BACIP) has allowed GLITEC to connect with state departments of health and I/T/Us in Bemidji Areas.

Great Plains Tribal Epidemiology Center (GPTEC)

Through TECPHI, GPTEC has developed infrastructure and materials to support the systematic funding of tribal public health projects and other activities in a way that it has not pursued before.
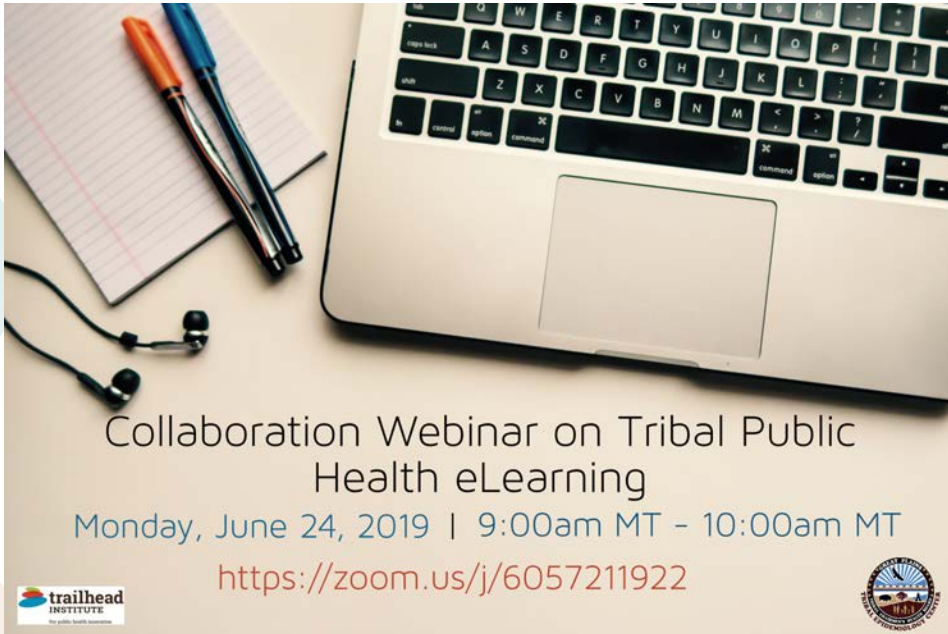

OVERARCHING QUESTION

Through TECPHI, GPTEC has developed infrastructure and materials to support the systematic funding of tribal public health projects and other activities in a way that it has not pursued before. Across Years 1 and 2, GPTEC has funded (7) Tribal Public Health Projects to: 1) pursue a food sovereignty initiative and support cooking classes and other related activities (Lower Brule); 2) complete an oral health data abstraction and data-driven community education (Sisseton-Wahpeton Oyate); and 3) review and update tribal housing policies to support public health best practices and support public health training for staff (Oglala Sioux Tribe); 4) develop measures and procedures for quality improvement in support of pursuit of tribal public health accreditation (Winnebago Tribe); 5) engage tribal leadership and representatives in planning and approval of the development of a tribal data coordinating unit (Oglala Sioux Tribe); and 6&7) completing data collection and establishing online infrastructure for the publishing of community resource guides (Standing Rock and Turtle Mountain). GPTEC also funded (3) Tribal Data Assessment projects, leveraging a tool

developed by GPTEC's Data Coordinating Unit to assess existing tribal data infrastructure, resources, capacity, needs, and other details in support of planning for tribal-level growth and GPTEC technical assistance and services (Oglala Sioux Tribe, Sisseton-Wahpeton Oyate, and Winnebago Tribe). In support of these projects, GPTEC has allocated a total of $240,000 (~20% of TEC-PHI Base funding) and developed comprehensive Requests for Applications/Proposals, Frequently Asked Questions documents, and application packets that have significantly enhanced GPTEC's capacity to pursue this type of systematic funding of tribal activities. In Year 2, GPTEC also hosted a Tribal Public Health/Data Assessment Project Roundtable to bring funded partners together to share the details and outcomes of their projects, facilitate discussion, and support collaboration and replication across the region. This support of subawards and contracts with its regional tribal partners has proven to be an excellent way to mutually build public health capacity and grow relationships and services across the region.

EQ1 | AWARENESS

Collaboration Webinar on Tribal Public Health eLearning
Monday, June 24, 2019 | 9:00am MT – 10:00am MT
https://zoom.us/j/6057211922

GPTEC has been able to attend and host trainings, gatherings, and webinars.

After developing a Roadmap for the growth of its Tribal Public Health Liaison program in Year 1, GPTEC has made a great deal of progress in fostering partnerships and awareness that will be invaluable to the program's evolution over the course of TECPHI.

During Year 2, GPTEC's TA & Training Coordinator (Presecan) attended several conferences related and of benefit to these initiatives - including those associated with the National Network of Public Health Institutes and the Society for Public Health Education - to promote the project, network with subject-matter experts and potential partners, and bring back best practices to guide the program's development.

Partially supported by funding from the Trailhead Institute which promotes these types of activities, GPTEC also hosted a meeting with staff from the Rocky Mountain Tribal Epidemiology Center - who also receives funding from Trailhead - to discuss ongoing activities within public health education and training, identify potential areas for collaboration and partnership, and conduct strategic planning to guide this collaboration in the future.

Throughout Spring 2019, GPTEC conducted extensive outreach and engagement with regional and nearby tribal colleges and universities, conducting site visits to discuss the program and disseminating information to promote awareness and potential partnerships. Again partly supported by Trailhead, GPTEC hosted a collaborative webinar in June to discuss tribal public health education and training, engaging staff from several regional colleges, universities, and other interested entities. During this webinar, partners expressed needs and interests that will help to guide GPTEC's work in this area moving forward, initial collaborative opportunities were identified, and participants expressed a motivation to continue and expand alignment and collaboration moving forward.

Finally, GPTEC staff presented at United Tribes Technical College in September to interested tribal leaders and representatives from across the area regarding the program and its planned evolution. All of this outreach has contributed significantly to awareness of and interest in GPTEC's Tribal Public Health Liaison program, and has led to the formation of partnerships that will similarly contribute to the program's growth moving forward.

EQ2 | CAPACITY

Supported substantially by TECPHI funds, GPTEC successfully pursued the growth of capacity to develop and publish interactive and updatable data dashboards using Tableau. This was made possible initially through the hiring of the Data Products Manager (Shewbrooks) in Year 1, who subsequently participated in an initial Tableau training/conference in October 2018, and worked throughout Year 2 to publish Area-wide, state-specific, and tribal "community health profile" data dashboards, incorporating demographic, socioeconomic, mortality, and other data, as well as the piloting of a topical dashboard based upon Great Plains Area Diabetes Audit data.

These dashboards are intended to largely replace printed data products, which are more difficult and time-consuming to update, and to allow for a greater degree of interactivity with regional public health data and information. Data Coordinating Unit staff also began planning for a comprehensive Opioid Data Hub to be built within Tableau as a source of data, tools, and other resources and information in response to this topic. Data Coordinating Unit staff demonstrated and solicited feedback on these dashboards during tribal-level and regional conferences to enthusiastic response.

GPTEC also leveraged funds to purchase licenses for tribal and regional partners to allow for in-depth engagement with these dashboards while maintaining the security of tribal-specific data. Ultimately, these activities represent a significant growth in GPTEC's capacity to compile, visualize, and disseminate regional and tribal public health data in a way that allows for effective translation, engagement, updating, and discussion in the future, and which we feel will contribute to the growth of tribal public health data capacity and health literacy as a result.
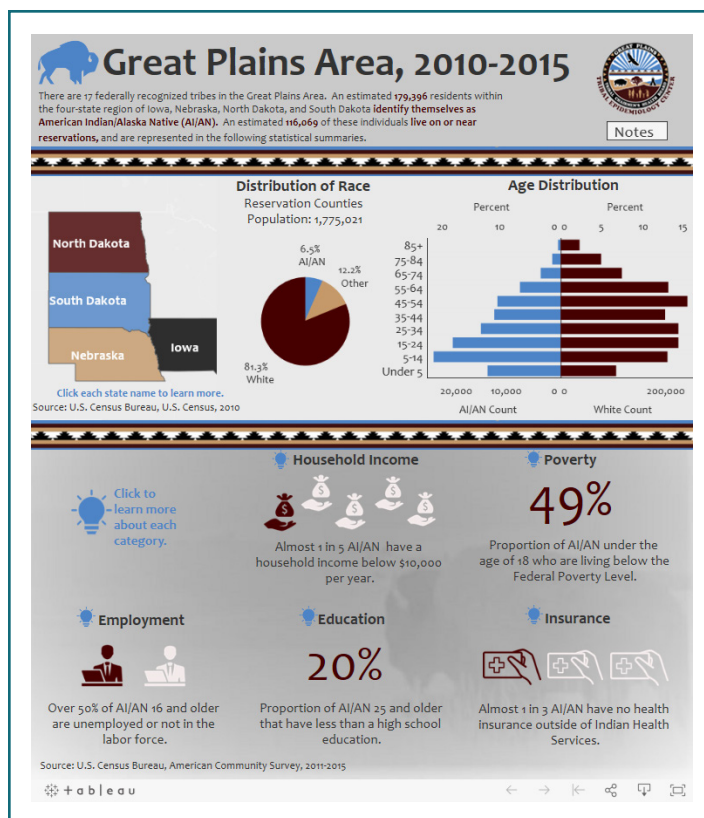
Supported substantially by TECPHI funds, GPTEC successfully pursued the growth of capacity to develop and publish interactive and updatable data dashboards using Tableau.

EQ3 | TECHNICAL ASSISTANCE
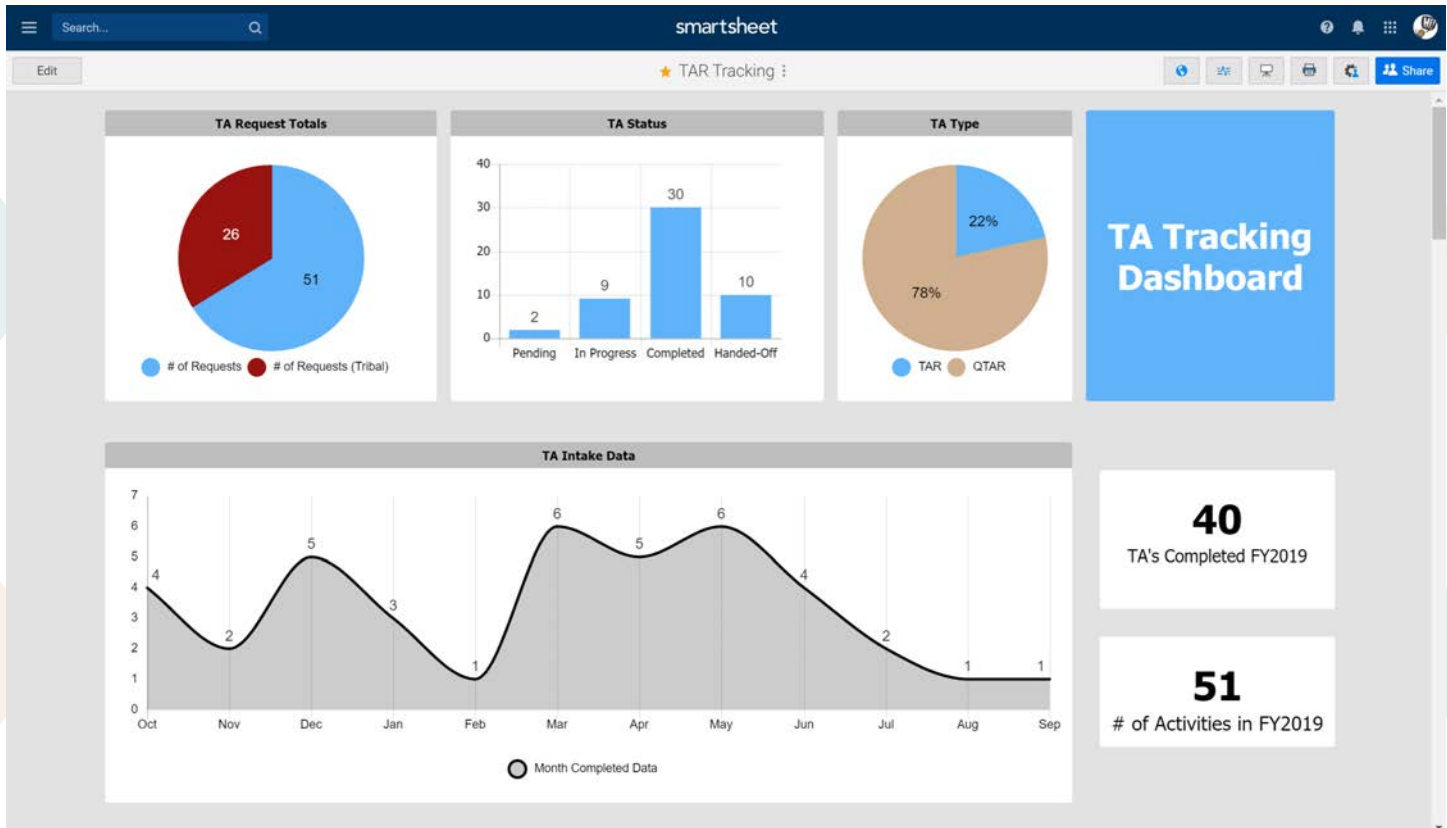
Led by the TA & Training Coordinator (Presecan), GPTEC launched new start-to-finish procedures and systems for intaking, processing, planning for, responding to, tracking, and evaluating technical assistance requests received to ensure that requests are either fulfilled or transitioned to one of GPTEC's partners to achieve fulfillment. In association with these updated processes: 1) full TA requests (involving more than a few hours' time investment) will be discussed and assigned to a lead within the GPTEC team, who will complete a plan for and coordinate response activities; 2) "quick" TA requests (involving less than a few hours' time investment) will simply be followed up on immediately by the appropriate GPTEC staff member. In either case, the TA & Training Coordinator (Presecan) intakes the request, documenting key details about the requester, and GPTEC staff complete TA activities fill out a form for each activity or task completed to the fulfillment

> **GPTEC launched new start-to-finish procedures and systems for intake, tracking, and evaluating TA requests.**

of the request. If GPTEC identifies that a TA request would best be fulfilled by one of our extensive network of partners, that partner is engaged and the request is transitioned and followed up on by GPTEC staff to ensure fulfillment. When a request is fulfilled, GPTEC will evaluate the services provided through surveys specific to extended or "quick" TA requests sent to the requester for response. Ultimately, TA tracking data is compiled in Smartsheets and displayed through a comprehensive Smartsheet dashboard. These systems have greatly enhanced not only GPTEC's capacity to monitor requests received, but also to respond to them systematically and with greater engagement of requesters and partners.

EQ4 | PARTNERSHIPS

Through TECPHI Oral Health Supplement funds - and with support from TEC-PHI Base and other GPTEC funding - GPTEC pursued a series of successful activities which resulted in the engagement of oral health staff from across the Great Plains Area, representing a sector in which GPTEC has had limited involvement in the past but which represents an understated but important priority for Great Plains Area tribal communities.

After compiling a comprehensive list of oral health contacts associated with tribal and IHS Service Units and programs throughout the region, GPTEC organized a series of webinars - held across four consecutive weeks in July and August - to establish a foundation of knowledge related to oral health for GPTEC and to establish connections with regional partners. These webinars were organized around four topics: 1) introductions and getting to know the oral health landscape; 2) ongoing efforts, best practices, successes, and challenges; 3) making preparations for the pending Oral Health Roundtable (see below) and discussing potential agenda items; and 4) oral health data, highlighting a project funded by GPTEC and undertaken by IHS and tribal staff associated with the Sisseton-Wahpeton Oyate involving oral health data abstraction and application.

These activities built up to the hosting of a regional Oral Health Roundtable on September 4-5, which engaged (9) IHS and tribal staff, (1) GPTCHB partner, and (5) GPTEC staff in a series of networking activities and discussions of best practices, strategies, challenges, staffing, infrastructure, data, education and promotion, and collaborative opportunities. Day 1 culminated in the identification and prioritization of next steps, with the group ultimately selecting three to focus on: 1) identifying and reviewing existing oral health PSAs and potentially developing additional such materials; 2) developing a guide for abstracting oral health data; and 3) developing and conducting an oral health patient/community assessment. These three topics became the focus of a RezCafe on Day 2 to discuss engagement, approaches, response to potential challenges, and other logistics for pursuing these activities in the future.

Ultimately, participants in the Roundtable and webinars expressed that the meetings had been greatly successful in bringing them together and sharing information, were enthusiastic to replicate the Roundtable in particular and continue working together in the future, and were excited to be a part of pursuing next steps.

GPTEC pursued a series of successful activities which resulted in the engagement of oral health staff from across the Great Plains Area.

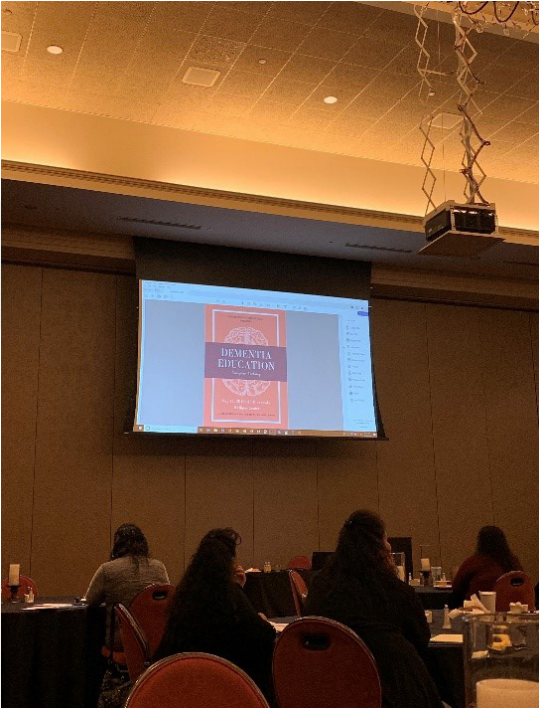# Inter Tribal Council of Arizona Tribal Epidemiology Center (ITCA TEC)

As a result of TECPHI funding, ITCA TEC has been able to increase staffing, training, TA, and provide subaward funding.

OVERARCHING QUESTION

As a result of TECPHI funding, the Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center (ITCA TEC) has been able to greatly expand and improve upon both internal capacity and its ability to assist Phoenix and Tucson Indian Health Service (IHS) Area Tribes. The ITCA TEC team expanded by four full-time employees as a result of TECPHI funding; one TECPHI program manager, two TECPHI Epidemiologists, and one TECPHI Opioid Epidemiologist. During year two of TECPHI, ITCA TEC TECPHI staff completed a combined total of 75 training and technical assistance requests to Area Tribes. ITCA TEC TECPHI staff improved internal capacity by attending a variety of trainings focused on data analysis, epidemiological methods, statistical software,

employee management, grant management, and health focus areas in order to improve staff skillsets and provide better quality services to tribal partners. Because of TECPHI funding, ITCA TEC has been able to provide direct funding to 8 TECPHI subawardee Area Tribes to support public health projects focused on improving health in their respective communities. ITCA TEC provided all TECPHI subawardee Tribes two webinar trainings, two in-person trainings, two working groups, two in-person site visits, and two conference calls utilizing TECPHI funds. During year two of the TECPHI project, ITCA TEC TECPHI staff consulted with outside sources to provide guided expertise to subawardees on quality improvement, meeting facilitation, health literacy, and data sovereignty.

EQ1 | AWARENESS

The Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC) hosted a two day Health Literacy Workshop in May 2019. The workshop was a Year Two deliverable for the ITCA Tribal Epidemiology Center Public Health Infrastructure (TECPHI) subawardees. To increase awareness of the types of trainings that ITCA TEC offers, the Health Literacy Workshop was opened to external TECPHI tribal partners. TECPHI subawardees were also encouraged to invite members from different departments from their own.

The event was held at Pascua Yaqui Tribe's Casino del Sol Hotel in Tucson, Arizona. The attendees were from a variety of health departments, including: behavioral, HIV prevention, health education, community health, and dental. Additional external tribal partners at the workshop included participants from the San Carlos Apache Tribe, Tohono O'odham Nation, and Phoenix Indian Medical Center.

ITCA TEC hosted a two-day Health Literacy Workshop for subawardees to increase awareness of the types of trainings that ITCA TEC offers.

As a result of the Building Public Health Infrastructure in Tribal Communities (TECPHI) funding, the Inter Tribal Council of Arizona, Inc., Tribal Epidemiology Center (ITCA TEC) was able to send one full-time TECPHI epidemiologist to an Epi Info training. Epi Info is a free Centers for Disease Control and Prevention (CDC) software tool designed for use by public health professionals. Epi Info assists in survey creation, data collection, data entry, and data analysis. From this training, a request for technical assistance by a TECPHI subawardee Tribe was able to be fulfilled. This Tribe had collected Community Health Assessment data from their community, however all information was collected via a paper copy and because of this it was difficult to analyze and monitor health trends in the community. Epi Info was used in creating an electronic version of the Community Health Assessment survey so that all respondent information could be inputted into a centralized data system. From the electronic version of survey respondent information, public health staff in the community can better collect and monitor the health of the community. Competencies acquired as a result of the Epi Info training also supported an ITCA TEC dental needs assessment. The needs assessment survey was created using Epi Info and will be sent to clinics via an Epi Info weblink to easily and accurately collect respondent feedback. Results of the needs assessment are collected in a centralized data system, Epi Info, and analyzed to better understand how the clinics are meeting the needs of the community.

EQ2 | CAPACITY

An employee from ITCA TEC was sent to an Epi Info training where they gained the knowledge to transform paper data records to an online survey system to allow for easier tracking and management.

EQ3 | TECHNICAL ASSISTANCE
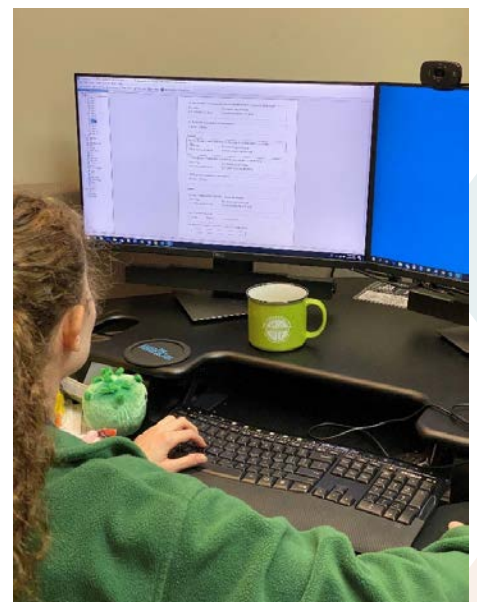
As a result of the Building Public Health Infrastructure in Tribal Communities (TECPHI) funding, the Inter Tribal Council of Arizona, Inc. (ITCA) Tribal Epidemiology Center (TEC) was able to obtain a new grant pertaining to opioid overdose prevention. As a result of the grant supplement, an additional Epidemiologist II was hired as a part of the ITCA TEC staff. The newest staff member strengthens the ITCA TEC team to a nine person team including five epidemiologist positions.

As a result of TECPHI funding, ITCA TEC was able to hire additional staff. Last Row from left to right: Haron Siringi (no longer with the department), Peter Woodward, Gudeta Fufaa, Stephanie Bustillo, and Jonathon Davis. Front Row left to right: Esther Corbett, Vanessa Dodge, Jamie Ritchey, and Esther Gotlieb.

EQ4 | PARTNERSHIPS

ITCA TEC hosted three trainings in Nevada which included a session on strategic planning for opioids, quality improvement, and work groups for subawardees.
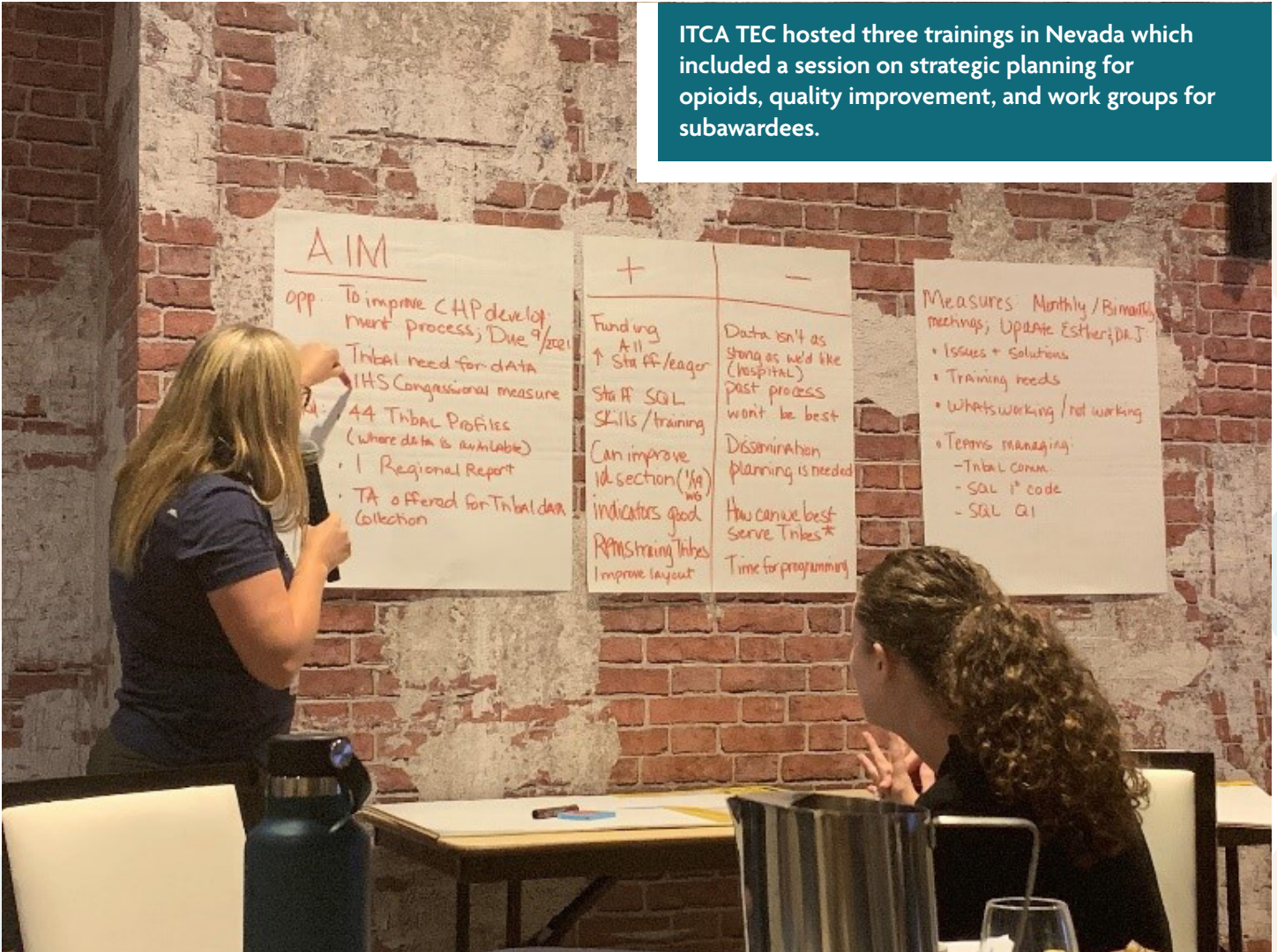
The Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC) decided to provide three consecutive programing workshops in Reno, Nevada in August 2019. The choice of location was to support partnerships with ITCA TEC tribes in Nevada and Utah, since more frequently ITCA TEC offers trainings in Arizona. The first day of programing included a strategic planning session for opioids. Participants who attended the strategic planning session were invited to also attend the Tribal Epidemiology Center Public Health Infrastructure's (TECPHIs) training on quality improvement that occurred on the second day of programming. The third day of programming included TECPHIs working group for its eight subawardees.

The quality improvement training proved to be a great opportunity to learn about the needs of Tribal communities. This was facilitated by the hands on nature of the training that required participants to partner in groups. After joining a group, the group decided upon a topic that they wanted to see improved upon in their organization. Most of the groups were a mix of participants from external tribal partners, ITCA TECPHI subawardees, and ITCA TEC staff. The gathering of participants from different organizations offered an opportunity for everyone to learn from one another.

Navajo Epidemiology Center (NEC)

The NEC began IT network preparation to connect and unify data structure and management.
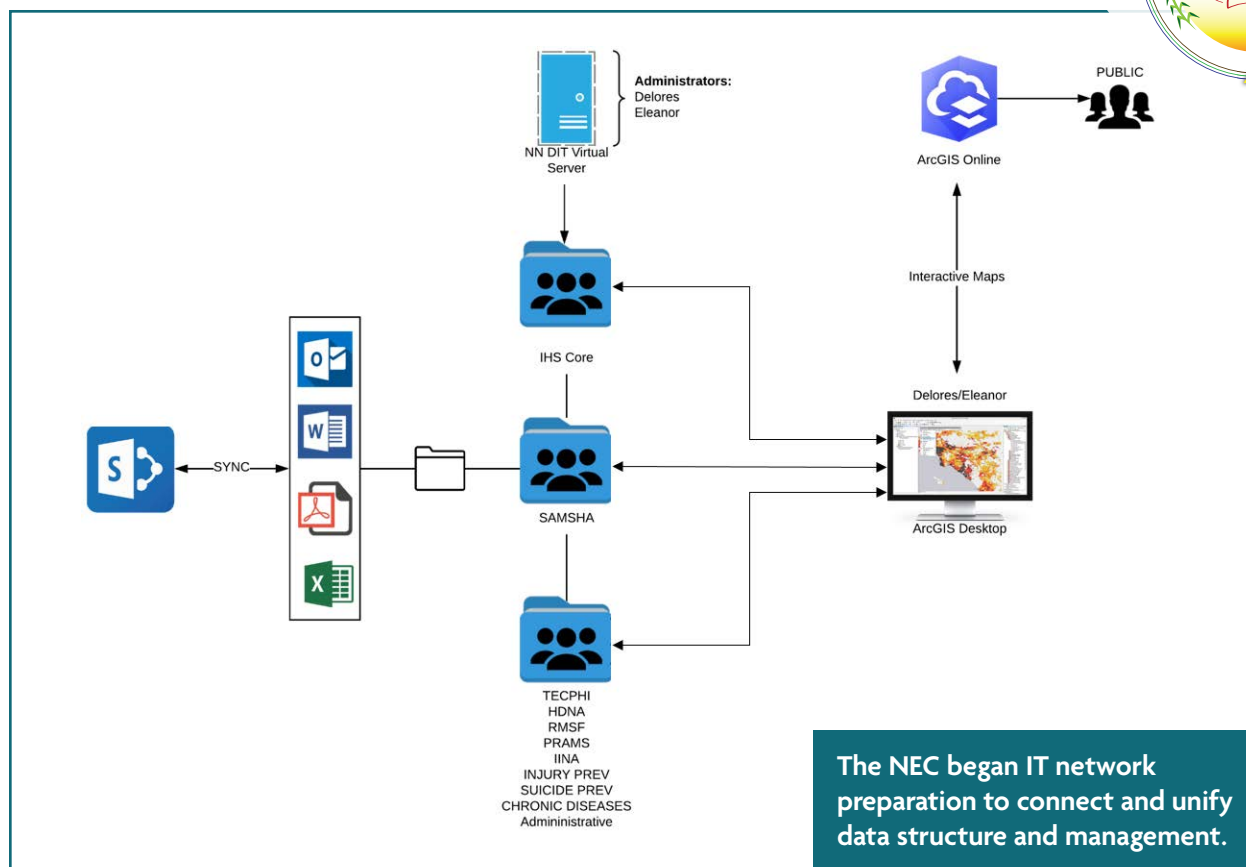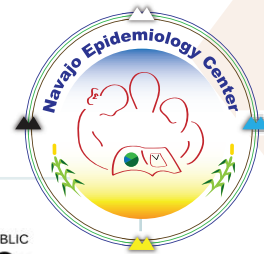
![icon] **OVERARCHING QUESTION**

The Navajo Epidemiology Center (NEC) has begun the planning and implementation of securing an IT network for preparation of a connected and unified data structure to support and provide infrastructure to NEC data management. Bringing in Navajo Nation Department of Information Technology as a partner will increase and leverage the IT resources of NEC. IT hardware and software, SharePoint services, website maintenance, and email exchange servers and encryption are a few of the projects completed or in progress.

The Senior Programs and Projects Specialist hired in March of 2019 has experience in Geographic Information Systems (GIS) and has presented another option to sharing data to communities and partners through the use of ESRI, Inc.'s ArcGIS Online platform. NEC has completed purchase and installation of the ArcGIS Desktop and apps for use with field data collection, geographic data analysis and presentation maps. These steps are in the right direction of the ultimate goal of a comprehensive Navajo Health Data Management System.

EQ1 | AWARENESS

NEC attended the Navajo Nation Eastern Agency Chapters Meeting and assisted with the presentations by invitation.

Navajo Epidemiology Center attended the Navajo Nation Eastern Agency Chapters Meeting and assisted with the presentations by invitation. Navajo Nation chapters are the local government entities of the communities. Thirty-five chapter officials of thirteen chapters attended the first meeting. The second meeting was scheduled after the success of the first meeting and attendees requesting additional information of the services of NEC. As part of assessing the needs of partners of NEC, a survey was conducted at the conclusion of the first meeting. The survey assessed t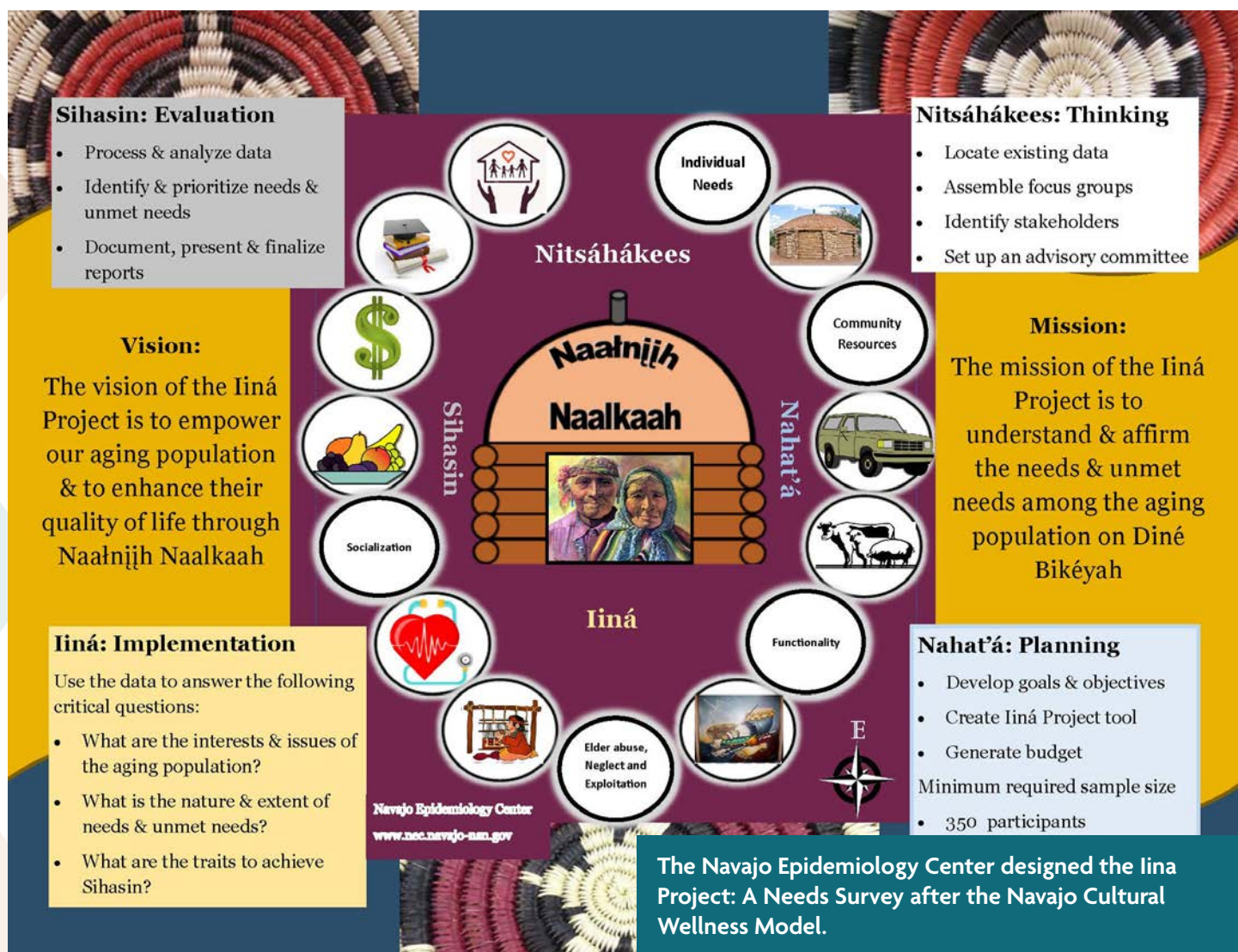he communication abilities, preferred methods of communication and priorities of the chapters. One major finding was the lack of internet access; only six Chapters of the thirteen chapters reported adequate internet access. This finding will need to be addressed in developing methods for NEC communication to communities and officials in those communities and increasing awareness of NEC services and expertise. Other presentations provided by TECPHI staff were to inform Missing and Murdered Diné Relatives coalition, Navajo Nation Child Fatality Review team, and the Navajo Nation Department of Public Safety and Criminal Investigators.

EQ2 | CAPACITY
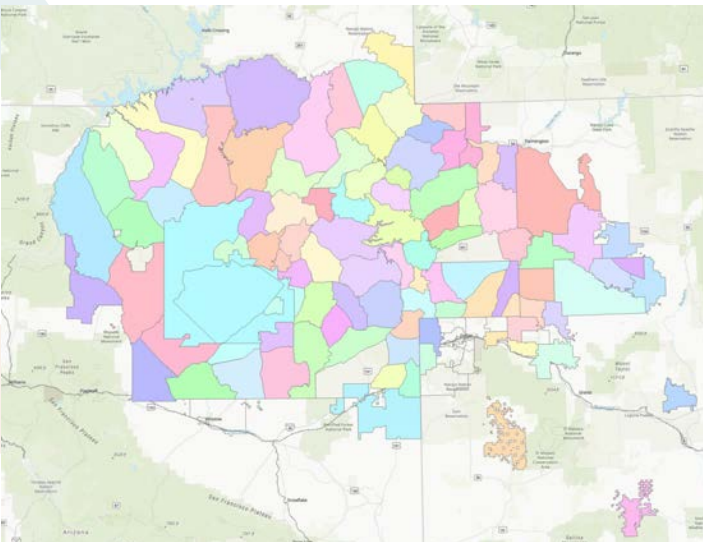
A major obstacle in using technology in the field on the Navajo Nation is the lack of internet access, Field data technology has helped NEC improve survey data collection when internet is not available.

The acquisition of technology of field data collection has improved data collection and field abilities for the teams involved in the surveys of the Iina Project. Other projects include the Navajo Nation Health Survey, slated to begin in 2020, will also benefit from these two platforms. The technologies include Dimagi's Commcare app and ESRI's ArcGIS Survey123 app. One of the major obstacles in using technology in the field on the Navajo Nation is the lack of internet access, even satellite internet. These two apps can be used offline and synchronized on return to an internet network. ArcGIS Survey 123 will have the ability to provide immediate results via a dashboard for trouble-shooting and monitoring.

EQ3 | TECHNICAL ASSISTANCE

Sihasin: Evaluation
- Process & analyze data
- Identify & prioritize needs & unmet needs
- Document, present & finalize reports

Nitsáhákees: Thinking
- Locate existing data
- Assemble focus groups
- Identify stakeholders
- Set up an advisory committee

Vision:
The vision of the Iiná Project is to empower our aging population & to enhance their quality of life through Naałnịịh Naalkaah

Mission:
The mission of the Iiná Project is to understand & affirm the needs & unmet needs among the aging population on Diné Bikéyah

Iiná: Implementation
Use the data to answer the following critical questions:
- What are the interests & issues of the aging population?
- What is the nature & extent of needs & unmet needs?
- What are the traits to achieve Sihasin?

Nahat'á: Planning
- Develop goals & objectives
- Create Iiná Project tool
- Generate budget
Minimum required sample size
- 350 participants

The Navajo Epidemiology Center designed the Iina Project: A Needs Survey after the Navajo Cultural Wellness Model.

The Navajo Epidemiology Center designed the Iina Project: A Needs Survey after the Navajo Cultural Wellness Model. Information collected from the survey intends to increase awareness, knowledge, and understanding of the extent of needs and unmet needs of the aging population who reside on the Navajo Nation. Based on this model, Navajo teachings stress prevention of health problems and being well through the whole life cycle; promote living a long-healthy life. When life activities are ideal, positive outcomes result in harmony and balance.

The model encompasses all areas of an elder's home and living environment, health and wellness to their knowledge and use of community resources. An individual's daily living begins with the sunrise. The journey of daily living continues throughout the day.

The activities that encourage living a healthy lifestyle come from thinking (nitsahakees) about our livelihood, planning (nahat'a) our livelihood, living (iina) out our livelihood, and reflection (siihasin) about our daily lives.

The vision for the Iina Project is to empower our Navajo elders and enhance their quality of life Naalniih Naalkaah toward achieving siihasin (hope, love, protect and serve). Components of the survey questions: (1) demographics, (2) individual needs, (3) spirituality, (4) health, (5) food and nutrition, (6) income, (7) functionality, (8) livestock, (9) hobbies and activities, (10) transportation, (11) family, (12) socialization, (13) abuse, neglect and exploitation; (14) community resources; (15) education; (16) daily living environment; and (17) other notable considerations. An additional component is an environmental scan of their living conditions.

EQ4 | PARTNERSHIPS
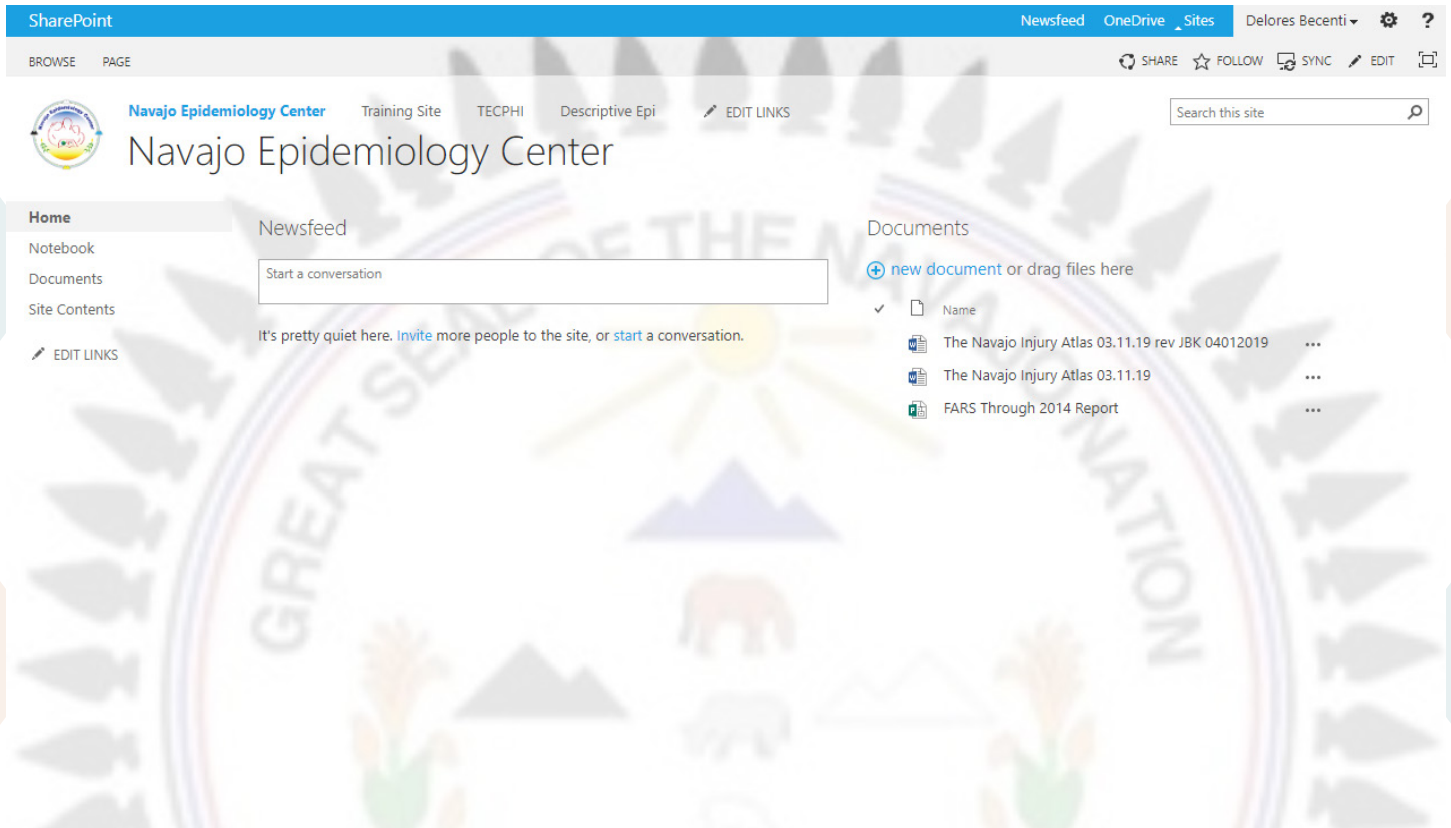
The NEC partnered with the Navajo Nation Department of Information Technology to develop and enhance the network and Health Data Management System for NEC.

One of the biggest partners with TECPHI for Year 2 is the Navajo Nation Department of Information Technology. From the first meeting goals and objectives were identified and NNDIT assigned IT support staff to assist Navajo Epidemiology Center and Navajo Department of Health (NDOH) with improving the Information Technology infrastructure as a first step to realizing the Health Data Management System.

They have also provided assistance with standing up the ArcGIS Desktop to a network as a pilot test of how a GIS can happen with their network.

Other projects slated for 2020 will be to develop and enhance the network for NEC through developing SharePoint, providing encryption for emails, assisting NDOH with an email exchange server, website design and maintenance and connecting all staff to the NNDIT network.

Northwest Tribal Epidemiology Center (NWTEC)

Gaps between project aims and realistic achievement was previously limited by staffing. With the help of TECPHI finding, NWTEC has been able to maintain staffing to address the core data needs.

OVERARCHING QUESTION

Over the last year the IDEA-NW project has been able to maintain staffing to address the core data needs of the Northwest Tribal Epidemiology Center. In the past there has always been a large gap between the aims of our projects and what we were able to realistically achieve, given our funding. In the last year, the IDEA-NW team has been able drastically decrease this gap.

This means that we were able to drastically increase technical assistance responses (80% increase from year 1), linkages (43% increase from year 1), hold introductory public health concept trainings to tribes, and even hold specialized trainings for other tribal epidemiology centers. Overall we have been able to move from wishing we could achieve our goals to actually being able to obtain them.

EQ1 | AWARENESS

With expanded staff capacity, we have been able to increase the visibility of the IDEA-NW project and the services the project provides. We have done this through increased presentations to NPAIHB member tribes and governing Board, increased data-related articles in NPAIHB's quarterly newsletter, and in-depth technical assistance to three tribes through sub-contracts to utilize data for suicide prevention activities.

The increase in requests for technical assistance between years 1 and 2 demonstrates that tribes, tribal programs, TECs, and other partners have increased awareness of the services we provide.
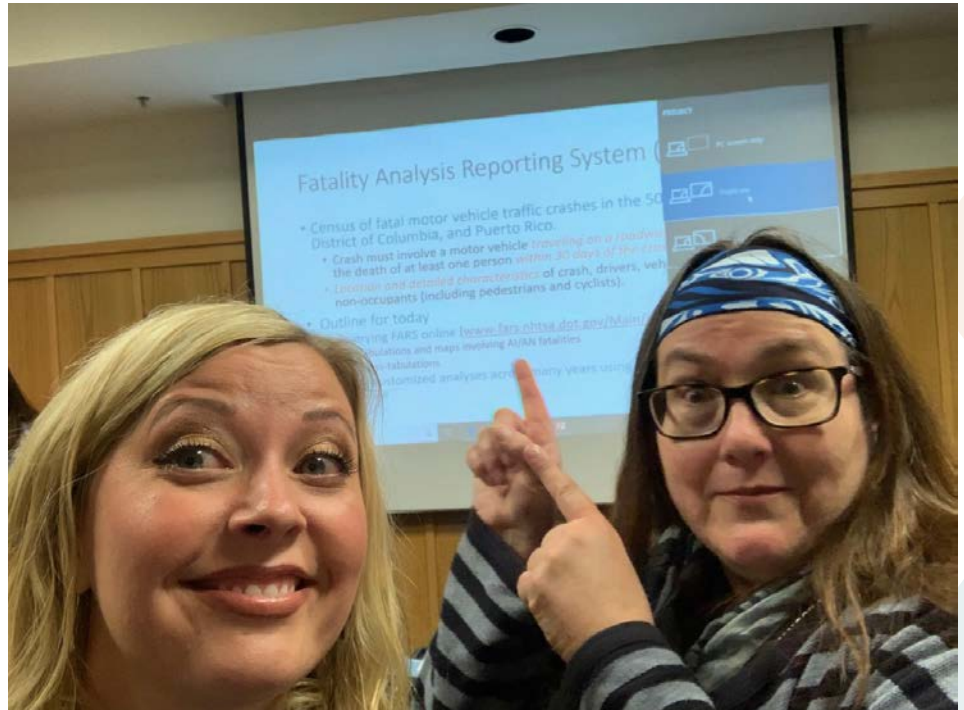

NWTEC has expanded its visibility of the IDEA-NW project and the services the project provides.
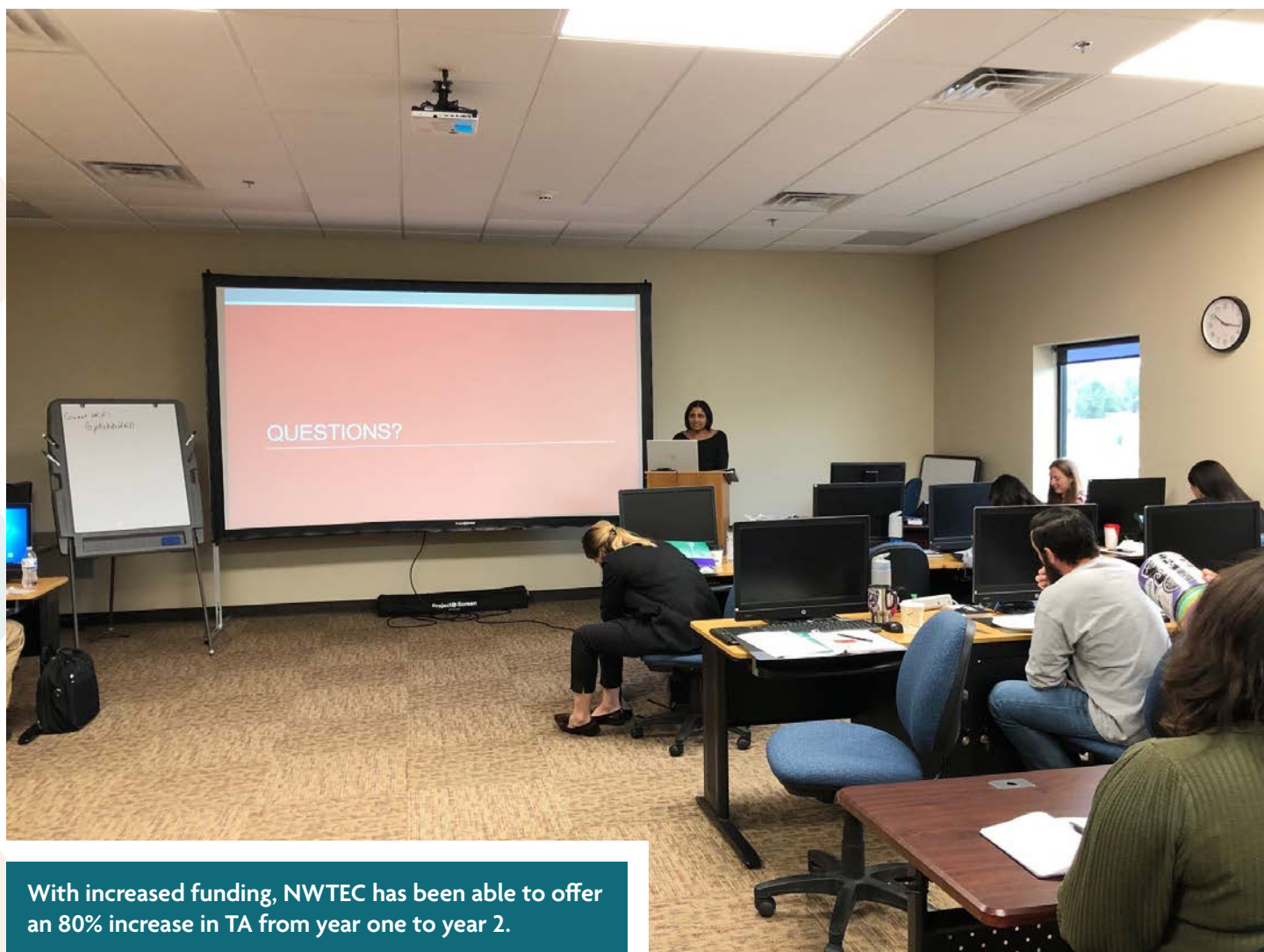
EQ2 | CAPACITY

In the past the IDEA-NW team has had a difficult time keeping up with the difficult processes of race correcting multiple datasets across Idaho, Oregon and Washington. Previously this has led to projects across the NWTEC wishing they were able to utilize race corrected data but IDEA-NW's capacity falling behind the need.

Over the last year we were able to compete 10 data linkages, which was a 43% increase from year 1, and provided up-to-date relevant data to other NWTEC projects. Not only was one project able to acquire race corrected vehicle mortality data, but they were able to provide a tribe specific data to acquire similar funding.
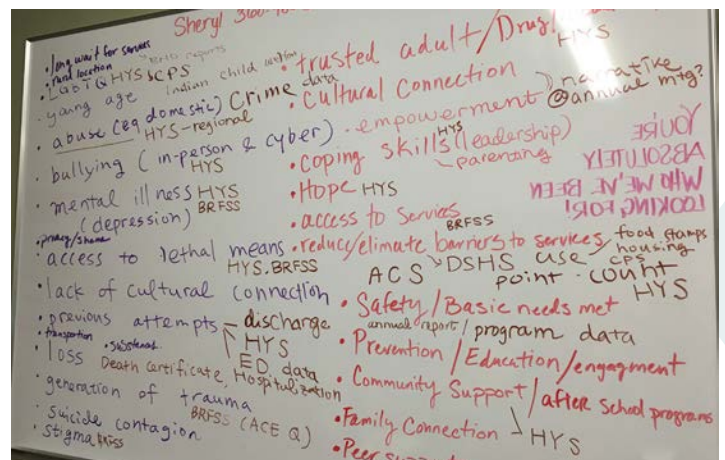
Racial misclassification has been difficult; however, NWTEC has overcome challenges in this arena over the past year.

EQ3 | TECHNICAL ASSISTANCE

With increased funding, NWTEC has been able to offer an 80% increase in TA from year one to year 2.

With the increased capacity TECPHI funding has given the IDEA-NW team there has been an increased ability to respond to technical assistance requests. Overall there has been a drastic increase in technical response requests from year 1 (40) to year 2 (72) which accounts for an 80% increase in utilization.

Additionally, this has allowed IDEA-NW to respond to technical assistance requests that they would have been unable to respond to in the past. Specifically, when another tribal epidemiology center wanted help expanding their data-linkage knowledge we were able to provide a specialized training to address this need.

EQ4 | PARTNERSHIPS

NWTEC held a meeting between the states of Oregon, Idaho, Washington, and T/TO/THOs to discuss data sharing opportunities face to face.

In the second year of TECPHI funding the IDEA-NW team was able to hold a meeting between the state of Oregon, Idaho, Washington and Northwest Tribes, and Tribal health programs. This meeting created a space where Tribes and Tribal Health programs were able to connect with state departments face-to-face.

In the past the IDEA-NW team had trouble connecting with Idaho to update their relevant datasets but through this meeting we were able to update datasets that had not been updated since 2013. The meeting was difficult to coordinate with so many different partners but ultimately was worthwhile to the states, Tribes and Tribal health programs who attended.

Northwest Tribal & State Public Health Data Sharing Partners Meeting

Date: Thursday, June 20th, 2019

Location: Portland State Office Building
800 NE Oregon St.
Portland, OR 97232

About: This meeting will bring together representatives from Northwest Tribes, tribal health organizations, and state health departments to discuss past, current, and future opportunities for sharing data to improve the health of Northwest tribal communities. Limited travel support is available for meeting attendees.

Registration: https://www.surveymonkey.com/r/CK85GGF

Meeting Sponsor: The Council of State and Territorial Epidemiologists

Questions: Sujata Joshi
sjoshi@npaihb.org

NWTEC coordinated a face-to-face meeting to create a space where state, Tribe, and Tribal health partners could share and update data.

Oklahoma Area
Tribal Epidemiology Center (OKTEC)

WE ARE HERE TO HELP!

TECHNICAL ASSISTANCE

spthb
SOUTHERN PLAINS
TRIBAL HEALTH BOARD

See other side

OKTEC lists services and TA provided and this 6 x 4 card can be taken to meetings, trainings, and other settings to advertise services.

EQ1 | AWARENESS

The following PDF is to advertise that we offer Technical Assistance and lists out what those services are. This 6 x 4 card can be taken to meetings, trainings, and other setting in an effort to spread awareness of our areas of expertise.

EQ4 | PARTNERSHIPS

This picture was taken at the Oklahoma City Indian Clinic. The staff are receiving the Lean for Healthcare training as a part of the ongoing Colorectal Cancer Quality Improvement Project.

The Wellness Around Traditional Community Health (WATCH) program focuses on introducing curriculum that enhances nutrition and physical activity within early childcare centers. Here the WATCH Public Health Specialist is handing the Cheyenne and Arapaho Head Start program curriculum, lesson plans, and materials.

Rocky Mountain Tribal Epidemiology Center (RMTEC)

It's okay to find a **helper**.

Text
HELPER to 741741

Call
1-800-273-8255

Montana 24 Hour Helpline
Dial 211 or
Text your zip to 898211

Online Chat
suicidepreventionlifeline.org/chat
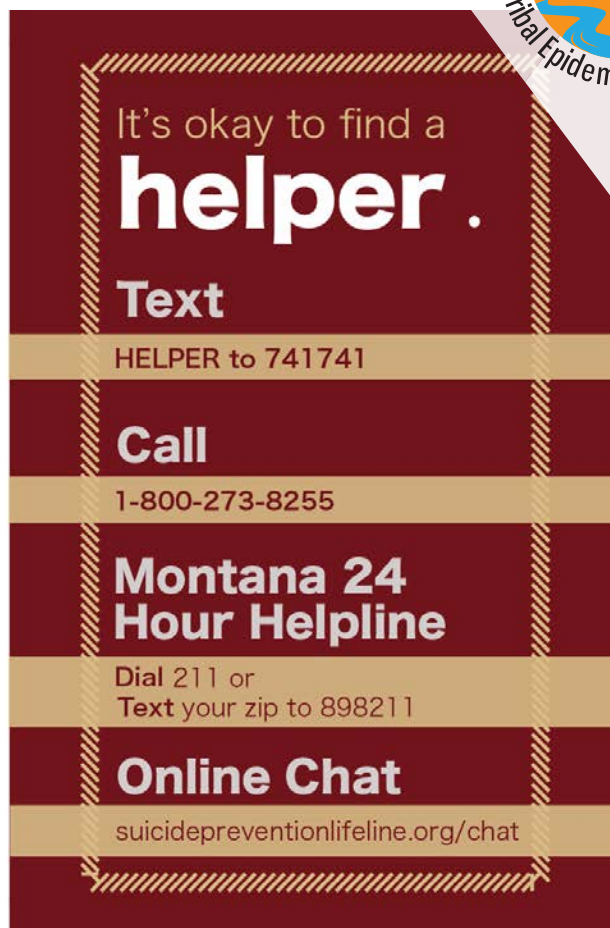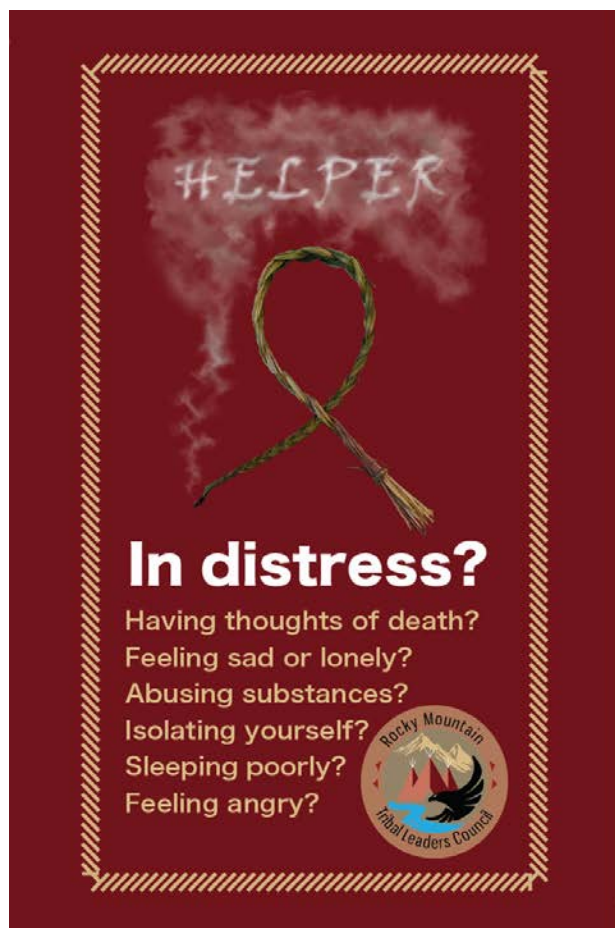
In Year 2, new Adobe software allowed RMTEC to create products such as this Helper Card.

OVERARCHING QUESTION

TECPHI funding has expanded RMTEC's capacity to produce a variety of publications that are useful to RMTEC partners and the Tribal communities it serves. In Year 2, new Adobe software allowed RMTEC to create products such as this Helper Card, an easily shareable document that connects community members with suicide prevention resources.

The software was also used to create reports and agendas for TECPHI-supported conferences and trainings.

EQ1 | AWARENESS

In Year 2, there were several opportunities for TECPHI and RMTEC staff to actively participate in, and even lead, activities locally and at Tribal sites. Attending and participating in community events allowed staff to engage with community members and create awareness around RMTEC's mission and services. The traditional games activity at a community farmer's market in Billings was one of many events that staff represented RMTEC throughout the year.

Attending a community farmer's market in Billings was one event that allowed staff to engage with community members and create awareness around RMTEC's mission and services.

EQ2 | CAPACITY

Tribal Epidemiology Center
Public Health Infrastructure

Year 2-5 Evaluation Plan

Building upon the creation of the Data Management Team in Year 1, RMTEC and TECPHI staff worked to develop a comprehensive data management protocol within the overall Evaluation Plan that details standard procedures for data collection, data monitoring, and proper data usage and storage.

This process required a collaborative effort among RMTEC staff, and the result has set a standard for data management not only for RMTEC, but for all RMTLC grant programs.

RMTEC and TECPHI staff worked to develop a comprehensive data management protocol within the overall Evaluation Plan that details standard procedures for data collection, data monitoring, and proper data usage and storage.

EQ3 | TECHNICAL ASSISTANCE

In collaboration with the Urban Indian Health Institute, RMTEC and TECPHI were able to bring an Indigenous Evaluation Training to Billings in July 2019.

In collaboration with the Urban Indian Health Institute, RMTEC and TECPHI were able to bring an Indigenous Evaluation Training to Billings in July 2019. Topics included reframing evaluation methods to tell a story with the data, decolonizing data, and creating visual representations of data findings.

With this training, attendees gained the knowledge and skills to structure evaluation activities and data dissemination in a way that is applicable and meaningful to their communities. In addition, this training better equipped RMTEC and TECPHI staff to provide more effective and relevant data and evaluation related technical assistance to Tribal partners.

EQ4 | PARTNERSHIPS

RMTEC has strengthened existing partnerships and established new ones across Year 2. Much like this gathering of tipis, these partnerships often feel like a gathering of missions, values, and information.

TECPHI and RMTEC have expanded and strengthened existing partnerships and established several new partnerships across a variety of sectors throughout Year 2. Much like this gathering of tipis, these partnerships often feel like a gathering of missions, values, and information.

New and existing partnerships have provided RMTEC and TECPHI staff with the opportunity to share successes, reflect upon weaknesses, and find ways to best utilize strengths among partners to effectively address health priorities.

Network Coordinating Center (NCC)

NCC

The NCC sponsored and coordinated the Journal of Public Health Management and Practice Supplement: Tribal Epidemiology Centers Advancing Public Health in Indian Country for Over 20 Years.
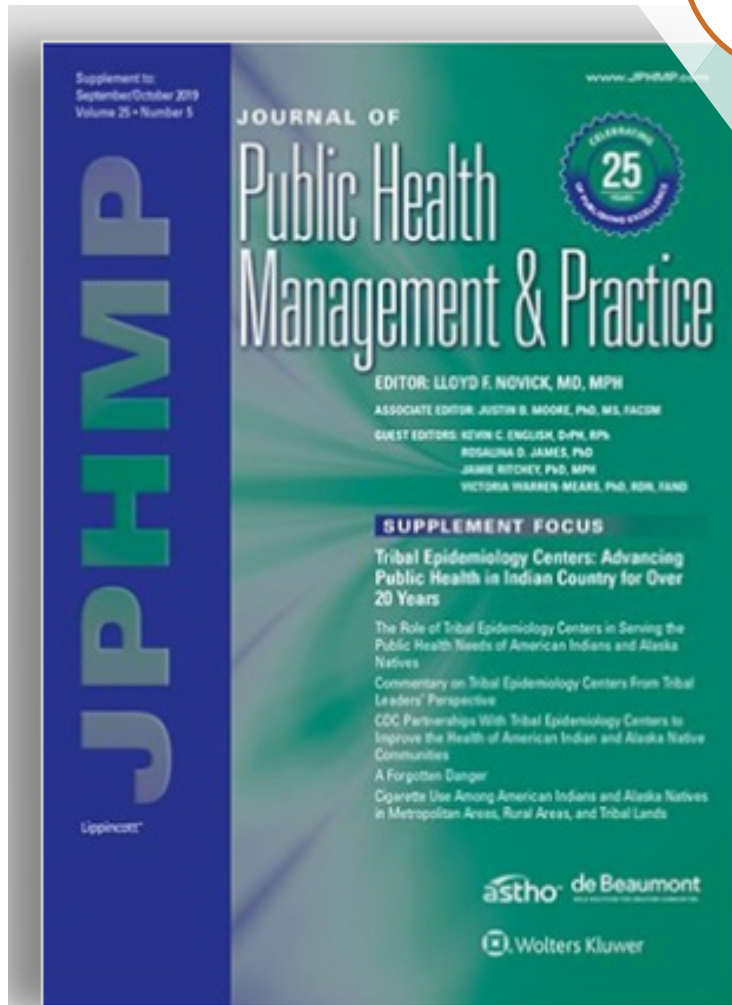
OVERARCHING QUESTION

Thanks to TECPHI funding, the Network Coordinating Center was able to sponsor and coordinate the publication of the Journal of Public Health Management and Practice Supplement: Tribal Epidemiology Centers Advancing Public Health in Indian Country for Over 20 Years. The supplement included 17 papers submitted by TEC staff and represents the first peer-reviewed publication highlighting TEC-only work.

EQ1 | AWARENESS

In Year 2, the Network Coordinating Center was able to fine-tune its Tribal Epidemiology Center (TEC) traveling exhibit booth. This made disseminating TEC information and data to Tribes, Tribal organizations, and Urban Indian Organizations so much easier. The booth was hosted at three national conferences, including the National Indian Health Board Conferences in Albuquerque, NM and Temecula, CA and the American Public Health Association Annual Meeting in San Diego, CA.

In Year 2, the Network Coordinating Center was able to fine-tune its Tribal Epidemiology Center (TEC) traveling exhibit booth, making disseminating TEC information and data to T/TO/UIOs much easier.

The combined total attendance at these conferences totaled over 15,000 attendees. The TEC exhibit booth remains a great way for TEC staff to network and tell others what we do.

EQ2 | CAPACITY

NCC rolled out its REDCap data collection survey system to collect national TECPHI Program evaluation data from all the TECs - it was a hit!

TECPHI National Evaluation Data Entry Survey

Please complete the following survey to submit your TECPHI performance measure (PM) and photo narrative evaluation data. The reporting period includes work completed over the entire grant year, September 30, 2017 - September 29, 2018, and is being collected from each Component A Awardee (CAA) and the Network Coordinating Center (NCC) with a submission due date of December 29, 2018.

For more information about the national TECPHI Program Evaluation Plan, you can access the plan on TEC Connect at https://tecconnect.org/docs/tecphi-program-evaluation-plan-2-2-2/.

You may only enter a number with NO commas or decimals (e.g. 15000) in the box next to each PM and you may skip any PM that does not apply.

A comment box is provided at the end of each PM section to describe your results in more detail, as needed. Responses can be brief (e.g. a few sentences or a bulleted list). The comment box will expand as needed, but it may be helpful to prepare PM responses on a Word document and copy and paste into REDCap. Please include any information related to the PM we may need to understand your results. You may leave the comment box blank if no additional detail is needed to explain your results for the PM.

At the end of the survey, two photo narrative submission opportunities are provided for each evaluation question, but only one submission is expected. Please let the NCC know if you would like to submit more than two photo narratives for an evaluation question.

At the beginning of Year 2, the NCC rolled out its REDCap data collection survey system to collect national TECPHI Program evaluation data from all the TECs.

The REDCAP survey made data collection and analysis more efficient and less burdensome for TEC staff.

The survey was a hit and TECs responded positively to the new data collection system, reporting it was easy to use and straightforward.

EQ3 | TECHNICAL ASSISTANCE

In September 2019, NCC sponsored Information Graphics and Data Visualization training at the Southern Plains Tribal Health Board's Oklahoma Area TEC (OKTEC) in Oklahoma City, OK. The 21 attendees from 9 different TECs learned new and engaging ways to communicate data, which will help staff increase capacity and the ability to share data with Area partners and communities in the future. This training would not have been possible without the hospitality of OKTEC!

In September 2019, NCC sponsored Information Graphics and Data Visualization training at the Southern Plains Tribal Health Board's Oklahoma Area TEC (OKTEC) in Oklahoma City, OK.

EQ4 | PARTNERSHIPS

TEC staff organized collaborative presentations for the National Indian Health Board's 10th Annual National Tribal Public Health Summit in Albuquerque, NM where TEC-to-TEC partnerships formed.

Through TEC Connect, TEC staff organized collaborative presentations for the National Indian Health Board's 10th Annual National Tribal Public Health Summit in Albuquerque, NM.

Two presentations occurred through these TEC-to-TEC partnerships: Alaska Native Epidemiology Center and Inter-Tribal Council of Arizona staff hosted a round table session "Reducing Tobacco-Related Health Disparities through Policies, Systems, and Environmental Changes," and Alaska Native Epidemiology Center, Great Lakes Inter-Tribal Epidemiology Center, and Urban Indian Health Institute presented "Tribal Epidemiology Centers: Connecting Communities with their Health Data."

These presentations would not have been possible if not for the TEC Connect infrastructure and relationships built in Year 1.

NCC
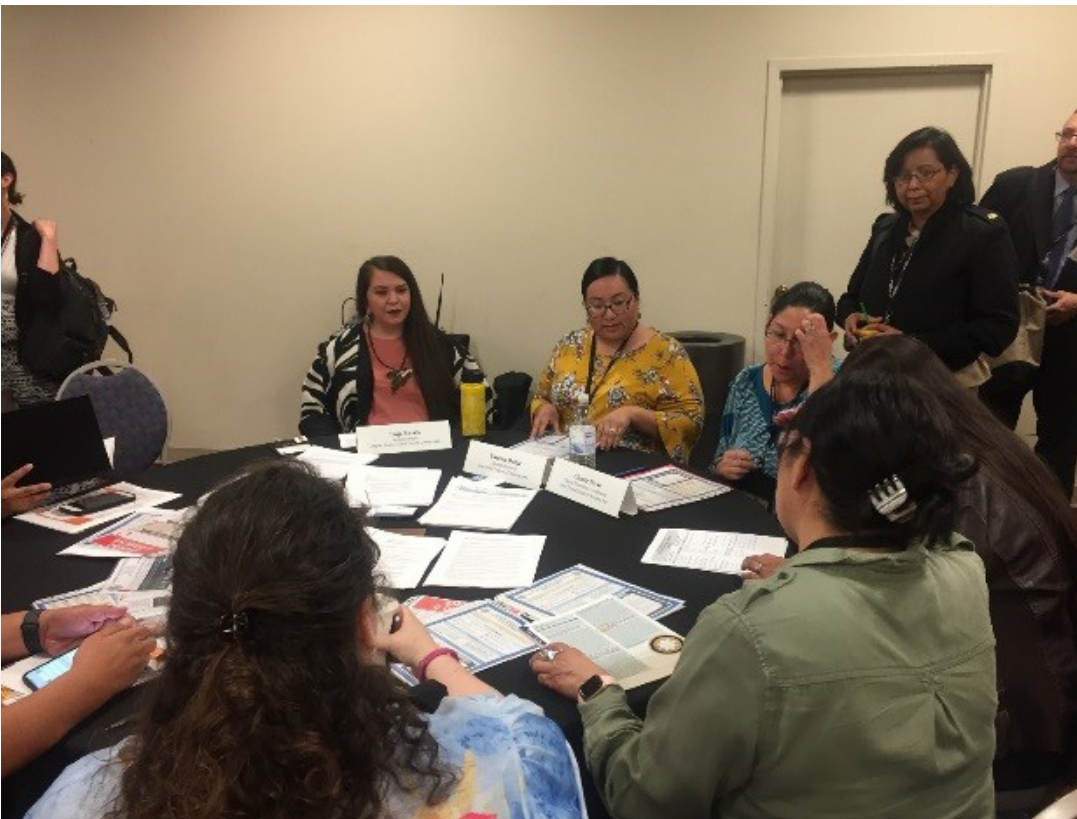
United South and Eastern Tribes, Inc.
Tribal Epidemiology Center (USET TEC)

Thanks to TECPHI funding, USET was able to hire two Evaluation Specialists. With three staff now on board, evaluation growth is just one area where team building has occurred.

OVERARCHING QUESTION

The United South and Eastern Tribes, Inc. (USET) Tribal Epidemiology Center (TEC) has undergone a massive infrastructure change which can most easily be discerned from the growth in staff size of the department. On September 30, 2017, there was 14 staff at the USET TEC; and on September 29, 2019, there were 24, with five vacancies. Three of the recent new hires are citizens of USET Tribal Nations. Before the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) cooperative agreement, the USET TEC had

one Evaluation Specialist who was responsible for providing evaluation support to as many programs in the department as possible, and now two more Evaluation Specialists have been brought into the department. This has resulted in an enhanced evaluation capacity for the organization to provide to USET Tribal Nations. Further, each evaluator brings their own unique style and approach to evaluation and everyone is learning a lot from each other. The synergy is palpable.

EQ1 | AWARENESS

We Need You!
April 25, 2019

Assist the Miccosukee Health Department communicate effectively with the community by participating in a focus group.

Each participant will receive a $25.00 preloaded gift card!

Focus Groups will be held at the Miccosukee Wellness Center.

On Wednesday, April 25th at 9:30 a.m. Breakfast will be provided!
&
On Wednesday, April 25th at 1:00 p.m. Lunch will be provided!

Must be at least 18 years old to participate.

TECPHI staff partnered with USET Communications to develop several tools for a Tribal Communications Assessment. USET partnered with three area Tribal Nations to get feedback on communication preferences of Tribal citizens health concerns and needs.

During year two of TECPHI, the USET TEC collaborated with USET's communication team to develop several tools for a Tribal Communications Assessment (TCA) that consisted of key-informant interviews, focus groups, and an anonymous community survey. Three Tribal Nation sub-recipients conducted the TCA to solicit Tribal citizens' feedback on communication preferences, knowledge of their respective Tribal health department hours of operations, and barriers faced when communicating with clinic patients or the community. The results were ground-breaking in providing new insights when communicating with Tribal citizens. For example, depending on the community within one Tribal Nation, there are specific color preferences for communication materials that correlate to each community stickball team's colors. As a result of the TCA, USET and the Tribal Nation have been able to develop health communication materials that incorporate the color palette preferences of each community within the Tribal Nation. Another participating Tribal Nations' focus group provided insight on culturally sensitive healthcare topics, which resulted in an ongoing effort to provide tailored culturally-safe health communication products. In addition to USET utilizing the TCA results to inform health promotion and disease prevention programs, the staff at each of the three Tribal Nations are using the results to communicate more effectively to the community."

As a result of TECPHI, USET had the capacity to apply for and be awarded its first Substance Abuse and Mental Health Services Administration (SAMHSA) grant that started during the 2019 fiscal year. The project added six new staff and partnered with two USET Tribal Nations to pilot the implementation of a behavioral health assessment with the overarching goal of assessing, preventing, and reducing underage alcohol use and substance abuse.

With the insights gained and shared throughout the department, another two TEC projects have decided to utilize an adapted version of the SAMHSA Behavioral Health Assessment to compliment activities related to patient flow analyses and opioid data quality.

EQ2 | CAPACITY

The accompanying photos are of USET TEC and Tribal Nation staff during site visits to assess programmatic updates, conduct assessments, provide technical assistance, and see all the prevention efforts within each Tribal Nation.

EQ3 | TECHNICAL ASSISTANCE

TECPHI has allowed for USET Tribal Nations to collect more community-level data that can be used to inform health promotion and disease prevention (HPDP) activities. In addition to developing and distributing assessment tools, USET has provided hands-on training and technical assistance to each Tribal Nation partner.

At the beginning of year two, USET held a kick-off meeting with the three sub-recipient Tribal Nations to provide individual HPDP training, define work plans, and finalize budgets. After all the Tribal Nations work plan assessments, key-informant interviews, and focus groups had been completed, USET held a second HPDP workshop during July 2019 where all of the USET Tribal Nations were invited. During this workshop, Tribal Nation staff learned how to develop an HPDP plan and the process of developing a strategic plan. Workshop attendees received presentations from the USET TEC, Dr. Jenna Middlebrooks, Healthy Native Communities Partnership, and the three year-two sub-recipients presented their projects to other USET Tribal Nations.

With the support of the USET TEC staff, each of the sub-recipient Tribal Nations developed and implemented HPDP plans based on the data generated from the assessments conducted during year two. The HPDP plans were implemented during the 2020 fiscal year, and the USET TEC staff continue to provide ongoing technical assistance as needed.

Above/Below: USET and Tribal Nation staff attending an in-person strategic planning and health promotion and disease prevention (HPDP) training that focused on sustainability and expanding partnerships.

EQ4 | PARTNERSHIPS

By partnering with the NPAIHB, USET has expanded and identified new partnerships with other Tribal Nations and Tribal organizations across Indian Country.

In October 2019, the USET TEC expanded its partnership with the Northwest Portland Area Indian Health Board (NPAIHB) and Project ECHO to begin hosting monthly Hepatitis C (HCV) telehealth clinics. This exciting partnership will enhance the services and care provided by USET Tribal Nation health clinics who have not historically had the expertise to provide specialized HCV care to their patients. Additionally, as Project ECHO is a new platform for USET, NPAIHB staff have been very supportive in providing technical assistance to USET that includes basic technical support and sharing evaluation instruments.

Urban Indian Health Institute (UIHI)

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

TECPHI funding has truly allowed UIHI to increase its public health infrastructure internally, by being able to have four full time American Indian/Alaska Native public health interns.

OVERARCHING QUESTION

TECPHI funding has truly allowed UIHI to increase its public health infrastructure internally, by being able to have four full time American Indian/Alaska Native public health interns. Not only does this contribute to UIHI's internal capacity, but also increases public health capacity for the field in general, as two of the interns have continued on in a public health position within the urban Indian community by finding employment at the Seattle Indian Health Board, while the rest finish their Masters in Public Health with the intent to work within the Native community upon completion of their degrees.

EQ1 | AWARENESS

The awareness of the work of the Urban Indian Health Institute has widely spread both nationally on a local level. On July 18th, 2019 UIHI held a community day of action at the Seattle Indian Health Board in which community members were invited to come share a meal and get assistance with entering a missing Native loved one's information into NamUS, a federal missing and unidentified persons database.

In this picture taken by local media, our UIHI evaluator is assisting a community member in entering her cousin's information who went missing more than ten years ago.

EQ2 | CAPACITY

At the end of 2019, UIHI now has 30 full time employees that include epidemiologists, evaluators, project managers, project associates, a communication team, and data team.

UIHI capacity has greatly expanded as a result of TECPHI funding. At the end of 2019, UIHI now has 30 full time employees that include epidemiologists, evaluators, project managers, project associates, a communication team, and data team. This is double the amount of staff from the beginning of TECPHI funding.

In collaboration with the Urban Indian Health Institute, RMTEC and TECPHI were able to bring an Indigenous Evaluation Training to Billings in July 2019.

In July 2019, UIHI was invited to Missoula, MT, by Rocky Mountain Tribal Epidemiology Center to facilitate a day and a half Indigenous Evaluation workshop for the tribal communities they serve.

In July 2019, UIHI was invited to Missoula, MT, by Rocky Mountain Tribal Epidemiology Center to facilitate a day and a half Indigenous Evaluation workshop for the tribal communities they serve. The workshop was not only fun, but powerful as well.

Participants shared their wisdom, experience, and the strengths that each of their Native communities bring to research and evaluation. Throughout the workshop, participants learned with and from one another.

"I found this training to be MOST empowering"

- WORKSHOP PARTICIPANT

EQ4 | PARTNERSHIPS

Kelsey Wilson was able to attend the UIHI training over native First Foods, and learned how to better serve indigenous populations.

"In September 2018, I was able to attend the UIHI training over native First Foods. This conference was held at the UIHI office in Seattle, Washington. As a new pediatric dietitian and working with the Native American population, I was able to listen to stories and learn on how I can best serve our population. At this training I was able to learn about the traditional ceremonies that are hosted by different tribes and the history of it all. I got to hear personal stories from women about their birth stories and then stories about breastfeeding. These ladies that were at this training showed me a passion for breastfeeding and for Native youth that I brought back to Oklahoma with me.

This training and UIHI grant gave me the support, financially and emotionally, to host programs specifically for our infants and toddlers. I am now hosting a class called TINY and TINY Tot that gives the baby and mom a safe space for interactive learning and support. At these classes, we speak about traditional foods and ways to engage the child thru movement and food. This training showed me what I can do to support our moms and babies and I am thankful." -Kelsey Wilson MS, RD/LD, CCNP (HPDP Pediatric Dietitian) Oklahoma City Indian Clinic-BRANCH Community Grantee 2018-2019.

TRIBAL
EPIDEMIOLOGY
CENTERS