

Public Health Infrastructure Program









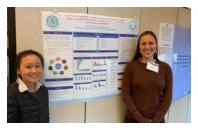


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Acknowledgements

This report was made possible by the collective effort of the 12 Tribal Epidemiology Centers, the Centers for Disease Control and Prevention, and the Tribes, Tribal Organizations, and urban Indian organizations they serve. The creation of this report was 100% supported by a cooperative agreement with the Centers for Disease Control and Prevention, number 5 NU58DP006390-04-00.



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).

The Tribal Epidemiology Centers (TECs) and the Network Coordinating Center (NCC) participate annually in a photo narrative project (a process similar to PhotoVoice). A brief narrative and 1-2 photos are submitted in response to the five Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Program evaluation questions. The photo narratives are visualizations of TEC and NCC experiences in changes of capacity, infrastructure, and sustainability. They help "fill gaps" and provide context to performance measure data.

Year 3 saw enormous advances for TECs and all TECs made significant progress in answering the TECPHI Program evaluation questions. TECs have increased their ability to collect and monitor data with continued growth of TEC staff and amplified knowledge through a variety of trainings. Diverse partnerships, both internally and externally, were established even while navigating the challenges of working virtually through a variety of platforms. The TECs were able to access more and better quality data to support health prioritization decision-making for T/TO/UIOs and COVID-19 response efforts. The TECs leveraged communication and marketing strategies to expand the reach of health related data and information and hugely increased production of communication materials to share with Tribal partners. The TECs continued to refine processes to deliver exemplary technical assistance and customer service. And finally, the TECs were nimble and flexible, and quickly able to expand skills to meet the immediate needs of their T/TO/UIOs during COVID-19 pandemic, further illustrating an answer to the question "What can TECs do now that they could not do before?" Special thanks to the Urban Indian Health Institute for their insight and advice. The TECPHI Program 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

One overarching and four specific evaluation questions have been used to guide the TECPHI Program's progress.

The overarching evaluation question highlights the TECPHI Program's main purpose – to increase capacity and strengthen infrastructure and sustainability of TECs:



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)



OVERARCHING QUESTION

Thanks to TECPHI funding, the Alaska Native EpiCenter was able to use infrastructure built in the first two years of TECPHI to stay connected virtually when the COVID-19 global pandemic forced the entire department to work from home.

Thanks to a trio of tools, Zoom, Slack and Trello, have kept us connected and allow us to meet virtually, communicate quickly, and manage projects collaboratively. We have efficiently and effectively shifted our work virtually with the infrastructure we built over the past few years. We have been able to stay connected and share information no matter where we work.



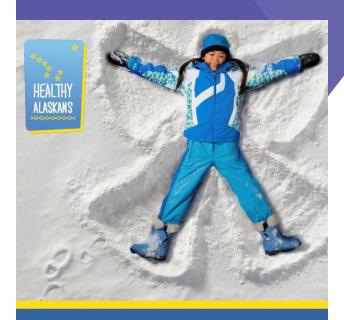
"The infrastructure we built over the past few years allowed us to connect and share information no matter where we work."



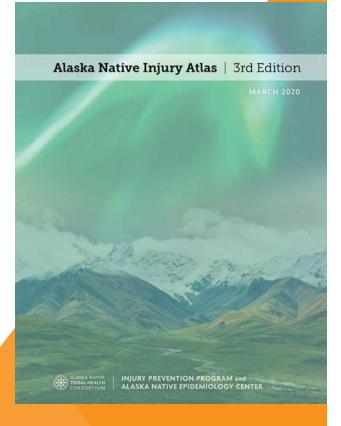


EQ1 – AWARENESS

Alaska Native EpiCenter staff continue to participate in Alaska's State Health Improvement Plan, Healthy Alaskans 2030 (HA 2030). TECPHI Year 3 coincided with the first official year of the HA2030 initiative. Participating from HA2030's beginning allowed TECPHI staff to expand the data and evaluation services offered to this important partnership between the Alaska Native Tribal Health Consortium and the State of Alaska. These expanded services and expertise mean HA2030 will now have an evaluation for the first time, giving the initiative the opportunity over the next ten years to continually receive feedback to help improve the health and well-being of all Alaskans.



Healthy Alaskans 2030





EQ2 – CAPACITY

In TECPHI Year 3, the Alaska Native EpiCenter worked collaboratively with ANTHC's Injury Prevention program to produce the Alaska Native Injury Atlas - 3rd Edition. Thanks to TECPHI, this report utilized data resources not previously available. This resulted in a more robust report that provided greater depth and detail than earlier editions.

"Moving
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virtual setting was only
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built in TECPHI's
first years."





EQ3 – TECHNICAL ASSISTANCE

In TECPHI Year 3, Alaska Native EpiCenter continued its partnership with ANTHC's Dental Health Aide Therapy (DHAT) program. For each year of TECPHI, EpiCenter staff have provided introductory public health, epidemiology, and evaluation training to DHAT cohorts. This year, due to the COVID-19 global pandemic, the training successfully pivoted last minute from in-person to virtual with zero issues. Moving the training successfully to a virtual setting was only possible because of the strong partnership built in TECPHI's first couple of years.





EQ4 – PARTNERSHIPS

The Alaska Native EpiCenter continues to focus on enhancing its relationships with key stakeholders from its Scientific Advisory Council (SAC) as well as others. Thanks to the partnerships we have built with SAC members over the years, when the COVID-19 global pandemic occurred, we were still able to collect valuable feedback from our SAC stakeholders by conducting phone interviews and completing an interview summary report for internal department use. While we typically hold an annual inperson SAC meeting, EpiCenter staff noted how the report collected additional background information typically not collected during the in-person meetings. Programs stated the information in the report would be useful in enhancing our partnerships with Tribal and non-Tribal organizations.

Alaska Native Epidemiology Center's
Scientific Advisory Council
Interview Summary Report 2020
Internal EpiCenter Use Only

Prepared by:

Alaska Native Epidemiology Center

Alaska Native Tribal Health Consortium

October 29, 2020



"The Alaska
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Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)



OVERARCHING QUESTION

This year presented us with the opportunity to use virtual platforms to enhance our network across Albuquerque Area Indian Health Board (AAIHB), AASTEC programs, Tribal communities, and outside partners. Although we have been able to foster longstanding and strong partnership networks for many years, the immediate

need to coordinate multiple efforts to address the COVID-19 pandemic greatly strengthened those relationships - both professionally and personally - and enhanced our communication and collaboration with our partnering communities as well as the New Mexico Department of Health.



"This year presented us with the opportunity to use virtual platforms to enhance our network across Albuquerque Area Indian Health Board (AAIHB), AASTEC programs, Tribal communities, and outside partners."





EQ1 – AWARENESS

Although our activities did not look like our typical work plan this year, we were able to vastly increase our development of digital and print media. We added a talented designer to our TECPHI team who has created factsheets and health education materials that double as works of art. This work is evidence that health communication is much more impactful when it incorporates visually appealing and specific cultural elements.

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EQ2 – CAPACITY

We have offered customized online database development and support for a number of years, but this year we saw an increase in the number of communities utilizing that resource. Once our partners expressed a need for AASTEC's assistance with COVID-19 contact tracing, we quickly developed an online database capable of tracking calls made to cases and their contacts, along with any needs mentioned by those individuals. This tracking system has greatly improved our ability to coordinate our response both among our own staff



and between our staff and our partners. Tribal partners like clinicians, public health professionals, and Community Health Representatives also have the opportunity to directly access the data in order to improve their own local responses and tracking capabilities. We hope that this push to use the databases for COVID-19 purposes will result in other programs requesting this resource for their own data collection and monitoring processes.





EQ3 – TECHNICAL ASSISTANCE

Although the latter part of this year required a transition to virtual platforms, we were able to host some in-person trainings alongside Healthy Native Communities Partnership (HNCP) prior to the start of the pandemic. One of the aspects of HNCP's trainings that participants continually appreciate is the feelings of inclusion and support that are fostered during the gatherings, especially during the portions of the trainings when we all sit in a circle and learn from each other. Attempting to bring that same sense of inclusion to virtual platforms required creativity and flexibility. Some of the techniques we used were a moment of reflection and grounding such as a prayer or poem, plenty of discussion opportunities, and innovative platforms such as Miro, which allow participants to work together in real time.

"Attempting to bring that same sense of inclusion to virtual platforms required creativity and flexibility."







EQ4 – PARTNERSHIPS

All of our TECPHI team members were involved in developing reports and presentations to provide updated information to our partners on a daily and/or weekly basis.

The audience for that information included the tribal communities we serve, urban organizations and urban populations, state departments of health, federal partners, and many others. The consistent outreach and communication opportunities necessitated by the pandemic have strengthened our partnerships across the board.



California Tribal Epidemiology Center (CTEC)



OVERARCHING QUESTION

The California Rural Indian Health Board. Inc. (CRIHB) and TECPHI funding has allowed the California Tribal Epidemiology Center (CTEC) to expand programming and offer more services throughout California. One such service is providing support on climate change. CTEC staff has attended educational sessions and events, such as the California Strategic Growth Council's oneday Climate Change Research Symposium in Sacramento, California. CTEC staff attended the event in order to gain content knowledge on how climate change impacts Tribes in California. As a result of attending these types of events, CTEC staff has been able to respond to climate change-related technical assistance requests. For example, CTEC has responded to requests from the Pala Tribe and Proper Sustainably to assist with identifying Tribal-specific climate change data sources. Furthermore, the California Environmental Protection Agency Office of Environmental Health Hazard Assessment invited CTEC to participate in their Tribal climate change indicators work group. CTEC aims to increase their capacity



and knowledge to address the needs of California Tribes and Tribal organizations. TECPHI funding has allowed CTEC to create and maintain relationships with Tribes, Tribal Health Programs, state agencies, and other organizations. By attending events like the symposium, CTEC staff have developed and expanded partnerships to help California Tribal communities. This picture features the CRIHB Research and Public Health Director with the Chairman of the Amah Mutsun Tribal Band at the Climate Change Research Symposium.

"CRIHB and the TECPHI funding has allowed the California Tribal Epidemiology Center (CTEC) to expand programming and offer more services throughout California."







EQ1 – AWARENESS

TECPHI program activities under CTEC, include attending community outreach events to raise awareness and promote its available technical assistance and training services. CRIHB staff attended an event that celebrated California Native American Day, a day that honors the Native American culture. Staff were able to connect directly with the public to raise awareness of the work CTEC does, increase engagement, and build relationships. Through these face-to-face interactions, CRIHB staff, who are also Tribal community members, can connect with the public in a way that can lead to their future participation in

"Staff
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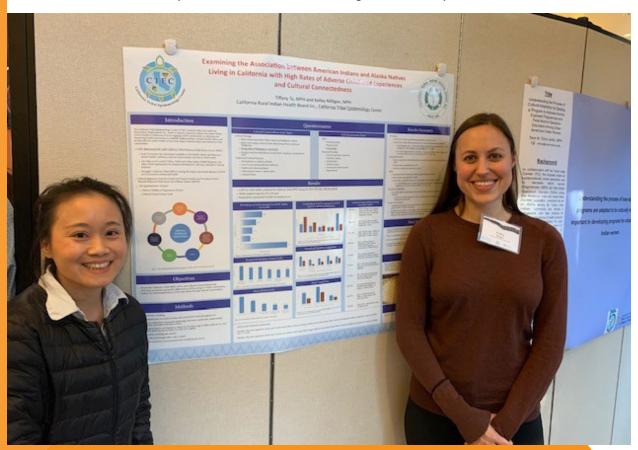
CTEC projects and surveys.
This picture features CRIHB's
Research and Public Health Director
at a CRIHB information table set
up at the California State Capitol for
California Native American Day in 2019 in
Sacramento, California.



EQ2 – CAPACITY

TECPHI funding has allowed CTEC to conduct surveys that collect data to monitor the health status of Tribal populations throughout California. In 2018, CTEC conducted a Tribally focused Behavior Risk Factor Survey (BRFS) for AIAN adults and youths residing in California to increase the information available on health risk behaviors, preventative health practices, health care access, and social determinants of health. In total, 2,209 adult surveys and 611 youth surveys were collected. The Tribal BRFS is an adaptation from the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System, a national

telephone survey that collects state data about health-related risk behaviors, chronic diseases, and use of preventive services. Due to underrepresentation of AIANs in local, state, and national data, the Tribal BRFS is conducted to increase the availability of state and local level data for the AIAN population in California. The Tribal BRFS report can be used by Tribes, Tribal and Urban Indian Health Programs, Tribal Organizations, and state and federal agencies for advocacy and policy making purposes. Conducting this type of data collection and monitoring is especially important for California due to its size and diversity in Tribal communities. This photo shows two project team members, presenting the initial results of the Tribal BRFS at the Northwest Native American Research Center for Health Conference in Portland. Oregon in February 2020.



"The Tribal BRFS report can be used by Tribes, Tribal and Urban Indian Health Programs, Tribal Organizations, and state and federal agencies for advocacy and policy making purposes."





EQ3 – TECHNICAL ASSISTANCE

TECPHI funding has allowed CTEC to track the successes and challenges of technical assistance by conducting evaluations and making improvements to service offerings. CTEC aims to improve technical assistance services they offer to Area partners and organizations to increase their capacity to use data for surveillance, epidemiology, and identifying health priorities. This photo depicts a group of CTEC epidemiologists working to create a data portal using Tableau. Over 50% of the technical assistance requests completed by CTEC involved data collection and data provision.



The data portal will include any primary data collected by CTEC, such as the Tribal BRFS. Taking this into consideration, CTEC plans to develop a public data portal to increase data accessibility.



EQ4 – PARTNERSHIPS

In 2018, CTEC partnered with the University of California, Los Angeles (UCLA) Center for Health Policy Research to conduct an oversample of AIANs in the California Health Interview Survey (CHIS). CHIS is the nation's largest state health survey. It gives a picture of California's large and diverse population's health and health care needs. In the second year of the 2017-2018 CHIS data collection cycle, CTEC collaborated with UCLA to oversample AIANs in California. Oversampling is a process designed to incorporate more members of a certain population into a survey to learn more about them. Through this AIAN oversample, CHIS collected 250 adult AIAN surveys, in addition to their base AIAN CHIS sample of 1,031. With continued TECPHI funding, CTEC was able to maintain and enhance this partnership to produce the California Health Interview Survey 2018: American Indian and Alaska Native Oversample report. The report presents descriptive information on sociodemographic variables, such as age, race,



poverty, and general health status. Results illuminated differences in variables that likely contribute to health inequities among AIANs. For example, AIAN households reported higher poverty rates than Whites. The oversampling process was crucial to better understand and address the health needs of California AIAN individuals. The report findings can be used by Tribal leaders and policy makers to address inequities, such as poverty, lower educational attainment, and limited access to health care among AIANs. This photo shows CTEC staff visiting with the UCLA CHIS team in Los Angeles, California, and discussing the project results.

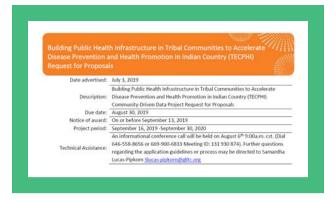


Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

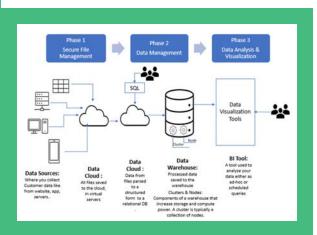


OVERARCHING QUESTION

Through TECPHI, GLITEC was able to sub-award to two Tribes in the Great Lakes region with their data-related projects. One Tribe has a Data Governance Board (DGB) that created draft policies and procedures on topics such as research requests, internal and external data requests, data sharing, data ownership, and other relevant topics. The DGB is currently working with the legal department to finalize these policies, and to develop a research code; Tribal Council support and approval for implementation



of these policies will be sought in the near future. Another Tribe, funded through GLITEC's TECPHI, has created an inventory of current and past data sources, identified data collection and storage gaps within the department, and developed a plan for future data collection/ storage. This work was made possible through a nurse consultant that the sub-award supports as current, Tribal clinic staff are focused solely on patient care.





GLITEC is in phase one of creating an integrated data management platform that enables a secure and reliable end-to-end solution for data retrieval, data storage, data access, data analysis and visualization for all authorized users.

"Through TECPHI, GLITEC was able to sub-award to two Tribes in the Great Lakes region with their data-related projects."







EQ1 – AWARENESS

GLITEC continues to build its internal capacity and resources to support Tribal/urban clinic accreditation in the region. This picture was taken (pre-pandemic) in January 2020 at the Tribal Public Health Quality Forum held at Oneida Nation Community Health Services Department.

For several years, GLITEC has convened a regional immunization coordinator advisory group to better understand childhood immunization behaviors and rates and develop recommendations to improve

vaccine coverage. In consultation with the advisory group, GLITEC produced a suite of materials to assist communities in promoting childhood vaccination. These included seven fact sheets (frequently asked questions, varicella, Hib, measles, diphtheria, tetanus, and pertussis); flat and folded reminder-recall postcards, each with choices for images of younger and older infants; and three poster/flyer designs. After COVID-19 resulted in a decrease in caregivers bringing their children to receive routine childhood immunizations, GLITEC created social media images (banners and squares) and flat reminder-recall postcards so assist communities encourage patients to bring children for routine vaccination.



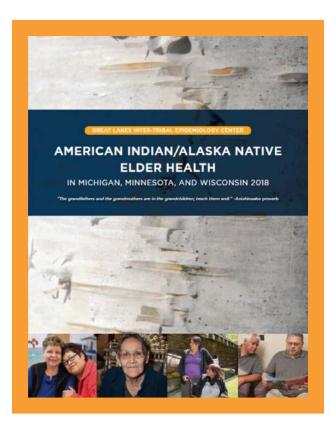






EQ2 – CAPACITY

GLITEC released the first comprehensive report on the health of American Indian/Alaska Native elders in the Bemidji Area: American Indian/Alaska Native Elder Health in Michigan, Minnesota, and Wisconsin 2018. Elders play an important role in many aspects of community life-including serving as mentors, teachers, and holders of tradition-and we were excited for the opportunity to provide information on the health of these vital members of the community.







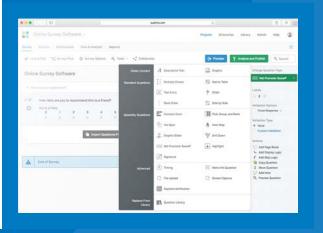
Oral health is a priority in GLITEC's service to communities in the Bemidji Area. GLITEC embarked on a project to identify existing datasets and surveillance systems that capture information on American Indian/Alaska Native oral health; determine what oral health indicators mutually exist across federal, state, and Tribal entities, and make recommendations for coordinated American Indian/Alaska Native oral health data activities and surveillance.

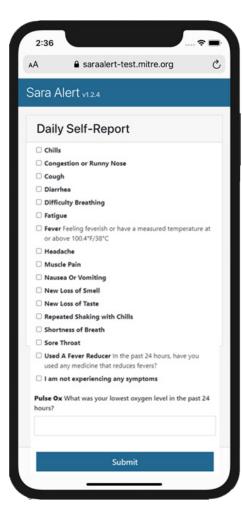




EQ3 – TECHNICAL ASSISTANCE

GLITEC has moved online surveys to Qualtrics, a more secure, interactive platform than others previously used. Through TECPHI, over forty surveys were administered by GLITEC since 2019. In addition, TECPHI has supported three communities in obtaining and using their own Qualtrics accounts. GLITEC conducts Qualtrics training and provides ongoing support to communities as they administer their own surveys, access and analyze their data as needed.





"At the onset of COVID-19 crisis, TECPHI was critical to supporting GLITEC's COVID-19 efforts."

At the onset of COVID-19 crisis, TECPHI was critical to supporting GLITEC's COVID-19 efforts. One of the many COVID-19 related resources that GLITEC offered to Tribal/ urban clinics was a COVID-19 monitoring system. The Sara Alert system allows Tribal/ urban health clinics to enroll individuals at risk of developing a coronavirus infection; individuals enrolled in the system enter their symptoms daily, providing Tribal health clinics with real-time insights.

Collecting Race and Ancestry Information – April 2020





EQ4 – PARTNERSHIPS

The Michigan Electronic Death Registration System (EDRS) is a Web-based application used to register deaths in the state of Michigan. Once a month, the Monthly Minute Video series covers a variety of topics for EDRS users. Through a partnership with Michigan, a GLITEC staff member covered the topic of Collecting Race and Ancestry Information in April 2020. It can be found here: https://youtu.be/aeTdOmu_mUY



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Basic Screening Survey for Third Graders

INFORMATION FOR SCHOOLS

Oral health is important for school readiness

Cavities are almost entirely preventable, yet they continue to be the **most common chronic childhood illness** in America. If not treated, tooth decay (which causes cavities) can cause pain, infection and tooth loss. It can also create problems with eating, speaking and learning.

It is estimated that **51 million school hours are lost each year** because of oral health problems. The amount of missed school days is greater for children from low-income families.²

What is the Basic Screening Survey?

The Basic Screening Survey is a non-invasive, openmouth, dental health screening of school-aged children done every 5-years by the Minnesota Department of Health (MDH), Oral Health Program. The purpose of the screening is to assess the overall state's dental health among third graders in public schools.



Why is the Basic Screening Survey important?

The Basic Screening Survey provides a snapshot of the oral health of Minnesota's kids. Collecting oral health data helps spot unmet health needs that could be barriers to learning and development. Schools selected to participate in the Basic Screening Survey can use school-level data to identify student needs and opportunities to improve children's oral health such as school-linked dental programs and oral hygiene education.

2019-2020 Basic Screening Survey

A team of licensed dental professionals contracted by the Minnesota Department of Health will screen third graders at randomly-selected schools across the state.



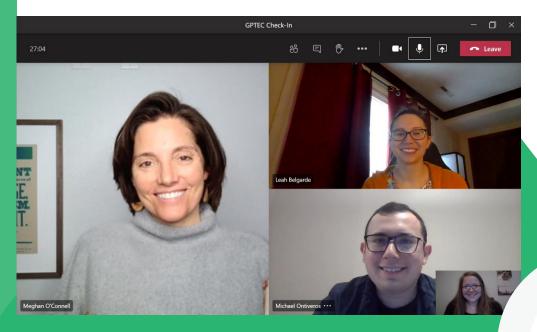
Great Plains Tribal Epidemiology Center (GPTEC)



OVERARCHING QUESTION

With TECPHI funding, GPTEC and the Great Plains Tribal Leader's Health Board had the opportunity to respond in a meaningful way to the disproportionate burden of COVID-19 in the Great Plains IHS Area. In May 2020, GPTEC and GPTLHB EOC facilitated a partnership with the CDC Foundation Corps to mobilize a robust response to internal and external data and technical assistance requests, tribal data and assessment needs, reports, and communications. GPTEC was able to bring 4 CDC Foundation Corps members onboard 1) COVID-19 Corps Data Scientist; 2) COVID-19 Corps Medical Epidemiologist; 3) COVID-19 Corps Tribal Nation State Program Data Analyst/Liaison; and 4) COVID-19 Corps Tribal Nations Communications Specialist. These roles are 100% focused on COVID-19 activities and will

be onboard in the new fiscal year. The Data Scientist leads data analytics, management, and evaluation. The Medical Epidemiologist serves as a consulting physician, advises on medical programming and messaging, and interprets medical information and public health guidelines. The Tribal Nation State Program Data Analyst/Liaison supports the expansion of data programs and partnerships with Area Departments of Health involving statistical analyses of State surveillance data and assists with the development of methods to monitor data integrity, accuracy and reliability. The Tribal Nations Communications Specialist develops educational materials, newsletters, reports, and media to enhance public awareness regarding COVID-19 and assists with the development of marketing campaigns.







EQ1 – AWARENESS

GPTEC completed the third year of their Statewide Site Visits in September 2020. These visits have proven to be a most reliable and unsurpassed method of promoting public health services and expertise to area-wide partners including Tribes, state, IHS and higher learning institutions. The Statewide Site Visits are completed annually with tribal, Indian Health Service, higher learning institutions, state, and regional public health partners from the states of North Dakota, South Dakota, Iowa and Nebraska in attendance. During these visits, GPTEC provides updates on services, training, knowledge and expertise of TEC staff. In addition, the participants: discuss and share each other's priorities, plans, challenges and activities; identify



EQ2 – CAPACITY

In response to the COVID-19 pandemic, GPTEC has increased their data intake. analysis, and product production in many ways. One way is by the creation of the Great Plains Area COVID-19 Data and Surveillance Dashboards. These dashboards are updated daily by members of the Data Coordinating Unit team. Each day, members of this team collect and input data on COVID-19 cases, tests, and deaths and produces statistics such as Percent Increase in Cases, 7-day Percent Positivity, Case Rates per 100,000, and more. These data are then uploaded to a Tableau Dashboard, which allows many of these epidemiological indicators to be filtered at the Great Plains Area, state, tribal, and county levels. Remarkably, these dashboards are starting to be replicated, with support and

opportunities for collaboration within key areas for an aligned response; and share and proliferate best practices and approaches. Topical discussion for this year included mental health, emergency response, public health data surveillance, data sharing, and vaccination campaigning emergency response, public health data surveillance, data sharing, and vaccination campaigning health data surveillance, data sharing, and vaccination campaigning health data surveillance, data sharing,

and vaccination

campaigning.

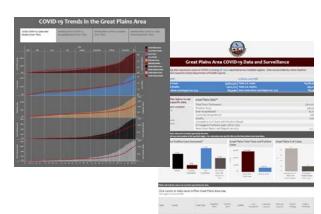
GPTEC IOWA
STATEWIDE SITE VISIT

GPTEC NORTH DAKOTA
STATEWIDE SITE VISIT

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STATEWIDE SITE VISIT

GPTEC NORTH DAKOTA
STATEWIDE SITE VISIT

Leader Strate
Base September 8, 1938
First Res June 187
First Res June 18



guidance from GPTEC, at the tribal level using data that they accessing directly from states.

This dashboard is

published on the Great Plains Tribal Leaders' Health Board website for use by the tribal community members the health board serves to enhance their situational awareness and assist in making critical decisions regarding the protection of their communities in response to this virus.







EQ3 – TECHNICAL ASSISTANCE

With TECPHI funding, GPTEC was able to refill the long-vacant Data Coordinating Unit Director & Lead Epidemiologist position by hiring Nick Hill who came on board in January 2020. Hill brought a wealth of expertise in epidemiology and public health informatics. Under Hill's leadership, four data acquisition projects with partners were successfully completed during Year 3. The following data acquisition projects with 3 State and Regional partners were accomplished: 1) current plus 3 year in arrears South Dakota PDMP county-level data on opioid prescriptions, MATs and benzodiazepines; 2) South Dakota Syndromic Surveillance data access through the National Surveillance System Program ESSENCE; 3) Great Plains Area data from the National Poison Control Center; and 4) Maven COVID-19 case and contact data extracts. In addition, a large part of the COVID-19 response was initiated under Hill. This included weekly calls to tribal members and stakeholders giving updates on the current data landscape, as well as discussions of a range of news regarding the outbreak that helped clarify the status of the outbreak, virus, treatments, and emerging vaccines.

"Under Hill's
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EQ4 – PARTNERSHIPS

Partnerships with TECS and other partners and organizations have grown extensively as a result of the TECPHI funding. Just newly hired at the end of March 2020, Tribal Public Health Liaison, Tamee Livermont, dived in and played a pivotal role in the response to COVID-19 at GPTEC and within our parent organization the Great Plains Tribal Leaders Health Board (GPTLHB). Livermont was slated to serve as the Liaison Officer in Emergency Operations Center which was organized in April 2020. In this role, Livermont served as the primary contact and liaison for tribal emergency managers, health directors, and others to ensure that Tribes received an adequate supply of vital PPE. This expansive COVID-19 response established approximately 50 partnerships with tribal programs. These partnerships made it possible to deliver over 20,000 N95s, 200,000 gloves, 30,000 KN95s, 12,000 face shields, 10,000 digital thermometers, 600 infrared thermometers, and 1,500 oximeters directly to tribal leaders and others with whom relationships were built with. In Year 3, GPTEC purchased a subscription of the PARTNER Platform tool, a robust network analysis platform that uses network science and analysis to help you see, understand, and leverage the connections and partnerships that affect your impact. GPTEC looks forward to implementing this tool to map these partnerships.





"Partnerships with TECS and other partners and organizations have grown extensively as a result of the TECPHI funding."



Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)



OVERARCHING QUESTION

Prior to the Building Public Health Infrastructure in Tribal Communities (TECPHI) funding, the Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC) relied on staff member's background to help provide presentations for the Tribes. Majority of the trainings were offered by epidemiologists which resulted in limited topics such as public health services, data analysis, and data visualization. Trainings were focused on building upon individual's skills whereas now with TECPHI funding, the ITCA TEC

has moved towards providing trainings based on building program infrastructure for sub-awardees and the ITCA TEC department. In the last three years with TECPHI funding, the ITCA TEC has offered trainings on grant writing, strategic planning, workforce development, and quality improvement. These trainings were given by professionals and were provided to both the ITCA TEC department and TECPHI sub-awardees. Prior to TECPHI funding, inviting tribal staff to these types of trainings was limited, if at all possible.





EQ1 – AWARENESS

Building Public Health Infrastructure in Tribal Communities (TECPHI) funding has allowed for a variety of trainings and other assistance to be offered. Most notably, TECPHI funding has made partnering with contractors possible. With TECPHI funds, the Inter Tribal Council of Arizona Tribal Epidemiology Center (ITCA TEC) has been able to invite subject matter experts to provide trainings for its TECPHI sub-awardees, area Tribes, and ITCA TEC department. As a result, ITCA TEC has been able to expand from the previously offered trainings. For example, ITCA TEC partnered with the Blue Stone Strategy group

to provide a strategic planning workshop to the opioid supplement sub-awardees. The workshop had over 30 participants. Being able to offer such trainings has allowed for building and strengthening partnerships with the tribal nations ITCA TEC serves.

Additionally, the strategic planning workshop was provided virtually. TECPHI funds ensure quality trainings are provided while supporting Tribal nations during the pandemic.



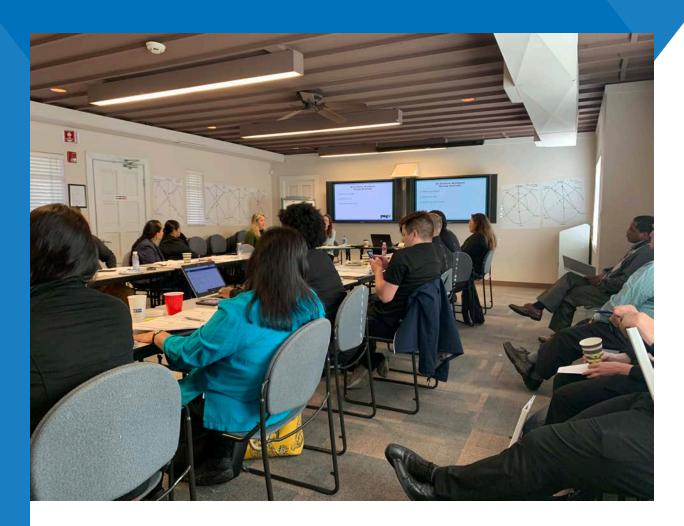


EQ2 – CAPACITY

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 provide a Quality Improvement



training from the Public Health Foundation. The training required a pre-assessment of the ITCA TEC's department from its staff members. Although not directly tied to the collection and monitoring health status of tribal populations, the pre-assessment made it clear that the ITCA TEC has to improve upon the onboarding process of new employees. What we found to be missing for new epidemiologists was clear guidance on the use of the available datasets that ITCA TEC has access to. Without clear guidance, a lot of time is being spent towards becoming familiar with the Indian Health Service Electronic Data Mart and hospital discharge datasets. Although it is understandable that it will take a while for someone new to understand how the data systems work, we want to be able to provide guidance in order to have faster turnaround times on health status questions. This will be an ongoing project into year 4 of the grant as ITCA TEC moves forward in creating standard operating procedures.





EQ3 – TECHNICAL ASSISTANCE

Building Public Health Infrastructure in Tribal Communities (TECPHI) funding allowed for in-depth one-on-one training with 8 tribal subawardees to develop and implement a quality improvement (QI) plan for their department. The high level of technical assistance began by deciding to contract subject matter experts to provide a QI workshop to ITCA TEC's TECPHI working group. The training provided during the working group was an introduction to QI. After the good experience, ITCA TEC decided to contract the Public Health Foundation for two additional workshops, QI and Workforce Development. Being able to contract the Public Health Foundation resulted in customized

QI plans for each department that the tribal sub-awardees work in. Individual meetings were held to discuss the plans' strengths and weaknesses. This style of planning allowed for a thorough understanding of the QI process with the hope that the department becomes more self-sufficient. Additionally, by providing the level of technical assistance on quality improvement, the goal of the QI plans is to evolve into a culture of continuous QI.





EQ4 – PARTNERSHIPS

Starting in year 1 of TECPHI funding, the ITCA TEC has put together two Public Health Working Groups per year. Every year, the bi-annual Public Health Working groups are attended by all TECPHI subawardee Tribes, with invitations extended to all Phoenix and Tucson IHS Area Tribes. While attendance of all Tribes varies per date, number of attendees has grown over the years. For the first Public Health Working Group of TECPHI year 3, enhanced partnerships were created with the Arizona Department of Health Services, and Maricopa Department of Public Health. With presenters from both health departments presenting all day, all

attendees had a chance to network with data specialists. Furthermore, the Maricopa County Department of Public Health's Tribal Liaison was in attendance all day for networking opportunities and contacts were created in one day that previously failed to be established. The "Partnership Discussion" at the end of the morning was a great way for all attendees to get information from Tribal, County, and State Public Health partners. It was a great intro for the "Networking Lunch", as several conversations were continued over lunch. With every Public Health Working Group we are getting more attendees and enhanced partnerships are created.



"With every
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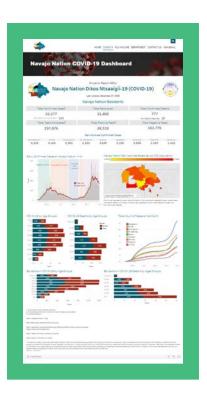


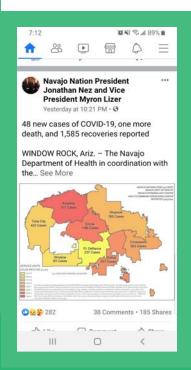
Navajo Epidemiology Center (NEC)



OVERARCHING QUESTION

In responding to the requests of COVID-19 data from leaders and the public, the Navajo Epidemiology Center (NEC) with the Navajo Department of Health (NDOH), were able to bring together the basic information of COVID-19 on the Navajo Nation in this public dashboard. The dashboard is provided at https://www.ndoh.navajo-nsn.gov/COVID-19/Data. This dashboard was made possible by TECPHI funding through the analysis and management provided by NEC and the partnership of the NDOH, Navajo Nation Health Command Operations Center (HCOC), and the Navajo Nation Department of Information Technology (NNDIT). This dashboard was created with Tableau and was designed to provide for the daily Situation Report the NEC provides to Navajo Nation leadership and the HCOC. Tex Etsitty, a Network Specialist of the NNDIT, was instrumental and provided technical expertise in creating the dashboard in Tableau. Additional internal dashboards were created for teams within the HCOC.







The daily Situation Report provided to the Navajo Nation Office of the President and Vice President is used daily for the President's Facebook post to the Navajo Nation. This support to the President has been vital in data translation and communicating with the Navajo people about the impacts of COVID-19 cases on the Navajo Nation.

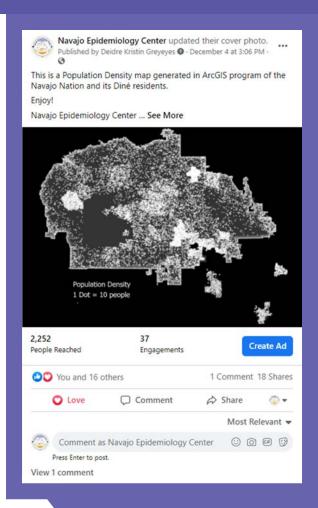
"The daily Situation
Report provided to the
Navajo Nation Office of
the President and Vice
President is used daily for
the President's Facebook
post to the Navajo Nation."





EQ1 – AWARENESS

The Navajo Epidemiology Center (NEC) has successfully launched their Facebook page after being inactive for a while. The Alaska Native Epidemiology Center has been a great partner in brainstorming ideas and sharing social media best practices. NEC thanks them for their input and sharing their social media expertise and assistance. This photo is made in ArcGIS Pro to illustrate population density on the Navajo Nation. NEC hopes it will shed a light on the variations of population densities on the Navajo Nation. The NEC team works together on highlighted projects and drafting important messages to the Navajo people, especially during this time. Projects and posts shared so far have been about staying safe, the Junk Food Tax Study project, COVID-19 Symptoms and Diné (Navajo) Translations, and COVID-19 vaccinations, to name a few.



"The NEC team works together on highlighted projects and drafting important messages to the Navajo people, especially during this time."



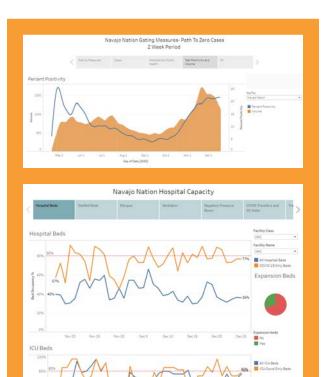
EQ2 – CAPACITY

In the very beginning of the pandemic on the Navajo Nation, the Navajo Epidemiology Center (NEC) needed data at the local level to monitor the impact and spread of COVID-19 cases. To do this, NEC and the CDC Response team created a survey using the Epi InfoTM tool to create a survey collecting important data from the health care facilities. This survey included important questions about cases, testing numbers, patient outcomes, and priorities.



Another tool used to collect data include a Survey Monkey survey used to collect information on hospital capacity in hospital and ICU beds, Personal Protective Equipment, ventilators, and transfers to other facilities and staff. Data from these surveys are used to update the dashboards communicating testing positivity and hospital capacity. The Navajo Nation Health **Command Operations** Center teams use the dashboard to guide decisions and inform planning, logistics, operations, and

leadership.



"The Navajo
Nation Health
Command Operations
Center teams use the
dashboard to guide
decisions and inform
planning, logistics,
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leadership."





EQ3 – TECHNICAL ASSISTANCE

In the first few weeks of the pandemic, the Navajo Nation requested additional assistance from the CDC in the response to COVID-19. The CDC deployed several epidemiologists and support staff to assist the NEC in formulating a response that consisted of data management support, defining metrics for cases and testing and contact tracing metrics, data translation, case management and overall epidemiology assistance to the NEC. Since March 2020, 5 CDC Response teams have been deployed to the Navajo Nation. The CDC Foundation assisted with additional epidemiologists for longer terms in the second wave of the pandemic on the Navajo Nation.

"In the first few weeks of the pandemic, the Navajo Nation requested additional assistance from the CDC in the response to COVID-19."





"The John
Hopkins Center
for American Indian
Health (JHCAIH) has
been a great partner
and assisted with
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EQ4 – PARTNERSHIPS

The John Hopkins Center for American Indian Health (JHCAIH) has been a great partner and assisted with many projects including providing a testing strategy for the Navajo Nation. The Navajo Epidemiology Center used one of its tools to create a web application in ArcGIS Online, to provide a public resource of testing locations on the Navajo Nation. The web application uses filters and searches locations to provide users information on potential testing locations and other important information about testing location hours and criteria. The testing locations are entered into the application by the JHCAIH staff.



Network Coordinating Center (NCC)



OVERARCHING QUESTION

Facilitated by the Tribal Epidemiology
Centers Public Health Infrastructure
(TECPHI) Network Coordinating Center
(NCC), the 12 Tribal Epidemiology Center
(TEC) Directors collectively signed a thank
you letter expressing appreciation of
congressional support. Specific thanks was
given for ongoing efforts to strengthen
relationships between TECs and federal
partners, as several Congressional members
advocated for the TECs during a Committee
on Energy and Commerce meeting in June
2020. During that committee hearing,

congressional members advocated for representatives from the CDC to provide TECs access to critical data, as TECs are designated public health authorities. Data access has been particularly critical and time-sensitive during the COVID-19 pandemic. TECs historically speak with one voice to gain better access to resources and data for those they serve. The pandemic has highlighted the strength in a collective effort by the TEC Directors - it demonstrated how working together can make an impactful change.



"Data access has been particularly critical and time-sensitive during the COVID-19 pandemic."





"TECs are continually exploring opportunities to better communicate with and reach the people they serve."



EQ1 – AWARENESS

TECs are continually exploring opportunities to better communicate with and reach the people they serve; nonetheless, many potential partners are unaware of TECs services. Highlighted during the 2019 Strategic Planning session, were the questions: "What if we could show and tell stories of how TECs served communities?" and "How can we share what TECs can do?"

The group recognized the importance of reformulating the marketing and communications plan to provide TECs more public visibility. To meet that request, the NCC worked with the Cedar Group, a communications and marketing firm, to develop a TEC Communications Blueprint that "provides a path forward in communications that acknowledges the diverse audience and diverse subject base of epidemiology." This idea helped to ramp up social media efforts, create a specific messaging structure, and post schedule.

As a result, Facebook has seen an increase of 158 likes and 157 followers, and Instagram saw a rise 195 new followers and 6 more posts than the previous year. The NCC has been able to share what we've learned with the Navajo Epidemiology Center, who started enhancing their social media at the same time. Nurturing the TEC social media plan alongside the NEC has been exciting. The NCC has been able to share strategies and tools with NEC staff on a weekly basis.

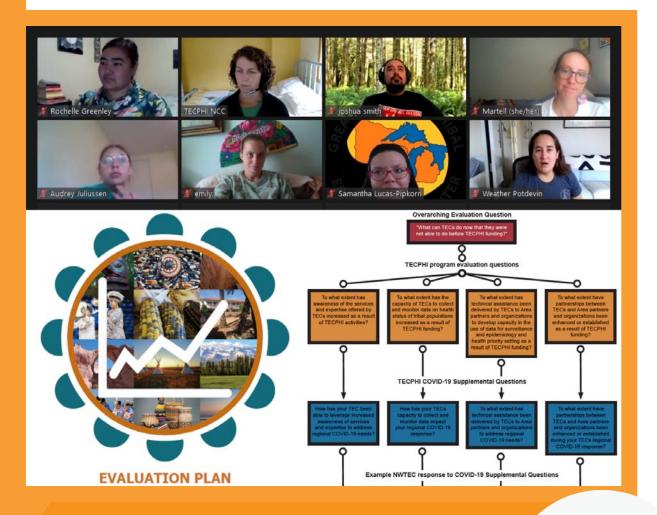
A second outreach initiative includes a successful partnership with Dr. Charlotte Huntley, an epidemiologist, who has interviewed TEC staff to feature on her Public Health Epidemiology Careers Podcast on a monthly podcast series (https://www.drchhuntley.com/podcast).



EQ2 – CAPACITY

The NCC is always exploring different ways to tell the story of TEC work and share the progress TECs have made in improving capacity and infrastructure. The intention of the national TECPHI Program Evaluation Plan is to monitor the expected outcomes of the program as well as demonstrate success of the awardees; however, much of the annual evaluation data is quantitative, which does not always tell the whole story. Therefore, finding ways to incorporate qualitative data in the evaluation data was made a priority.

New to Year 3. all TECs and the NCC have submitted a qualitative project to provide a story and context to one of the eight national performance measures. In addition, to highlight TEC response efforts during the COVID-19 pandemic, members of the Evaluation CoP decided to complete an additional COVID-related qualitative project. Our partner at NWTEC, Joshua Smith, took the lead in drafting framework and example template. The qualitative projects are being collected with the intention to share publically. There are few parameters around the two qualitative projects and each submission will be unique, showcasing the diversity of our TECs.



"The NCC is always exploring different ways to tell the story of TEC work and share the progress TECs have made in improving capacity and infrastructure."





The purpose of the NCC is to support the 12 TECs in building infrastructure, capacity, and sustainability. The NCC is always available to help. During the COVID-19 pandemic the NCC has been able to provide support the TECs virtually. The NCC has supported the TEC Directors weekly meeting since its inception at the beginning of the COVID-19 pandemic. In this meeting the NCC takes minutes, posts on TEC Connect, and follows up on action items. The NCC upgraded the Zoom account to host meetings, webinars, and events as requested. By upgrading the account, all requests have been met, which include: hosting webinars, trainings, planning meetings, meeting needs for security, participant interactivity, and multiple hosts and sites.

Our biggest success was hosting the TEC Directors Roundtable session where 11 of the 12 Directors shared completed and ongoing response efforts to COVID-19 to a diverse



EQ4 – PARTNERSHIPS

The NCC thrives on fostering collaborations and partnerships across the TECPHI Network. Developing deliberate inter-TEC partnerships has also been identified as a Strategic Objective in the TEC Strategic Plan. TEC Directors unanimously decided in Oct 2019 that supporting and budgeting for frequent in-person meetings was needed. In-person meetings allow time for TEC staff to build relationships. OKTEC teamed with the NCC and other TEC partners to attach a TEC Gathering to the annual OKTEC Tribal Public Health Conference which was scheduled to be held in April 2020 in Durant, OK. Many hours of phone calls and arranging went into organizing the event and integrating the TEC

Introduction to Epi Info™ 7

Software for Data Collection and Analysis

Harold (Hal) Collins, MS Technology Analyst 20-21 August 2020

COVID-19 RESPONSE in INDIAN COUNTRY:

Roundtable with the Tribal Epidemiology Center Directors

MAY 21, 2020



audience including Tribal members, federal partners, the media, interested public, TEC staff, and others. The virtual gathering hosted 217 attendees. The NCC also hosted an "Introduction to Epi Info" training in collaboration with GLITEC. This training has not been offered virtually in the past, and by holding several practice sessions with the consultant, the training was delivered with success on the NCC's Zoom platform.



staff and agenda into OKTEC's conference. Although the event was cancelled due to the COVID-19 pandemic, the time spent on planning helped to strengthen the relationship between the NCC and OKTEC. We were disappointed the TEC Gathering had to be cancelled, but look forward to having the meeting happen in 2021!



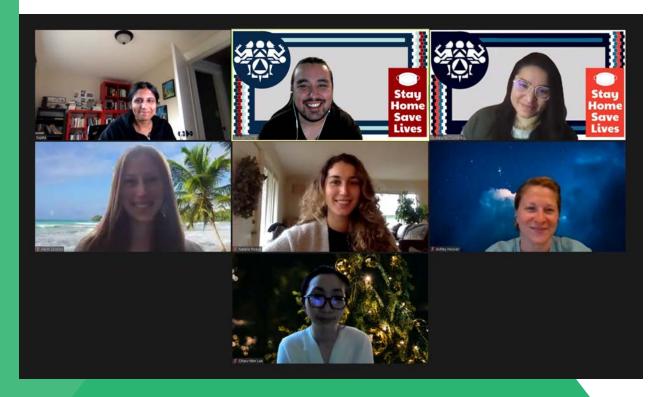
Northwest Tribal Epidemiology Center (NWTEC)



OVERARCHING QUESTION

Prior to TECPHI funding, NWTEC had a limited number of staff available for linking, cleaning, analyzing, and communicating data. Under TECPHI, we have been able to increase our technical and communications staff by 150%. The increase in staff has allowed for increased capacity in core technical areas, as well as increased ability to develop expertise in and respond to specific priority health issues, including

suicide, substance misuse, maternal and child health, and communicable diseases. We have also been able expand our partnerships with tribal, state, and federal health agencies. Through the infrastructure built using TECPHI funding, NWTEC has been able to respond quickly to public health emergencies (such as the opioid epidemic and COVID-19) through improved data and communications.



"Through the infrastructure built using TECPHI funding, NWTEC has been able to respond quickly to public health emergencies (such as the opioid epidemic and COVID-19) through improved data and communications."





Exploring Improving Data & Enhancing Access - Northwest (IDEA NW) Project Technical Assistance Delivery | International Control of Control of



EQ1 – AWARENESS

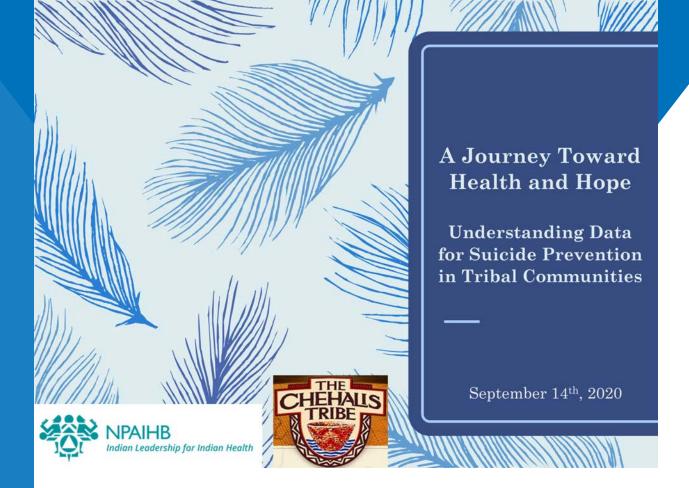
TECPHI funding has allowed NWTEC to increase awareness of our organization, services, and expertise among tribal, state, and federal partners. In the past year, we have had more requests to participate as subject matter experts in state workgroups. For example, the State of Washington has requested our TEC participate in their Emergency Department-Surveillance of Non-Fatal Suicide Related Outcomes (ED-SNSRO) work group, and to co-lead a National Syndromic Surveillance Program Race/Ethnicity data quality improvement workgroup. TECPHI staff continue to represent the TEC on state and national workgroups related to substance and opioid misuse, communicable diseases, and other public health issues.

We continue to provide extensive Technical Assistance (TA) to Tribes, TECs, state entities and non-profits. With the funding that TECPHI has provided we have greatly expanded who we offer our expertise to, and in turn who knows about our expertise. Over the last year technical assistance has increased 83% and 312% over the TA provided in year 1. These developments would not be possible without substantial development of the NWTEC infrastructure.

EQ2 – CAPACITY

TECPHI has allowed NWTEC to hire epidemiologists with subject matter expertise in specific content areas. For example, this past year we hired a communicable disease epidemiologist with several years of experience working on HIV, STI, and other communicable disease surveillance at the state level. Our new communicable disease epidemiologist has made use of previously un-analyzed communicable disease data by producing several data briefs describing the burden of HIV, STIs, tuberculosis, and hepatitis B and C among AI/AN in Washington. She has also assisted with NWTEC's COVID-19 response by collecting and analyzing COVID-19 testing data from tribal, IHS, and urban clinics, gaining access to federal COVID-19 data sources, and analyzing available data to monitor trends in COVID-19 burden for AI/AN populations in our area. TECPHI funding has also allowed us to hire or consult with epidemiologists with subject matter expertise in substance use epidemiology and maternal and child health.







able to expand its Under TECPHI, NWTEC has been able to expand its delivery of technical delivery of technical assistance to Tribes for using assistance to Tribes for data for health priority setting. In the past year, using data for health we have assisted the Portland Area IHS office with priority setting." data to support the IHS budget formulation process for the Portland Area. We provided Northwest tribal leaders with updated data on leading causes of death and disparities experienced by Northwest AI/AN in a written report and a presentation. The presentation garnered much discussion about the disparities experienced by Northwest AI/AN, and helped leaders to identify priority issues for our Area. We have also provided technical assistance on using data to identify priorities for suicide prevention for a Tribe in Washington. We worked with the Tribe to develop a workshop on understanding and using state and local data to inform suicide prevention efforts in their community. The workshop was attended by suicide prevention staff and community members. After presenting data that showed disparities and high-risk groups for suicide deaths, hospitalizations, and emergency department visits, we discussed ideas on how to translate the data to action for suicide prevention.



"Under TECPHI, NWTEC has been





EQ4 – PARTNERSHIPS

TECPHI has allowed NWTEC to maintain and expand its partnerships with tribes, tribal organizations, states, and federal agencies. As mentioned previously, TECPHI staff provide support and expertise on a number of state and federal workgroups. In addition, we have worked to build relationships with Native researchers in academic settings. In the past year, TECPHI staff collaborated with the Oregon Health & Science University's Wy'East program, which is a pathway program to support AI/AN students pursuing careers in medicine.

Our team provided an internship to one of the Wy'East scholars to assist him in completing his research project requirement for the program. During the internship, we worked with the Wy'East scholar to develop a research question, complete analysis and interpretation of data findings, and report out on findings. This is the second year we have hosted a Wy'East scholar, and our team has taken a collaborative approach to orienting each scholar to principles of tribal epidemiology in research and practice settings.

"In the past year, TECPHI staff collaborated with the Oregon Health & Science University's Wy'East program, which is a pathway program to support AI/AN students pursuing careers in medicine."



Oklahoma Area Tribal Epidemiology Center (OKTEC)



OVERARCHING QUESTION

The Southern Plains Tribal Health Board (SPTHB) and Oklahoma City Indian Clinic (OKCIC) have partnered to create a first of its kind N.A.T.I.V.E. (Native Americans Together Innovating Value-based Excellence) Coalition that will empower healthcare workforce personnel to complete the LEAN Six Sigma Green Belt Certification and create partnerships throughout Indian healthcare organizations across Oklahoma, Kansas, and Texas. What began as a partnership designed to increase colorectal cancer (CRC) screening rates among the American Indian/Alaska Native (AI/AN) population, soon evolved into an effort to improve healthcare processes overall. Inspired by the OKCIC's decision to hire a Lean Six Sigma green belt as their new Continuous Improvement Director, our partnership soon realized we could improve much more than just CRC screening rates for the AI/AN population.

While the COVID-19 pandemic interfered with the project timeline and design, it did not dissuade interest among applicants. The call for applications yielded 16 outside participants representing eight different institutions, including five ITUs, the Oklahoma City Area Indian Health Service (OCAIHS) Area Office, and SPTHB. In addition, OKCIC enrolled 25 interested staff members from various departments to further the culture of change at their organization. The 41 future N.A.T.I.V.E Coalition members will complete the certification curriculum online and attend two facilitator workshops designed to help make the technical material of Lean Six Sigma more applicable to tribal health care. By December 31st, 2020, all applicants should receive their green belt certification. Pictured is the first certificate recipient, Sydney Sevier, who received her Green Belt certification and even went on to receive her Black Belt.

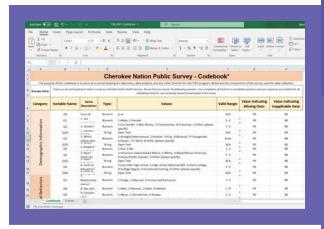






EQ1 – AWARENESS

TECPHI activities have included a focus on TA services and expanding awareness of data management and collection through Excel. Creating codebooks for surveys is now a service housed internally. Through this service area partners within the Cherokee Nation Health services have been able to receive evaluation services for surveys and have an accompanying codebook for data entry. The codebooks created include how to successfully enter data, validate data entry, and have the skeleton of the original survey within the Excel codebook. In regard to this response, future trainings will address how to create a codebook for enhancing capacity within



area partners; however, we will continue to offer these TA services. Pictured is a screenshot of one of the codebooks created. The Excel codebook includes sections labeled from the survey, the coded variable names, the actual survey questions, what type of data will be entered, the acceptable values, and other validating data ranges.



EQ2 – CAPACITY

The Lean for Healthcare 101 and 201 trainings are an adaptation of Lean Six Sigma designed to be more applicable and more easily understood to those in tribal healthcare. Once we began offering Lean in Healthcare trainings, the interest was dramatically higher. We had to create waitlists and offer second trainings. Following our third training, which was a yellow belt training for previous attendees, we began to receive requests for on-site trainings. Participants wanted their entire staff trained on Lean in Healthcare. OKCIC's CI director and an SPTHB epidemiologist with a black-belt in Lean offered the first on-site training to the Indian Health Care Resource Center (IHCRC) of Tulsa in December of 2019. Over the course of two days, 42 IHCRC staff members received a yellow-belt training in Lean for Healthcare free of cost: a great kick-off for a clinic dedicating itself to the same overall continuous improvement philosophy as OKCIC.

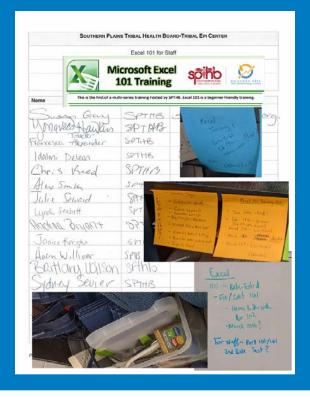


The Lean in Healthcare trainings sparked a passion in our participants. The bottom-up, "processes not people" philosophy gives staff agency to make simple or complex changes that can dramatically improve the patients' experience and the staff's work day, while potentially bringing in additional dollars through eliminating waste or improving the billing processes. Even more compelling are the Lean success stories OKCIC proudly provides during the trainings; examples of what can be accomplished even within the underfunded tribal health care systems. Pictured is one of the yellow belt trainings by OKCIC's CI Director.



The Excel 101 trainings were established to provide data collection and data management training to develop capacity within partner organizations throughout Oklahoma. Organizations like Seminole Nation Health Advisory Board, Oklahoma State Department of Health, Oklahoma City Indian Clinic, Little Axe Dental Clinic, Comanche Nation Diabetes Program, Choctaw Nation Health Services, Muscogee Creek Nation Department of Health, and many others were part of the participants at the in-person trainings at the SPTHB Oklahoma City office. The training included language specific to learning Excel as a tool to familiarize participants with topics such as, data entry and validation, basic formulas for analysis, interpreting survey results, and other common Excel analysis functions. Satisfaction surveys were used to enhance topic focus and common topic areas to address for the second level of training in a future training.

The picture attached to this topic includes a collage of the sign-in sheet for the very first Excel 101 training delivered to SPTHB staff. The rest of the pictures include sticky notes on the desk of the evaluator delivering the training. Sticky notes include reminders, instructions as to what needs editing based on staff feedback, phases, and proposed training dates. Also pictured are materials necessary for a laptop friendly instruction, and an activity for an ice breaker. The Excel 102 trainings have been halted due to COVID-19 but will continue to be expanded on in the future not only using participant feedback, but lessons learned from transitioning to an almost exclusive virtual working environment.



"Excel
101 trainings
were established
to provide data
collection and data
management training to
develop capacity within
partner organizations
throughout
Oklahoma."





EQ4 – PARTNERSHIPS

Having previously completed the WATCH program and Organwise Guys curriculum in the Cheyenne and Arapaho Head Start Centers within Canton, Concho, and Clinton, Oklahoma WATCH has enhanced their established relationship with the C&A community. They were able to provide additional resources for the parents in the form of Parent Materials Packages, whose items are pictured in the attached photo. These items were carefully put together to provide physical activity cards, nutrition

and activity calendars, healthy recipe cards, and a book concentrating on physical activity all for parents to work on with their children in their homes. They were able to accomplish this during the beginning of the pandemic in April and safely delivered these items to the community for distribution to parents. WATCH exemplifies being able to provide resources even through tough times during the ongoing pandemic to parents while catering to parents and their families at home and fortify already established relationships.





Rocky Mountain Tribal Epidemiology Center (RMTEC)



OVERARCHING QUESTION

In Year 3, RMTEC shifted its health initiatives to address the COVID-19 pandemic and the virus' threat to the Tribal nations in the Rocky Mountain region. While most trainings, meetings, and site visits changed to an online setting in early 2020, RMTEC and TECPHI staff conducted several in-person site visits to the Tribal sites to deliver personal protective equipment (PPE) in order to prevent the spread of COVID-19. Thousands of facemasks, face shields, gowns, bottles of disinfectant spray, bottles of hand sanitizer, and gloves were distributed to each Tribal site. For some Tribal sites, the PPE was delivered via mail due to strict shutdowns, prohibiting inperson site visits and PPE delivery.



"Thousands
of facemasks,
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were distributed to
each Tribal site."





EQ1 – AWARENESS

For RMTEC, site visits are one of the most effective ways to increase awareness about the public health services the TEC can offer, and the expertise TEC staff can bring to address health needs. Meeting faceto-face allows staff to establish personal connections at each Tribal site, and to hear first-hand the health priorities of the community. Sometimes, site visits allow RMTEC staff to share a meal with Tribal members. This pictured meal was a healthy breakfast served during a pre-pandemic site visit to the Rocky Boy Indian Reservation to discuss data planning and training needs for the Child Health Measures project.



As the COVID-19 pandemic intensified in the Rocky Mountain Region, virtual site visits replaced in-person meetings, shifting the Tribes' needs for addressing health issues, and therefore shifting RMTEC's methods of providing public health support to accommodate a virtual setting.



EQ2 – CAPACITY

In Year 3, RMTEC expanded the capacity of its Data Management Team (DMT). Building on the DMT Policies and Procedures created in years 1 and 2, the DMT has established its role and its members, and can now accept and manage technical assistance and data requests from Tribal partners in an effective manner. Previously, one or two RMTEC staff were responding to TA and data requests. Now, the DMT utilizes the entire team to respond to requests. When TA or data requests are received by RMTEC, the DMT reviews them as a group (virtually, of course), assigns the request to a DMT staff person with the most expertise, and



follow-up occurs at each DMT meeting to ensure requests are closed out in a timely manner. By expanding the team and establishing policies and procedures, RMTEC has increased the number of fulfilled TA and data requests from forty [40] in Year 2, to approximately two hundred [200] in Year 3. Moving forward, the DMT will be working on data improvement; expanding data sharing agreements and acquiring new data sources based on Tribal health priorities.





RMTEC hired five (5) CDC Foundation Staff to conduct the COVID-19 response in the Tribal communities of the Rocky Mountain Region. The addition of a Field Epidemiologist, Statistician, Emergency Preparedness Epidemiologist, Training Coordinator, and Communication Specialist have allowed RMTEC to formulate a focused response to COVID-19 among its Tribal constituents in addition to addressing previously identified health priorities. One of the main functions of this team is to keep RMTEC's finger on the pulse of the COVID-19 pandemic throughout both Tribal and Urban areas within the region by collecting and reporting COVID-19 data on a weekly

basis in the form

of weekly update

reports. Creating

and distributing

these reports helps

RMTEC provide the most

"These reports
are intended for
wide distribution
throughout the Rocky
Mountain Region and are
very useful tools for Tribes
to create and/or adjust
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and related
activities."

current information on COVID-19 cases, deaths, hospitalizations, and ICU capacities for the United States, States of Montana and Wyoming, and Tribal Nation in the Indian Health Service Billings Area. These reports are intended for wide distribution throughout the Rocky Mountain Region and are very useful tools for Tribes to create and/or adjust their health priorities and related activities. One gap that has been identified is RMTEC's ability to regularly access Epidemiology Data Mart (EDM) data

- RMTEC receives this data set

only once per year. Without regular access to real time data, RMTEC is limited on the information it can provide to its Tribal partners, therefore limiting the Tribes' abilities to effectively set health priorities

based on the latest

health information.





EQ4 – PARTNERSHIPS

During Year 3, after a years-long process, the Little Shell Tribe gained federal recognition, becoming the nation's 574th federally recognized Tribe. With federal recognition came the establishment of the Little Shell Tribal Health Department and a Tribal Council Health Representative. RMTEC and TECPHI staff met with these newly appointed staff to orientate them to RMTEC services. In-person and virtual meetings were held to discuss expanding RMTEC's partnership with the Little Shell Tribe and helping their new Tribal Health Department with conducting a health needs assessment, defining user populations, and implementing health data systems. Data planning and COVID-19 response were also discussed. RMTEC and TECPHI look forward to further supporting the Little Shell Tribe in current and future health initiatives.





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



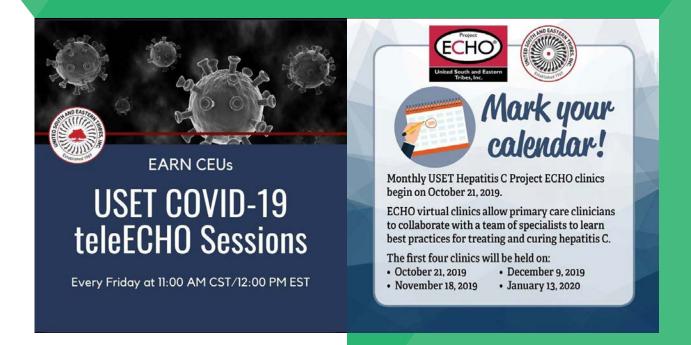
OVERARCHING QUESTION

Training and Site Visits

In February 2020, USET hosted a Grant Writing and Grant Management workshop within the Sovereign Territory of the Miccosukee Tribe of Indians of Florida. Following the training, TEC staff met with Sorab Boga, MPH (Health Planner, GPRA Coordinator, RPMS Basic Site Manager) and toured the Miccosukee Health Clinic. USET staff were able to tour the facility, interact with key staff within the clinic, and get

firsthand updates on programs and clinic services. Miccosukee was a TECPHI partner who helped the TEC pilot a Tribal Public Health Infrastructure Assessment as well as a Communications Assessment during 2019. This past year, TECPHI has worked with the Tribal Nation in utilizing the findings of the assessments for comprehensive health promotion and disease prevention planning. Like many Tribal Nations, Miccosukee shifted its TECPHI efforts to COVID-19 response starting March 2020.





Project ECHO

Years in the making, USET finally hosted its first Hepatitis C (HCV) Project ECHO telehealth clinic in October 2019. This collaboration with the Northwest Portland Area Indian Health Board and Indian country ECHO is expanding access to specialized care to Tribal Nations who do not have the needed expertise within their clinic or area. By the end of September 2020, the teleclinics had assisted in the treatment of 18 Tribal citizens living with HCV at six different Tribal Nations.

With anticipation and devastation of the Novel Coronavirus, USET started hosting weekly COVID-19 virtual ECHO sessions in April of 2020.

Both ECHO formats offer complimentary Continuing Education Units for nursing and medical staff who attend and complete evaluation surveys. By the end of September, USET had hosted 20 COVID-19 and 10 Hepatitis C teleECHO sessions. "By the end of September, USET had hosted 20 COVID-19 and 10 Hepatitis C teleECHO sessions."

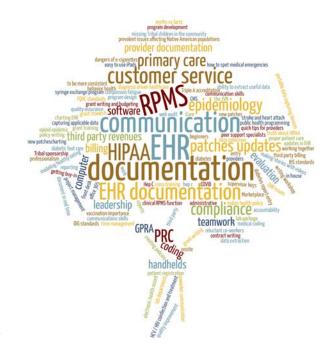


EQ2 – CAPACITY

Public health workers identifying their own training needs

Building public health infrastructure requires training of the public health workforce. Part of understanding training needs is asking and listening to healthcare workers. To better comprehend the kinds of support needed, the USET-TEC surveyed health staff on their perception of capacity needs. These needs are also continually assessed in periodic TEC surveys and progress reports. The accompanying word cloud was materialized from the findings.

Going forward, the TEC plans to utilize needs identified to plan relevant training for Tribal Nations as well as continuing to solicit input from Tribal staff on their training and capacity building needs.



Building public health infrastructure requires training of the public health workforce.



Data TEC Strategic Planning, February 2020

TECPHI Evaluation Specialist (Emily Field) assisted with an all-day retreat and short-term strategic planning for the TEC's Division of Epidemiology & Data Improvement. Eight TEC staff participated. During this workshop, specific projects, products, and focus areas were identified by TEC staff as areas that they felt the TEC should be focused on devoting time and energy in the coming years. The retreat served as an opportunity to identify and combine individual professional strengths with the intention of cultivating a dynamic and cohesive team to assist in addressing current and future TEC related goals and objectives.





USET COVID-19 Outbreak Surveillance Tool

During April 2020, the TEC launched a COVID-19 surveillance tool and contact tracing training for any member Tribal Nation to utilize. Using RedCAP, the TEC has been able to provide a secure data portal for any Tribal Nation to track the impact and spread of the novel coronavirus in their community. The data collected belong to the Tribal Nation they are from. The TEC merely provides the platform and a direct access account to each community participating. The TEC does not do anything with the data collected. Just a few TEC staff have access to the RedCAP portals for maintenance and troubleshooting purposes should the needs arise.

USET COVID-19 Outbreak Surveilla	oce Tool	Resize font:	C Returning?
OSET COVID-19 Outbreak Surveillar	ice 1001		◆0 Enable spec
Greetings,			
USET TEC has developed the USET COVID-19 Outbreak Sun tracking and monitoring COVID-19 cases or suspected case interviewing the patient. This tool will only be used for sun management use.	s. This form should be fille	d out by a clinicia	an as they are
Information collected by this tool is HIPAA protected and w and USET staff that will analyze the data.	ill only seen by you, any de	signated person	s on your team,
It should take between 5-10 minutes to ask the questions a	and enter the data.		
Please note:			
- PUI= Person(s) Under Investigation			
Thank you!			
Please select if this person is a	O PUI		
	Probable Case		
	O Lab-Confi	rmed Case	rese

The TEC response to COVID-19 is an ongoing expansion of technical assistance to the Tribal Nations it serves. The surveillance tool is an example of the expansion of capacity for TEC partners in the realm of data collection. The TEC is providing the space for data collection, but each Tribal Nation has been conducting their own data collection, inputting, and monitoring them.

"The TEC response to COVID-19 is an ongoing expansion of technical assistance to the Tribal Nations it serves."

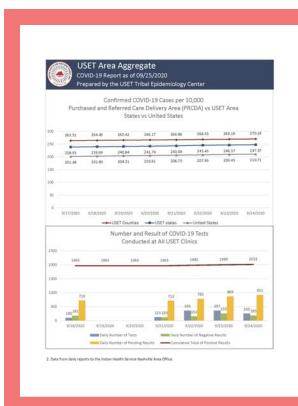




EQ4 – PARTNERSHIPS

USET and GLITEC TEC-to-TEC, November 2019

While attending the annual American Evaluation Association's conference in Minneapolis, the USET Evaluation Specialists were able to step away and engage in a TEC-to-TEC visit with the Great Lakes TEC. As both TECs have experienced so much growth recently, this was a convention of both seasoned staff as well as fresh faces. Over the years, GLITEC staff have been excellent mentors to the USET Evaluation Specialists.





USET and Tribal Nation Partnership Expansion, COVID-19 2020

COVID-19 has resulted in relationship and partnership expansion for USET TEC and area Tribal Nations. Tribal Nation COVID-19 data have been provided to 35 area communities, weekly, since April. A total of 735 Tribal Nation-specific and 21 USET Area Aggregate surveillance reports have been distributed. COVID-19 has marked an expansion in TEC service to, and regular communication with, all federally recognized Tribal Nations in the area, not just the 33 USET members. In early March, USET implemented a COVID-19 Response Team. This included a 24-hour call line and email for Tribal Nations to reach out with any emergent needs. Further, the response team reached out to Health Directors and other health contacts at all USET Tribal Nations' clinics to inquire about needs. Further, the TEC quickly put together and offered REDCap surveillance tools as well as Contact Tracing training for any Tribal Nation interested. These and all the many other COVID-19 response efforts by the TEC, have resulted in expanded relationships with regional Tribal Nations.



Urban Indian Health Institute (UIHI)



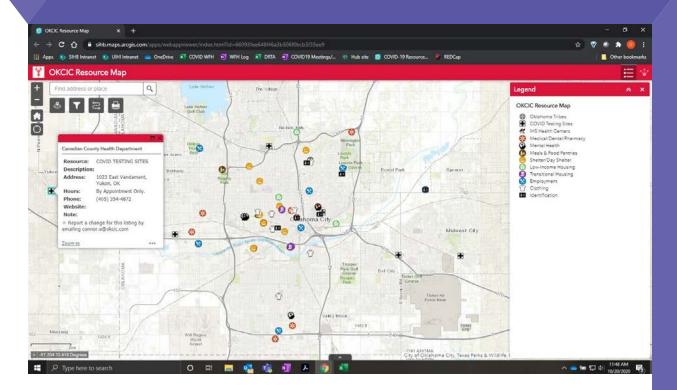
OVERARCHING QUESTION

This photo shows the growth of the UIHI Evaluation Team over the years of TECPHI funding and the role that the internship program played in that growth. The top left panel shows the lone UIHI evaluator in program year 1 (2017), Sofia Locklear (Lumbee). The top right panel shows the addition of Daysha Gunther (Yup'ik), who was an intern with UIHI in the summer of 2018 and joined as an employee in program year 2. The bottom left panel shows another addition to the Evaluation Team, Martell Hesketh (Michel First Nation), an evaluator who also was a previous intern and transitioned into a full-time position with UIHI in program year 3 (2019). The bottom right panel shows Evaluation Team growth in program year 4 (2020) with the addition of Hana Ferronato, a full-time evaluator and Jennifer Herbert (Diné), who began a full-time Evaluation Fellowship with UIHI. TEPCHI has allowed us to grow our evaluation capacity tremendously.



"This photo shows the growth of the UIHI Evaluation Team over the years of TECPHI funding and the role that the internship program played in that growth."





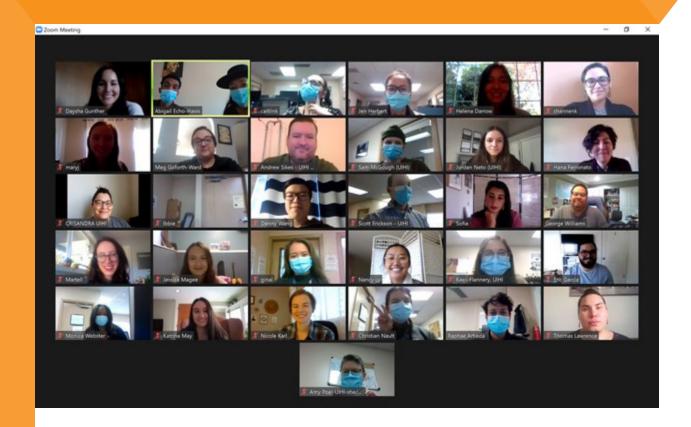


EQ1 – AWARENESS

TECPHI activities have facilitated relationships with many organizations, increasing UIHI's reach with urban Indian organizations while creating more opportunities to showcase examples of technical assistance we can provide. At the start of the COVID-19 pandemic UIHI developed a list of resources that includes

categories such as hygiene, food assistance, COVID testing sites, and shelters. The UIHI evaluation team translated the list into an interactive web map to make finding these resources easier. The UIHI Resource Map includes public transit information and over 250 resource listings, each one marked by symbols representing the resource's category. Both the resource list and map were developed by past UIHI TECPHI interns who are now current employees. The Oklahoma City Indian Clinic developed their own list of resources for UIHI to translate into an interactive map, as shown above.

"TECPHI
activities
have facilitated
relationships
with many
organizations."





EQ2 – CAPACITY

UIHI has continued to expand capacity as a result of TECPHI funding. In this photo we show 31 UIHI employees on a Zoom call, including the UIHI director and members of the data team, communications team, evaluation team, project managers and associates, epidemiologists, and an executive assistant. All employees play an important role in collecting and monitoring data on health status of urban Indian populations. Not all employees were available for this photo and UIHI now has 45 employees total at the end of 2020, over double the number of employees that we had before receiving TECPHI funding.

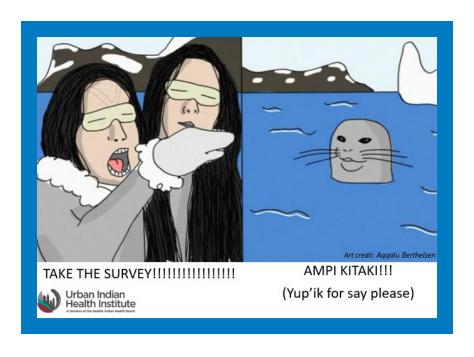
This photo also demonstrates the reality of working during the pandemic. To adhere to COVID-19 policies our office was split into four groups. The first group works from home full-time to protect their health. The second group works in the office full-time due to necessity or preference. The remaining employees who can work in the office were split into the third and fourth groups because UIHI has too many employees for everyone to work in the office at once while physically distancing. When the third group works in the office the fourth group works from home, then the following week they switch. It is easy to identify who is working in the office and who is working from home in this photo as those in the office are wearing masks.





In Fall 2020 UIHI delivered our Indigenous Evaluation workshop as an interactive five-hour virtual workshop via Zoom over the course of two days for the Alaska Native Tribal Health Injury Prevention Division at the Alaska Native Tribal Health Consortium in Fall of 2020. Attendees shared knowledge and participated in breakout rooms, word clouds, and even a meme evaluation. After the workshop one participant stated the most important thing they learned was that "... Indigenous Evaluation is not always about the tools of evaluation, but the way that these tools are used, the feeling, the purpose and the pace." Another participant reflected "I am inspired to create new tools such as using pictures and make info graphics as directed by the community and Elders. I want to facilitate sharing back the inspiring results with the community as a form of celebration." Providing Indigenous evaluation workshops increases evaluation capacity and teaches participants to empower their community by having the community determine evaluation priorities.

This photo is a meme that was included at the beginning of the Indigenous Evaluation post-workshop survey. A popular meme was culturally adapted into this Arctic Indigenous version created by Aqqalu Berthelsen. It incorporates traditional parkas, i-guak (Yup'ik for snow goggles/sunglasses), and a seal in arctic waters. An evaluator added the text 'TAKE THE SURVEY!!!' and 'AMPI KITAKI!!! (Yup'ik for say please)' under the meme panels. We add these memes to add a little cultural humor to increase participation and show that evaluation can be fun.





EQ4 – PARTNERSHIPS

The Minneapolis American Indian Center (MAIC) hosts a support group for Native cancer survivors/caregivers. Originally formed in partnership with the American Indian Cancer Foundation, MAIC continued this group with support from UIHI's TECPHI (BRANCH) community grants program. The left photo shows staff Valerie LaFave (Red Lake Nation), the middle shows participants in the MAIC gymnasium, and the right shows an art piece shared by participant Terry Mooney (Lakota).

"Val LaFave reported that previously she had not had much experience facilitating a support group, and this was an area of professional development for her. She was mentored by the former AICF staff member who still attends the group as a survivor." – MAIC

Terry Mooney, an Elder "learned the craft of making God's Eyes from her father when she was young. This craft involves making a framework sticks with yarn/fabric wrapped around them in intricate designs and vibrant colors. The Gods Eye embodies Native values and beliefs and must be created by someone who lives in a good way... the support group participants created digital stories to share their personal legacy, Terry decided to do a story about her artwork... At the support group session in which the participants shared their digital stories, Terry gave each member a small God's Eye piece she had created. This story demonstrates how culture through art can bring people together, embody values, and give Native people strength during tough times." – MAIC







"The left photo shows staff Valerie LaFave (Red Lake Nation), the middle shows participants in the MAIC gymnasium, and the right shows an art piece shared by participant Terry Mooney (Lakota)."



PHOTO NARRATIVE Year 3

TECPHI Program



PHOTO NARRATIVE
Year 3