TRIBAL EPIDEMIOLOGY CENTERS

Public Health Infrastructure Program

Photo Narrative
Year 4

Addressing Public Health in Indian Country

Table of Contents

Acknowledgements

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 4 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

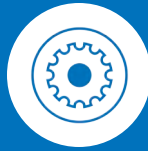What can TECs do now that they were not able to do before TECPHI funding?

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

The TECPHI Program has supported the Alaska Native Epidemiology Center's (ANEC) internal capacity through the contributions of its skilled staff. With experience in biostatistics, training, technical assistance (TA), and project coordination, TECPHI staff have implemented not only major projects such as the Alaska Native Mortality Report, but also provided trainings and TA to employees of ANTHC and THOs alike. During Year 4, the TECPHI program experienced significant staff turnover. With a new program manager, a new associate health statistician, and two new public health specialists, it's almost a whole new team TECPHI! Despite this, because the TECPHI program has allowed for growth and capacity building across the EpiCenter as a whole, the flexibility of funding and activities has meant that even during periods of transition ANEC is able to continue to meet and exceed program goals.

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Associate Health Statistician

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Public Health Specialist

Team TECPHI

EQ1 – AWARENESS

The TECPHI Program has increased the awareness of its services and capacity by creating and sharing major reports such as the Alaska Native Mortality Report. This report presents detailed information on the leading causes of death among Alaska Native people, and is an important tool to aid health professionals, policy-makers, and researchers identify health priorities and inform public health planning, healthcare resource allocation and research. In FY21 the TECPHI program presented and distributed the Alaska Native Mortality Report 1980-2018 to clinical directors across the Alaska Tribal Health System, generating significant interest.

EQ2 – CAPACITY

Without TECPHI funding, ANEC would not have been offer a series of trainings to build evaluation capacity within ANTHC. Traditionally a difficult role to fill, TECPHI recognized a need to build internal evaluation capacity. As a result, during FY21 the TECPHI program sponsored a series of trainings through EnCompass Learning Center called "Being an Evaluator." The training consisted of three sessions, the first on Being an Evaluator, the second on Evaluation Practice, and lastly Program Monitoring. This training series is just one example of the many trainings that the TECPHI program has offered that provide important opportunities for staff to gain skills and knowledge and increase capacity to both undertake and support evaluation efforts. One participant summed it up saying that the most appreciated aspect of the course was the opportunity to "talk about the real world problems an evaluator might encounter".

> **Over the last year, three TECPHI staff have provided extensive technical assistance to support the Alaska Native Tribal Health Consortium (ANTHC), the State of Alaska, and the Municipality of Anchorage with COVID-19 response activities.**

EQ3 – TECHNICAL ASSISTANCE

Over the last year, three TECPHI staff have provided extensive technical assistance to support the Alaska Native Tribal Health Consortium (ANTHC), the State of Alaska, and the Municipality of Anchorage with COVID-19 response activities. This assistance included, among other things, supporting ANTHC to apply for State of Alaska COVID-19 response funding including writing the scope of work and budgeting to build internal ANTHC COVID-related infrastructure, acting as the main point of contact for the Municipality of Anchorage for Electronic Health Records information needed for contact tracing and case investigation, as well as supporting and providing surge capacity for contact tracing and case investigation, data entry for tracking efforts. As ANTHC acts as the umbrella for the ANEC, a shared mission to serve the AIAN population fully, especially during the COVID-19 pandemic, allowed for an excellent opportunity for ANEC to share specialized skills and services to support ANTHC's efforts to best meet the needs of the population we serve.

EQ4 – PARTNERSHIPS

For many years ANEC has partnered with the State of Alaska, Division of Public Health, Section of Women's, Children's, and Family Health to hold the Alaska Maternal Child Health & Immunization Conference. The conference occurs every two years, and was put on hold for 2021 due to the ongoing COVID-19 pandemic. While the COVID-19 pandemic has presented many challenges, some opportunities have emerged as well, including honing skills that have allowed better facilitation, collaboration, and learning while working remotely. Although the conference was put on hold beyond the traditional 2 year offerings, the discussions with our state partners continued on how to deliver important information with professionals throughout the state. This coming year, the conference will be held, for the first time in a virtual format. This shift has the additional benefit of making it more accessible to attendees from outside the Anchorage area, allowing both Urban and Rural Alaska health professionals the opportunity to come together to learn about best practices and tools for the prevention of key and emerging maternal and family health issues in Alaska.

> **This coming year, the conference will be held, for the first time in a virtual format.**

Alaska Maternal Child Health & Immunization Virtual Conference

February 22-24, 2022

Advancing Wellness Across the Lifespan

www.alaskaMCHconference.org

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM EPIDEMIOLOGY CENTER

STATE of ALASKA

# Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC)

OVERARCHING QUESTION

Our TECPHI team has worked to improve our online engagement and grow our capacity in virtual spaces throughout the pandemic. Through that process, we have learned to use multiple new platforms. One of the most useful platforms we have found is Miro, an online virtual collaboration platform. When we are able to meet in person, we often use sticky walls and whiteboards to

"Our TECPHI team has worked to improve our online engagement and grow our capacity in virtual spaces throughout the pandemic."

develop idea maps and lay out planning processes. Miro has provided us with a virtual alternative where participants can add notes, comments, reactions, and documents to the shared wall. Although we hope to be back in person with our partners soon, we have been encouraged by the ability to use platforms like this one to continue engaging with each other online.
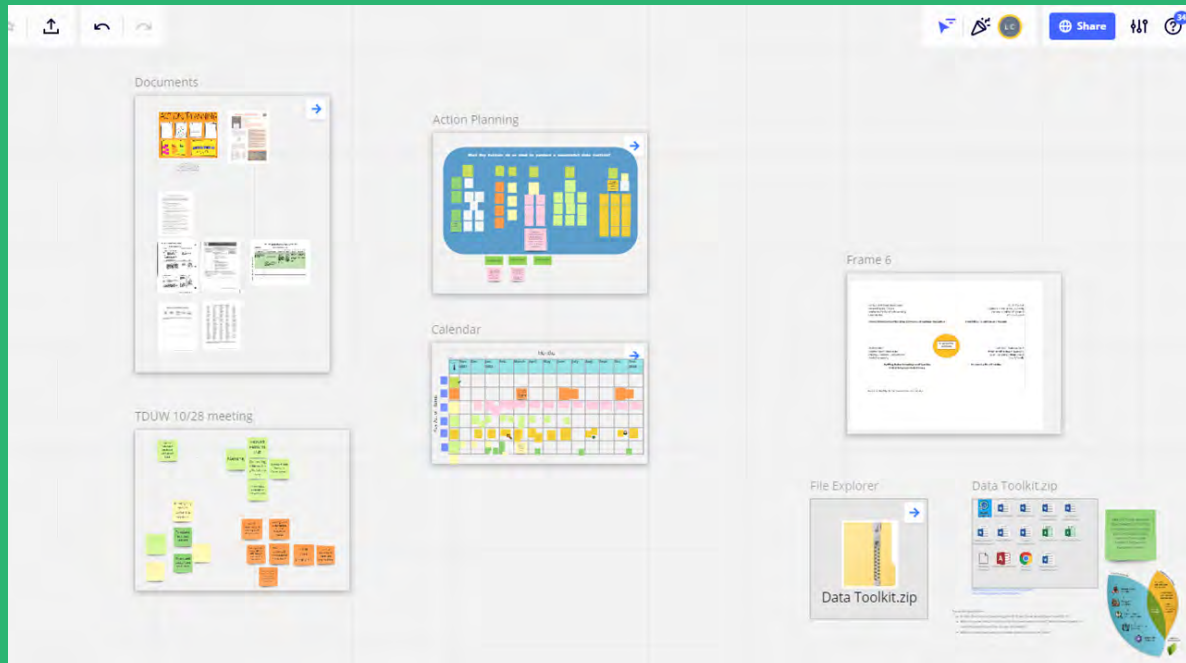
EQ1 – AWARENESS

Incorporating beautiful and culturally-tailored designs has helped our messaging and awareness of our services to spread, particularly during this time of COVID-19. We can tell our messaging is resonating when we see it in use across the region in health clinics, on bulletin boards, and even being displayed as yard signs.

EQ2 – CAPACITY

Each of our TECPHI members (Lucinda Cowboy, Randi Begaye, Amy Muchna, Cody St. Arnold, Paul Tindall, and Sheldwin Yazzie (not pictured)) brings a wealth of strengths to our team. We each have pursued professional development opportunities, and some have even earned professional certifications through our TECPHI funds. Growing our team's capacity produces a ripple effect into AASTEC as a whole and eventually into the communities we serve. Despite the challenge of not being able to gather in person for nearly two years, we have done our best to stay in close communication and keep our team meetings fun and informative.

"Growing our team's capacity produces a ripple effect into AASTEC as a whole and eventually into the communities we serve."
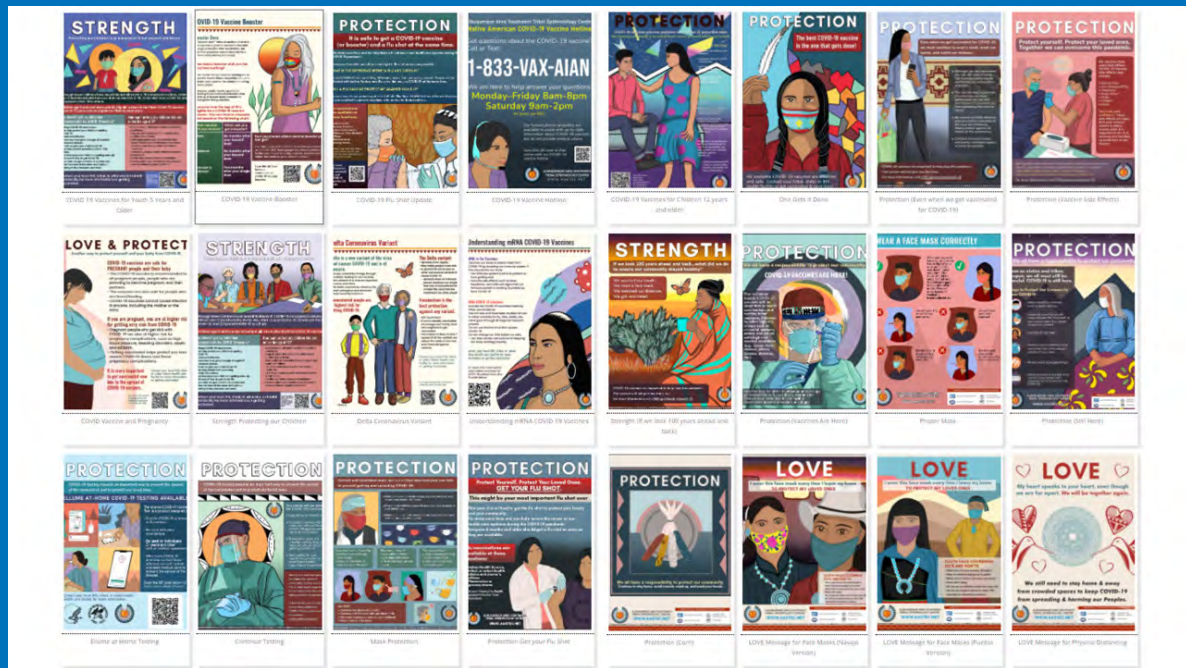
EQ3 – TECHNICAL ASSISTANCE

We have used our COVID-19 response efforts to strengthen our relationships with our Area partners, and to in turn increase the amount of assistance we provide them. Spurred by requests received from clinicians, Tribal, state, and federal partners, our communications team continues to find creative ways to convey important health messages through thoughtfully crafted images and text. The materials weave together the most current data, information, and recommendations with major themes and cultural values like strength, protection, and love.

"The materials weave together the most current data, information, and recommendations with major themes and cultural values like strength, protection, and love."

EQ4 – PARTNERSHIPS

Our Tribal Data Users Workgroup (TDUW) has remained one of our TECPHI team's strongest partnership networks. The group's membership includes leadership and subject matter experts from across the region, and they are a source of guidance and wisdom for our team. Despite the challenges of virtual meetings, including inconsistent internet service and the dreaded Zoom fatigue, we were glad to find that the group has remained energized and engaged, and we have been able to utilize tools such as Zoom breakout rooms and platforms like Miro to create spaces to generate and share ideas.
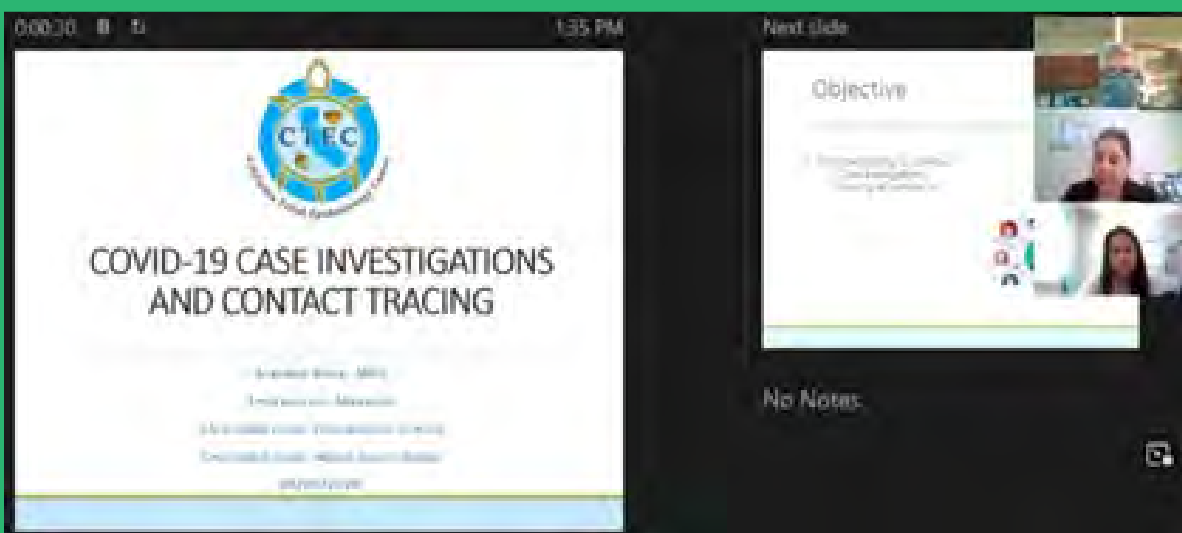
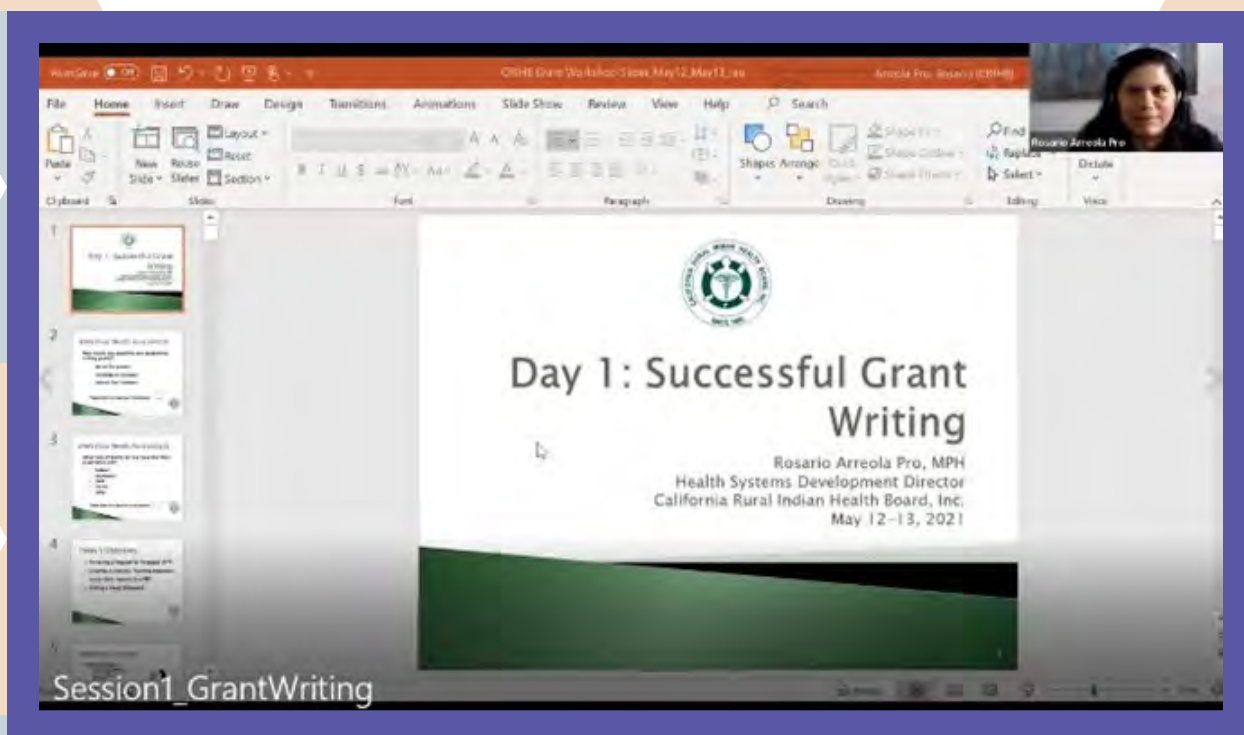# California Tribal Epidemiology Center (CTEC)

OVERARCHING QUESTION

CRIHB and the TECPHI funding has allowed the California Tribal Epidemiology Center (CTEC) to expand services throughout California to include pandemic response. Response services span four quadrants: training and planning, surveillance and epidemiology, advocacy and partnerships, and communication and resources. These services include providing crucial training and support on contact tracing to Tribes and Tribal Health Programs (THPs) and training on case investigations, vaccines, infection control, and other emergency preparedness topics. Additionally, CTEC provides a daily eight-page CTEC COVID-19 Situational Report that breaks down COVID-19 in the United States and California. This crucial source of data for the California American Indian and Alaska Native (AIAN) population and THPs service providers includes data on hospitalization by race/ethnicity, cases by variants of interest, and Indian Health Service California area AIAN vaccinations administered. Furthermore, CTEC partnered with the CDC Foundation to hire Tribal Nation Epidemiologists, Emergency Preparedness Planners, and Public Health Disease Investigators to assist Tribes and THPs with their pandemic response training and technical assistance. Additionally, an internal Task Force was activated in March 2020 and translated into weekly statewide COVID-19 calls specific to Tribes and THPs. Lastly, CTEC created a webpage for resources (https://crihb.org/prevention-and-education/public-health/) to provide a repository of educational materials, including culturally specific outreach campaign materials related to COVID-19.

Session1_GrantWriting

Session1_DataEvaluationCommunications

EQ1 – AWARENESS

Community outreach and engagement with partners are an integral part of the California Tribal Epidemiology Center (CTEC) 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 ongoing online training and technical assistance, including support on grant-specific projects and CTEC responses to direct technical assistance requests. CTEC hosted our annual two-day CTEC Data, Evaluation, and Grant Writing Conference for 100 participants. This year's theme was "Collecting and Communicating Indigenous Public Health Data." Although CTEC has b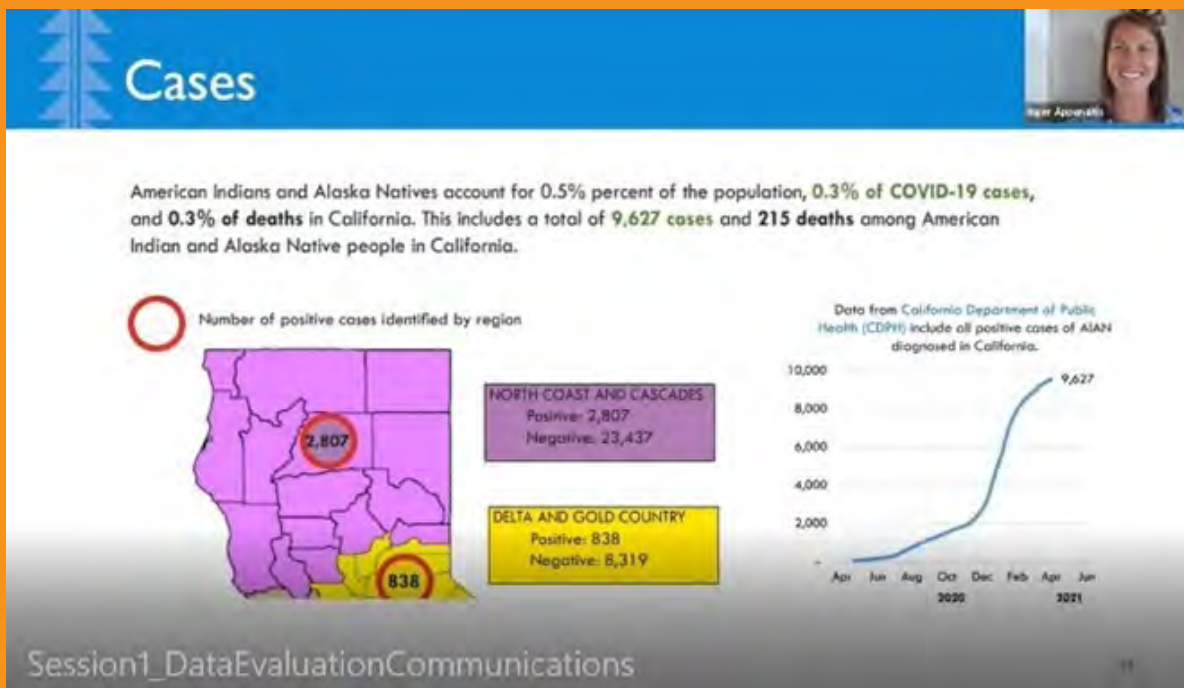een unable to conduct in-person site visits since March 2020, we have adapted to online outreach to provide services and expertise. Concerted efforts have been made to maintain strong relationships with our partners despite the limitations of not meeting in person. Additionally, many of our partners report that virtual services have allowed them to reach community members in need that they have previously been unable to engage due to distance, time, or transport constraints.

EQ2 – CAPACITY

CTEC conducted an Epidemiology Data Mart (EDM) study on the priority surveillance topic of COVID-19 from January-December 2020, which reported on diagnostic trends and patient admissions and published regular reports on COVID-19 in AIAN communities for use by our partners. The CTEC annual Health Priorities Survey Summary Report was published in March 2021 and disseminated to THPs for program planning and grant writing. Besides COVID-19, this report identified access to care, chronic disease, substance misuse, diabetes, high blood pressure, and mental and emotional health as some key health concerns affecting the communities served by IHPs. Additionally, a COVID-19 data dashboard will launch in January 2022, displaying the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), Indian Health Service (IHS), and Health and Human Services (HHS) data. In Phase II, scheduled for Spring 2022, this dashboard will also provide information on other AIAN health priority topics.


"The CTEC annual Health Priorities Survey Summary Report was published in March 2021 and disseminated to THPs for program planning and grant writing."

EQ3 – TECHNICAL ASSISTANCE

CTEC has provided technical assistance on 36 unique requests in PY4. Ten of these requests pertained to COVID-19 and included TA on resource development, such as creating surveys and establishing COVID-19 testing policies and procedures, outbreak response training, and data access. COVID-19 has been a priority health issue for Native communities and Tribal organizations since the onset of the pandemic. CTEC has maintained close partnerships with Tribes and THPs to monitor and address COVID-19 outbreaks. In addition to monitoring, CTEC developed culturally competent and relevant posters for partner sites and their social media presence that promotes healthy COVID-19 behaviors, including physical distancing, hand washing, and getting vaccinated. These posters frame COVID-19 prevention behaviors through an Indigenous lens, utilizing Native languages to emphasize the need for the protection and support of Elders and children.

EQ4 – PARTNERSHIPS

CTEC has partnered with three sites for a pilot project on a Tribal Adverse Childhood Experiences (TACEs) survey with the end goal of validating the TACE survey for Indigenous populations. CTEC's ACEs survey, while based on the original ACE survey, incorporates culturally specific questions, including those related to trauma resiliency. Additionally, as part of this project, a pre-post survey was conducted with providers on their Attitudes Related to Trauma-Informed Care (ARTIC). The CTEC TACE survey is approved as a reimbursed tool by the Centers for Medicare and Medicaid Services; however, sites have indicated several barriers to the widespread use of the TACEs survey, which CTEC will examine in the coming year. Additionally, CTEC is in the second phase of conducting a Tribal Behavioral Risk Factor Surveillance Survey (BRFS) with five THPs. This project helps each site build their capacity to tailor the assessment to their needs and then to launch the survey in their communities. One site, Sonoma County Indian Health Project (SCIHP), has conducted the TACEs and Tribal BRFS surveys and held a Gathering of Native Americans (GONA) in August 2021 as part of their TACEs project. The GONA is a well-known protective factor that enhances trauma resiliency through community and cultural bonds.
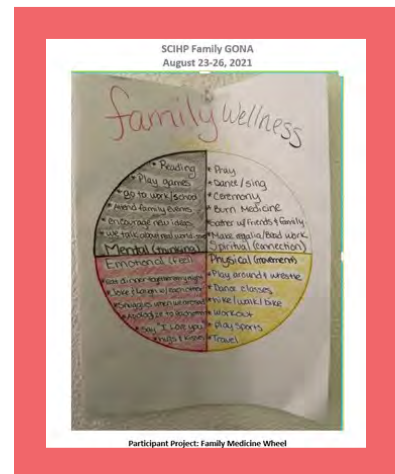
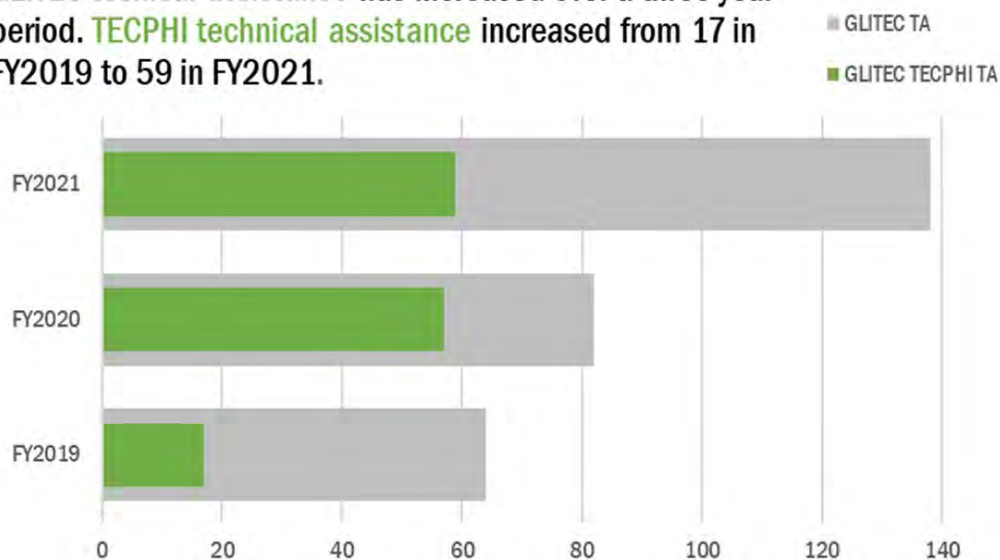# Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

OVERARCHING QUESTION

Through TECPHI, GLITEC has been able to dramatically increase the scale and scope of technical assistance it can provide. In FY4, 59 unique technical assistance requests were fulfilled or are currently in progress through TECPHI. This accounts for 43% of all GLITEC requests being fulfilled by TECPHI.

"In FY4, 59 unique technical assistance requests were fulfilled or are currently in progress through TECPHI."

GLITEC techical assistance **has increased over a three year** period. **TECPHI technical assistance** increased from 17 in FY2019 to 59 in FY2021.

- GLITEC TA
- GLITEC TECPHI TA

EQ1 – AWARENESS

Two GLITEC epidemiologists presented at three different sessions during the virtual American Public Health Association's annual meeting in fall 2020; presentation topics included oral health and prescription opioid data.

EQ2 – CAPACITY

With a resolution from the Great Lakes Inter-Tribal Council (GLITC) Board, the Great Lakes Inter-Tribal Epidemiology Center (GLITEC) officially launched its data management platform system. This integrated data management platform provides a secure and reliable end-to-end solution for data retrieval, data storage, data access, data analysis and visualization for Tribal leaders and their designees. Utilizing Tableau, GLITEC has created a "one-stop-shop" for Tribes in Michigan, Minnesota, and Wisconsin to have streamlined access to data. GLITEC will continue to add additional indicators in FY5. Note: No Tribal-specific data or areas are presented in these photos.

"Utilizing Tableau, GLITEC has created a "one-stop-shop" for Tribes in Michigan, Minnesota, and Wisconsin to have streamlined access to data."
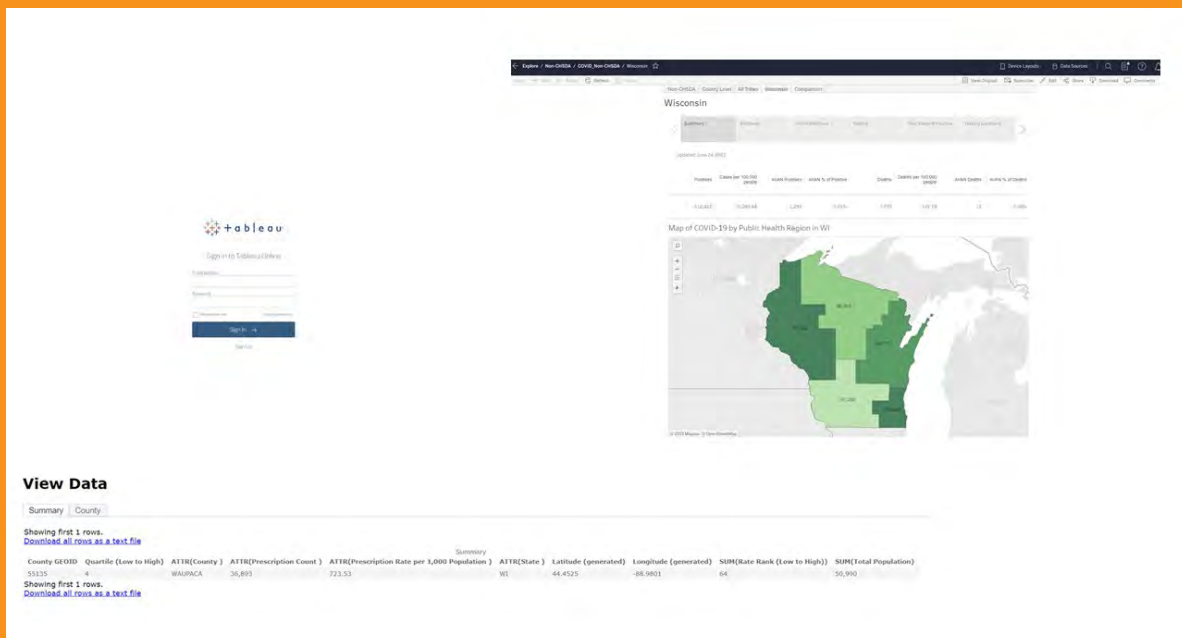
EQ3 – TECHNICAL ASSISTANCE

GLITEC's technical assistance requests have increased every year. TECPHI supports over half of the technical assistance requests. Through TECPHI, GLITEC is supporting one Tribal clinic with a quality improvement project. As one step in receiving Public Health Accreditation Board (PHAB) accreditation, sites are tasked with capturing and analyzing patient feedback. GLITEC facilitated an integrated solution utilizing Qualtrics so that clinic administers can better understand the patient experience in real-time. Role-based dashboards enable personnel more seamlessly identify successes and opportunities for improvement.
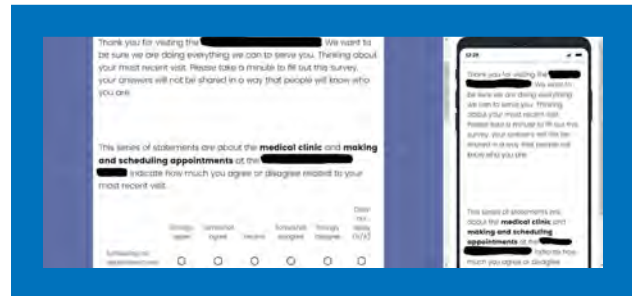
"Through TECPHI, GLITEC is supporting one Tribal clinic with a quality improvement project."

EQ4 – PARTNERSHIPS

A deepened partnership between the Great Lakes Inter-Tribal Council (GLITC), Great Lakes Inter-Tribal Epidemiology Center (GLITEC), and the University of Wisconsin Population Health Institute (UWPHI) has led to the co-location of one GLITEC staff at the UWPHI UW-Madison office. This supports staff recruitment and retention as identified through GLITEC's strategic plan.

Great Plains Tribal Epidemiology Center (GPTEC)

OVERARCHING QUESTION

Using TEC-PHI funding, the Great Plains Tribal Epidemiology Center (GPTEC) and the Great Plains Tribal Leaders' Health Board (GPTLHB) have expanded capacity and services through various mechanisms and restructuring activities. GPTEC continues to broaden its data and technical assistance request services through continuous quality improvement efforts. GPTEC has established three new staff positions during the reporting period, a TEC-PHI Program Coordinator, a Public Health Liaison, and an Evaluator. The TEC-PHI Program Coordinator augments GPTEC capacity and services by conducting activities with various stakeholders, providing program training and implementation, creating educational materials, and strengthening partner relationships. The Public Health Liaison is an expanded position with duties that include leading engagement with tribal and state partners and deepening GPTEC's connection to Great Plains Area health systems and programs to leverage resources. Finally, TEC-PHI supported GPTEC expansion by forming a new Evaluation Unit, including an Evaluation Unit Manager and Evaluator. This unit will provide in-house evaluation services to support GPTEC, GPTLHB, and Tribal public health program evaluation efforts. TECPHI will assist GPTEC with two additional staff positions next year, a Data Specialist and an Evaluation Unit Manager.

EQ1 – AWARENESS

GPTEC held an annual Statewide Site Visit with each of the states and tribes in our region in September 2021. These visits have proven to be a reliable method of promoting public health services and expertise with Great Plains Area partners. Representatives from tribes, IHS, Universities, state health departments, and regional public health partners from Iowa, Nebraska, North Dakota, and South Dakota attended. These visits provide GPTEC with an opportunity to update partners on GPTEC data services, technical assistance/training, subject matter experts, and professional expertise. In addition, the participants discuss each other's priorities,


plans, challenges, and activities; identify opportunities for collaboration within critical areas and share best practices and approaches. Focused discussion topics included public health data surveillance, data sharing, and American Indian/Alaska Native health equity.
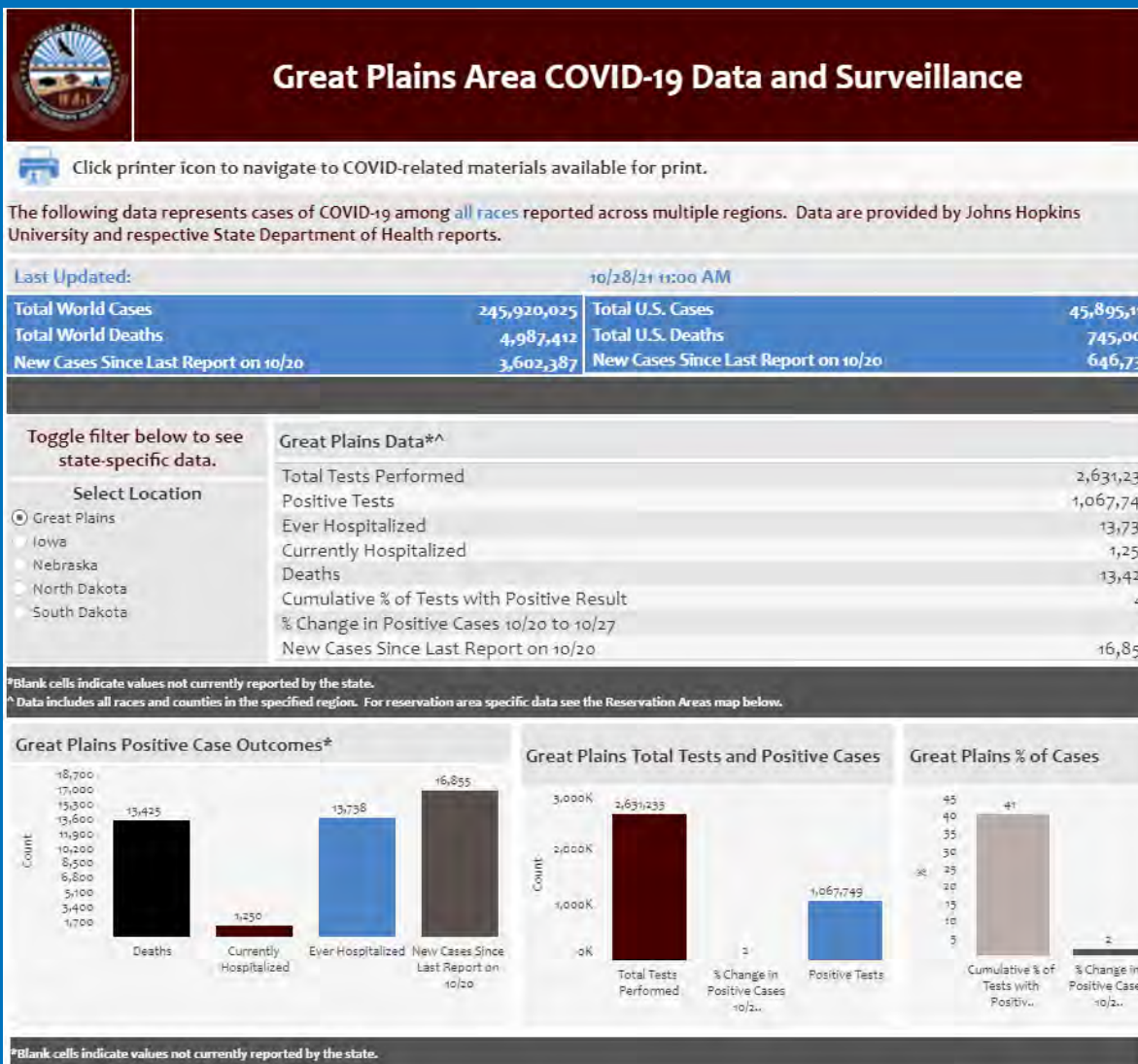
EQ2 – CAPACITY

Through TEC-PHI and the coordinated efforts of the GPTEC Data Coordinating Unit, GPTEC's capacity to monitor the health status of tribal populations has increased significantly during the reporting period. GPTEC has gained access to state syndromic surveillance data, federal COVID data systems, and the National Data Warehouse through formal and informal agreements. GPTEC provides partner tribes with readily available data by continuously updating GPTEC Tribal Community Dashboards and responding to Tribal data needs and priorities. GPTEC also developed a Public Health Data
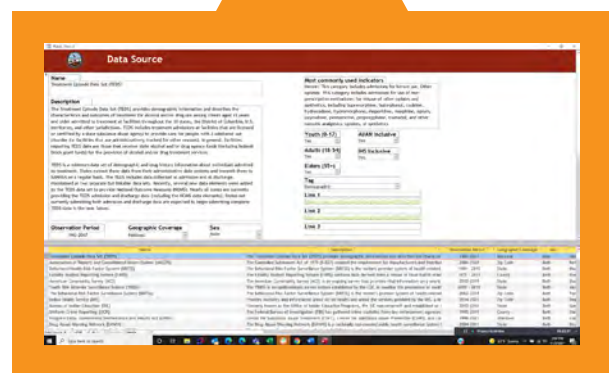
Source Catalog. This tool creates a centralized repository for users to search for and access publicly available data sources and systems across various public health topic areas.

Great Plains Area COVID-19 Data and Surveillance

Click printer icon to navigate to COVID-related materials available for print.

The following data represents cases of COVID-19 among all races reported across multiple regions. Data are provided by Johns Hopkins University and respective State Department of Health reports.

Last Updated:		10/28/21 11:00 AM	
Total World Cases	245,920,025	Total U.S. Cases	45,895,114
Total World Deaths	4,987,412	Total U.S. Deaths	745,006
New Cases Since Last Report on 10/20	3,602,387	New Cases Since Last Report on 10/20	646,734

Toggle filter below to see state-specific data.

Select Location
- ⦿ Great Plains
- Iowa
- Nebraska
- North Dakota
- South Dakota

Great Plains Data*^

Total Tests Performed	2,631,235
Positive Tests	1,067,749
Ever Hospitalized	13,738
Currently Hospitalized	1,250
Deaths	13,425
Cumulative % of Tests with Positive Result	41
% Change in Positive Cases 10/20 to 10/27	2
New Cases Since Last Report on 10/20	16,855

*Blank cells indicate values not currently reported by the state.
^ Data includes all races and counties in the specified region. For reservation area specific data see the Reservation Areas map below.

*Blank cells indicate values not currently reported by the state.

EQ3 – TECHNICAL ASSISTANCE

GPTEC conducted its annual Community Health Profile training in August. This year's training topics included data terms and concepts, data ethics, preparing and submitting data requests, data visualization, introductory statistics, and confidentiality and security. Additional training provided to Tribal health directors/administrators demonstrated accessing and interpreting the data provided through GPTEC Tableau dashboards. Since the rollout of COVID-19 vaccines in January 2021, GPTEC has been providing regular Facebook live events with Tribal communities and staff members, summarizing new information, and discussing community concerns as they arise.

What are some components of a successful partnership or collaboration?

EQ4 – PARTNERSHIPS

The relationships between GPTEC and its partners have expanded extensively this year. GPTEC established regular and ongoing calls with all GPA Tribes and state health departments. These weekly calls provide continuous opportunities to respond to Tribal priorities, facilitate access to data across various health topics, and provide COVID-19 updates from GPTEC, Tribes, states, and area organizations. GPTEC conducted numerous educational activities in conjunction with Tribes and Tribal organizations around COVID-19 and vaccination, including FB live events & radio interviews. Two GPTEC staff participate in a weekly Tribal COVID-19 update to support their public education efforts. University partners across the area have also become regular attendees/participants in GPTEC activities, with The University of South Dakota and North Dakota Stata University frequently represented. Additionally, GPTEC established a new partnership with the University of Nebraska Medical Center College of Public Health and hosted its first intern from the school.

> "The relationships between GPTEC and its partners have expanded extensively this year."

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

OVERARCHING QUESTION

During year 4, Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC) TECPHI staff focused on making content and communication as accessible as possible for those working from home, including TECPHI staff. Due to the COVID-19 pandemic, all in-person work and activities were suspended. Trainings, site visits, and working groups were all able to be held successfully in a virtual environment. This enabled the program to continue on a path that allowed Tribal partners to make progress on activities they individually determined would be useful to the health of their community and capacity of their public health infrastructure. Internally, TECPHI staff attended trainings in management concepts, data visualization, and program monitoring/evaluation. While the pandemic did not allow in-person training or working in-office, staff was able to attend virtual trainings more easily. In addition, ITCA added one full-time TECPHI Epidemiologist to assist with the grant and program evaluation. TECPHI staff assisted in other TEC work including playing a large role in data analysis and compilation of Community Health Profiles that will be finalized in year five. They utilized SAS, data visualization, and report writing skills developed by courses they were able to participate in due to TECPHI funding. Going into year five, ITCA TECPHI hopes to update their own sustainability plan, assist subawardees in implementing their own plans, continue providing and attending trainings, and provide requested TA.
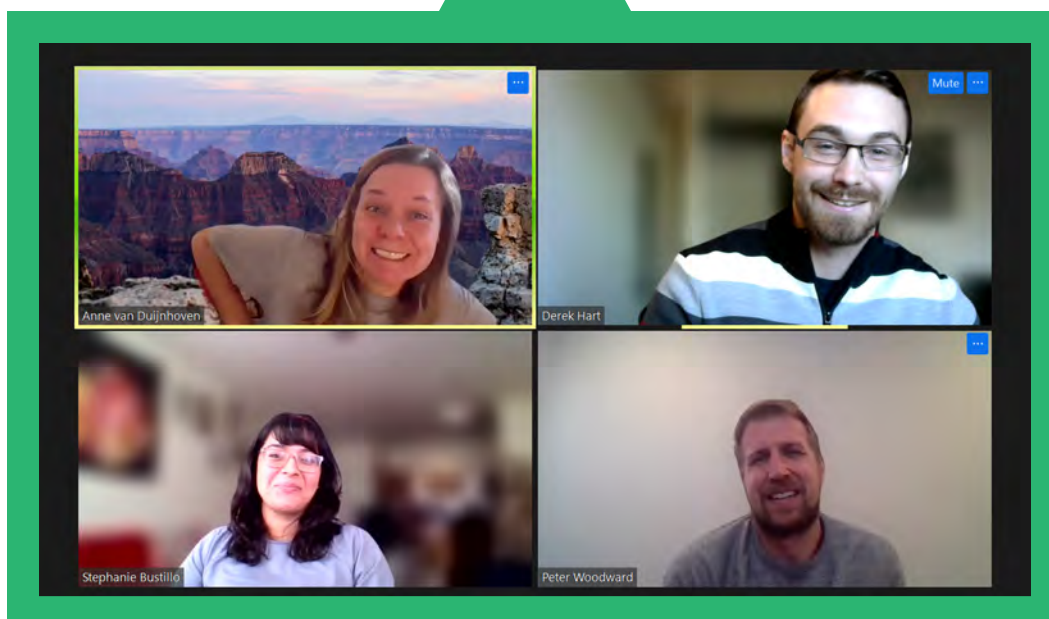
EQ1 – AWARENESS

Year four of TECPHI was conducted entirely online due to the COVID-19 pandemic. Staff needed to determine how to hold all essential meetings/trainings online while keeping subawardee Tribes on the same page and on track to complete the work they set at the beginning of year four. To do this, save-the-dates and frequent e-mail communication was carried out to increase awareness of activities. These efforts helped maintain attendance at a pre-pandemic level and in some instances allowed more participation via the virtual format.

While ITCA does not currently report on website usage, we plan to in year five and will evaluate internally going forward to determine increased awareness. ITCA TECPHI staff also plans on increased usage of e-newsletters that include reminders of services available to Tribes and reiterate the role of ITCA in assisting Tribal efforts to positively impact the health of their communities.

EQ2 – CAPACITY

ITCA TEC works to provide data and analysis to the Tribal communities that are in the IHS service area. TECPHI staff have worked to execute data sharing agreements and collect data from Arizona Department of Health Services (ADHS), Nevada Department of Health and Human Services (DHHS) and Utah Department of Health (UDOH). The primary sources obtained were hospital discharge, vital statistics, and mortality data. Along with data from the Indian Health Service (IHS), ITCA TEC has been able to produce data driven reports providing information on the health and wellness of Tribal communities. Staff assisted in compiling a community health

profile for the region as whole consisting of Arizona, Nevada and Utah along with individual profiles for each individual Tribe, providing data for the years 2014 through 2019. These profiles consist of data pertaining to chronic disease, injury, dental access, maternal and child health, mortality, behavioral health and substance use, and finally demographic information obtained from the United States Census. This report provides a broad overview of several health indicators with plans to provide more reports about specific indicators to give information and data with that provide a larger depth of information about each topic. In aiding this effort to provide data, the TECPHI staff have been able to attend SAS classes, as well as sponsoring trainings pertaining to data visualization to not only improve the quality of the TECs reports but helping to share these skills directly with the Tribal communities.

Tribal Maternal Health Task Force Meeting
August 4, 2021
1:00 PM – 3:00 PM
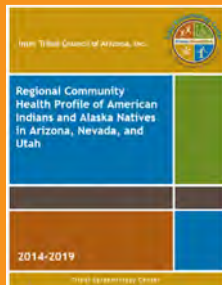
ARIZONA DEPARTMENT OF HEALTH SERVICES

Tribal Maternal Health Task Force Meeting

Facilitated by April Tinhorn

1:00 PM   **Ice Breaker Activity** (5 minutes)

1:05 PM   **Welcome, Land Acknowledgement & Opening Blessing** (20 minutes)
- Lynn Lane, Tribal Maternal Health Innovation Program Manager, Arizona Department of Health Services (6 minutes)
- Michael Allison, Tribal Liaison, Arizona Department of Health Services (4minutes)
- Amy Juan, Tohono O'odham Community Member (10 minutes)

1:25 PM   **Inter Tribal Council of Arizona Maternal and Child Data Presentation** (75 minutes & 5 minutes wellness break incorporated within presentation) Severe Maternal Morbidity among Native American and Alaska Native women within the Phoenix and Tucson Indian Health Service Area
- Stephanie Bustillo, MPH (20 Presentation & 5 minutes Q&A) Epidemiologist II Inter Tribal Council of Arizona

Ms. Bustillo will review the report prepared by the ITCA Tribal Epidemiology Center (TEC) on Severe Maternal Morbidity among Native American and Alaska Native women within the Phoenix and Tucson Indian Health Service Area.

EQ3 – TECHNICAL ASSISTANCE

In previous years, ITCA TECPHI staff members have been asked to attend meetings from Arizona Department of Health Services (ADHS) around maternal and child health topics. This past fiscal year, ITCA TEC was asked to present their findings from their 2020 Severe Maternal Morbidity among Native American and Alaska Native Women within the Phoenix and Tucson Indian Health Service Area report during the ADHS Tribal Maternal Health Task Force meeting. The report allowed ITCA TEC staff to further their relationship with ADHS by moving from attendee to speaker. The data in the report includes hospital discharge information from IHS facilities, which is not available to ADHS directly. As such, by doing the analysis for the report, ITCA TEC was able to provide supporting information regarding severe maternal morbidity (SMM) to Arizona's findings. As for data sharing, the report provided an opportunity for ITCA TEC to expand their partnership with Utah Department of Health (UDOH). The working relationship with UDOH has expanded from data request involving hospital discharge and vital records to more specific datasets such as an American Indian/Alaska Native subset of UDOH's 2013-2015 SMM data. Since the report focused on data from 2011-2015, it is ITCA TEC's hope to provide a secondary report that focuses on more recent data which will help fill in the gap of data from state SMM reports.

EQ4 – PARTNERSHIPS

ITCA's TECPHI program has included eight Tribes allocated funds as subawardees since year one. Over year four, these partnerships were all maintained and expanded with a focus on building data visualization and grant management capacity. A total of 31 attendees from subawardees and other Tribes serviced by ITCA participated in two trainings sponsored by ITCA TECPHI funding, including a Public Health Foundation and Stephanie Evergreen training. The TECPHI Opioid supplement was also carried through and includes three additional Tribal partners. ITCA TEC developed stronger partnerships with the Arizona Department of Human Services, the Utah Department of Health, and the Nevada Department of Health and Human Services to assist in access for regional data. The TEC hopes to continue to leverage these relationships to better understand data provided and utilize it to better support the communities they service.

"ITCA's TECPHI program has included eight Tribes allocated funds as subawardees since year one."

TRIBAL PUBLIC HEALTH INFRASTRUCTURE
TRIBAL PUBLIC HEALTH INFRASTRUCTURE

SAVE THE DATE

PUBLIC HEALTH WORKING GROUP

SEPTEMBER 29, 2021

VIA ZOOM

Network Coordinating Center (NCC)

OVERARCHING QUESTION

TECs have an amazing amount of work to share but do not often take the time to share the great work in the scientific literature. Based on the positive experience in Year 2, the TECs are in the process of publishing a second TEC Journal Supplement and will be working with Public Health Reports through Year 5 to complete the project. TEC staff and federal partners are currently hard at work writing manuscripts and several have submitted papers for review. The NCC is sponsoring and supporting this effort and working closely with representatives from the journal and the Guest Editors to share a robust and informative representation of TEC work. Producing a journal supplement was an activity discussed among the TECs for many years, they would not have been able to produce and coordinate these two bodies of work without the support of the TECPHI funding or the coordination efforts of the NCC. This second round of a year-long publishing adventure and an excellent example of how TECs have expanded their capacity and how the TECPHI Program has been integral to that expansion. The journal supplement offers growth opportunities for staff to experience the publishing and peer review processes while enabling the TECs to showcase their work as a collective. The production of the series of two journal supplements is the epitome "What can TECs do now that they were not able to do before TECPHI funding?"
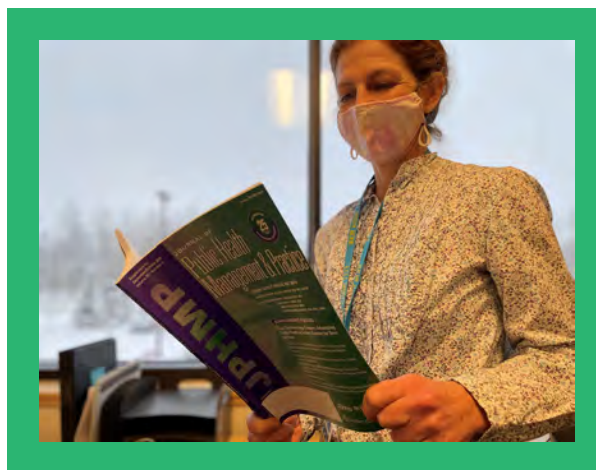
The production of the series of two journal supplements is the epitome "What can TECs do now that they were not able to do before TECPHI funding?"

EQ1 – AWARENESS

In Year 4 the NCC worked with a communications consultant to strategize, plan, and build social media content. Along with the expertise and creativity of the NCC's graphic design team, the TEC Facebook page has had a successful re-launch! Current content features work and information from the TECPHI Program Year 3 Photo Narrative Report. The photo narrative is one of the highlights of the national evaluation data and each TEC shares photos and narratives reflecting their experiences related the five TECPHI evaluation questions.   Recognizing the need to highlight the breadth of work outside a standard report, NCC staff paired the evaluation questions with the TEC photos and short descriptions to create a social media tiles. Each TEC has five unique tiles designed for their photo narrative responses, which have been given back to TECs for them to share out through their own media outlets. All of this work has helped the NCC build a network across TECs and improved the reach and visibility of TECs. The NCC has tracked the increased social media engagement as posts are released, and to date (11/16/2022), Facebook post engagement is up by 700%, and page likes are up by 120%. Future plans for social media content include building similar posts using material from the annual TECPHI Program reports, photo narratives, and other qualitative projects.

EQ2 – CAPACITY

The NCC and the TECs have collaborated to develop approaches to share TEC stories and showcase work that would not otherwise be represented in standard evaluation reporting. In Year 3, the TECs and the NCC submitted qualitative projects to help "fill the gaps" and provide context to the quantitative evaluation data and share experiences during the COVID-19 pandemic. Depicted in the two visuals of the TEPCHI Program Logic Model, the qualitative projects help to fill in the blanks spaces. This year, the NCC and the TECs will be submitting qualitative projects sharing how increases in TEC capacity and infrastructure have resulted in increasing the capacity and infrastructure of the Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIO) the TECs serve. In many cases, TEC funding for subawards, training on topics like grants management and data analysis, and the provision of technical assistance have laid the foundation for T/TO/UIOs to increase their own capacity and infrastructure to address Tribal public health issues.
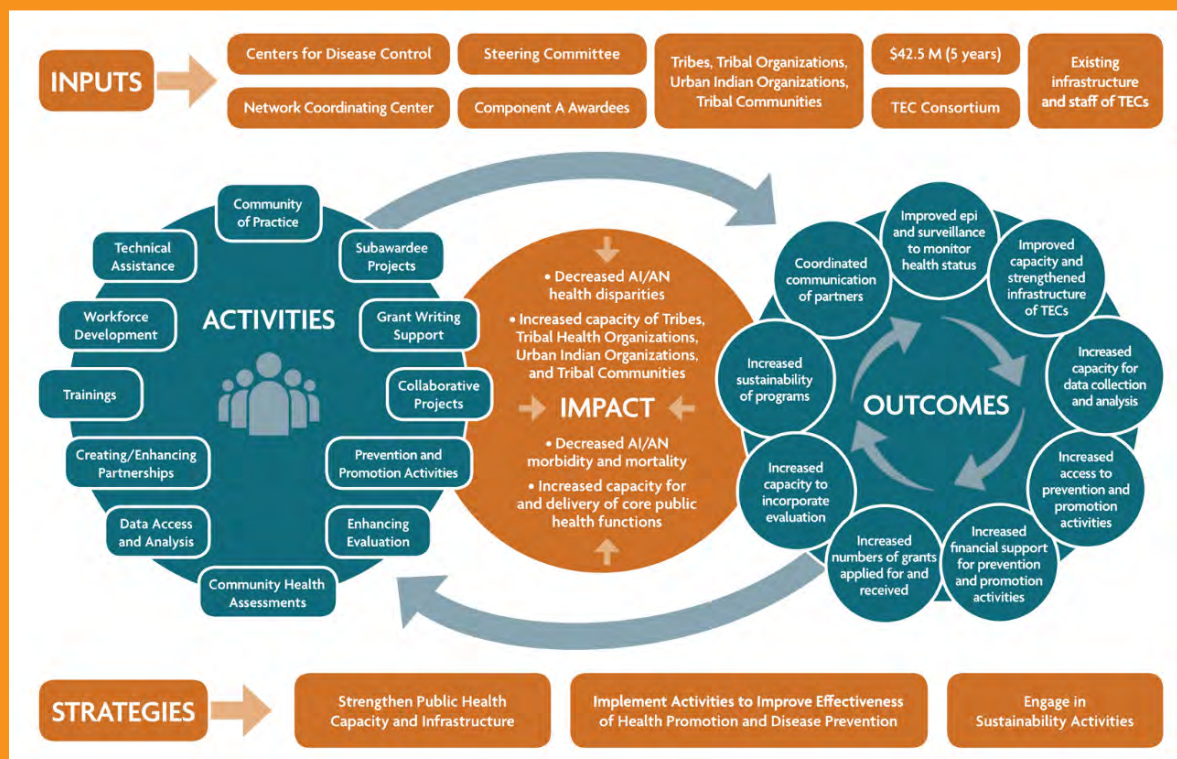
EQ3 – TECHNICAL ASSISTANCE

The NCC is always looking for ways to maximize delivery of technical assistance (TA) to increase overall impacts of the TECPHI Program and support the TECs. As a result of TA requests from the CDC and the TEC Directors, the NCC stepped in to organize, facilitate, and analyze the discussions of two sets of focus groups. The first set was designed to gather feedback on the TECPHI Program and to inform future funding opportunities and the second set to gather information on the challenges and successes of TEC's accessing data and the quality of the data during the COVID-19 pandemic. In both instances, the NCC analyzed the data, organized the results into themes, and compiled summary and recommendation documents to share findings in a succinct fashion. The TECs have used the information both internally and to educate funders and federal organizations. Conducting the focus groups also helped the NCC to identify ways to support the TECs more fully, and based on expressed needs brought up in the discussions, the NCC was then able to support the TECs with other requests. An example shared in the visual is the result of a literature review to better define and TA for the TECs.

EQ4 – PARTNERSHIPS

Over the past few years, the NCC has established itself as the go-to for the coordination of TEC activities. The NCC has played a substantial role in supporting and coordinating several activities in Year 4: the bi-monthly TEC Directors COVID-19 response meetings, social media campaigns, webinars, group presentation and panel discussions, podcast collaborations, and booth staffing at national conferences. The NCC has been happy to step in and handle the logistics to facilitate TEC collaborative activities. One highlight was working with several TECs to plan and organize two panel discussions for the Southern Plains Tribal Health Board (SPTHB) Tribal Public Health Conference in April 2021. The NCC coordinated the panel discussion logistics and scheduling with the SPTHB conference co-chairs and worked with the TEC staff subject matter experts from AASTEC, CTEC, NWTEC, and UIHI who presented on data sovereignty and youth engagement. The conference co-chairs were wonderful to work with and made navigating the conference's virtual platform as easy and seamless as possible for the TEC guests. We appreciate our partners trusting us to handle the details for them!

Navajo Epidemiology Center (NEC)

TECPHI funding increased the capacity to share relevant and timely information to leadership and the Navajo people. The COVID-19 Response highlighted the capability of the Navajo Epidemiology Center to respond with increasing staff and tools like Tableau, ArcGIS and Epi Info Survey.

On October 1, 2020, the Navajo Epidemiology Center (NEC) with the Office of the President and Vice President, debuted the public COVID-19 Dashboard, seven months from the first identified COVID-19 case on the Navajo Nation.

Other tools such as ESRI's ArcGIS Coronavirus Hub was used to communicate COVID-19 information as it was quickly and easily brought online within a month of the first COVID-19 case. NEC also used other tools to collect data such as Survey Monkey® and Epi Info Survey™.
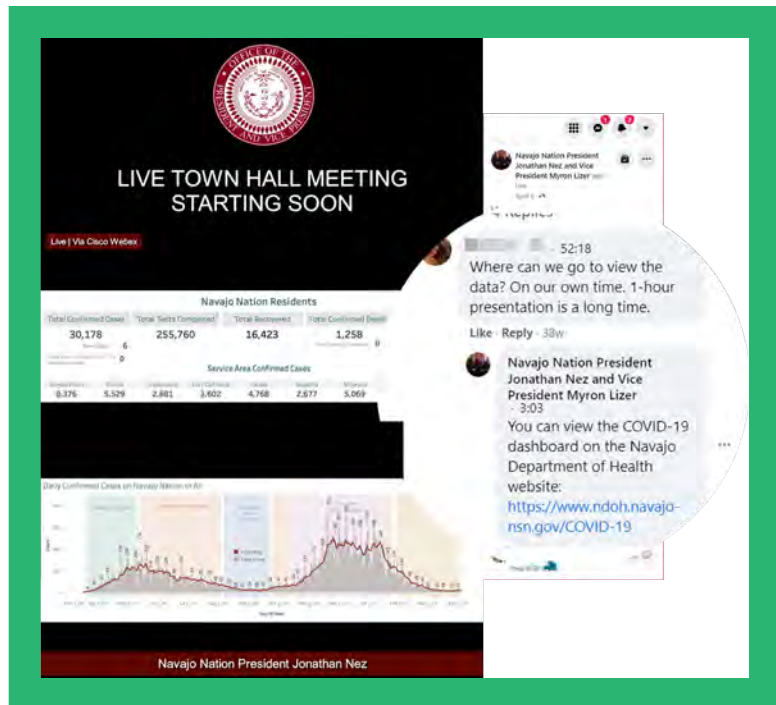
"The COVID-19 Response highlighted the capability of the Navajo Epidemiology Center to respond with increasing staff and tools like Tableau, ArcGIS and Epi Info Survey."

EQ1 – AWARENESS

The Navajo Epidemiology Center (NEC) and the epidemiology services it provides has been elevated to the importance of public health during the COVID-19 pandemic. NEC continues to provide and increase data sharing, translation, analysis and guidance for leadership, communities and the peoples of the Navajo Nation.

Using TECPHI funds, the NEC was able to establish technical staff of a programmer and a Geographic Information System (GIS) analyst using software such as Tableau®, ArcGIS®, Python™ and R code.

The use of these tools and skills have enabled the NEC to analyze, translate and share data to partners and the Navajo people. Much work remains to be completed to fully implement other components for an effective and efficient data management system.
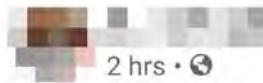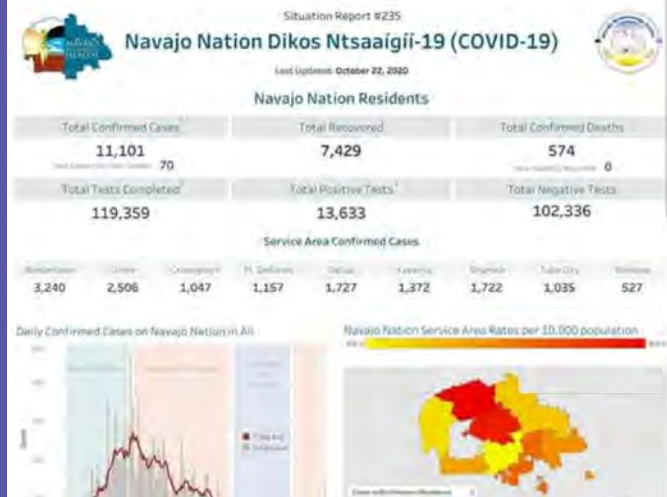
"NEC continues to provide and increase data sharing, translation, analysis and guidance for leadership, communities and the peoples of the Navajo Nation."

EQ2 – CAPACITY

The Navajo Epidemiology Center has stood up survey instruments using readily available tools such as EpiInfoSurvey™ (EIS) tool to quickly gather data daily such as hospital capacity, testing and patient outcomes data during the COVID-19 pandemic. The data is monitored for hospital capacity; a measure used to guide leadership for re-opening decisions. Testing data was also used for the gating measures reports. Recently, three NEC staff have revised the hospital capacity survey to transition from a previous platform to the free EIS platform. This entailed a tremendous effort to design, implement, train end users and align to the Indian Health Service data using Tableau, a data visualization and management tool.

"Recently, three NEC staff have revised the hospital capacity survey to transition from a previous platform to the free EIS platform."
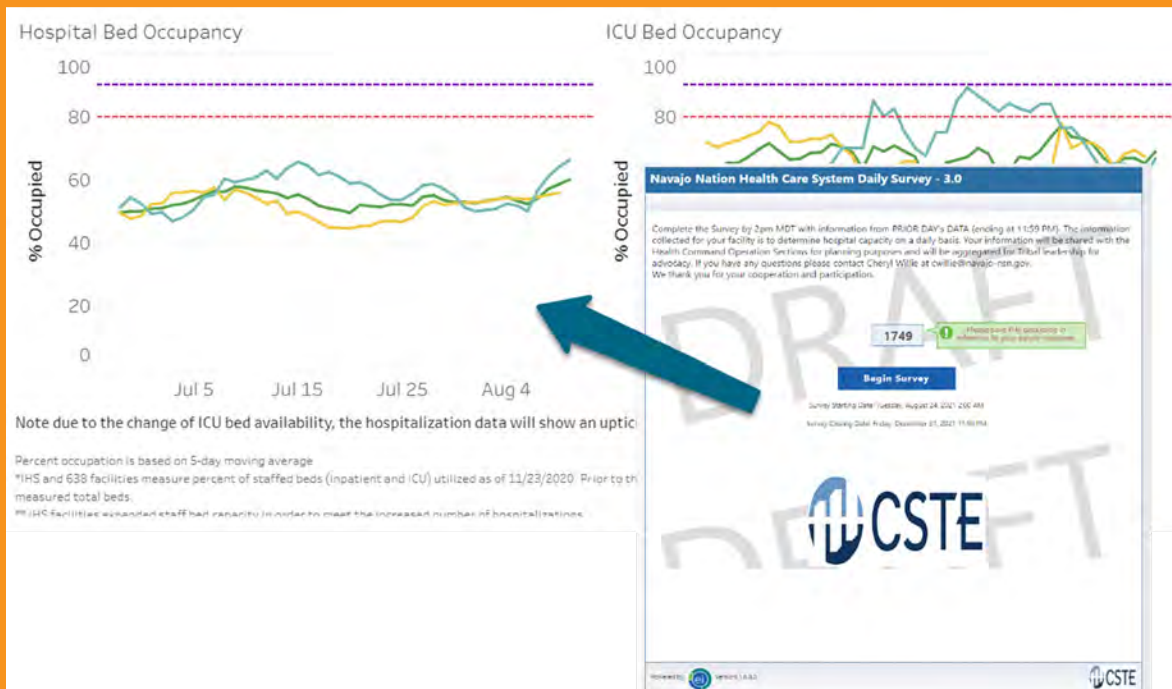
EQ3 – TECHNICAL ASSISTANCE

Using the Tableau platform, the Navajo Epidemiology Center was able to share surveillance and epidemiology data to a number of partners and the general public. NEC staff and subject matter experts have introduced many visuals to assist users in data-driven decisions. 20 Tableau viewer roles were assigned to partners like Indian Health Service staff serving in the Health Command Operations Center teams, hospital facilities including the tribal health organizations. Other COVID-19 pandemic response partners include the Community
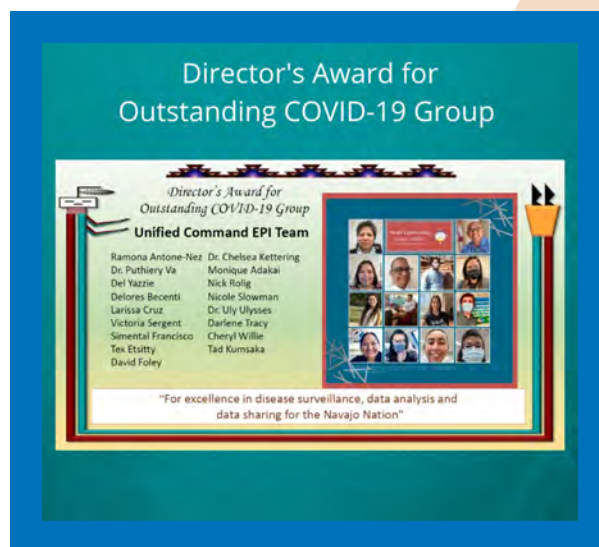
Outreach and Patient Empowerment (COPE) program, New Mexico state partners, and the John Hopkins' Center for American Indian Health.

EQ4 – PARTNERSHIPS

The Navajo Epidemiology Center and its partners received the award from Navajo Area Indian Health Service for excellence in COVID-19 disease surveillance, data analysis and data sharing for the Navajo Nation. The Navajo Epidemiology Center (NEC) plays a critical role in assisting with making data-driven decisions by collecting and analyzing data, and using them to develop appropriate strategies and activities for COVID-19 response on the Navajo Nation. NEC is working with partners (tribal programs, Indian Health Service, tribal health organizations, state health departments, academic institutions, non-profit programs, and
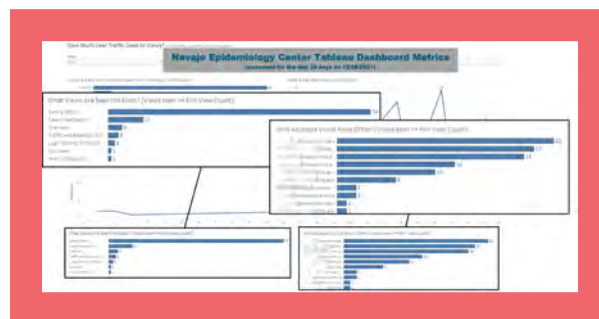
the Centers for Disease Control and Prevention), to conduct COVID-19 disease surveillance, perform contact tracing, and manage the data to help with data visualization. NEC also shares its daily COVID-19 situational reports with leaders, partners and the general public to help with making informed decisions. Additional information can be found at: www.ndoh.navajo-nsn.gov/COVID-19 and www.nec.navajo-nsn.gov.

Northwest Tribal Epidemiology Center (NWTEC)

OVERARCHING QUESTION

TEC-PHI and Maternal/Child Health: With matched enthusiasm from member tribes, Maternal and Child Health (MCH) work has been a long-held priority for NWTEC. Individual TEC projects, like a child safety seat project, a pediatric dentistry effort, and youth sexual health campaigns were seen to address the MCH focus area, but an absence of overlapping funding kept many of these projects siloed. The creation and perpetuation of the MCH workgroup space, which meets fortnightly, has allowed for existing MCH projects to collaborate and share networks, for the formal development of a guiding MCH framework, and for new projects to emerge and thrive. In addition to being a supportive space for ongoing MCH work, the MCH workgroup has facilitated new collaborations amongst TEC staff with varying expertise. The new grants and projects born from the MCH workgroup include: • MCH Framework development:

The NWTEC conducted a dedicated MCH assessment with member tribes • MCH Opioid project: Following an expressed need for data describing maternal substance use trends during pregnancy and Neonatal Abstinence Syndrome (NAS) among AI/AN in the Northwest. • MCH ECHO: The Extension for Community Healthcare Outcomes (ECHO) model uses virtual telehealth spaces to provide specialized healthcare resources to rural communities. • Native BOOST: As the Board's childhood immunizations project, Native BOOST uses culturally relevant frameworks to increase vaccine confidence and immunization rates in Tribal communities in the Northwest. • MCH analytic work: Support from the MCH workgroup allows TEC staff to translate the wealth of MCH-related raw data resources housed at NWTEC into up-to-date, usable, analyzed materials, like presentations, fact sheets, and data profiles.

EQ1 — AWARENESS

Under TEC-PHI, NWTEC's IDEA-NW project has expanded its data sharing and record linkage initiatives to improve access to accurate health data for Northwest tribal communities. Over time, we have increased awareness among state health department staff and leadership about the issue of AI/AN misclassification, and the importance of complete and accurate collection of race/ethnicity data. The COVID-19 pandemic exposed gaps in data accessibility and data quality when measuring the burden of COVID-19 in AI/AN communities. To close these gaps, the Idaho, Oregon, and Washington state health departments engaged in data sharing efforts with NWTEC to support data linkages to improve the quality of race/ethnicity data for AI/AN people in COVID-19 case surveillance and other datasets. In Year 4, we establish a new data sharing agreement the Idaho Department of Health and Welfare to conduct quarterly linkages with Idaho's COVID-19 case data. We updated an umbrella data sharing agreement with the Oregon Public Health Division to link with Oregon's COVID-19 case data and the state immunization registry. We are in the process of negotiating a data sharing agreement that will allow for monthly linkages with Washington COVID-19 case data. Each state has (or plans to) utilize NWTEC's linkage flags to augment the quality of race/ethnicity data within their surveillance systems. The lessons learned from these and past successful data sharing efforts aided in the development of NativeDATA, a new data sharing resource for Tribes and Native-serving organizations.

EQ2 — CAPACITY

TEC-PHI funding has allowed the Northwest TEC to greatly expand its access to health status data, which we steward on behalf of the Northwest Tribes. A recent inventory of NWTEC's data assets identified at least 67 unique data assets housed and utilized by the TEC. Of those, 40 have been acquired and are managed by the TEC-PHI funded IDEA-NW project, and 29 have been corrected for AI/AN misclassification. Despite the challenges of the COVID-19 pandemic, we continued to expand our access to new sources of health data in Year 4. We entered into new and expanded data sharing agreements for access to and (when possible) linkages with fifteen new datasets, four of which are related to COVID-19. Our expanded access to health data has allowed us to be more responsive to Tribes' and other partners' requests for data to measure the health status of Northwest Tribal communities. We also have more data assets to support policy recommendations to address inequities in health and health care experienced by Northwest AI/AN communities. Lastly, the challenges of managing our expanded data assets have provided support for developing a data modernization strategy that will support expanded access to NWTEC's data while maintaining security and confidentiality of data.

EQ3 – TECHNICAL ASSISTANCE

In Year 4, NWTEC was able to assist a Tribe in Idaho with linking, analyzing, and applying data to support COVID-19 vaccination efforts within the community. The Tribe's health director requested NWTEC to provide staff support with combining and analyzing multiple sources of data (including vaccination data, Tribal enrollment, Tribal employment, and clinic patient rosters) to report community-level COVID-19 vaccination rates to the Tribe's governing Council.

The health director was seeking the Council's support to provide incentives to community members to get vaccinated, and required data to inform the Council about the community's current vaccination coverage, and changes in coverage over time as the incentive program was implemented. NWTEC's communicable disease epidemiologist (funded by TEC-PHI) deployed to the Tribe for a week to provide on-site support. She utilized linkage methods to combine multiple datasets in order to calculate current vaccination rates across multiple sections of the community, including enrolled members, Tribal employees, and the clinic's patient population.

Following the deployment, she has provided ongoing support to the Tribe in updating the vaccination estimates, and in reporting data findings to the Tribe's Council. She has also worked with Tribal health staff to streamline data collection and management strategies. Through this TA response, NWTEC was able to leverage our experience in data sharing, linkage,

"In Year 4, NWTEC was able to assist a Tribe in Idaho with linking, analyzing, and applying data to support COVID-19 vaccination efforts within the community."

and analysis to build a Tribes' capacity to utilize data to support critical public health interventions to protect the community from COVID-19.

EQ4 – PARTNERSHIPS

With TEC-PHI funding, NWTEC has had increased capacity to engage in partnership activities with university partners. Specifically, we have collaborated with partners at Oregon Health and Science University's Northwest Native American Center of Excellence to support student internships and public health research projects focused on understanding disparities in AI/AN health and health care. In previous years, we collaborated with Dr. Amanda Bruegl (Oneida/Stockbridge-Munsee Nations), a gynecologic oncologist, on a study examining the burden of gynecologic cancers among AI/AN women in the Northwest. Based on findings that indicated a disproportionate burden of cervical cancer among AI/AN women, we have continued our collaboration by initiating a research project examining the utilization of cervical cancer prevention tools (HPV vaccination and pap smears) among AI/AN women who seek care at IHS, tribal and urban clinics in our area. TEC-PHI funding has provided support to engage in these expanded partnerships with university partners in our area.

Gynecologic Cancer Incidence and Mortality among American Indian/Alaska Native Women in the Pacific Northwest, 1996–2016

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Abstract

Objectives: Compare the incidence and mortality of gynecologic cancers of American Indian/Alaska Native (AI/AN) women to the Non-Hispanic White (NHW) population in the Pacific Northwest.

Methods: Age-adjusted cancer incidence (1996–2016) and mortality (2006–2016) rates were calculated from population-based state cancer registry and death certificate data obtained from Washington, Oregon, and Idaho, and corrected for AI/AN misclassification. Incidence and mortality rate ratios (RR) were calculated to compare AI/AN and NHW women with gynecologic cancers.

Results: Across all gynecologic cancer sites, AI/AN women were diagnosed at a younger age compared to NHW women. AI/AN women had a higher incidence of cervical cancer compared to NHW women with a RR of 1.53 (95% CI: 1.34, 1.75). For all age groups, AI/AN women had a higher incidence of cervical cancer and the disparity was greatest in the 50–64 age group with a RR of 1.76 (95% CI: 1.36, 2.30). Cervical cancer mortality was greater among AI/AN women, with an all-ages RR of 1.79 (95% CI: 1.30, 2.46); the disparity was greatest in the 50–64 age group (RR: 2.88, 95% CI: 1.89, 4.38). For uterine cancer, AI/AN women had similar incidence

Author Manuscript

"In Year 4, NWTEC was able to assist a Tribe in Idaho with linking, analyzing, and applying data to support COVID-19 vaccination efforts within the community."

Oklahoma Area
Tribal Epidemiology Center (OKTEC)

OVERARCHING QUESTION

In the summer of 2020, the increased need for COVID-19 contact tracing in the state of Oklahoma became evident. The effort to help Oklahoma health agencies started with seven TECPHI employees. With limited resources, the average time for contact tracing by other agencies was over two weeks. By consolidating efforts and resources, TECPHI staff was able to complete investigations within 72 hours and investigated around 30% of total cases in designated IHS facilities. In January 2021, OKTEC hired five full-time tracers to allow for further investigations, resulting in OKTEC handling over 65% of all cases in designated IHS (Indian Health Services) facilities across the state of Oklahoma. These efforts created a new standard of care that initially evolved from the TECPHI funding. There are currently eight health center sites throughout the state of Oklahoma that perform contact tracing and case investigations. Through collaborative efforts, new processes and procedures for case investigations were developed, and further expansion for full-time tracers was established. This program also paved the way for further efforts and partnerships between OKTEC, the Oklahoma State Department of Health, county health departments, and individual IHS facilities. The importance of reaching patients to conduct contact tracing and mitigate the spread of Covid-19 in Native American communities, especially reaching multi-generational households, continues to be of valuable worth. Information about COVID-19 is also disseminated to all individuals during testing, which gives added knowledge to combat the virus. The surveillance program is a premiere program that creates added awareness for the Native populations against COVID-19.

EQ1 – AWARENESS

The WATCH program continues to expand its presence in early childhood development centers (ECDC) and Indian Hospital Units (IHU). The program has expanded to two centers in the Comanche Nation and four centers in the Kiowa tribal head starts and the Lawton service units (with one hospital and two clinics). The program continues in Cheyenne and Arapaho head starts and developmental centers, the Wyandotte Nation, the Eastern Shawnee tribes, and the Bearskin clinics. The community readiness model assessments were developed and distributed to kitchen staff and food preparers to help determine healthy preparation choices. Over twenty participants gave detailed feedback through surveys and focus groups, detailing the processes for creating a healthier diet within these communities. Additionally,

Organwise Guy, a program that details healthy eating habits was shown in the waiting room of the hospital and clinics for pediatric appointments. Responsive feeding training continues to be developed with a partnership with Dr. Dipiti Dev from the University of Nebraska-Lincoln. Seven modules have been reviewed and are titled Ecological Approach to (EAT) Family Style, which guide learning centers to healthy diets. Another partnership with Dr. Ashley Weedn of the OU Health Physicians, who has been instrumental in developing the menu feedback form, continues to be facilitated.

EQ2 – CAPACITY

The Kansas Tribal Chronic Disease Project analyzed hospital data from the Healthcare Cost and Utilization Project (HCUP) state inpatient databases for the Kansas AI/AN population. The information developed data surveillance and visualization processes, highlighting specific health trends of the AI/AN population. A fact sheet and poster presentation showcased health outcome disparities between the AI/AN population compared to other races for the years 2011-2015. Socio-economic conditions of Native Americans in Kansas (such as lack of health insurance, the percentage of persons with only a high school diploma, the

unemployed, those receiving food stamps or SNAP benefits, and those that fall below the federal poverty limit) were highlighted, with insight into the health inequalities that are faced. The study also revealed significant morbidity disparities among American Indians in Kansas. Twenty-one different health outcomes from hospitalized American Indians, Whites, and Non-Whites were compared using the inpatient database. In addition, a report was compiled that displayed positive trends for the AI/AN population. Native Americans had happier hearts, lovelier lungs, beautiful brains, tougher tissue, and momentum, in comparison to other races.
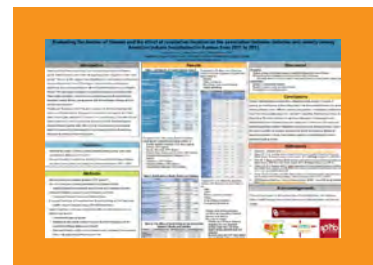
EQ3 – TECHNICAL ASSISTANCE

The technical assistance program provides a strong infrastructure to the OKTEC organization. From individual questions to questions from tribes to non-profit entities, the TA program has become a major communication source for the OKTEC. Detailed information is kept on each request, documenting the process and strategy in answering the request. While referencing every request would create an exhaustive list, some specific items will be listed regarding different organizations and the wide array of sources addressed. Kansas Serves Native Families, a program through the University of

Kansas School of Social Work requested assistance mailing COVID-19 children's books, "Smallest Warriors, Our Strongest Medicine" to tribal families. Several tribal representatives inquired about COVID-19 resources, looking for ways to educate members. Kansas State University shared information about the Kansas tribal foods systems that uses a SNAP education curriculum that focuses on nutrition and encouraging physical fitness. Non-profit organizations, such as Boy and Girls Club, were interested in finding strategies for prevention efforts on the Opioid Needs Assessment. Mental health awareness, grant opportunities, tobacco prevention strategies, and vaccine information were a few of the many topics that were able to be addressed due to the technical assistance program.

EQ4 – PARTNERSHIPS

The Southern Plains Tribal Health Board (SPTHB) and Oklahoma City Indian Clinic (OKCIC) continue in their partnership to create the N.A.T.I.V.E. (Native Americans Together Innovating Value-based Excellence) Coalition. This initiative works to improve healthcare processes, continuing the LEAN Six Sigma Green Belt Certification. Currently, there are 41 participants (25 from OKCIC and 16 from other ITUs) enrolled in and actively working toward the completion of their online Lean Six Sigma Green Belt Certification. Workshops and individualized trainings for the graduates were attended with a desired outcome of developing a Lean tool, which evolved into creating a skills health matrix in Excel which is used in the assessment of current skillsets of TEC staff, gaps in the skillset which require trainings, trainings TEC can host, and different interests of TEC staff to further investigate healthcare. While the emphasis started with cancer prevention and screening, it has broadened to wider healthcare initiatives, such as diabetes.

Creating a Skills Matrix in Excel

1. Type "Name/Skill" in cell A1. It can be deleted later if desired.
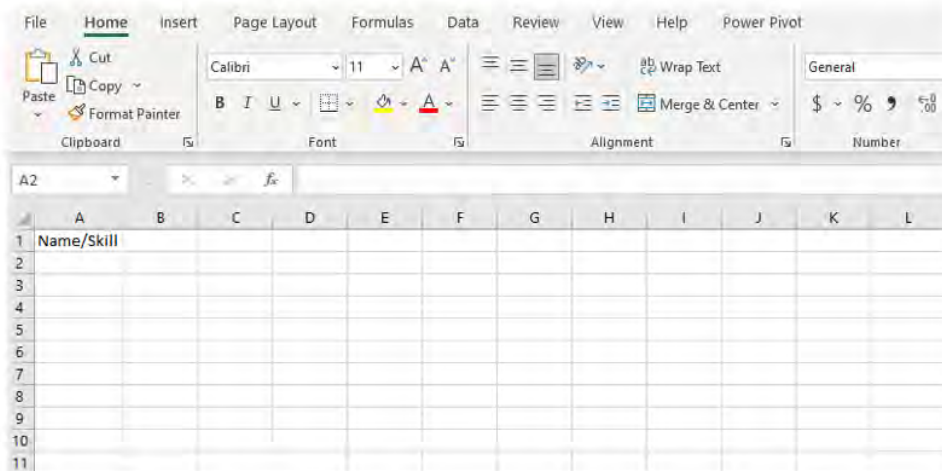
2. Highlight Cells B1 through K1, open the text direction dropdown menu and select "Angle Counterclockwise".

Rocky Mountain
Tribal Epidemiology Center (RMTEC)

OVERARCHING QUESTION

TECPHI was able to provide a broadened range of technical assistance to RMTLC programs, within and outside the TEC, during Year 4. Drawing from unique skillsets within the team, TECPHI staff helped new and existing programs better understand the role of evaluation, integrate Indigenous evaluation methods into program planning and implementation, develop logic models and efficient tracking mechanisms to ensure consistent program monitoring, and create an environment of cultural competence and understanding throughout all programs.

As RMTEC and RMTLC welcomed new staff in Year 4, cultural awareness was identified as a need to foster a culturally competent environment and to strengthen the TEC orientation process. The 'Cultural Awareness within Tribal Communities in MT & WY' presentation was developed for this purpose and evolved into a presentation to also share with partners to deepen their knowledge and understanding of tribal public health best practices in the Rocky Mountain region. The presentation provides an overview of social and cultural insights from tribes served by RMTEC, with a focus on the context in which both successes and challenges exist.

Centering Native perspectives on community health is empowering because it focuses on resiliency, and the importance of cultural values, voices,

language, and indigenous evaluation methodologies. The presentation has been shared with a variety of partners, including medical students, behavioral health partners, tribal college students and other RMTLC programs.

> "TECPHI was able to provide a broadened range of technical assistance to RMTLC programs, within and outside the TEC, during Year 4."

EQ1 – AWARENESS

In August of 2021, Rocky Mountain Tribal Leaders Council (RMTLC) programs collaborated to host a tribal public health conference. The 2.5-day event, titled Changing Times: A New Era in Tribal Public Health, centered on healing and resiliency, with tracks including topics on chronic disease, public health infrastructure, behavior health, and Indigenous research. TECPHI staff coordinated presentations for the Public Health Infrastructure Track, giving the program, and RMTEC as whole, the opportunity to broaden awareness of TEC services and the expertise of TEC staff and close public health partners. The conference also served as a chance for staff and attendees to reconnect after months of strict COVID-19 lockdowns, and provided opportunities for attendees to learn about grief, coping, and healing support for those who lost loved ones during the COVID-19 pandemic. Approximately 175 people attended the conference, traveling from all tribal nations across the Rocky Mountain region.

EQ2 – CAPACITY

RMTEC has expanded its capacity to monitor data on health priorities among the tribes it serves using data visualization tools such as Tableau, ArcGIS, and Smartsheets. Presentations detailing these applications were disseminated to tribal members throughout Year 4 as a part of RMTEC's Data Management training series. Given the large geographical area of the Rocky Mountain region, ArcGIS is an essential tool to visually analyze data and determine its impact on the health status of the tribes. During Year 4, RMTEC was used ArcGIS to map COVID-19 data to create an index of COVID-19 risk factors and evaluate the spatial distance of counties with greater index scores to counties with lower index scores.

Risk factors evaluated included obesity, diabetes, hypertension, heart failure, stroke, smoking, cancer. ArcGIS was also used to map the diabetes burden in the RMTEC area, including maps showing diabetes rates and insurance access across the RMTEC service area, as well as obesity rates and insurance access across RMTEC area. RMTEC collaborated with the Great Plains TEC during Year 4 for technical assistance on the use of Smartsheets to simultaneously track multiple datasets, data requests, and technical assistance requests. This collaboration has helped RMTEC implement Smartsheets internally.

Index of Covid-19 risk factor's spatial relationship to healthcare.

By : David White MPH, CDC Foundation/ Rocky Mountain Tribal Epi Center

EQ3 – TECHNICAL ASSISTANCE

In Year 4, RMTEC staff became more proficient in utilizing data management programs and began training tribal partners in using these programs, facilitating a Data Management Series of trainings to simplify the data analysis process and to aide tribes in making evidence-based decisions regarding specific health priorities. Data management applications such as Tableau, ArcGIS, Smartsheets, and COVID ReportR were presented to tribal partners during this series, giving tribes options for potential tools to streamline epidemiological processes and provide communities with the most current data. As another wave of COVID-19 hit the Rocky Mountain region and greatly affected tribal communities, one of the data tools presented to the tribal communities was the COVID ReportR application. The COVID ReportR application is described as a point-and-click app to facilitate data analysis and data sharing from available data from medical records and case investigation databases to automate COVID-19 surveillance reporting. COVID ReportR is designed for users of all experience levels, making it user friendly and requires little training. The app works locally on a computer without requiring an outside server, making data more secure. The app extracts data from a localized database and allows users to develop customized reports that can be easily shared with tribal leaders to aide in evidence-based decision making. It is

RMTEC's hope to further build proficiency and capacity utilizing data management programs, both internally and at the tribal level, to create a more efficient data management system, streamlining data requests and technical assistance processes and helping tribes to aptly respond to health priorities in their communities.

"It is RMTEC's hope to further build proficiency and capacity utilizing data management programs, both internally and at the tribal level."

EQ4 – PARTNERSHIPS

After being inactive for over five [5] years, RMTLC, with the help of RMTEC and TECPHI, has resumed activity of the Tribal Health Subcommittee. The RMTLC Tribal Health Subcommittee is an important forum for Tribal Leaders and Tribal Health Directors to better understand tribal health priorities, present data to inform health priorities, and to discuss concerns unique to tribal communities in the region. It is also an avenue for the TEC to build capacity in providing recommendations for the improvement of tribal health care delivery and systems. The TEC's role, and primary goal, is to assist Tribes in building public health capacity through training, data management, health education, and strategic partnerships; RMTEC specifically provides TA to the Tribal Health

> "After being inactive for over five [5] years, RMTLC, with the help of RMTEC and TECPHI, has resumed activity of the Tribal Health Subcommittee."

subcommittee through data analytics, data strategic planning, and establishing priorities based on data, all of which are guided by the values of data sovereignty. Through the reconvening of this Subcommittee, RMTEC has been able to build and nurture consistent relationships with the tribes it serves, helping the TEC to plan for data and technical assistance expansion efforts.

OVERARCHING QUESTION
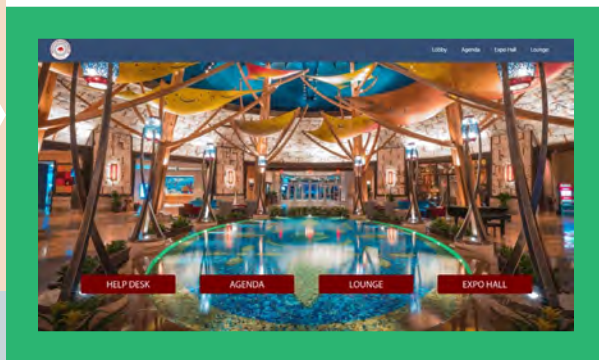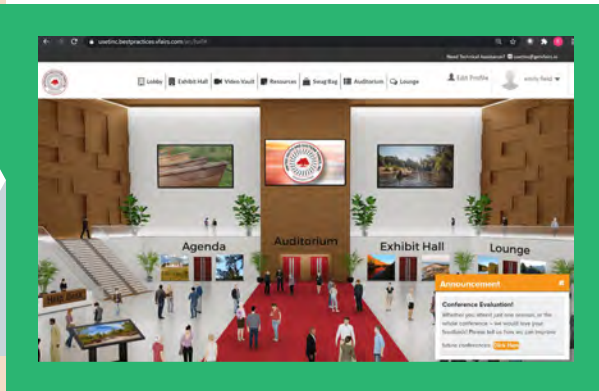
In FY 2019, the USET TEC hosted its very first Best Practices Conference focusing on Tribal Public Health. During FY 2021, the USET TEC virtually hosted its 2nd and 3rd conferences. All three events created spaces for sharing public health expertise across Indian country. This past year alone, two-thirds of USET Tribal Nations and at least 25 Tribal Nations and Inter-Tribal organizations from outside the region participated in the conferences.

The learning curve for hosting virtual conferences was steep, but staff proved up to the challenge. The main area for improvement suggested by attendees, was to host the 4th conference with an in-person option as everyone longs for the more intimate interactions afforded at in-person events.

Pictured are the landing pages for both conferences convened this past year. All attendees and presenters were sent gratitude cards with "thank you" translated into most of the USET Tribal Nation member languages.

EQ1 – AWARENESS

During 2021, TECPHI partnered with newly federally recognized Mid-Atlantic Tribal Nations. Accordingly, staff wanted to expose Tribal Nation partners to the wealth of technical assistance available to them from their local TEC. In August, an Evaluation 101 training was provided. Attendees were surprised and delighted in the various mediums they could utilize to evaluate their own programs. The word cloud pictured was a pre-test from the training where all attendees were asked to answer the question, "When you hear 'evaluation,' what words and/or feelings come to mind?"

TECPHI staff also noticed that some long-term Tribal Nation partners (as well as new members) were sometimes unaware of the breadth of technical assistance available to them. As a result, TECPHI staff met with co-workers across the TEC and put together a TEC assistance flyer outlining services, descriptions, and possible outcomes that has been distributed to all area Tribal Nations. Further, this past winter, a technical assistance request button was added to the TEC webpage.

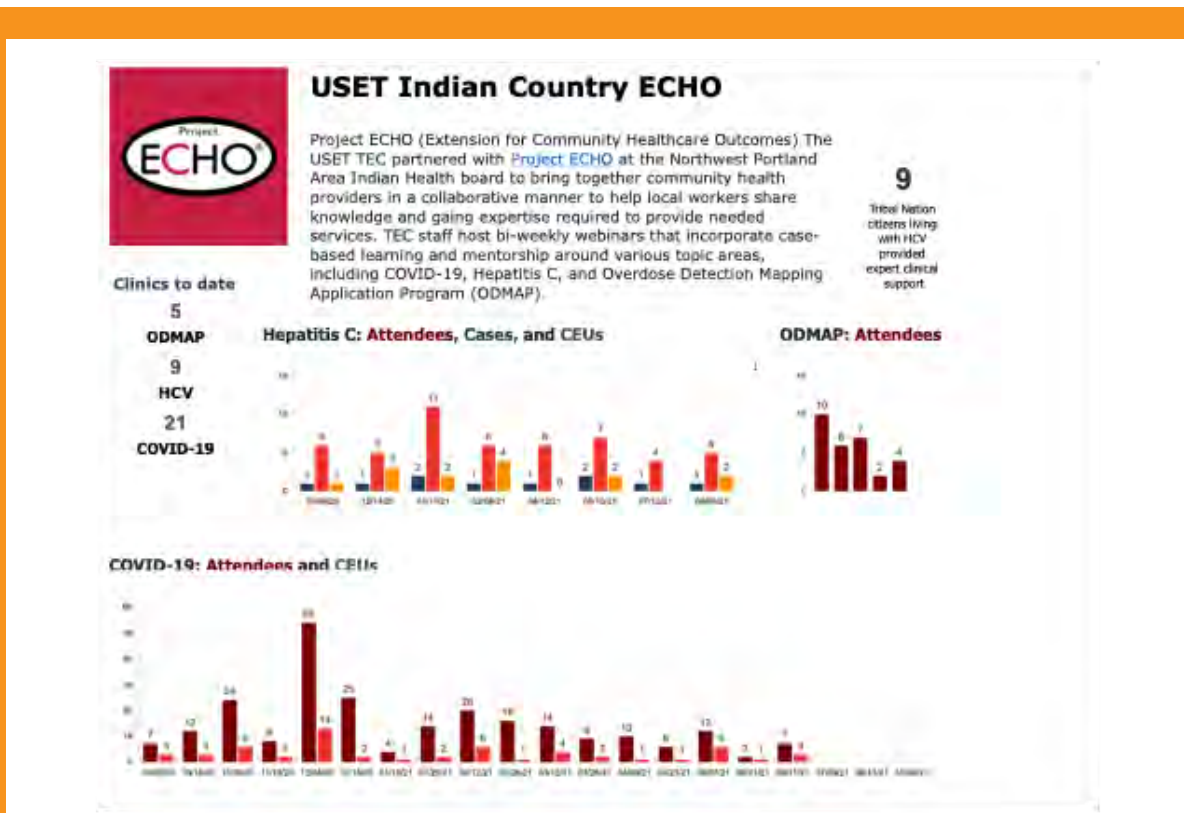"When you hear 'evaluation,' what words and/or feelings come to mind?"

EQ2 – CAPACITY

TECPHI funding has allowed staff to learn about and acquire smartsheet accounts. This has allowed for more comprehensive tracking of activities across the entire TEC. One example is the tracking of our Tele-ECHO clinics. The TECPHI Evaluation Specialist supports evaluation activities for USET ECHO and utilizes smartsheet to track attendance, cases, and continuing education medical and nursing credits. The awarding entity of CEUs can access necessary information so credits are awarded to participants in an accurate and timely manner. Pictured is a dashboard that pulls from multiple sheets and is used internally for tracking all the ECHO calls.

"TECPHI funding has allowed staff to learn about and acquire smartsheet accounts."

USET Indian Country ECHO

Project ECHO (Extension for Community Healthcare Outcomes) The USET TEC partnered with Project ECHO at the Northwest Portland Area Indian Health board to bring together community health providers in a collaborative manner to help local workers share knowledge and gaing expertise required to provide needed services. TEC staff host bi-weekly webinars that incorporate case-based learning and mentorship around various topic areas, including COVID-19, Hepatitis C, and Overdose Detection Mapping Application Program (ODMAP).

9 Tribal Nation citizens living with HCV provided expert clinical support

Clinics to date
5 ODMAP
9 HCV
21 COVID-19

Hepatitis C: Attendees, Cases, and CEUs

ODMAP: Attendees

COVID-19: Attendees and CEUs

USET Area Aggregate
COVID-19 Report as of 09/25/2020
Prepared by the USET Tribal Epidemiology Center

Confirmed COVID-19 Cases per 10,000
Purchased and Referred Care Delivery Area (PRCDA) vs USET Area
States vs United States

Number and Result of COVID-19 Tests
Conducted at All USET Clinics

2. Data from daily reports to the Indian Health Service Nashville Area Office.

EQ3 – TECHNICAL ASSISTANCE

TEC epidemiologists continued to provide comprehensive COVID-19 support to all area Tribal Nations. Weekly, each Tribal Nation is provided with a Nation-specific surveillance report. In total, 1,785 Tribal-specific and 51 area aggregate COVID-19 reports were distributed to 35 Tribal Nations.

Pictured is an example of the last area aggregate report of year 4.

"TEC epidemiologists continued to provide comprehensive COVID-19 support to all area Tribal Nations."

EQ4 – PARTNERSHIPS

During year 4, USET TECPHI partnered with two Tribal Nations from the Mid- Atlantic regions, Chickahominy Indian Tribe and Monacan Indian Nation. The Chickahominy Indian Tribe elected to focus their activities on COVID-19 response. Five hundred masks and 100 yard signs were distributed throughout the Tribal Nation. Pictured is a young Citizen standing with one of the yard signs promoting social distancing, four Tribal Nation staff wearing their masks, and the USET TECPHI team who meet regularly with partners to provide requested technical assistance and program support.
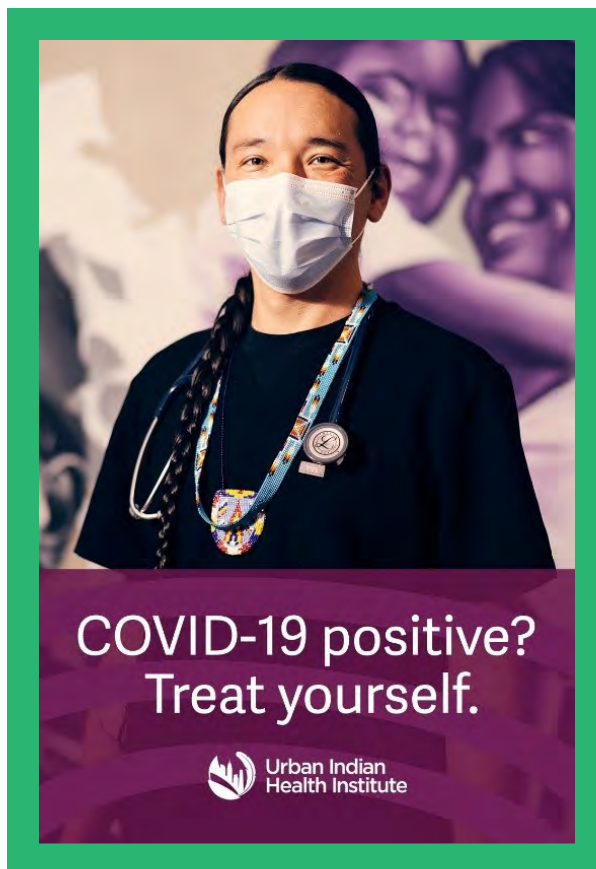
Urban Indian
Health Institute (UIHI)

OVERARCHING QUESTION

Organizations and companies are now actively reaching out to us because we have built a reputation as a national leader in urban Indian health. In late March 2021, Pinterest reached out to UIHI to discuss a possible partnership under their new project, "Underrepresented Group (URG) COVID Program". The main goal of this project was to partner with BIPOC physicians, medical, and health organizations to combat the spread of misinformation regarding COVID-19 vaccines and treatments. Recognizing that vaccine hesitancy is high among underrepresented populations, Pinterest donated $30,000 to publish ads that would direct people to correct and scientifically sound COVID-19 information. This collaborative partnership between UIHI and Pinterest resulted in the creation of two ads that targeted AI/AN communities in specific zip codes across the country on COVID-19 treatments and COVID-19 vaccines. The ads ran from July 27, 2021, through September 30, 2021, and

reached 2.9 million unique people, outperforming other ad campaigns on Pinterest's platform by 8.5 percent. It proved effective at directing more people to treatment resources on the UIHI website. Visits to the COVID-19 treatment landing page increased by about 20% during the campaign. Project Mosaic, based in Denver, CO, also reached out to us after seeing our treatment fact sheets. They requested that we partner with them to develop a public service announcement about COVID-19 treatments for urban Indians in the Denver area. Both our reputation and increased capacity to address urgent public health needs made it possible for us to successfully collaborate across sectors to share important and accurate information with urban Indian communities throughout the country. The photo shared is one of the advertisements developed by UIHI used in the Pinterest COVID-19 treatment ad campaign.

EQ1 – AWARENESS

To support the work of Urban Indian Organizations (UIOs) during the pandemic, Urban Indian Health Institute (UIHI) launched the #vacciNATION campaign and sent out different promotional items to encourage vaccination uptake including t-shirts, masks, bandages, and post-vaccination stickers. Over 30,000 promotional items have been mailed to Native organizations across the country or given away to community members via UIHI's social media pages. UIHI received many photos, stories, and notes of thanks from UIOs around the country-including a beautiful honor song from the staff at Gerald L. Ignace Indian Health Center, Inc. in Milwaukee, Wisconsin. The #vacciNATION mailing campaign was not only appreciated by our urban Indian partners but also helped to increase awareness of UIHI's services and

expertise as a Tribal Epidemiology Center. The campaign sparked further conversations around UIHI's services and potential collaborations, strengthening relationships with UIOs that UIHI has not worked with closely before. The #vacciNATION campaign also reached beyond our immediate Urban Indian Health Network, with several Native community-based organizations and celebrities reaching out to request UIHI posters, t-shirts, and masks. UIHI staff were humbled and delighted to see the impact of the mailing campaign, receiving stories such as the one shared from Native American LifeLines (NAL) of Boston. NAL partnered with North American Indian Center Of Boston, Brewster Ambulance Service, and Massachusetts Department of Public Health for their first COVID-19 vaccine clinic. In the photo shared they are all wearing our "What if Our Ancestors had a Choice?" t-shirts, with UIHI's regionally-designed vaccinated badges and avatars posted on the wall behind them! NAL also shared with us how they planned to give t-shirts to Elders through their mobile vaccine clinic.
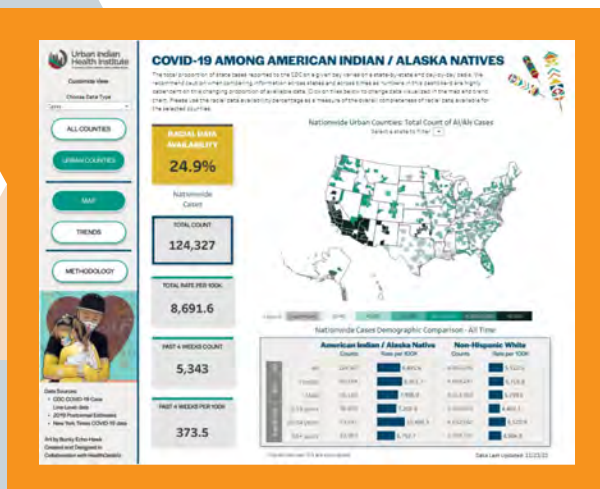
EQ2 – CAPACITY

A big part of decolonizing data is ensuring that urban Indian communities have access to their public health data. One of the ways we make data accessible to our communities is through our data dashboards. This past year our epidemiology team spent a lot of time analyzing COVID-19 data from urban Indian communities across the country. We then compiled that data into an interactive dashboard that allows users to explore the available data about COVID-19 in urban Indian communities. The dashboard features different ways to search through the information as well as graphics designed by Bunky Echo-Hawk (Pawnee). The data dashboard is available on our website and has been viewed over 2,700 times as of the end of November since it was launched on July 29, 2021. Additionally, we also developed 41 COVID-19 Surveillance Reports for urban Indian service areas. These reports each contain critical information regarding COVID-19 cases, hospitalizations, and deaths among American Indian and Alaska Native people residing in the service area. Both the data dashboard and COVID-19 Surveillance Reports provided critical up-to-date information for urban Indian organizations across the country. Access to this data allowed urban Indian organizations across the country to make data-driven decisions to improve the health and safety of their communities.
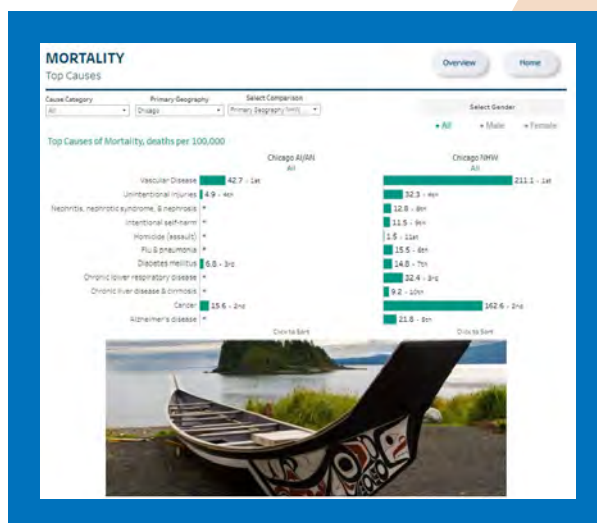
"A big part of decolonizing data is ensuring that urban Indian communities have access to their public health data."

EQ3 – TECHNICAL ASSISTANCE

Through the four years of TECPHI funding, UIHI created updated Community Health Profiles (CHPs) for urban Indian service areas across the country. These CHPs serve as critical resources for urban Indian organizations seeking accurate data about their communities. This past year, the American Indian Center of Chicago (AICC) applied for our Community Grants Program and used UIHI's CHP for the Chicago metropolitan area to help identify local health needs and disparities. AICC was awarded funding to implement their "Food as Medicine" and "Indigenous Fitness" programs that utilize traditional and cultural knowledge to address chronic disease prevention and management- including vascular disease, the top cause of mortality for American Indians and Alaska Natives in the area. Some of the activities that AICC plans to implement include Indigenous cooking workshops, Indigenous food box distributions, senior luncheons, as well as physical activity programming for youth and Elders. As this story shows, through our CHPs, UIHI supports urban Indian programs like AICC in surveillance, epidemiology, and health priority setting as they work to address the needs of their communities.

"Through the four years of TECPHI funding, UIHI created updated Community Health Profiles (CHPs) for urban Indian service areas across the country."

EQ4 – PARTNERSHIPS

During year 4, UIHI established a partnership with IllumiNative, a Native women-led racial and social justice organization, to create a collaborative campaign called "For the Love of Our People." With UIHI's expertise in public health, science, research, and technical assistance, and IllumiNative's expertise in translating data into high impact, culturally driven organizing campaigns, this campaign has brought together a diverse ecosystem of Native artists, storytellers, thought leaders, Tribal leaders, organizers, and NGOs to provide accurate and engaging information on COVID-19 vaccines, treatments, and other related topics to AI/AN communities. Thus far, the campaign has developed and executed a campaign website, interviews with Native doctors, community-based videos, images to share through social media, and a virtual pow wow to help inform community leaders and members and to offer support in talking to friends and family about COVID-19 vaccines and treatments. These materials have been used by urban Indian organizations across the nation. The photo we share shows staff at the Urban Indian Center of Salt Lake wearing the "For the Love of Our People" t-shirts that were created as a part of the campaign. The capacity we have built during the previous years of TECPHI allowed us to develop the skills and experience needed to establish this national partnership to have a positive impact in AI/AN communities across the country.
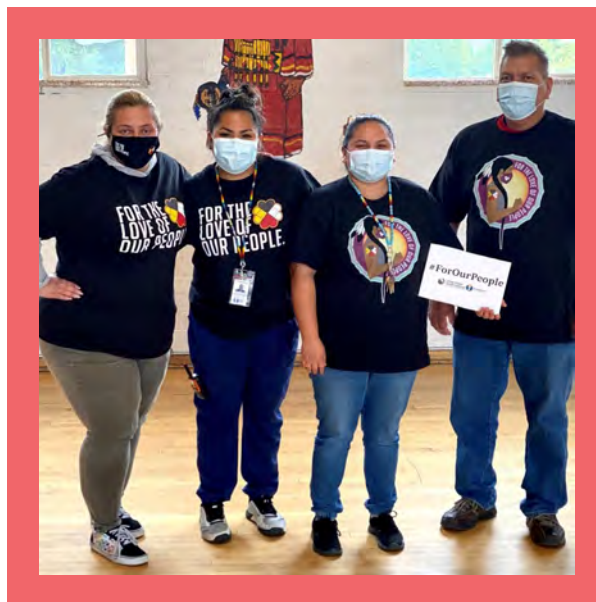
The photo we share shows staff at the Urban Indian Center of Salt Lake wearing the "For the Love of Our People" t-shirts that were created as a part of the campaign.

TECPHI Program

Photo
Narrative

Year 4