



TRIBAL EPIDEMIOLOGY CENTERS

Public Health Infrastructure Program

Photo Narrative Year 5

Addressing Public Health in Indian Country



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Acknowledgements

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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).

The Tribal Epidemiology Centers (TECs) and the Network Coordinating Center (NCC) participate in a photo narrative project (a process similar to PhotoVoice). Brief narratives and 1-2 photos share experiences that speak to the Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Program evaluation questions. These photos help the TECs and the NCC “fill the white space” behind the components of the TECPHI Program Logic Model and provide context to the quantitative performance measure data.

The TECs continued to expand in Year 5 and all TECs demonstrated growth 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 increasing skillsets and knowledge through a variety of trainings. Diverse partnerships, both internally and externally, were established even while continuing to navigate the challenges of the COVID-19 pandemic and working virtually. The TECs have increased their ability to collect and monitor data to support Tribal leaders make decisions for their communities. The TECs leveraged communication and marketing strategies to expand the reach of health related data and information and increased production of communication materials to share with Tribal partners. The TECs continued to refine processes to deliver more technical assistance and customer services. And finally, the TECs have become even more adept in expanding skills to meet the priority needs of their T/TO/UIOs, exemplifying the 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

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.

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

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?



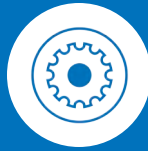
EQ1 – AWARENESS

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

Since the inception of the Alaska Native Epidemiology Center's (ANEC) TECPHI Program in 2017, the public health world has changed radically. The COVID-19 pandemic presented unique and novel challenges to staffing and professional operations, yet due to the help of TECPHI funding, ANEC has been able to adapt to the ever-changing needs of its staff and stakeholders by increasing our internal capacity through staff professional development, cultivating leadership opportunities, and fostering an exemplary work environment that is able to respond to emerging needs. Despite staff turnover, which affected ANEC much like many other organizations, ANEC was able to successfully recruit and train (8) new staff across ANEC over the course of Year 5 (including 2 new staff within the TECPHI Component A Program). These staff members include statisticians, public health specialists, and researchers. TECPHI funding has also allowed ANEC to operationalize many processes, including the way that we evaluate technical assistance (TA) and the way that we offer virtual trainings, which is crucial for ANEC to maintain its productivity and provide support to its partners. Some accomplishments in the TECPHI program in this past year include multiple data-driven publications being released such as the Alaska Native Health Status Report 3rd edition, hosting over 14 trainings attended which were attended by over 300 Tribal Health Organizations (THO) staff members, and providing wide ranging TA to partner organizations and THOs on topics such as data analysis and statistical support.



"Since the inception of the Alaska Native Epidemiology Center's (ANEC) TECPHI Program in 2017, the public health world has changed radically."





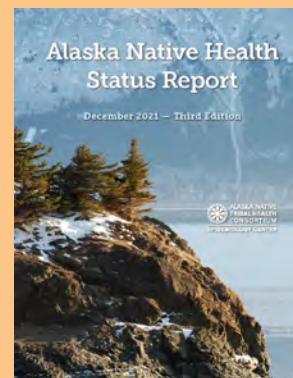
EQ1 – AWARENESS

One of the major ways the TECPHI Program has increased the awareness of ANEC's services and expertise was by making efforts to engage with stakeholders, policy makers, and other public health professionals. This was achieved by creating and disseminating reports like the Alaska Native Health Status Report (HSR) 3rd edition, as well as through presentations to THOs and Tribal audiences. The newly published HSR has already generated significant interest, including numerous downloads in the short time it has been publicly available, and to further promote this work TECPHI staff will soon be presenting the 3rd edition to a meeting of THO Clinical Directors at the Alaska Native Tribal Health Consortium (ANTHC). Other methods of engagement include ongoing participation in workgroups like the Statewide Epidemiological Workgroup, hosting conferences such as the Mother Child Health & Immunization Conference (MCHI) 2022, working with partners such as the Health Resources and Services Administration (HRSA) to coordinate a Tribal grant writing webinar series, and meeting with the Board of Directors for a large regional Alaska THO to give presentations on Alaska Native health.



EQ2 – CAPACITY

With the difficulties of traveling due to the ongoing pandemic, ANEC had shifted its focus towards hosting virtual trainings, rather than in-person ones. This new focus continued into year 5, with ANEC having had over 300 total participants in various trainings that used TECPHI funds. In addition to helping prevent the spread of disease the virtual format also allowed for a more diverse audience to participate in the trainings, such as individuals who serve AI/AN populations and live and work in rural or remote areas of Alaska. By assisting in the training of areas relevant to epidemiology such as statistics, data collection, evaluation, data visualization, and grant writing, ANEC has helped increase the capacity of their own staff and the staff of other organizations to monitor the health of the tribal populations they serve. These funds have also allowed TECPHI staff to participate in additional trainings, workshops, conferences, and professional development opportunities which greatly enhanced ANEC's internal data capacity. Alongside the trainings, ANEC has been able to use TECPHI funds to produce several publications focused on the health of Alaska Native people like the previously mentioned Alaska Native Health Status Report 3rd Edition and factsheets that covered many different health indicators among AN people such as heart disease morbidity, fruit and vegetable consumption, and health care access.





EQ3 – TECHNICAL ASSISTANCE

During year 5, TECPHI staff has been able to respond to numerous technical assistance requests coming from a wide range of organizations including regional Alaska Tribal Health Organizations, other departments within ANTHC, the State of Alaska, and the University of Alaska Anchorage. Due to the diverse and highly specialized skillsets of TECPHI staff, the Alaska Native Epidemiology Center has been able to provide assistance in many different topic areas, including providing quantitative analyses of COVID related data, assisting local municipal governments in writing grant applications, providing peer-review for articles in scientific journals such as Preventative Medicine Reports, providing lectures at local universities, building and managing databases of colorectal cancer screening data among Alaska Native people, and providing training on software such as ArcGIS and REDCap. Many requests this year came from within ANTHC, the parent organization which houses ANEC, and thus allowed us to provide a highly varied array of assistance to the population both ANTHC and ANEC aim to primarily serve: Alaska Native people.

During year 5, TECPHI staff has been able to respond to numerous technical assistance requests coming from a wide range of organizations.





EQ4 – PARTNERSHIPS

With the help of TECPHI funding, ANEC has been able to participate in several collaborations with partners such as the State of Alaska, Division of Public Health. The results of this collaboration include Healthy Alaskans 2030 and the Mother Child Health & Immunization (MCHI) conference. A collaboration between ANTHC and the State of Alaska, Healthy Alaskans is a framework to set achievable public health goals, monitor their progress, and analyze data to determine how successful public health efforts have been and what can be done to close gaps in health equity. The TECPHI program got more deeply involved with Healthy Alaskans for creating their 2030 framework, and has

been continually providing data analyses, data tracking, and feedback on data and documents. Another example is the MCHI conference held in February 2022. This conference was intended to provide up-to-date information on current and emerging health issues facing mothers and their children. For the first time, this conference was held entirely virtually in order to reduce the impact of the COVID-19 pandemic and to allow a wider audience to attend. In addition to those larger efforts there have been numerous smaller scale benefits from this partnership, such as the sharing of data, resources, and expertise to address, monitor, and provide education on health issues throughout Alaska.





Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)



OVERARCHING QUESTION

The TECPHI program has allowed us to expand and grow our organizational capacity so that AASTEC can support important new initiatives for our tribal partners. This growth was also spurred by needs presented during COVID and has already grown into new staffing, services, funding opportunities, and pilot projects.



Albuquerque Area Southwest Tribal Epidemiology Center Native American COVID-19 Vaccine Hotline

Edition 05/16/2022




Got questions about the COVID-19 vaccine?
Call or text: **1-833-VAX-AIAN**
(1-833-829-2426)

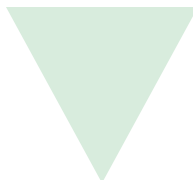
We are here to help answer your questions
Monday – Friday, 8am-8pm MST
Saturday 9am-2pm MST

Note: The AASTEC NA COVID-19 Hotline is not affiliated with Indian Health Service. For more information about COVID-19 testing and vaccination clinics provided by Albuquerque Area IHS Healthcare Facilities visit: <https://www.ihs.gov/albuquerque/healthcarefacilities/>

We have a limited supply of free at-home rapid COVID-19 tests. Call us to find out more.

Scan this QR code to chat online with our COVID-19 vaccine hotline:







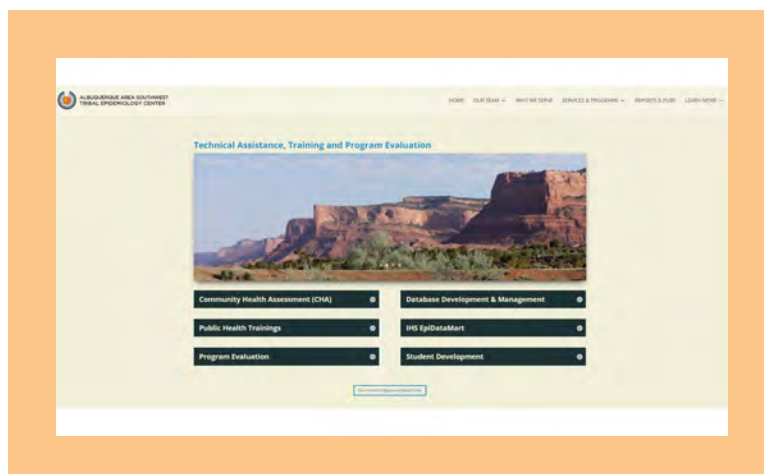
EQ1 – AWARENESS

TECPHI has allowed us to support a talented artist to create culturally-tailored visualizations to provide timely and relevant information and data to the communities we serve. We have seen increased engagement with our products over the past five years due to this resource.



EQ2 – CAPACITY

Our TECPHI program has been able to support multiple community health assessment projects in various communities throughout the past five project years. That support, which included financial and technical assistance provided through AASTEC, has helped our Tribal partners to collect and analyze data that are key to addressing their community's health concerns.

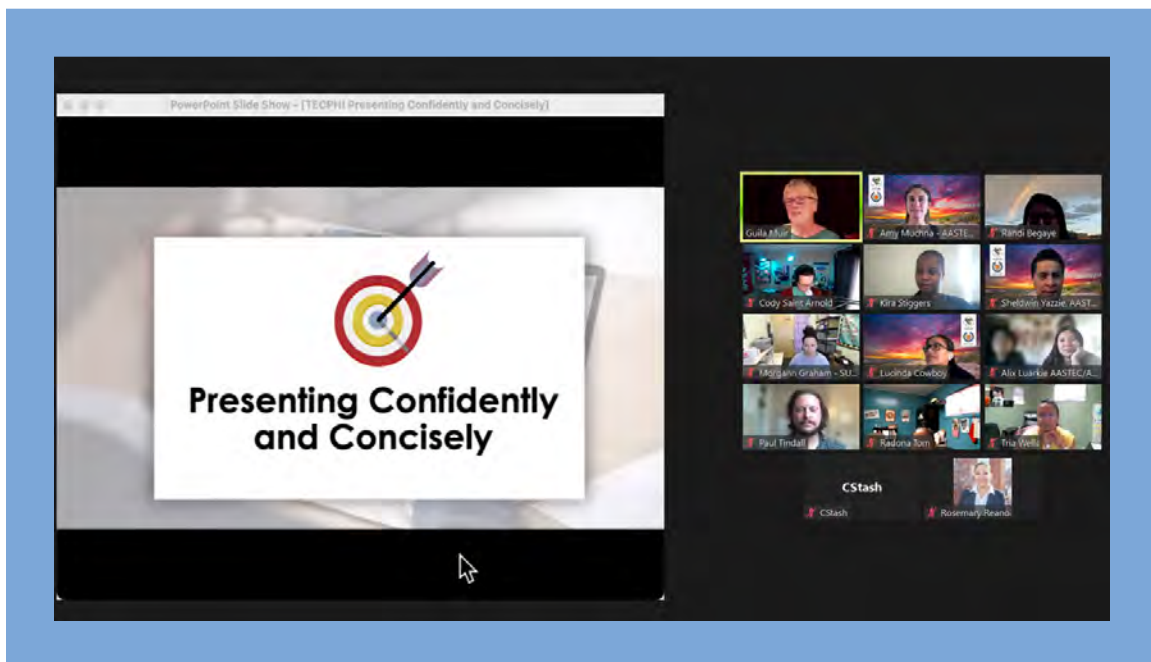


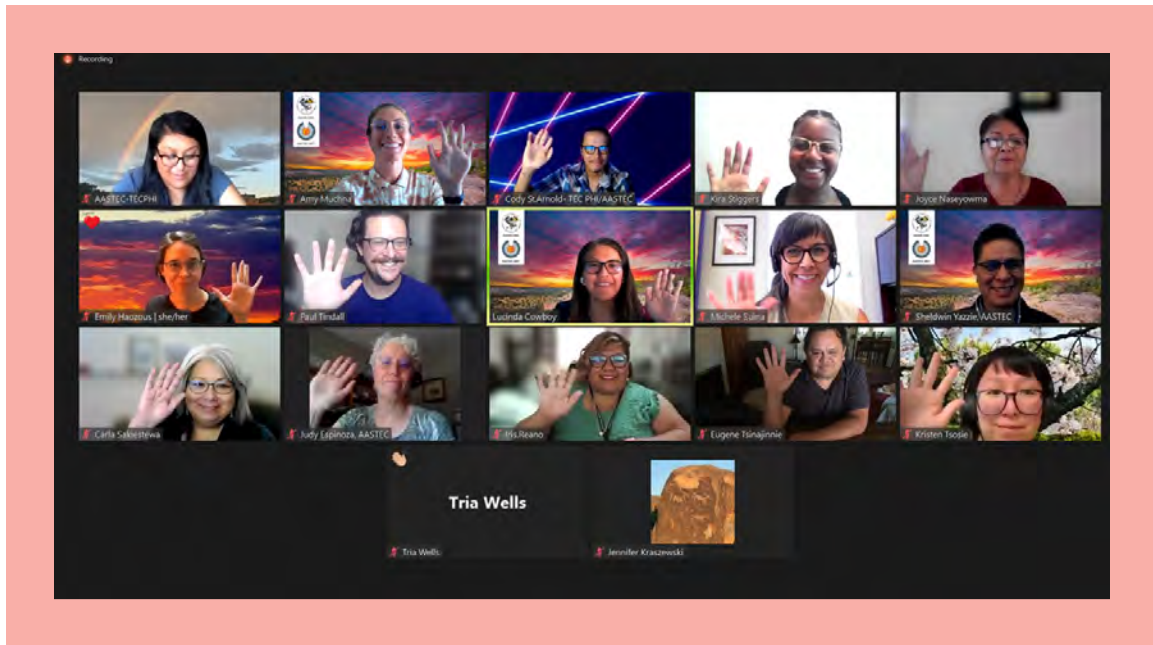


EQ3 – TECHNICAL ASSISTANCE

Technical assistance and training continue to be a key activity for our TECPHI program. Over the past 5 years of the program, we have grown our training program to incorporate various knowledgeable partners who speak on timely and important topics. We often have waiting lists for our trainings and have even supported trainings to be held for a single community at a time due to the high level of interest. TECPHI has provided AASTEC with the support needed to offer this resource to our partners.

"Technical assistance and training continue to be a key activity for our TECPHI program."





EQ4 – PARTNERSHIPS

This year we got to celebrate five years of partnership with our Tribal Data Users Workgroup. We hope to celebrate in person soon, but for now we appreciate the chance to see each other over Zoom. We anticipate that this group will continue to change and grow over time, and look forward to the exciting new opportunities we will pursue under their guidance.

"This year we got to celebrate five years of partnership with our Tribal Data Users Workgroup."





California Tribal Epidemiology Center (CTEC)



OVERARCHING QUESTION

Between 2017-2022, the California Tribal Epidemiology Center (CTEC) responded to Tribal health priorities across California in substance use, suicide, violence, chronic disease, climate change, adverse childhood experiences, and COVID-19. CTEC accessed, collected, and analyzed health priority data for Tribes, Tribal organizations, and urban Indian organizations across California to help obtain funding and inform program and policy development. The five-year Tribal Epidemiology Center Public Health Infrastructure (TECPHI) funding enabled CTEC to respond to the health priority needs through more than 200 technical assistance (TA) requests and several large Tribal Epidemiology Center (TEC) supported projects. TEC projects included the

Tribal Behavioral Risk Factor Survey (TBRFS), nine Community Health Assessments (CHA), 18 Community Health Profiles (CHP), and the Tribal Adverse Childhood Experiences (TACEs) project. Additionally, CTEC monitored and responded to emergency public health situations and provided surveillance and support on wildfires, Zika virus, measles, West Nile virus, and COVID-19. Responding to the COVID-19 pandemic rapidly expanded CTEC's capacity and ability to support California American Indian and Alaska Native (AIAN) communities in public health emergencies. As a result, CTEC adapted services, enhanced knowledge and skills, developed new partnerships, and increased CTEC's capacity to quickly respond to the public health emergency by providing information, funding, and providing data.

The COVID-19 Situational Report

- The COVID-19 dashboard content is sourced from the CRIHB CTEC COVID-19 Situational Report
- Content input for the COVID-19 Situational Report was solicited from:
 - CRIHB CTEC Advisory Board
 - Tribal Health Programs and Tribes in California
- The CRIHB CTEC COVID-19 Situational Report is sent by email three times a week to stakeholders and is posted on the CRIHB's website



CTEC COVID-19 Situational Report Highlights Snapshot, 6/10/2022

- In California, the single-day reported case count for 6/9/2022 was at 47,129 cases.
- 75.5% (28,440,379) of the eligible population statewide have been fully vaccinated.
- 56.4% of eligible American Indian and Alaska Natives (AIAN) statewide have been fully vaccinated (excludes IHS doses).
- 50.7% of eligible AIAN statewide have received their booster shot (excludes IHS doses).

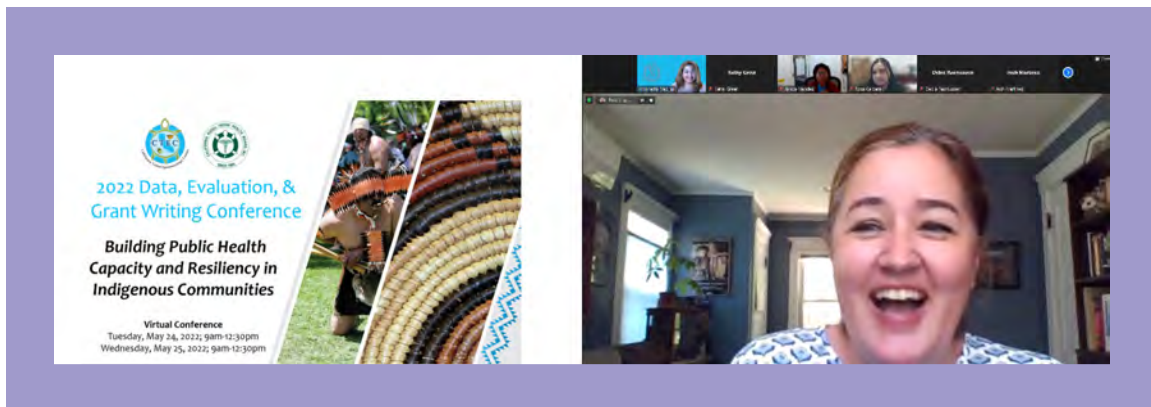




EQ1 – AWARENESS

Community outreach and engagement with partners are integral to CTEC's work. Despite the limitations on in-person gathering due to COVID-19, CTEC has continued to partner with Tribal Health Programs (THPs), Tribes, and Tribal organizations throughout California to provide online training and TA. Since March 2020, CTEC has adapted to online outreach, site visits, and TA to provide services and expertise. This year, CTEC

hosted the fifth annual two-day CTEC Data, Evaluation, and Grant Writing Conference for 109 participants. This year's theme was "Building Public Health Capacity and Resiliency in Indigenous Communities." CTEC staff conducted statewide outreach and engaged subject matter experts from across Indian Country to discuss Tribal resilience, Indigenous evaluation approaches, and public health communication strategies. Virtual delivery of trainings and TA services have allowed CTEC to reach community members in need that have previously been difficult to engage due to distance, time, or transportation constraints.



"Community outreach and engagement with partners are integral to CTEC's work."



EQ2 – CAPACITY

The COVID-19 pandemic increased TEC and Tribal organization staff capacity to respond to infectious disease outbreaks. TEC and Tribal staff participated in trainings that increased knowledge and skills in case investigation and contact tracing, syndromic surveillance, data dashboard development, and geographic information system mapping software. The knowledge gained helped Tribes and Tribal organizations monitor and rapidly respond to the emerging needs of the COVID-19 pandemic and advance CTEC surveillance projects. Since March 2020, CTEC has published 440 situational reports that provide COVID-19 health status updates for CA Tribal communities. In addition, from January–December 2020, CTEC conducted an Epi-Data Mart (EDM) study on the priority surveillance topic of COVID-19, which reported on diagnostic trends and patient admissions. In the Spring of

2022, CTEC developed a COVID-19 data dashboard for IHPs that aggregates data from the Centers for Disease Control (CDC), California Department of Public Health (CDPH), Indian Health Service (IHS), and Health & Human Services (HHS). The dashboard will be updated to include data on other AIAN health priority topics in future funding iterations.

"The COVID-19 pandemic increased TEC and Tribal organization staff capacity to respond to infectious disease outbreaks."



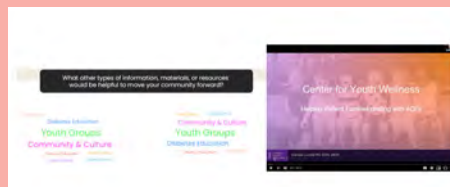


EQ3 – TECHNICAL ASSISTANCE

A total of 31 TA were completed in YR5 for Tribal and partner agencies. Ten requests were specific to COVID-19 data access, analysis, and surveillance. COVID-19 has been a priority health issue for Native communities and Tribal organizations from the beginning of the outbreak in the United States, and CTEC has



maintained close partnerships with Tribes and THPs to monitor and address COVID-19 outbreaks. To best meet the data and health messaging needs of CA Tribal communities, CTEC responded to Tribal requests to improve community communication on health priorities and responses through relevant materials. CTEC developed culturally competent and appropriate posters for Tribal partner use on-site and through social media that promote healthy COVID-19 behaviors, such as social distancing, hand washing, and getting vaccinated. These posters frame COVID-19 prevention behaviors through an Indigenous lens, utilizing Native languages and the protection and support of Elders and children.



EQ4 – PARTNERSHIPS

TECPHI funding allowed CTEC to partner with three large THPs that collectively serve more than 20 Tribes for a pilot project on a TACEs. The project began with implementing a TACEs survey, which is based on the original CDC-Kaiser ACE survey but incorporates Tribal-specific questions and constructs of resilience to ensure cultural relevance. The survey was part of a large project that supported the THPs in collecting and monitoring data related to trauma and resilience within the communities to inform community and provider intervention strategies. This partnership has expanded past the project's length to include the TACE survey validation and documentation

of intervention strategies that promote resiliency for Indigenous populations. In addition, key program partners of the ACEs Aware Initiative in California identified funding and collaborated with CTEC and the TACE sites to document Indigenous perspectives on trauma and resilience. This information supports other programs that want to implement strategies that address trauma and promote resilience in Tribal communities. In 2021, the Centers for Medicare & Medicaid Services approved the TACE survey as a reimbursed tool. CTEC is pending the finalization of the survey validation to share widely with other Tribal partners.



Great Plains Tribal Epidemiology Center (GPTEC)



OVERARCHING QUESTION

The GPTEC, through various activities and reorganization efforts, greatly expanded its capacity, services, and sustainability. Following numerous staffing additions, promotions, and transfers, we utilized the Program Sustainability Assessment Tool (PSAT) for a second time and contracted a team-wide capacity assessment. The combined results will increase our understanding of the current and desired states and reimagine our strategic and sustainability action plans. We also invested in staff professional development, establishing an ongoing process for team members to create Individual Professional Development Plans. These plans allow the team to regularly engage in professional introspection and identify specialized training opportunities to enhance their expertise. These activities all contributed to an increased understanding of our strengths and opportunities for further development. Reorganization efforts resulted in renewed and expanded GPTEC service capacity and three new staff



positions. Forming a GPTEC Evaluation Unit (EU) and recruiting an Evaluation Unit Manager/Lead Evaluator added a new level of service and subject matter expertise to benefit GPTEC partners and stakeholders. The GPTEC Data Coordinating Unit (DCU) expanded staffing to include a Data Specialist and a Centers for Disease Control and Prevention Foundation (CDCF) Biostatistician, expanding data monitoring, analysis, reporting, and provision services.



EQ1 – AWARENESS

The GPTEC continues to engage with partners and stakeholders regularly while consistently identifying new opportunities for participation. We held an annual Statewide Site Visit with each of our region's state health departments and Tribes. These visits have proven to be reliable for sharing and promoting public health activities, services, and expertise across GPA partners and allow us to update partners on activities, services, and capacity. Tribal representatives and liaisons, university partners, state health department staff, and other



public health entities from Iowa, Nebraska, North Dakota, and South Dakota were in attendance. In addition, the participants discussed organizational priorities, plans, and challenges and identified opportunities for collaboration within critical areas while sharing best practices and approaches. Focused discussion topics included infectious disease surveillance and outbreak response, public health communication strategies, and social determinants of health. We also hosted a meeting with South Dakota Urban Indian Health (SDUIH), providing a mutual opportunity to meet staff, discuss programs, and explore partnerships. Lastly, the GPTEC held its first meeting with the newly formed GPTEC Advisory Council. The initial meeting brought members together to learn more about our activities, services, goals, and the council's role in shaping our future

endeavors. The event sparked great discussions about the needs of tribal communities in the GPA and the ways in which GPTEC can meet those needs with new and existing services.



EQ2 – CAPACITY

The GPTEC's capacity to monitor the health status of tribal populations is ever-increasing. Support for professional development encouraged staff to pursue data analysis, statistical software, and data visualization training. Adding new staff positions allowed us to comprehensively analyze poison control and Prescription Drug Monitoring Program (PDMP) data, providing increased substance abuse monitoring. We continue to work with state health departments to enhance and formalize existing data-sharing partnerships to build continuity, reduce administrative burden, and lessen response time for access to new sources. We began receiving syndromic surveillance data extracts from the Nebraska Department of Health and Human Services. Access to syndromic surveillance data through the South Dakota Department of Health (SDDoH) expanded to include more infectious diseases. SDDoH also granted increased access to Emergency

Department and hospitalization data to monitor suicide ideations, suicide attempts, and drug overdoses. Lastly, we met with SDDoH to discuss the Public Health Authority of Tribes and Tribal Epidemiology Centers, the impacts of racial misclassification on tribal public health surveillance, and the formation of a Data Sharing Agreement to facilitate data linkage activities. The group examined principles of data linkage and examples of successfully implemented agreements between states and other Tribal Epidemiology Centers, resulting in acknowledged areas of agreement, possible barriers, and next steps.

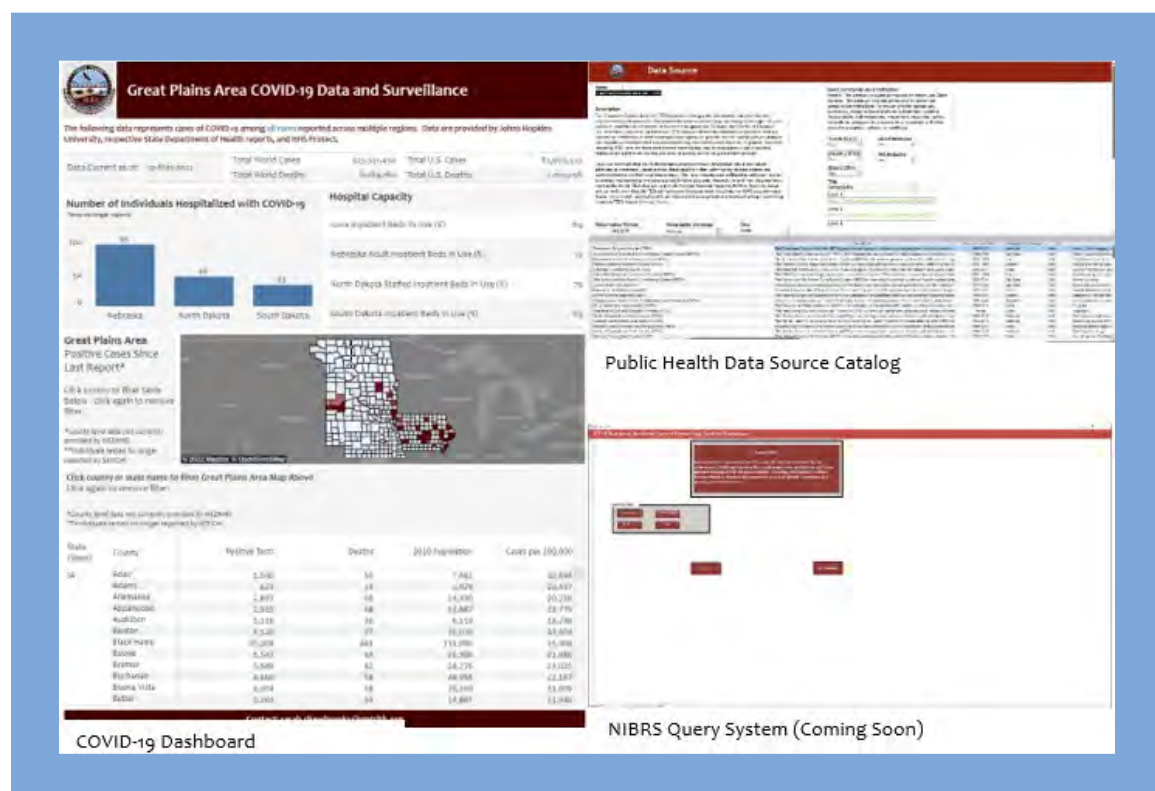




EQ3 – TECHNICAL ASSISTANCE

The GPTEC initiated or expanded multiple services to increase the public health epidemiology and surveillance capacity of GPA Tribes. We continue adding sources to the Public Health Data Source Catalog, allowing users to search for and access publicly available data sources and systems across public health topic areas on our website. Data sources include demographic/socioeconomic, behavioral/mental health, chronic disease, infectious disease, injury/violence, maternal and child health, mortality, and social determinants of health data. We offer available data to partner Tribes through Tribal Community Dashboards, providing individual Tribes with data relevant to their communities. Additionally, a National Incidence Based Reporting System (NIBRS) data query tool is in the final stages of development and is expected to be ready for use and dissemination

by the end of the year and would provide criminal justice data surveillance capability to partner Tribes. Training and technical assistance on using these tools are available on demand. Most of our technical assistance activities focus on the COVID-19 pandemic, which remains a top priority for GPA Tribes. Throughout the pandemic, we assisted Tribes in identifying key indicators and benchmarks to facilitate decision-making for the initiation or cessation of COVID-19 prevention measures, including masking/social distancing measures, school closure, work from home procedures, and vaccination policies. In addition to a continuously updated COVID-19 dashboard, we host a weekly COVID-19 call informing tribal partners on the case and positivity trends, variants of concern, vaccine eligibility, vaccination rates, and various infectious disease topics.





EQ4 – PARTNERSHIPS

GPTEC's public health liaison connected the team with several newly formed or strengthened partnerships this past year, including Tribal Health Directors, state Funeral Directors Associations, the South Dakota Urban Indian Health Institute, and tribal research offices. This position has secured our commitment and effort to building new and nourishing existing connections across our varied partners. The public health liaison also led the planning and preparation efforts for staff to participate in a 2-day facilitated workshop to create a partner map. The process enabled us to identify and examine internal and external partnerships, including federal and state, Tribal, university, contractor, and nonprofit partners. With all partners identified, the staff collectively worked to design a digital map illustrating the nature and strengths of current partnerships. The resulting map identified the most robust relationships and those requiring further cultivation. We plan to update the map on an annual basis to monitor partner growth.

**"GPTEC's
public
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Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)



OVERARCHING QUESTION

The ITCA TEC has made significant strides in the areas of partnership building and training over the course of the TECPHI cooperative agreement, especially during year five.

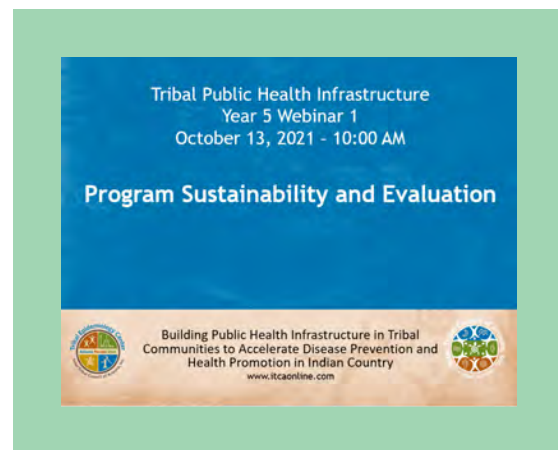
1) Trainings

ITCA TEC itself has been able to provide training in more areas, including data visualization, sustainability, evaluation, and custom webinars for different deliverables during the grant. The TECPHI team hopes to involve tribes in a broader sense going forward since all trainings are open to all we serve. Partnerships listed below have allowed the TEC to continue to provide diverse and necessary training, increasing from the first three years into years four and five.

2) Partnerships

ITCA TEC has expanded partnerships in multiple areas to allow an avenue to lean on partners in the future. During year five, the TECPHI team met with four other TECs to cover evaluation, data systems, ideas for projects, and how they approach subaward tribes among other topics. The TECPHI team has also put effort into building relationships with different sections of the state of Arizona's human services department. Members have been invited to participate in the Data Advisory Committee, Health Equity Implementation Team, Governor's Epi Working Group, and other topics. The team has also met with

the ADHS Tribal Liaison to receive input on future planning, including developing a communication plan to further the reach of the TEC. Along with these relationship-building partnerships, the TECPHI team has increased the amount we work with outside organizations like the Grantsmanship Center, Blue Stone Strategy Group, and the Public Health Foundation to provide trainings to staff and tribal partners.



"ITCA TEC itself has been able to provide training in more areas, including data visualization, sustainability, evaluation, and custom webinars for different deliverables during the grant."





EQ1 – AWARENESS

This particular evaluation question is something the ITCA TEC has noticed it is lacking and plans on making a priority goal for the new TECPHI cycle. Awareness of the TEC and its services, along with the website linking to them, are low and in need of resources to increase it. This includes building relationships with tribes themselves as well as organizations that operate with a similar mission to the TEC. During year five, the TECPHI team held their first working group to include all subawardees and get feedback on the overall program. The goal for the second working group in September is to do the same, with the overarching question of “How can the ITCA TEC better serve those in the community?” This encompasses everything from feedback on the program, to input on developing a communication plan, to developing better ways to provide services that we already currently offer. Given the above, the TECPHI team has made strides over the last year in developing relationships and partnerships to get a start on this goal which will be expanded upon in evaluation question four.

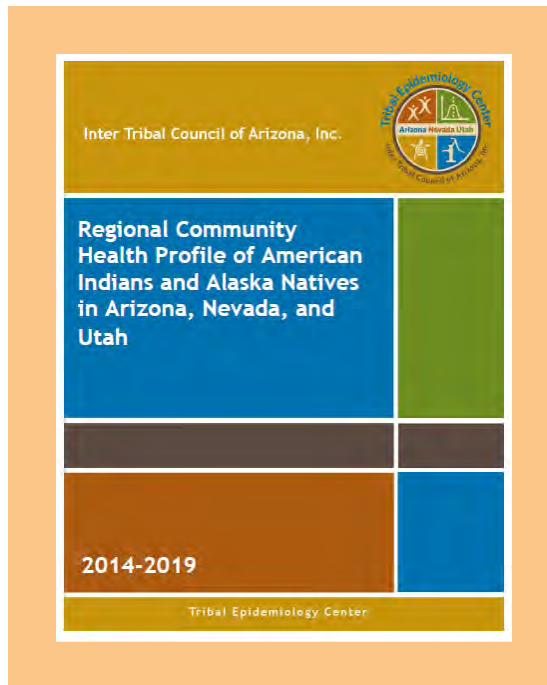


“During year five, the TECPHI team held their first working group to include all subawardees and get feedback on the overall program.”

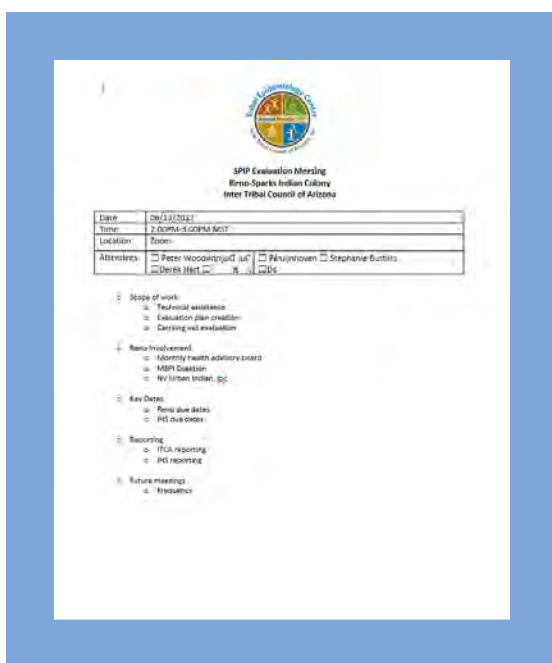


EQ2 – CAPACITY

One major project the ITCA TEC was able to complete was the Regional Community Health Profile (CHP) along with automating 43 tribal-specific CHPS. Increased training in statistical analysis along with corresponding coding software has allowed the TECPHI team an avenue to improve automation systems and efficiency in developing reports. Using SAS software, the tribal reports were all automated. While there is work to be done in terms of customization for each tribe, formatting, and additional statistical analysis along with current counts, the TEC has made strides in being able to provide better information to those we serve. This is also impacted by the partnerships the TEC has been able to build and maintain. Confidence in the data we receive can vary, but relationships with the Arizona, Nevada, and Utah health departments have allowed updated data each year. IHS data can lag a



little more, but over the last year the TEC has been able to update overall IHS data and get updated COVID information that we hope to use in the future. While this is behind where we would like to be, improving the TECs access to data should allow us to provide more timely and relevant information to those in our service area.



EQ3 – TECHNICAL ASSISTANCE

As a result of TECPHI funding, the ITCA TEC TECPHI team has been able to increase capacity to evaluate and assist in developing evaluation planning, resulting in technical assistance requests from an area tribe (Reno-Sparks Indian Colony) in developing/monitoring program implementation and programming itself. Other technical assistance requests involve participating in planning for conferences, guidance for developing community health improvement programs, and presentations on prior reporting such as Maternal and Child Health.



EQ4 – PARTNERSHIPS

TECPHI funding has allowed the ITCA TEC the time and resources to seek out and participate in new relationships. During year five, the TECPHI team met with four other TECs for a total of five meetings to cover evaluation, data systems, ideas for projects, and how they approach subaward tribes among other topics. These meetings had the purpose of introducing TEC teams, starting to build relationships, and to discuss TECPHI related activities. This includes evaluation, subaward projects, TEC projects, and improvements when looking forward to the new cycle. The TECPHI team was also invited to assist in a few initiatives from the state of Arizona. The Arizona Department of Human Services' Data Advisory Committee sought input on how to achieve a more equitable data-accessibility framework, and the Health

Equity Implementation Team sought to increase input on implementing the Arizona Health Improvement Plan. Both meetings are attended by one or more staff from the ITCA TECPHI team. ADHS also filled their position of Tribal Liaison, which the TECPHI team met with to establish a relationship and learn from their experience on communicating with tribes. TECPHI will utilize the experience of multiple partners, including past subawardees, in developing a communication plan to expand the reach of the TEC. Finally, relationships the TEC has built over the TECPHI program have enabled us to provide training in grant writing and management, sustainability, data visualization, and future plans to offer Tableau courses.



UIHI & ITCA TEC Meeting
Inter Tribal Council of Arizona

Date:	12/13/2021
Time:	11:00 am – 12:00 pm MST; 10:00 – 11:00 am PST
Location:	Zoom

TECPHI funding has allowed the ITCA TEC the time and resources to seek out and participate in new relationships."

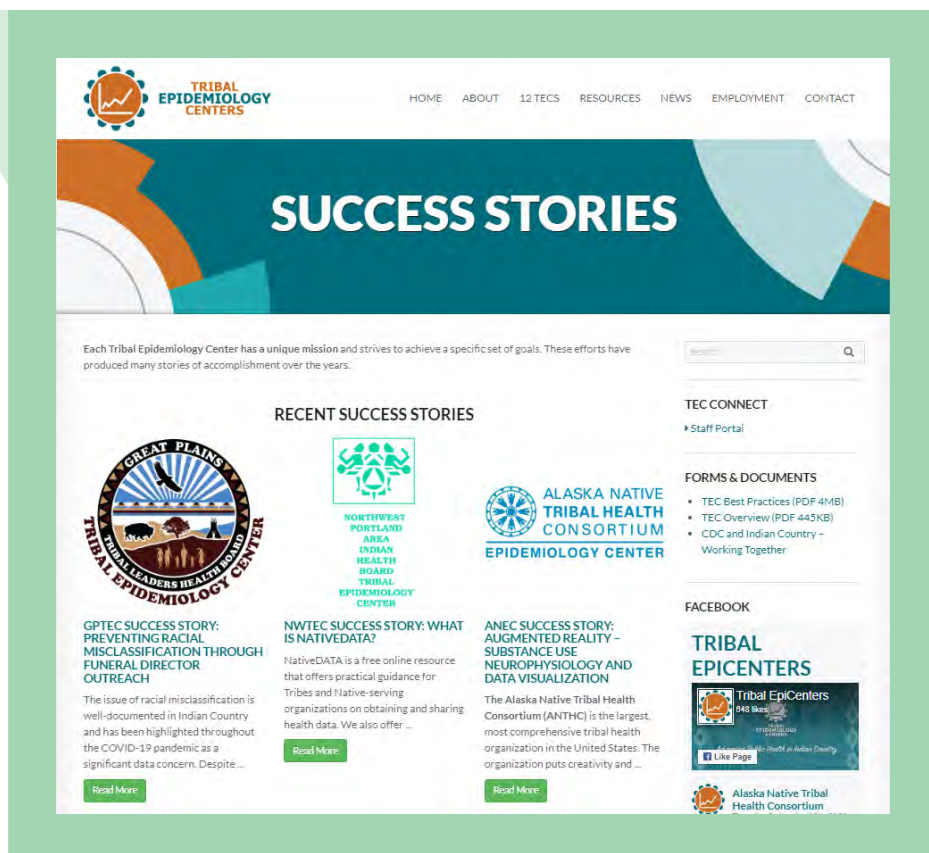


NCC Network Coordinating Center (NCC)



OVERARCHING QUESTION

The TECPHI funding opportunity has afforded TECs many opportunities to grow in size and skill over the past 5 years. As a central coordinating group among the TECs, the NCC has been front and center facilitating and witnessing these changes. While somewhat unexpected, the inherent structure of the TECPHI Program set the foundation for the TECs and the NCC to be nimble and adaptive throughout the COVID-19 pandemic and to the many other changes that have occurred over the last few years of the funding. The TECPHI Program evaluation structure has been a key component of the NCC's ability to capture the growth and adaptations over time. The TECPHI Program approach to evaluation is responsive in nature, and incorporates qualitative and storytelling components in addition to the quantitative annual performance measure data. As one Community of Practice attendee put it "Often we feel like passive agents as evaluators, while there are essences of that in this grant, [he] has enjoyed that this has been a bit more malleable. Nice to know that you can say something and that it will change".





EQ1 – AWARENESS

Over the last two years of the TECPHI Program, the NCC has partnered with Dr. Charlotte Huntley to facilitate 24 TEC-specific episodes for her “Public Health Epidemiology Conversations” Podcast. Each of these podcast episodes features a TEC staff sharing their career path and work at one of the 12 TECs. One of these conversations featured the new CDC Director of Healthy Tribes, Dr. Julianna Reece to complete the collection. The podcast episodes have been a fun and impactful way to spread awareness of the services and expertise offered by the TECs.

The episodes have received many positive reviews that emphasize the value they have had to listeners. One reviewer said “Thank you for these episodes on native health because representation matters! Kudos for the outstanding work you are doing” and another shared “I loved your episode with Joshua and the discussion about the importance of communication and health surveillance data in the tribal communities. The data sharing toolkit he talked about gave me an idea for something I can try with my community. I think I’m going to discuss it with my supervisor.”



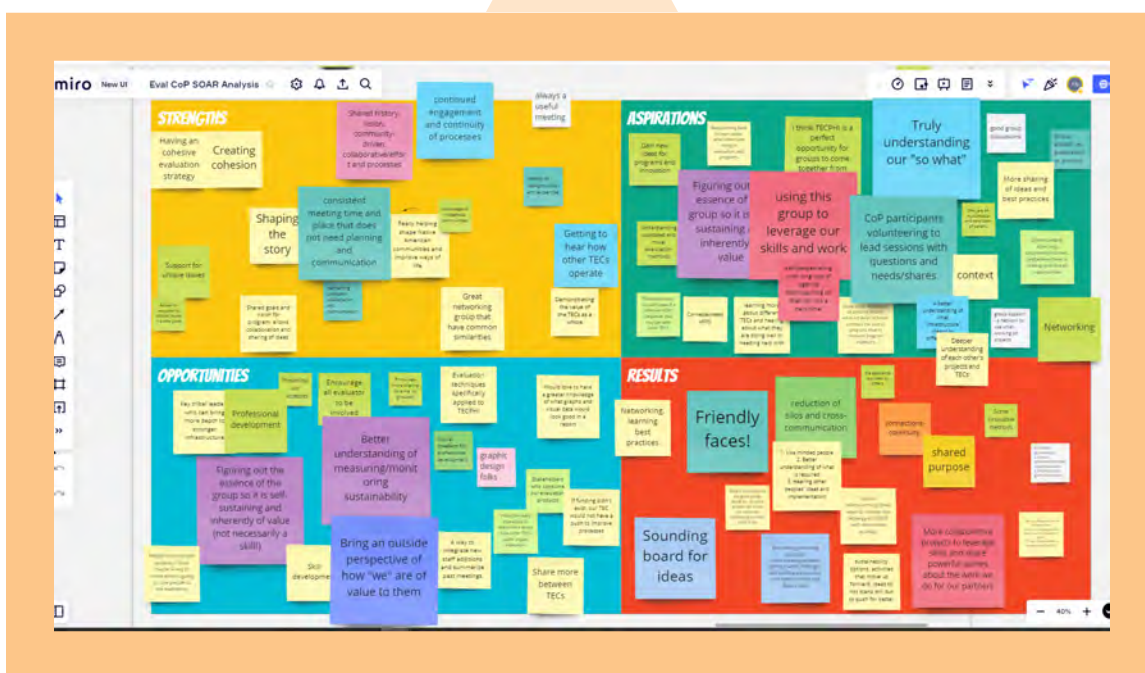
“Thank you for these episodes on native health because representation matters! Kudos for the outstanding work you are doing.”



EQ2 – CAPACITY

In Year 5, the NCC piloted using a SOAR evaluation approach in a virtual setting using an online “sticky note” tool called Miro. The intent was to understand how, and if, the monthly TECPHI Program CoPs have added value to the work of participating TEC staff over the past five years. “SOAR”, which stands for Strengths, Opportunities, Aspirations, and Results is similar to the more well-known “SWOT” (Strengths, Weaknesses, Opportunities, and Threats) evaluation approach. The SOAR approach is a strengths-based evaluation approach that focuses on visioning for the future, something that seemed important as we

consider the sustainability of the work we have done over the last five years. A few common themes were consistent across the three TECPHI CoP groups: there is a desire and for more opportunities for more sharing across TEC staff, there is benefit to having a routine and dedicated space to come together and learn from colleagues, and the regular meeting times have provided sense of togetherness for TEC staff. The SOAR analysis approach has been so successful that the NCC has provided TA to one other TEC and the GHWIC CCG team are incorporating the approach in their own program evaluations!

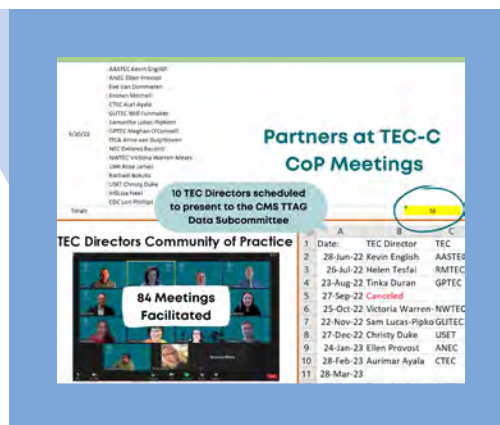


“The SOAR approach is a strengths-based evaluation approach that focuses on visioning for the future, something that seemed important as we consider the sustainability of the work we have done over the last five years.”



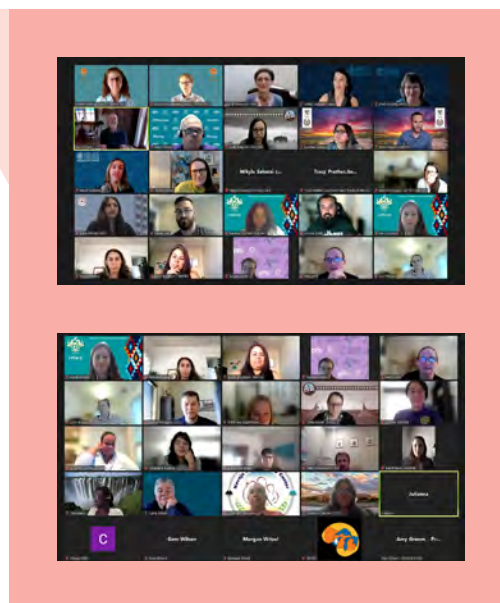
EQ3 – TECHNICAL ASSISTANCE

In Year 5 the NCC provided extensive technical support to the TEC-C, acting in an administrative, communications, and coordinating capacity. By fulfilling this role, TEC Directors, or their designees, were able to participate more fully in discussions without the distraction of connecting with partners, creating agendas, taking meeting minutes, or tracking action items. In the past several months, the NCC's technical support has expanded beyond a basic administrative role to include supporting many additional ideas and activities that were conceptualized during the TEC-C meetings, including multiple writing projects, coordinating with external partners to offer TEC-wide webinars, and coordinate speaking opportunities for the TEC Directors. Acting in this capacity has offered the additional benefit of allowing the NCC the opportunity to witness first-hand the growth and evolution of the TEC-C meetings into a Community of Practice, as well as gather significant data regarding partnerships and projects that will contribute to the final evaluation of the TECPHI Program.



EQ4 – PARTNERSHIPS

Through working closely with the TEC-C, the NCC has become a valuable resource to coordinate a variety of events for TECs and their partners to share information, facilitate times for partners to gather input from the TEC Directors, and other collaborative and learning purposes. During the past year, the NCC has taken a larger role in supporting the TEC-C bi-weekly CoP meetings and following up on action items or requests. For example, the NCC has facilitated the attendance of over 75 federal and national partners who have requested to attend the meetings to seek advice for working with TECs and Tribal communities, or to present project ideas or provide updates and coordinating two informational webinars open to all TEC staff, one with the Indian Health Service National Death Index on the AIAN Mortality Database Linkage & US Cancer Surveillance and the other with the CDC's Immunization Safety Office on the Vaccine Adverse Event Reporting System (VAERS).





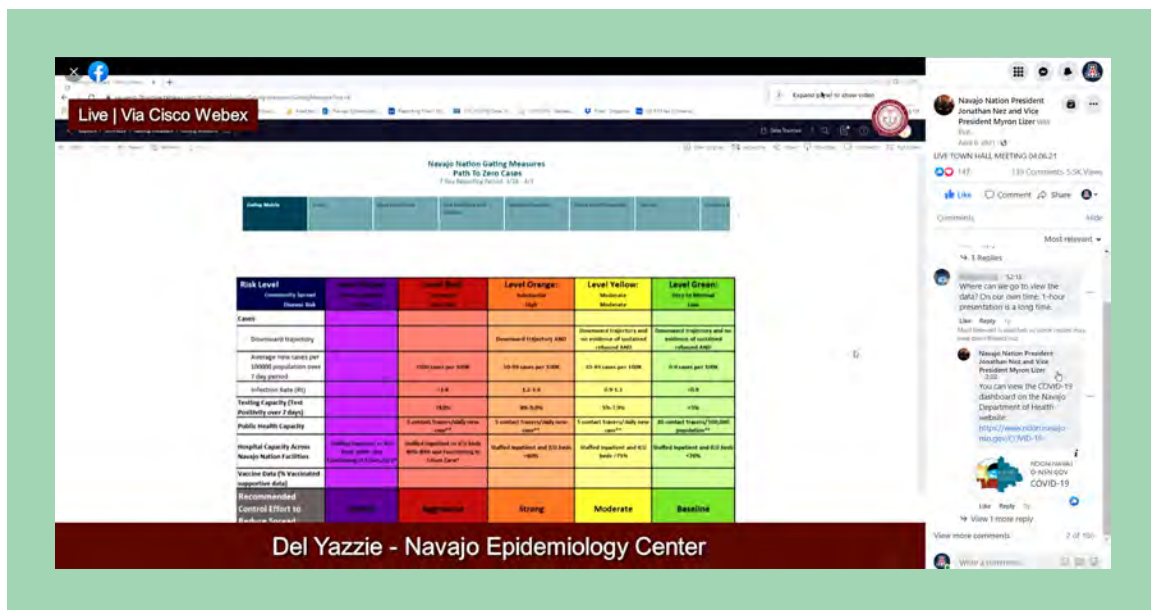
Navajo Epidemiology Center (NEC)



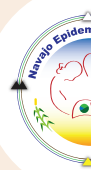
OVERARCHING QUESTION

Above all, the Tribal Epidemiology Center Public Health Infrastructure (TECPHI) provided the Navajo Department of Health (NDOH) the foundation of technology to respond to a pandemic. The team recognized the critical flow of data and information for response and inform of actions based on data. Delores Becenti and Tex Etsitty, with the support of Dr. Jill Jim, Executive Director of NDOH and the Navajo Epidemiology Center team, developed and created many dashboards looking at case numbers, trends, capacity, resources and vaccination numbers with the assistance of epidemiologists

across the partnerships strengthened by the pandemic. This capability allowed the Navajo Nation Health Command Operations Center (HCOC) teams to understand the COVID-19 spread on the Navajo Nation to effectively provide resources, messaging, and information for mitigation. This photo illustrates the messaging of the data-informed actions of the Navajo Nation President in a townhall provided to the public every Tuesday. The Navajo Epidemiology Center TECPHI team continues to contribute their expertise and hard work to all the HCOC teams needing data to inform their team to the response.



"This photo illustrates the messaging of the data-informed actions of the Navajo Nation President in a townhall provided to the public every Tuesday."





EQ1 – AWARENESS

The Navajo Epidemiology Center's (NEC) social media team consists of Delores Becenti, Tex Etsitty, Lyle Etsitty and Cheryl Willie. Delores, Tex and Lyle are members of the Tribal Epidemiology Center Public Health Infrastructure (TECPHI) team. The social media team was instrumental in updating the NEC Facebook and Instagram platforms and renewing messages, styles and branding. This particular post provided a link to four new reports on our website created by our Epidemiologist, David Foley. The posts garnered a total of 598 reaches. Updates from NEC and sharing important health promotion posts by other public health partners are the main foci of our platforms. The Alaska Native Tribal Health Consortium team also contributed to NEC's social media planning and implementation. We thank Cheryl for her tireless efforts to coordinate our social media posts and designing creative content! We also thank Canva® for their free, non-profit Pro account!

NEW REPORTS ON THE NAVAJO EPI WEBSITE

REPORT OF THE Navajo Epidemiology Center
By David Foley, MPH, Epidemiologist

A Description of Fatal Car Crashes Occurring Within or Near the Navajo Nation 2010 - 2019

REPORT OF THE Navajo Epidemiology Center
By David Foley, MPH, Epidemiologist

Navajo Nation Hospitalization and Emergency Room Rates 2017
National Center for Health Statistics 113 Select Causes

REPORT OF THE Navajo Epidemiology Center
By David Foley, MPH, Epidemiologist

Navajo Nation Mortality Report Deaths: 2015 - 2017

REPORT OF THE Navajo Epidemiology Center
By David Foley, MPH, Epidemiologist

Navajo Nation Hospitalization and Emergency Room Rates 2018
National Center for Health Statistics 113 Select Causes

Visit Our Website

Navajo Department of Health, visit the Navajo Epidemiology Center website:
<https://www.nec.navajo-nsn.gov>. For related questions and information, call
(928) 871-6539.

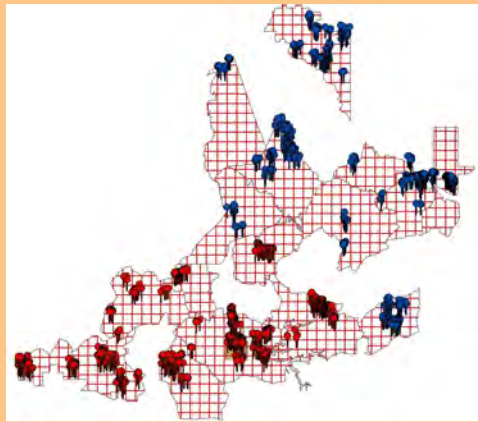
f i @NavajoEpi



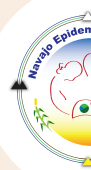


EQ2 – CAPACITY

The second round of the Navajo Nation Health Survey (NNHS) has experienced an improvement in collecting survey data in the field with the assistance of ArcGIS and the Navajo Epidemiology Center's Tribal Epidemiology Public Health Infrastructure (TECPHI) team of Geographic Information Systems expert Delores Becenti. She and Forrest Lester, Information Systems Technician, developed the mapping software with fine resolution to assist in guiding the NNHS survey team to the accurate house selected for data collection. This has improved navigation and reduced paper maps and time in the field to accomplish the objectives of the survey.



"The second round of the Navajo Nation Health Survey (NNHS) has experienced an improvement in collecting survey data."





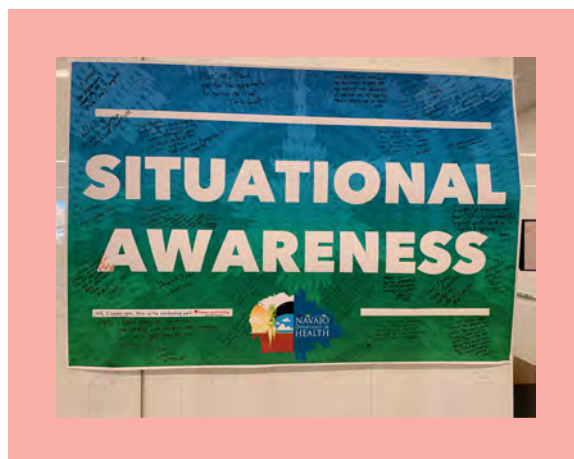
EQ3 – TECHNICAL ASSISTANCE

On October 5, 2021, Delores Becenti and Tex Etsitty from Navajo Epidemiology Center's Tribal Epidemiology Public Health Infrastructure (TECPHI) team, with Valamar Reagan of Centers for Disease Control and Prevention presented a data visualizations and techniques with Tableau presentation to the recipients of CDC's 1803 Cooperative Agreement as part of their 2021 Fall Meeting. Tribes receiving CDC's 1803 Cooperative Agreement were invited and 60 recipients attended the presentation. Delores and Valamar presented on strategies to plan and implement a focused data concept design to effective visualization. They also discussed lessons learned and important considerations to the journey. Tex presented on technical analysis, visualization and data flow techniques within Tableau.



EQ4 – PARTNERSHIPS

The reflections of partnerships established as a result of the COVID-19 response and the efforts of collaborations are evident in this photo illustrating the enhanced partnerships. Many partners from the Indian Health Service, Johns Hopkins, the Centers for Disease Control and Prevention, and other tribal health organizations are represented in this sign. The Navajo Epidemiology Center's Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) team was a big part of the team that connected these partners to understand the COVID-19 response in data management, analysis and visualizations using R coding, Tableau and ArcGIS platforms. The work is on-going and the team continues this support.





Northwest Tribal Epidemiology Center (NWTEC)



OVERARCHING QUESTION

TEC-PHI funding has been very important in helping the Northwest Tribal Epidemiology Center (NWTEC) update the way that it delivers training and disseminates health data. There has been a desire to update our delivery and dissemination strategies but COVID-19 increased the urgency of these efforts. Infrastructure gained through TEC-PHI funding and the first four years of the grant helped pave the way to have these goals realized in year five of the grant.

Within the last year we have been able to use previous success with NPAIHB's Covid-19 dashboard to inform the online expansion of data products offered to Tribes and other interested parties. Having a focused online dashboard that integrates evaluation has allowed us to better understand what does, and does not work

before making larger investments in rolling out online data dissemination strategies. The lessons learned from the public facing dashboards developed under this funding have informed our plans to develop a Northwest Tribal Data Hub in the coming years. We were also able to start the transfer of our Health Data Literacy (HDL) training to a more accessible online format. The HDL training was previously offered as an in-person training to Tribes in our service area but we wanted to offer a more flexible format that would meet the needs of the Tribes and situation.

We are developing short training videos based on the HDL training content, which will be finalized by the end of the grant year. These videos will be accessible on our website and through NPAIHB's social media channels.

Native Health Data 101



NPAIHB
Indian Leadership for Indian Health





EQ1 – AWARENESS

In the last year of TEC-PHI, we have seen an increase in the number of Tribal requests for more in-depth support in accessing, analyzing, and utilizing data for decision making. There has been an increase in requests for comprehensive data for community needs assessments, and for support analyzing Tribally-collected community health assessment data. In the first four years of TEC-PHI, we received one request for support analyzing community collected data. In Year 5, we have received three requests (thusfar) for support analyzing community collected data. One of the Tribes who requested this support has also requested support in building a database to improve the collection, maintenance, and reporting of



communicable disease cases seen within their clinic, and requested a training on utilizing data for decision-making. These requests demonstrate the increased capacity of some area Tribes to collect and utilize data for community health assessment and improvement. The requests also indicate a potential need to increase our focus to training and capacity building.



EQ2 – CAPACITY

American Indians/Alaska Natives (AI/AN) are often misclassified in surveillance and administrative data systems, which means their race is either not recorded or entered incorrectly. NWTEC utilizes probabilistic linkages to address the issue of misclassification and improve the quality of public health data for Northwest Tribes. Our member Tribes have been very supportive in our efforts to correctly

identify AI/AN in these data systems. However, the process can be very time and labor intensive. TEC-PHI has given us the necessary funding to expand our data infrastructure to meet our ambitious data linkage goals.

Compared to previous years we have been able to more efficiently move from data linkages to preparing the data and having it available for analysis. This has allowed us to better understand health trends of AI/AN in our service area and provide relevant data to member Tribes to address their health priorities. What used to be a 2-5 year process is now

happening within a year or two of the data becoming available. Having the time, staff, and infrastructure afforded through TEC-PHI has been imperative to addressing the data needs of the NWTEC and our member Tribes.

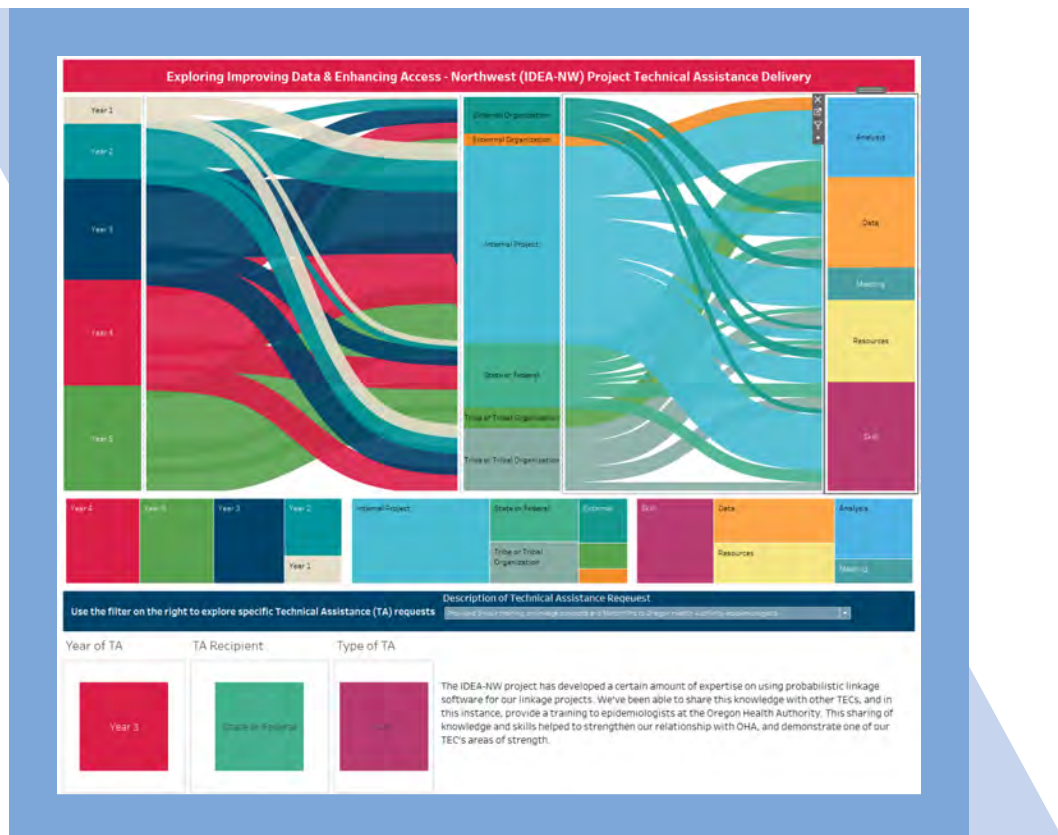




EQ3 – TECHNICAL ASSISTANCE

Technical assistance (TA) is an important aspect of the support the NWTEC offers to our member Tribes and other partners. TA delivery can be difficult because it requires enough staff time and pertinent expertise but is imperative in addressing the unique health issues of AI/AN in Idaho, Oregon and Washington. TEC-PHI funding has been paramount in increasing the capacity of the NWTEC to respond to a wider breadth and depth of TA requests. TEC-PHI funding has allowed the NWTEC to provide data, insight and assistance to partners interested in setting health priorities.

Prior to TEC-PHI funding, helping a member Tribe complete a Community Health Assessment (CHA) would strain our staff capacity. Since TEC-PHI, we have been able to develop the infrastructure necessary to address these necessary but time-intensive TA requests from Tribes. We have also been able to address a wider breadth of requests to conduct tailored analyses, interpretation or provide input on our partners projects. The consistent increase in TA requests over the years highlights the trust our Tribes and partners have in the services we provide in addressing their needs.





EQ4 – PARTNERSHIPS

NWTEC has had success in building data sharing partnerships with Tribes, states, and federal agencies, and in building expertise and infrastructure focused on linkages to correct the misclassification of AI/AN people in state surveillance systems. TEC-PHI has provided support to share strategies, methods, and lessons learned in these areas with Tribes, states, and other Tribal Epidemiology Centers. In Year 5 of TEC-PHI, we have provided technical assistance support around data sharing and linkages to the Great Plains TEC, Great Lakes TEC, Inter Tribal Council of Arizona TEC, and the California Department of Health. This TA included supporting an in-person meeting between the Great Plains TEC and the South Dakota Department of Health to develop an umbrella data sharing agreement that includes linkages.



"In Year 5 of TEC-PHI, we have provided technical assistance support around data sharing and linkages to the Great Plains TEC, Great Lakes TEC, Inter Tribal Council of Arizona TEC, and the California Department of Health."





Oklahoma Area Tribal Epidemiology Center (OKTEC)



OVERARCHING QUESTION

WATCH

In 2018, two peer reviewed articles examined the role of the early care center and health care provider's role in obesity in young American Indian children. With such research came the inception of the program of WATCH (Wellness Around Traditional Community Health), a program that brings the 3 P's (parents, preschool teachers, and providers) together to combat childhood obesity. In the year 2022, WATCH programs had been developed in 10 early childhood and headstart learning centers and 3

health clinics throughout the state of Oklahoma. Through interactive WATCH nights, the 3 P's came together for a clear purpose of educating one another on how to implement nutrition learning and physical activities in young AI children. The WATCH program provides educational curriculum, motivational interviewing, and responsive feeding training to provide resources for healthy eating. A 75-page Manual of Procedures (MOP) was created for sustainability and reproduction of the program after the life of the grant cycle.



"The WATCH program provides educational curriculum, motivational interviewing, and responsive feeding training to provide resources for healthy eating."



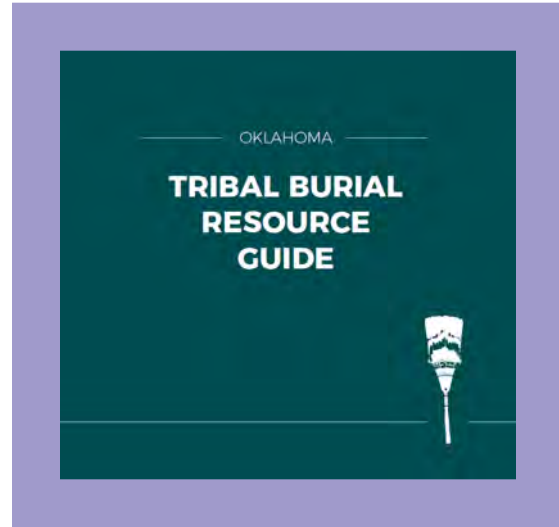


EQ1 – AWARENESS

Opioid Supplement

The Oklahoma Tribal Burial Resource Guide is a utility designed to help funeral homes and American Indian/ Alaska Native (AI/ AN) families receive information on burial benefits. The guide includes the names, members, website links, and other relevant contact information for tribes offering assistance.

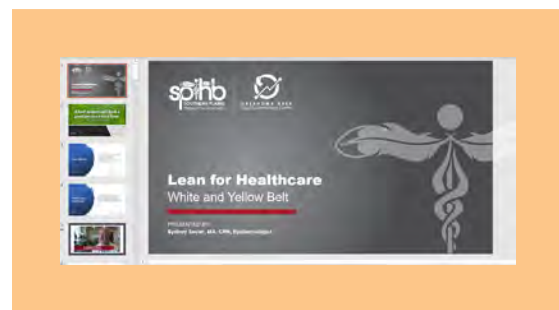
Additionally, the resource guide has specific information over tribal programs within the state of Oklahoma. Resources include but are not limited to: children and family services, housing assistance, energy assistance, aging/elder services, educational assistance, health services, job placement and training, food distribution, and social services programs.



EQ2 – CAPACITY

N.A.T.I.V.E.

This initiative works to improve healthcare processes through minimizing waste in every process, procedure, and task through an ongoing system of improvement. Through a developed 45-minute training, participants help provide continuous improvements through their own recommendations. The training has been given at the Humana Training Summit and continues to be an available training for in-services and tribal organizations that the Southern Plains Tribal Health Board serves.





EQ3 – TECHNICAL ASSISTANCE

Kansas Tribal Chronic Disease Project

One of the key initiatives of the TECPHI grant has been providing a visible presence among the 4 Kansas tribes within the Southern Plains Tribal Health Board region. The Kansas Tribal Health Summit was established to bring resources and awareness to the needs of the Iowa Tribe of Kansas and Nebraska, Kickapoo Tribe in Kansas, Prairie Band Potawatomi Nation, and Sac and Fox Nation of Missouri. One of the key areas of focus this past year has been vaccine awareness, which has provided a central point of communication for the four tribes. Sixteen radio ads with COVID-19 prevention and vaccine messaging airing on local Kansas radio stations and six corresponding info graphics posted to social media were publicized. A billboard promoting vaccinations translates to “I am thinking of the children up ahead.” The picture is of a pair of baby moccasins sitting on a ribbonwork skirt. With a collective focus on the four tribes, COVID-19 testing and vaccinations were offered throughout the year with approximately 343 vaccines given. This also allowed for increased rapport with tribal clinics and health professionals.

Finally, emphasis has been focused on community events, ranging from chronic disease prevention to health fairs to men’s health training (an 8-week wellness program which uses culturally-based tools to receive health education and engagement to develop a wellness plan for better health.





EQ4 – PARTNERSHIPS

NOHN (Native Oral Health Network)

NOHN is the first oral health network in Oklahoma that focuses on Native communities. The resource guide has been distributed to more than 200 interested parties over this past year. The organization continues to increase its presence through social media, trainings, and networking with a membership of 130 participants in 14 different states representing 47 unique professions. NOHN is responsible for the publication of a national dental brief, “Oral Health Among the Indian Health Service in Oklahoma City Population: A Review of the Current Data 2020-21.” Furthermore, NOHN held 10 network-wide meetings, 10 trainings, and trained over 250 participants this past year.



“NOHN is the first oral health network in Oklahoma that focuses on Native communities.”



Rocky Mountain Tribal Epidemiology Center (RMTEC)



OVERARCHING QUESTION

In Year 5, RMTEC focused on improving its health communications strategy. Staff worked collectively to establish internal reporting standards to ensure all health communications generated by the TEC are of the highest quality. An editing process was also implemented to create an efficient and timely flow of processing communications from first to final draft. With this expanded health communications capacity, RMTEC was able to broaden its scope of communications topics. In Year 5, several “special topic” reports were produced in response to tribal requests for health information. Special topics included maternal and child health, oral health, behavioral health, opioids, and tribal elders’ health. To date, tribal feedback for these reports have been positive. In addition to reports, RMTEC has also focused on enhancing its presentations. Whether delivered virtually or in-person, Powerpoint and Youtube presentations are frequently used by RMTEC staff to present TEC information to the tribes, and often posted to the website for tribes to access as needed. The pictured report was a special Maternal and Child Health report written for the Northern Arapaho and Eastern Shoshone Tribes on the Wind River Reservation in Wyoming. The topic of maternal and child health and its demographic, economic, and health indicators were detailed.



"The pictured report was a special Maternal and Child Health report written for the Northern Arapaho and Eastern Shoshone Tribes on the Wind River Reservation in Wyoming."





EQ1 – AWARENESS

RMTEC always strives to consistently engage with the tribes in Montana and Wyoming in order to maintain collaborative, culturally responsive services and to increase tribal awareness of new services and programs. As COVID-19 numbers have begun to subside in the Rocky Mountain region, RMTEC has employed a hybrid approach of in-person and virtual meetings to best tailor its response to meet the needs of the tribes while accounting for existing pandemic-related restrictions. RMTEC continues regular monthly virtual site visits with each tribal community via Zoom or Microsoft Teams and has also conducted several in-person site visits to deliver supplies and participate in meetings. In April 2022, TECPHI staff visited the Southern Piegan

Health Center on the Blackfeet reservation to deliver program supplies and discuss program updates.

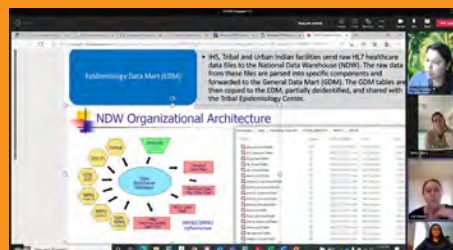
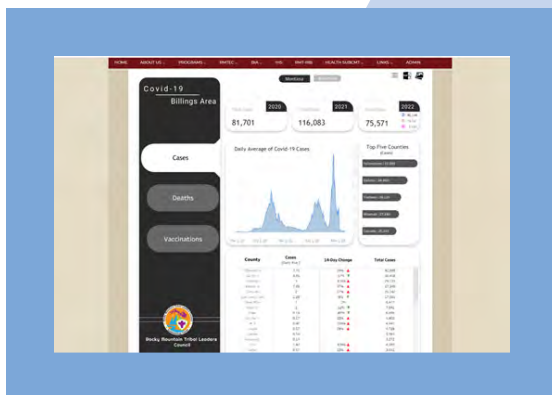
RMTEC also applies this hybrid approach to its trainings and presentations. As staff has become more proficient in using virtual platforms, RMTEC has been able to assist and educate tribes in using these platforms to host their own meetings, expanding services at the community level. While virtual platforms have been RMTEC's main hosting venues for webinars and virtual trainings for the past two years, the TEC has begun to host a few local and regional meetings in person such as the Tribal Health Subcommittee and Tribal Chemical Dependency Director meetings. In partnership with its parent organization, Rocky Mountain Tribal Leaders Council, RMTEC has started planning for an in-person tribal health conference in the late summer of 2022.





EQ3 – TECHNICAL ASSISTANCE

In Year 5, RMTEC further developed capacity to efficiently respond to technical assistance (TA) and data requests by shifting entirely to programs such as Smartsheets and Tableau for comprehensive, more detailed tracking and enhanced data visualization capabilities. Smartsheets now allows the TEC to respond more efficiently to incoming requests by streamlining the delegation of response duties among staff. Smartsheets also provides both onsite and remote staff with the real-time progress updates on all requests, allowing staff to view current progress status from anywhere they may be working. RMTEC also improved its website to include a TA and data request intake form, simplifying the request process. RMTEC also uses the Tableau program to analyze and display data collected by the TEC or compiled from public data sources. Currently, Tableau is used to display COVID-19 related data for Montana and Wyoming, as well as information on several social determinants of health in the Billings Area on the RMTEC website. Tableau has greatly expanded RMTEC's data visualization capabilities, and staff have trained interested tribal partners in the platform, to expand their data visualization capabilities as well.



EQ2 – CAPACITY

Year 5 has proven to be a time of rapid expansion of RMTEC's data analysis and provision services, stemming from the capacity built during Years 1-4. In addition to improving RMTEC's health communications strategy, data analysis plans for all TEC reports have been updated and improved. RMTEC's proficiency in the use of tools such as Tableau and data dashboards have allowed staff to catalogue and disseminate new and existing datasets efficiently while also engaging the tribes through these platforms to build tribal data capacity. RMTEC has also expanded its data capabilities by expanding partnerships with the States of Montana and Wyoming, allowing for increased data sharing and collaboration around key health issues affecting tribal communities in the two states.

**Year 5
has proven
to be a time of
rapid expansion
of RMTEC's data
analysis and
provision
services."**



EQ4 – PARTNERSHIPS

Building upon planning efforts beginning in Years 3 and 4, RMTEC formalized a collaborative partnership with the Chef Ann Foundation, No Kid Hungry, and the Coalition to End Childhood Hunger in Year 5 to bring a comprehensive diabetes prevention approach to the tribal schools in the RMTEC region. With the help and expertise of these partners, RMTEC aims to transform tribal school food programs at the local level through diabetes education and training of school food service workers. The School Food Institute is a set of online courses offered by the Chef Ann Foundation that provide professional development and training on successful “scratch-cook” operations in schools, giving school food service professionals the tools and knowledge to make fresh, healthy school meals for its students and staff. In April 2022, TECPHI staff, along with staff from the Chef Ann Foundation, visited the Blackfeet and Flathead tribal sites to provide onsite scratch-cook training. The chefs trained school food service staff on making simple, healthy meals with fresh ingredients and served the meals in the schools. Staff also received education and training on using locally available ingredients. It is RMTEC’s hope to expand these partnerships to include all tribal sites in the Rocky Mountain region, and to continue these efforts beyond the life of the current cycle of TECPHI funding.





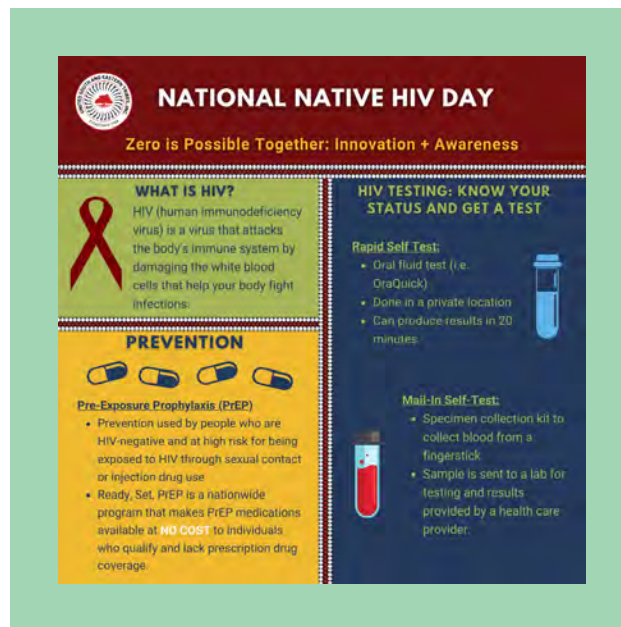
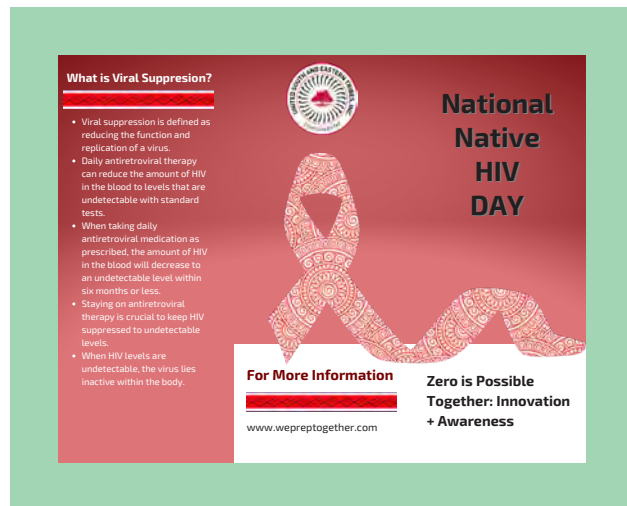
United South and Eastern Tribes, Inc. Tribal Epidemiology Center (USET TEC)



OVERARCHING QUESTION

2022 saw the full staffing of the USET TEC HIV project which works with Tribal Nations to improve HIV screening, diagnostic, treatment, and prevention efforts. USET builds capacity at the Tribal Nation level by offering educational materials to reduce the stigma around HIV, promote screening, and increase clinician's knowledge of treating patients with HIV/HCV/STIs.

Pictured is a flyer and an infographic distributed as part of USET's participation in the annual National Native HIV Day this past March.





EQ1 – AWARENESS

Question 1.1:

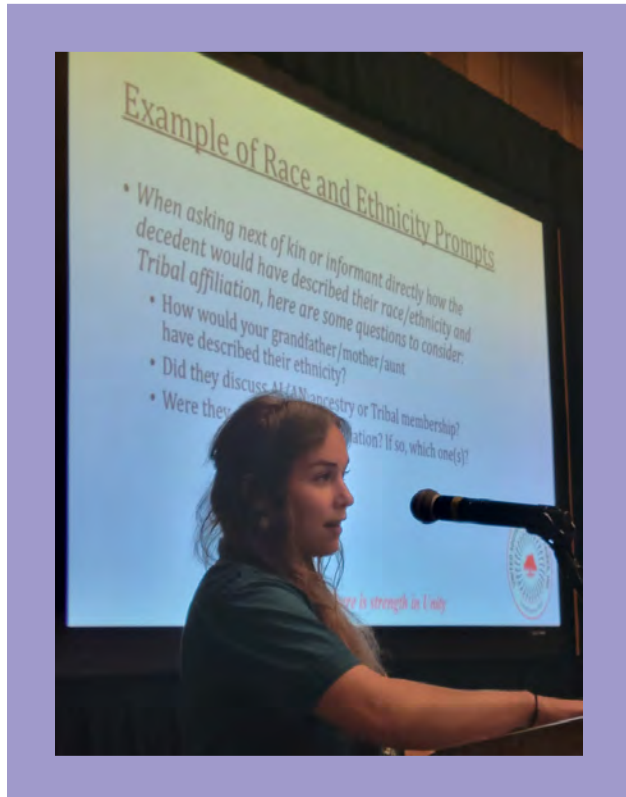
Working with Native American Populations: The Funeral Director's Role

During June 2022, USET TEC partnered with Northwest Mississippi Community College to present a training for current and future funeral directors on working with Native American families. They were joined by Jay Wesley, Mississippi Band of Choctaw Indians Director Department of Chahta Immi.



Question 1.2:

The following week, USET TEC staff also presented at the Texas Funeral Directors Association 136th Annual Convention on the importance of racial classification on death certificates. Pictured is Emily Bear (citizen of Houlton Band of Maliseet and USET Epidemiologist) sharing possible approaches to gently speaking with families of decedents about their loved one's race and ethnicity.





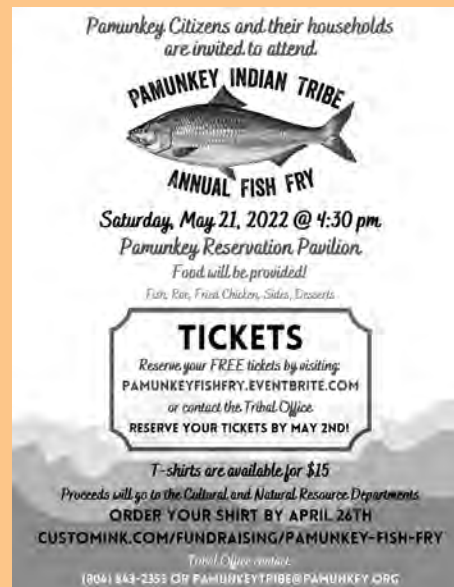
EQ2 – CAPACITY

Pamunkey Indian Tribe Fish Fry May 21, 2022

Photos and narrative from Allyson Gray - Pamunkey Tribal Coordinator / Enrollment Officer / ICWA and TECPHI sub-recipient

“This event, which has been occurring for many generations, typically marks the end of the Shad run and is a time for our Tribal Community to come together to celebrate the Shad harvest of the season. I was in charge of facilitating this entire event, including catering, restrooms/ handwashing stations, developing (with the help of USET!) and administering 2 surveys, distribution of PPE, and overseeing almost 30 volunteers.”

“This image is from the welcome song and prayer (led by a few Tribal citizens) at our Annual Fish Fry held on the Pamunkey Reservation on the shore of the river that bears our name. While we were originally expecting almost 250 people at this event, the record heat that day ending up keeping a lot of folks away. Regardless, we had almost 100 Tribal citizens come together (along with their families), which is the largest group of Tribal citizens we’ve ever had attend a Fish Fry. Many are not pictured, especially elders, because they chose to remain in the shade during the welcoming song and prayer. The blue/gray building with the gray roof is our Shad Hatchery, established in 1918, which was open to attendees to tour and learn about the hatchery operations. You’ll also see the roped off area with a tent next to it, which was the site survey we conducted to identify what citizens would like to see at the site of the old shanty that we unfortunately had to remove.”



Pamunkey Indian Tribe Fish Fry





EQ3 – TECHNICAL ASSISTANCE

Utilizing ArcGIS Storymap to showcase TECPHI Tribal Nation partner projects

In addition to providing periodic and ad hoc support to Tribal Nation partners, TECPHI Public Health Program Coordinator, Emma Waugh, got to work on cultivating a mélange of ArcGIS skills. Specifically, each Tribal Nation partner has been built their own unique ArcGIS Storymap to showcase their projects. Attached is a snapshot of Monacan Indian Nation's TECPHI Storymap and narrative. The page is live and can be accessed here - <https://storymaps.arcgis.com/stories/fbec5b627922479781761ba39ff81182>

As part of a two-year partnership with USET TECPHI, the Monacan Indian Nation focused on piloting a new, at-home wellness initiative, Monacan Daily Touch. Participants received tools for the daily in-home measurement of primary vital measurements. These tools transmit this information, via satellite, to a public health monitor who can respond



and connect participants to public health or medical services, reducing barriers to care for Elderly participants with limited transportation options.

Daily vitals measurement has a tremendous value in helping people make healthy choices on a daily basis. Unusual readings can alert people to seek medical care before a minor issue develops into a costly health problem.



EQ4 – PARTNERSHIPS

USET TEC partnered with Holly Echo Hawk, Nashville Area Indian Health Services, New England MHTTC, and C4 Innovations with support from Northwest Portland Area Indian Health Board and Project ECHO to launch a behavioral health focused Indian Country ECHO: Reclaiming Native psychological Brilliance. Each month builds on past sessions and focuses on a different aspect of Native psychological brilliance bringing speakers from all realms of the field. In addition, the concept of Native psychological brilliance is highlighted



through Native music videos and Native spoken word performances. The first webinar was held in January with 142 participants from across Turtle Island. Since our first session, a total of 567 different individuals have participated with us. In addition, and in collaboration with Cardea, attendees can claim continuing medical, nursing, social work, and/or counseling education credits.





Urban Indian Health Institute (UIHI)



OVERARCHING QUESTION

Each year Urban Indian Health Institute (UIHI) hosts a cohort of American Indian and Alaska Native (AI/AN) public health interns. The internships are full-time, paid roles designed to welcome and train future Native public health professionals to the field. Our program provides interns the opportunity to work with AI/AN communities, affirming Native identities, while practicing service, and exploring public health career options. Creating culturally attuned inroads for Native students is part of building the next generation of an Indigenous public health workforce, equipped to provide the highest quality care, in a culturally grounded way. The intern cohort grew each year from two in year one of TECPHI to a total of nine in year five, including high school youth interns.



In alignment with our commitment to decolonize data, we invite each intern to create a piece of art as a reflection of their internship experience with UIHI. Our Y5 cohort was welcomed to our offices with a gallery-style display of previous interns' art reflections and statements. All staff were invited to spend time viewing the art and reflect on the question, "What can UIHI do now that we couldn't before?" and "If these are the seeds of an Indigenous public health workforce, what will the tree be like?"

Respondents celebrated the power and intentionality of our interns. Many remarked on the colorful and meaningful representations of plant teachings and medicine. Responses revealed a deep appreciation for the intern's gifts to us through their time, service, and art and their incorporation of traditional and contemporary approaches.





EQ1 – AWARENESS

In May 2022, thanks to TECPHI funds, UIHI staff were able to travel to the National Network of Public Health Institutes (NNPHI) Annual Conference and give four presentations related to our services and work. Whether sharing about our Community Grants Program, COVID-19 public health messaging campaigns, or approach to workforce development, UIHI's presentations consistently had some of the highest attendance compared to other conference sessions. Participants including other urban Indian organizations and TECs sought out UIHI staff after presentations to ask questions, share positive feedback, or express interest in creating future partnerships. One staff member reflected after the event, "I had multiple people come up to me after my presentation on our Indigenous evaluation framework, saying how the work really resonated with them and they admired the approach and hoped to bring more of it into their work." Many conference participants were interested in learning more about how UIHI staff center their work in Indigenous values, while also working with western concepts and systems.

While UIHI strives throughout the year to increase awareness and share our expertise with others, the NNPHI Annual Conference was particularly meaningful for our staff-after over two years of not traveling due to the pandemic, being able to share about our TECPHI-related activities through in-person and one-on-one connections was encouraging and energizing for our staff.

UIHI Presentations at the NNPHI Annual Conference

"Decolonizing Funding Mechanisms through a Community Grants Program for Urban Indian Organizations"

"Students to Professionals: A Journey to Healthy Communities"

"For the Love of Our People: Effective and community-informed public health messaging for American Indians and Alaska Natives"

"Reclaiming the Narrative: An Indigenous Evaluation Framework"





EQ2 – CAPACITY

We know that too often Native people residing in urban areas are erased in large data sets and epidemiological analyses. This is why providing accurate data on urban Indian communities is central to our mission of decolonizing data at Urban Indian Health Institute (UIHI). In this past year, we have expanded upon our Community Health Profile work for Native populations in urban areas to develop a national Native Youth Community Health Profile. The report, titled “Strengthening the Health of Future Generations,” analyzed and organized available health data for urban-dwelling Native youth into physical, emotional, spiritual, and mental health indicators. Each section highlighted both strengths and opportunities for improvement. When the report was published, we also presented a webinar to introduce the resource and highlight key findings from the report. Since its publication in February 2022, the report has been downloaded from the UIHI website 331 times. Through this report, we utilized the capacity we have built over the past five years of TECPHI to provide a culturally attuned resource that provides critical health data on the status of Native youth in urban areas across the country.

Spiritual Health: Key Findings

Identified Strengths

- + **82.3%** of AI/AN 4th grade students attending schools in principal cities knew at least a little about their American Indian tribe or Alaska Native group
- + **62.4%** of AI/AN 8th grade students attending schools in principal cities participated in ceremonies or gatherings of their tribe at least once every few years



“We know that too often Native people residing in urban areas are erased in large data sets and epidemiological analyses.”

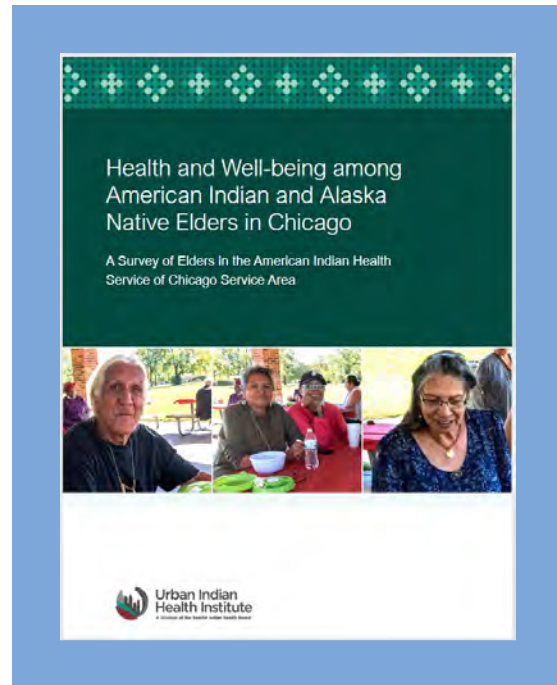




EQ3 – TECHNICAL ASSISTANCE

Ensuring urban Native communities have access to public health programming that is community-centered and data-driven is critical to their health and well-being. During this reporting period, 118 partner organizations and entities looked to Urban Indian Health Institute (UIHI) to provide epidemiological data and technical assistance to ensure their community's health needs are addressed in the years ahead.

The image here shows the cover of the 26-page, internal report that UIHI developed, by request, for the American Indian Health Service of Chicago Service Area (AICHS) in 2022. AICHS asked UIHI to provide a health assessment and service gap analysis for their urban Elders. A comprehensive health and service survey was administered to 100 Elders who previously accessed services through AICHS. This research project provided important findings to guide AICHS's shorter and longer term strategies for providing high-quality care for their community. The research revealed that culturally oriented service and activities are highly desired and valued. Findings indicated that AICHS's Elders' most pressing concerns were high blood pressure, arthritis, diabetes, oral health and their unmet need for dental services. The service gap analysis showed that matters related to the high cost of housing were a priority for AICHS's Elders. Based on this research, UIHI recommended that AICHS's future programming prioritize government-assisted housing services, financial and legal assistance, long-term care and home health services and respite care.



The image here shows the cover of the 26-page, internal report that UIHI developed, by request, for the American Indian Health Service of Chicago Service Area (AICHS) in 2022.

This is just a single example of how UIHI has supported one partner organization to collect, analyze, and make use of health surveillance data for community-driven priority setting.



EQ4 – PARTNERSHIPS

The “Live with the Seasons” podcast is an innovative way of sharing traditional knowledge in a Community of Practice (CoP) of Urban Indian Organizations. The podcast is hosted by Valerie Segrest and Elise Krohn and made in collaboration with our partners Feed Seven Generations and Tahoma Peak Solutions. Valerie, Elise, and special guests on the podcast share seasonal plant teachings and Indigenous traditional knowledge to promote health and wellness with listeners. After each podcast episode is released Urban Indian Organization that are current community grantees listen and gather as a CoP where Valerie and Elise further engage them in seasonal plant teachings as well as food and medicine demonstrations. For example, the “Spring” episode discusses rebirth, nettles, dandelions, etc. After learning about the many uses of dandelion, a Urban Indian Health Institute (UIHI) staff member harvested dandelion leaves for food and petals for medicinal tea.

UIHI and our podcast partners wanted to develop more creative and interactive ways to deliver content in our community grantee CoP after noticing a drop in meaningful engagement during virtual workshops due to growing Zoom fatigue. The level of engagement observed in the CoP and with the content and resources shared has improved since starting the new podcast format. We also ensure participants have access to teachings and resources before discussions, giving participants more time to process what is learned and adapt teachings to their local ecologies and communities.

Through TECPHI funding UIHI enhanced its partnership with Feed Seven Generations and Tahoma Peak Solutions to find a creative solution to improve meaningful virtual engagement.



The “Live with the Seasons” podcast is an innovative way of sharing traditional knowledge in a Community of Practice (CoP) of Urban Indian Organizations.





TECPHI Program

Photo Narrative

Year 5