

**TRIBAL EPIDEMIOLOGY CENTERS**  
**Public Health Infrastructure (TECPHI) Program**

**Year 4**  
**QUALITATIVE  
PROJECTS**



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## Acknowledgements

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

## Introduction

Twelve Tribal Epidemiology Centers (TECs) provide enhanced public health support to American Indian and Alaska Native (AIAN) Peoples, Tribes, Tribal organizations, and urban Indian organizations (T/TO/UIOs) across the nation. The TECs share the mission of improving AIAN health by identifying health risks, strengthening public health capacity, and developing solutions for disease prevention and control. TECs strive to maintain superior skills and knowledge to provide data collection, dissemination, and surveillance services, as well as conduct epidemiologic studies. Each TEC is uniquely positioned in their respective regions to provide technical assistance to the T/TO/UIOs they serve. Support from Tribal and urban Indian leadership, partnership with T/TO/UIOs, adequate funding, and access to data all serve to advance the TEC mission.

## The TECPHI Program

In 2017, the Centers for Disease Control and Prevention's (CDC), National Center for Chronic Disease Prevention and Health Promotion, funded 12 Tribal Epidemiology Centers (TECs) and one Network Coordinating Center (NCC) for a 5-year cooperative agreement called the Tribal Epidemiology Centers Public Health Infrastructure (TECPHI) Program.

The TECPHI Program is a comprehensive funding opportunity designed to improve TEC capacity and infrastructure for disease surveillance, the effectiveness of health promotion and disease prevention, and increase the sustainability of public health activities. Funding has enabled TECs to deliver enriched, culturally-informed services to T/TO/UIOs.

## TECPHI Program Evaluation Plan Year 4 Qualitative Projects

The Year 4 TECPHI Program Evaluation Plan deliverables included the option to submit two qualitative projects. These projects help create a more holistic picture of work being done to support the health and well-being of AIAN people around the country. Guidelines for these projects were left open to give TECs the freedom to choose their own qualitative methodologies and encourage creativity.

For the first project, TECs were asked to provide additional context for one of the TECPHI Program **Performance Measures** (PMs). The TECs could focus on progress, successes, lessons learned, or highlights related to the TECPHI PM quantitative data reported during Years 1-4. The TECPHI PMs include:

1. Number of TEC staff
2. Number of trainings provided or supported by TECs
3. Number of new or expanded partnerships with TECs
4. Number of new or expanded data sharing agreements (DSAs) with TECs
5. Number of publications produced by TECs
6. Number of users of TEC websites
7. Number of TA requests fulfilled by TECs
8. Number of grant opportunities applied for or supported by TECs

The second qualitative project shares how TEC increases in capacity and infrastructure have resulted in increases of T/TO/UIO capacity and infrastructure. In many cases, the “ripple effect” of TEC work for the TECPHI Program enabled opportunities for T/TO/UIOs to build baselines, foundations, and systems to grow and build their own public health capacity in skills like grant and data management and evaluation.

## Sharing TEC Experiences

This collection of projects shares the lived experiences of TECs and the NCC. The projects illustrate how TECs and the NCC are meeting the goals of the TECPHI Program that are not readily stated in the established evaluation data collection and reporting.

These projects were meant to be low-burden. While each TECs’ participation was encouraged, completion of the two qualitative projects was not required. The following report reflects the TEC’s individual insights of the TECPHI Program over the last four years. The projects submitted range from stories, photo narratives, and infographics, to artistic representations of experiences. Through these projects, TECs have given voice and perspective to the settings, communities, and service they provide to their T/TO/UIOs.





For the past three years, the Alaska Native Epidemiology Center (EpiCenter) has engaged in strategic planning to ensure that the EpiCenter work meets overall EpiCenter and Alaska Native Tribal Health Consortium goals and mission. All EpiCenter staff are engaged in this work, and strategic planning is a key opportunity to ensure that TECPHI program level goals are not only integrated into the EpiCenter goals, but also working to support the overall mission of ANTHC.

A common theme throughout the process has been a question of “how do we better serve Tribes, Urban Indian Organizations, and Tribal Health Organizations (THOs) to become the epidemiologic resource they turn to for training, technical assistance, and health data needs such as analysis, translation, and more.”

The strategic planning process is a prime example of how the EpiCenter is continually seeking to improve capacity and infrastructure to better serve partners. EpiCenter strategic planning is a form of continuous quality improvement and demonstrates the EpiCenter's ability to be flexible to meet the needs of their partners, now and in the future and ensure sustainability of valuable services and to be the epidemiologic resource.

## **ANEC Performance Measure Project**

The Year 4 work plan for Alaska Native Epidemiology Center (EpiCenter) TECPHI program was written early in 2020, before it was clear that the COVID-19 pandemic would last for more than a few months. Because of this, many of the activities included in the plan were scheduled to occur in face-to-face settings, including many of the trainings. It was not until December 2020, at the end of the first quarter of the grant year, that it became fully evident that face-to-face trainings in 2021 were not going to be possible.

Trainings are a critical piece in building public health capacity, so rather than cancelling the face-to-face trainings, the TECPHI team worked hard to pivot many of the trainings to a virtual format. The amount of administrative work to ensure that all requirements were met including finalizing new contractor letters was no small feat, but in the end we are proud to say that we had a full year of successful virtual trainings. The lessons learned during FY21 left us better prepared to plan and facilitate trainings going forward, provided opportunities for considering how we might integrate virtual trainings with face-to-face opportunities, and will allow us to continue to better serve our partners in the future.





# California Tribal Epidemiology Center (CTEC)

## CTEC Performance Measure Project

The TECPHI program has provided CTEC with the opportunity to gather and strengthen California American Indian and Alaska Native (AIAN) public health data, as well as provide enhanced training and technical assistance to California Tribes, Tribal organizations (TOs), and Urban Indian Health Organizations (UIOs). The CTEC qualitative report highlights these efforts and key project activities that were completed in Year 4 of funding. CTEC utilized eight questions to comprehensively evaluate the impact and success of the 2020-2021 TECPHI Program. These evaluation questions focused on four program areas: Capacity Building, Technical Assistance (TA), Collaboration, and Sustainability. The qualitative report showcases the Adverse Childhood Experiences (ACEs) and improving Attitudes Related to Trauma-Informed Care (ARTIC) Project, the 4th Annual Data, Evaluation, and Grant Writing Conference, and the California Behavioral Risk Factor Surveillance Survey Data Reports. Through these projects, CTEC has partnered with Tribal communities to increase local level data, elevate awareness of key public health concerns, emphasize trauma-informed care in health care delivery, and increased skills in grant writing and evaluation. Lastly, the qualitative report details capacity-building activities, technical assistance provided to Tribes, Tribal Health Programs, and Urban Indian Health Programs, and TEC collaboration and sustainability efforts.

## TRIBAL EPIDEMIOLOGY CENTER PUBLIC HEALTH INFRASTRUCTURE

California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC)

### Program Overview

The CRIHB CTEC was awarded a five-year Tribal Epidemiology Center Public Health Infrastructure (TECPHI) cooperative agreement (2017-2022). The TECPHI program provides CRIHB CTEC with the opportunity to gather and strengthen California American Indian and Alaska Native (AIAN) public health data, as well as provide enhanced training and technical assistance to California Tribes, Tribal Organizations (TO), and Urban Indian Health Organizations (UIO).



### Program Year 4 Highlights

#### Tribal Adverse Childhood Experiences Project

- CRIHB CTEC partnered with three California Tribal Health Programs (THP) on the Tribal Adverse Childhood Experiences Project. It is a two-pronged project focused on increasing awareness of Adverse Childhood Experiences (ACE) and improving Attitudes Related to Trauma-Informed Care (ARTIC).
- The THPs administered a culturally adapted ACE survey among their service population. The TACEs project is unique in that the CRIHB CTEC adapted the original ACE questionnaire to include questions on Native resiliency, culture, and community. Providers in these same THPs completed the ARTIC survey at two points- before and after interventions- measuring their knowledge of trauma and how it impacts health and well-being.
- Analysis of TACEs and ARTIC survey data is underway and will act as the core data for a comprehensive process evaluation report.

#### Annual Data, Evaluation, and Grant Writing Conference

- In May 2021, CRIHB CTEC held a virtual annual Data, Evaluation, and Grant Writing Conference. This year's theme was *Collecting and Communicating Indigenous Public Health Data*.
- There were 100 participants, making the conference a "sold out" event. During the two-day conference, attendees were guided through online COVID-19 dashboards, learned about evaluation and COVID-19 specific data communication techniques, received resources and tools to enhance their grant writing skills, and learned how to conduct AIAN-centered focus groups and key informant interviews.

### California Tribal Behavioral Risk Factor Survey – Adults and Youth Data Reports

- The California Tribal Behavioral Risk Factor Survey (BRFS)- Adults and Youth (YRBS) data reports are an adaptation of the Centers for Disease Control Behavioral Risk Factor Surveillance System Survey and Youth Behavioral Risk Factor Surveillance System Survey. CRIHB CTEC staff modified this survey to be culturally sensitive and specific to Tribal communities in California. As a result, the survey is among the most extensive state-based samples of AIAN adults in the United States.
- 2,209 California AIAN adults ranging from 18 to 99 years old, and 611 AIAN youth ages 13-17 participated in completing these surveys at cultural gatherings, health fairs, and Tribal and Urban Health Programs. They represent 53 of 58 California counties during the 2018-2019 data collection period.
- These data reports summarize the findings from the California Tribal BRFS to be used by Tribes, Tribal and Urban Indian Health Programs, Tribal youth education programs, and other TOs for advocacy or policy-making purposes.
- Future iterations of the California Tribal BRFS and YRBS will monitor trends over time and identify strengths and areas of opportunity. This data can serve as a baseline or a point of comparison for Tribes or communities





conducting their Tribal BRFs as they work to elevate the health and well-being of their communities. The second round of surveys will begin in 2022.

## Program Evaluation

The CRIHB CTEC utilized eight questions to evaluate the impact and success of the 2020–2021 TECPHI Program. These evaluation questions focus on four program areas: Capacity Building, Technical Assistance (TA), Collaboration, and Sustainability. (Figure 1)

**Figure 1.** Evaluation Questions and Four Program Areas.

CAPACITY BUILDING	1. To what extent has the capacity of the CRIHB CTEC increased in collecting and monitoring data on the health status of Tribes, TOs, and UIOs?	2. To what extent has the capacity of the CRIHB CTEC increased in evaluating delivery and data systems that impact Indian health?
	3. To what extent has the CRIHB CTEC delivered TA to California Tribes, TOs, and UIOs on developing local health priorities and disease incidence and prevalence rates, with a focus on surveillance and epidemiology, including data collection for planning and monitoring?	4. To what extent has the CRIHB CTEC delivered TA to California Tribes, TOs, and UIOs on chronic disease prevention and other health priority areas?
TECHNICAL ASSISTANCE	5. To what extent has the CRIHB CTEC effectively established and implemented multi-sector collaborations at area, state, and/or Tribal levels?	6. To what extent has the CRIHB CTEC effectively engaged in the Network Coordinating Center (NCC) activities and Communities of Practice (CoP)?
	7. To what extent has the CRIHB CTEC identified and secured additional sources for financial support that align with program priorities?	8. Is there a plan for the CRIHB CTEC to sustain program efforts after the grant period ends?
COLLABORATION		
SUSTAINABILITY		

## Detailed Findings

### Capacity Building

- The capacity of the CRIHB CTEC to collect and monitor data on the health status of Tribes, TOs, and UIOs has continued from PY3 to PY4. TECPHI projects, such as the TACEs Project, provide a prime example of the CRIHB CTEC's ongoing data collection and internal capacity building while simultaneously working with THPs to raise theirs. In PY4, epidemiologists collected and analyzed 502 TACE surveys. Monthly TA and virtual meetings supported the THPs in developing their survey collection plans, obtaining institutional review board approval, and managing and analyzing the data. The CRIHB CTEC aims to continue these practices with future TECPHI projects to ensure quality data is collected to monitor the health status of Tribes, TOs, and UIOs throughout California.
- The CRIHB CTEC currently maintains 34 Data Sharing Agreements (DSA) with Tribes, TOs, and UIOs in California. Through these partnerships, the CRIHB CTEC staff collected and monitored the health status of Tribes, TOs, and UIOs. The CRIHB CTEC expanded four new DSAs this year. With continued work on future



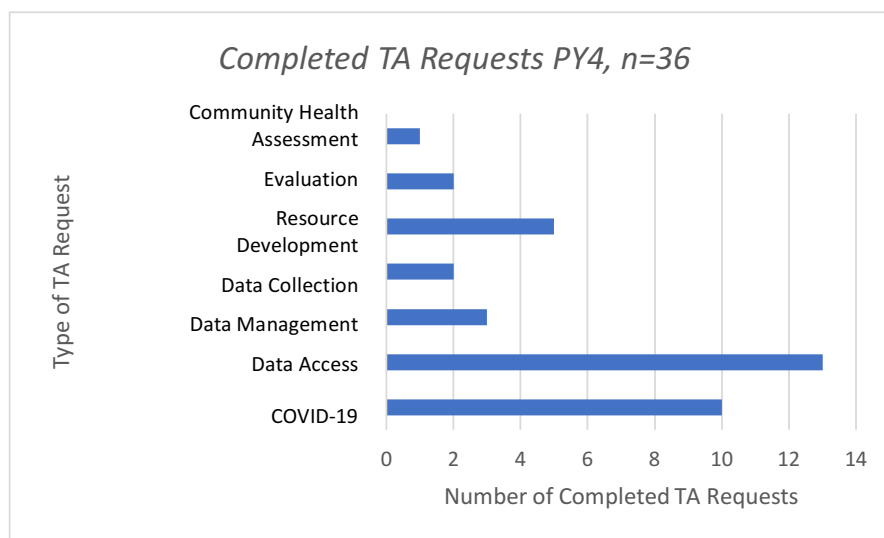
TECPHI projects, CTEC aims to maintain and further expand on DSA partnerships with additional TOs and Tribes.

- The CRIHB CTEC staff engages in ongoing training and education to best address the needs of AIANs in California. In PY4, all CRIHB CTEC staff participated in at least one training or conference. The training and seminars covered various topics, such as COVID-19 case investigations and contact tracing, statistical data analysis, data visualization, Indigenous research methodologies, grant writing, graphic design, and evaluation.

## Technical Assistance

- The CRIHB CTEC provides TA to Tribes, TOs, and UIOs throughout California. In PY4 of TECPHI funding, CRIHB CTEC responded to 36 TA requests from seven different categories. (**Figure 2**) COVID-19 TA requests included five for resource development (survey development and COVID-19 testing policies and procedures), four for outbreak response (training, case and contact investigation, COVID-19 mapping), and one for data access.

**Figure 2.** CRIHB CTEC Completed TA Requests in PY 4, By Category.



- In 2019, TECHPI awarded CRIHB with its second Good Health and Wellness in Indian Country (GHWIC) cooperative agreement. Through TECPHI funding, the CRIHB CTEC staff provided TA and training to 17 GHWIC subcontractors to increase program and staff capacity related to chronic disease prevention and program evaluation. Specific training included program development and evaluation, data management and analysis, and survey development.

## Collaboration

- The CRIHB CTEC collaborated with four THPs on a one-year project to conduct Community Health Assessments (CHA) to identify key health concerns in communities and programs. There was a delay due to COVID-19, but presently, 1,393 CHA surveys were collected from the four THPs. The results of these assessments and key informant interviews performed as part of the project will inform THPs of leading health concerns and barriers to care affecting their patient populations. Once the final report is completed and published, other sites can use results as baseline data.
- The CRIHB CTEC has also maintained an ongoing partnership with the NCC for TECPHI by participating in selected activities and CoP groups. These groups have shared best practices around evaluation, data, racial misclassification, and project management. The CRIHB CTEC staff who participated in these groups have utilized these learning opportunities to provide project-specific assistance to programs across the state. Ongoing participation with the NCC groups provides CRIHB CTEC with additional skills to best serve the health priorities of AIAN individuals in California.

## Sustainability

- The CRIHB CTEC secured four grants in PY4, including the latest round of funding for the CRIHB CTEC core grant. The increase in funding has enhanced CRIHB CTEC's capacity to respond to TA and training requests related to promoting community health, including responding to COVID-19, chronic illness, drug abuse, and promotion of rural health services. CRIHB CTEC will continue to improve its service offerings to Tribes, TOs,

and UIOs throughout California by identifying and securing additional sources of project funding that align with California AIAN's health priorities.

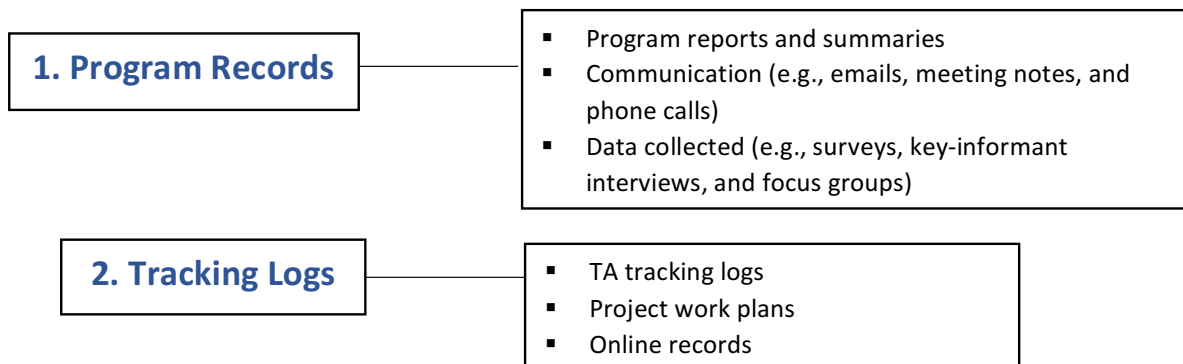
- The CRIHB CTEC is in PY4 of the five-year TECPHI cooperative agreement and will continue to develop a sustainability plan to fund various programming beyond the end of this project. Specifically, the Community Health Interview Survey AIAN oversample report has been completed and approved for dissemination. The CRIHB CTEC Data Portal is another project that we will continue to work on and expect to finalize by January of 2022. Additional ongoing projects include TACEs, the Tribal BRFS, and the Tribal YRBFS.

## Evaluation Methods

The CRIHB CTEC utilizes a five-year evaluation plan to measure and improve the performance of the TECPHI cooperative agreement. The CRIHB CTEC is currently in PY4 of the project and has made ongoing improvements to meet California AIAN individuals' health priorities. Over the last four years, CRIHB CTEC has continuously improved the evaluation plan to fulfill its vision of a culturally sensitive, graduated approach to data surveillance projects, training, and TA for California AIAN communities. To further guide the program and ensure that this work is completed effectively for all parties involved, the following strategies are employed:

- 1) Strengthen Public Health Capacity and Infrastructure
- 2) Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention
- 3) Engage in Sustainability Activities

To effectively measure the performance of these components, the CRIHB CTEC staff utilize various tools to track the progress and impact of TECPHI activities. These tracking tools include two primary sources:



Utilizing a combination of project records and tracking logs has allowed CRIHB CTEC to evaluate the progress and impact of the TECPHI project. As the programmatic needs of the TECPHI grant change from year to year, the CRIHB CTEC team adjusted by conducting the most relevant evaluation components that best fit each program area. Most of the evaluation conducted during this project year focused on maintaining tracking logs to ensure compliance with project requirements and collecting pre/post data to measure changes in capacity and knowledge. The CRIHB CTEC staff will continue to use these evaluation methods to guide future decisions and ultimately best serve the health needs of AIAN individuals throughout California.





## California Tribal Behavioral Risk Factor Survey (BRFS) – Adults and Youth (YRBS) Data Reports

- The California Tribal BRFS, and YRBS is an adaptation the Centers for Disease Control Behavioral Risk Factor Surveillance System Survey and Youth Behavioral Risk Factor Surveillance System Survey. CTEC staff modified this survey to be culturally sensitive and specific to Tribal communities in California. As a result, this survey is among the most extensive state-based samples of AIAN adults in the United States.
- The 2,209 California AIAN adults ranging in age from 18 to 99, and the 611 AIAN youth ages 13-17 participated in completing these surveys at cultural gatherings, health fairs, and at Tribal and Urban Health Programs; representing 53 of 58 California counties during the 2018-2019 data collection period.
- These data reports summarize the findings from the California Tribal BRFS to be used by Tribes, Tribal and Urban Indian Health Programs, Tribal youth education programs, and other Tribal organizations for advocacy or policy-making purposes.
- Future iterations of the California Tribal BRFS and YRBS will allow for monitoring trends over time and identifying strengths and areas of opportunity. This data can serve as a baseline or a point of comparison for Tribes or communities conducting their own Tribal BRFS as they work to elevate the health and well-being of their communities. The second round of surveys will begin in 2022.

## Program Evaluation

CTEC utilized eight questions to comprehensively evaluate the impact and success of the 2020–2021 TECPHI Program. These evaluation questions focus on four program areas: Capacity Building, Technical Assistance (TA), Collaboration, and Sustainability.

CAPACITY BUILDING	1. To what extent has the capacity of CTEC increased in collecting and monitoring data on the health status of Tribes, TOs, and UIOs?	2. To what extent has the capacity of CTEC increased in evaluating delivery and data systems that impact Indian health?
TECHNICAL ASSISTANCE	3. To what extent has CTEC delivered TA to California Tribes, TOs, and UIOs on developing local health priorities and disease incidence and prevalence rates, with a focus on surveillance and epidemiology, including data collection for planning and monitoring?	4. To what extent has CTEC delivered TA to California Tribes, TOs, and UIOs on chronic disease prevention and other health priority areas?
COLLABORATION	5. To what extent has CTEC effectively established and implemented multi-sector collaborations at area, state, and/or Tribal levels?	6. To what extent has CTEC effectively engaged in the Network Coordinating Center (NCC) activities and Communities of Practice?
SUSTAINABILITY	7. To what extent has CTEC identified and secured additional sources for financial support that align with program priorities?	8. Is there a plan for CTEC to sustain program efforts after the grant period ends?





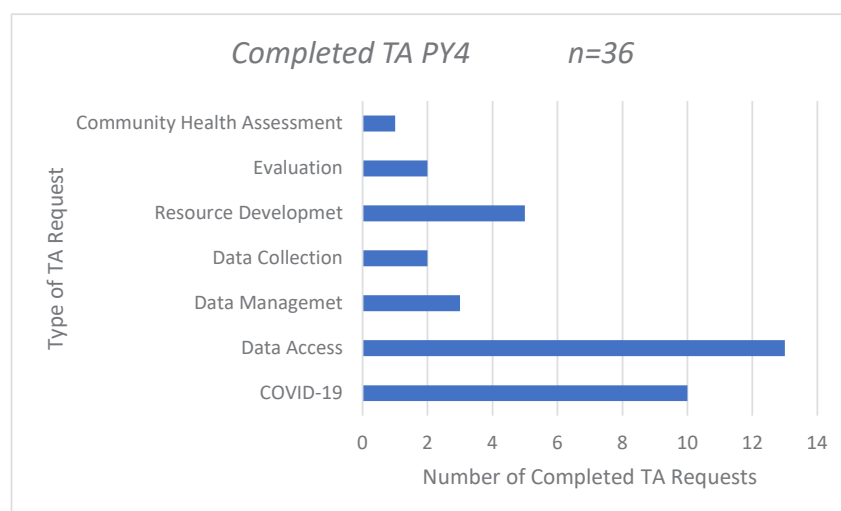
## Detailed Findings

### Capacity Building (Questions 1, 2)

- The capacity of CTEC to collect and monitor data on the health status of Tribes, TOs, and UIOs has continued from PY3 to PY4. TECPHI projects, such as the TACEs Project, provide a prime example of CTEC's ongoing data collection and internal capacity building while simultaneously working with THPs to raise theirs. In PY4, 502 TACE surveys were collected by three THPs, CTEC epidemiologists analyzed the data. Monthly, ongoing TA and virtual meetings supported THPs in developing their survey collection plans, obtaining institutional review board approval, and managing and analyzing the data. CTEC aims to continue these practices with future TECPHI projects to ensure quality data is collected to monitor the health status of Tribes, TOs, and UIOs throughout California.
- CTEC currently maintains 34 Data Sharing Agreements (DSAs) with Tribes, TOs, and UIOs in California. Through these partnerships, CTEC staff collected and monitored the health status of Tribes, TOs, and UIOs. CTEC expanded four new DSAs this year. With continued work on future TECPHI projects, CTEC aims to maintain and further expand on DSA partnerships with additional TOs and Tribes.
- CTEC staff engages in ongoing training and education to best address the needs of AIANs in California. In PY4, all CTEC staff participated in at least one training or conference. Trainings and conferences covered a variety of subject matter, such as Covid-19 case investigations and tracing, statistical data analysis, data visualization, Indigenous research methodologies, grant writing, graphic design, and evaluation.

### Technical Assistance (Questions 3, 4)

- CTEC provides TA to Tribes, TOs, and UIOs throughout California. In PY4 of TECPHI funding, CTEC responded to 36 TA requests from seven different categories. COVID-19 requests included five for resource development (survey development and COVID-19 testing policies and procedures), four specific to outbreak response (training, case and contact investigation, COVID-19 mapping), and one for data access.



- In 2019, CRIHB was awarded its second Good Health and Wellness in Indian Country (GHWIC) cooperative agreement. Through TECPHI funding, CTEC staff provided TA and training for 17 GHWIC subcontractors to increase program and staff capacity related to chronic disease prevention and program evaluation. Specific trainings included program development and evaluation, data management and analysis, and survey development.

### Collaboration (Questions 5, 6)

- CTEC collaborated with four THPs on a one-year project to conduct Community Health Assessments (CHAs) to identify key health concerns in our communities and programs which address them. There was some delay due to Covid-19, but presently, 1,393 CHA surveys were collected from the four THPs. The results of these assessments and key informant interviews performed as part of the project will inform THPs of key health concerns and barriers to care affecting their patient populations. Once the final report is completed and published, other sites can use results as baseline data.

- CTEC staff has also maintained an ongoing partnership with the National Coordinating Center (NCC) for TECPHI by participating in selected activities and Communities of Practice groups. These groups have focused on topics such as evaluation, data, racial misclassification, and project management. CTEC staff who have participated in these groups utilized these learning opportunities to provide project-specific assistance to programs across the state. Ongoing participation with the NCC groups provides CTEC staff with additional skills to best serve the health priorities of AIAN individuals in California.

#### Sustainability (Questions 7, 8)

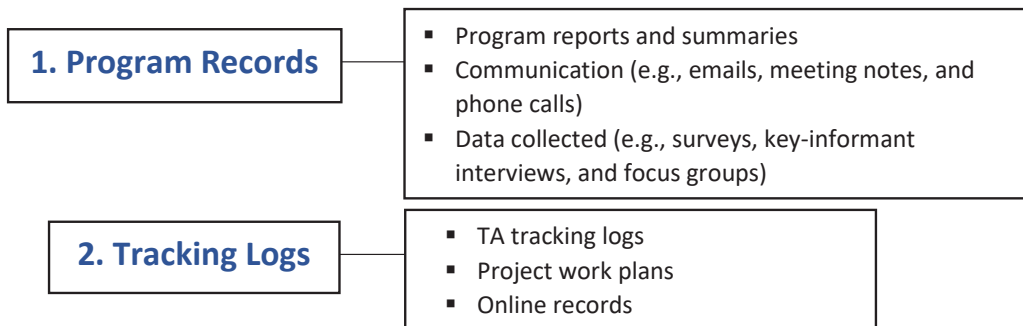
- CTEC secured four grants in PY4, including the latest round of funding for the CTEC core grant. The increase in funding has enhanced CTEC's capacity to respond to TA and training requests related to promoting community health, including responding to COVID-19, chronic illness, drug abuse, and promotion of rural health services. CTEC will continue to improve its service offerings to Tribes, TOs, and UIOs throughout California by attaining additional sources of financial support that align with California AIAN health priorities.
- CTEC is in PY4 of the five-year TECPHI cooperative agreement and will continue to develop a sustainability plan to fund various programming beyond this project. Specifically, the CHIS AIAN oversample report has been completed and approved for dissemination. The CTEC Data Portal is another project that will continue to work on and expect to finalize by January of 2022. Additional ongoing projects include TACEs, the Tribal BRFS, and the Tribal YRBFS.

### Evaluation Methods

CTEC utilizes a five-year evaluation plan to measure and improve the performance of the TECPHI cooperative agreement. CTEC is currently in PY4 of the project and has made ongoing improvements to meet California AIAN individuals' health priorities. Over the last four years, CTEC has continuously improved the evaluation plan to fulfill its vision of a culturally sensitive, graduated approach to data surveillance projects, training, and TA for California AIAN communities. To further guide the program and ensure that this work is completed effectively for all parties involved, the following strategies are employed:

- 1) Strengthen Public Health Capacity and Infrastructure
- 2) Implement Activities to Improve Effectiveness of Health Promotion and Disease Prevention
- 3) Engage in Sustainability Activities

To effectively measure the performance of these components, CTEC staff utilize various tools to track the progress and impact of TECPHI activities. These tracking tools include two primary sources:



Utilizing the combination of project records and tracking logs has allowed CTEC to evaluate the progress and impact of the TECPHI project. As the programmatic needs of the TECPHI grant change from year to year, the CTEC team makes adjustments to conduct the most pertinent evaluation that best fits each program area. Most of the evaluation conducted in this project year focused on maintaining tracking logs to ensure compliance with project requirements and pre/post data collection to measure changes in capacity and knowledge. The CTEC staff will continue to use these evaluation methods to guide future decisions and ultimately best serve the health needs of AIAN individuals throughout California.



# The California Tribal Epidemiology Center and the California Indian Health Board, Inc.

## #CovidVaccineSavesLives AD CAMPAIGN

<https://crihb.org/prevention-and-education/public-health/#vaccine-campaign>

Partnering with AIAN media and graphic designers from all over California, the posters found in the #CovidVaccineSavesLives ad campaign consist of ready-to-print California community members and tribal leaders including physicians, young adults, essential workers (fire chief, police officer, traditional leaders, elders).

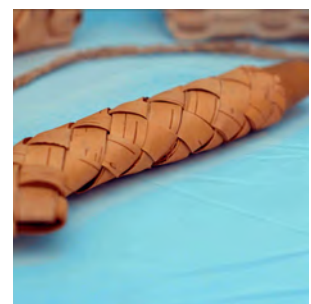
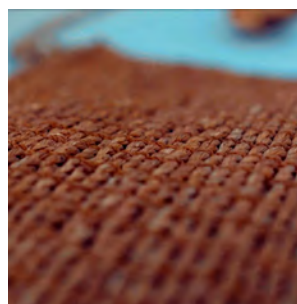
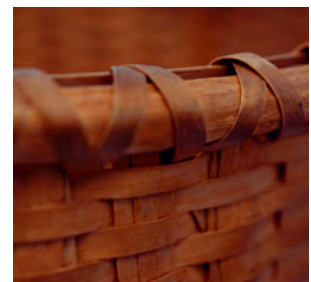
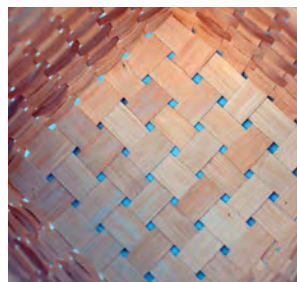




# Great Lakes Inter-Tribal Epidemiology Center (GLITEC)

## GLITEC Performance Measure Project

GLITEC TECPHI resources currently support ten Tribal/urban Indian programs with evaluation. Indigenous evaluation centers indigenous ways of knowing; methods and frameworks are grounded in culture. GLITEC has increased the volume of projects that incorporate indigenous evaluation methodologies-one method Tribal/urban Indian programs have chosen is storytelling through video. The video clip features black ash basket weaver April Stone (Bad River Band of Lake Superior Chippewa).





# Great Plains Tribal Epidemiology Center (GPTEC)

## GPTEC Performance Measure Project

GPTEC reviewed its attempts to establish informal DSAs with state health department partners and identified recurring themes associated with successful arrangements. GPTEC developed a partnership-building framework outlining critical steps that outwardly contributed to building the relationships that resulted in fluid data-sharing arrangements. A success story with the SDDOH is included.

# Great Plains

## Tribal Epidemiology Center Public Health Infrastructure

*Year 4 Qualitative Project:  
Establishing Informal Data Sharing Partnerships*



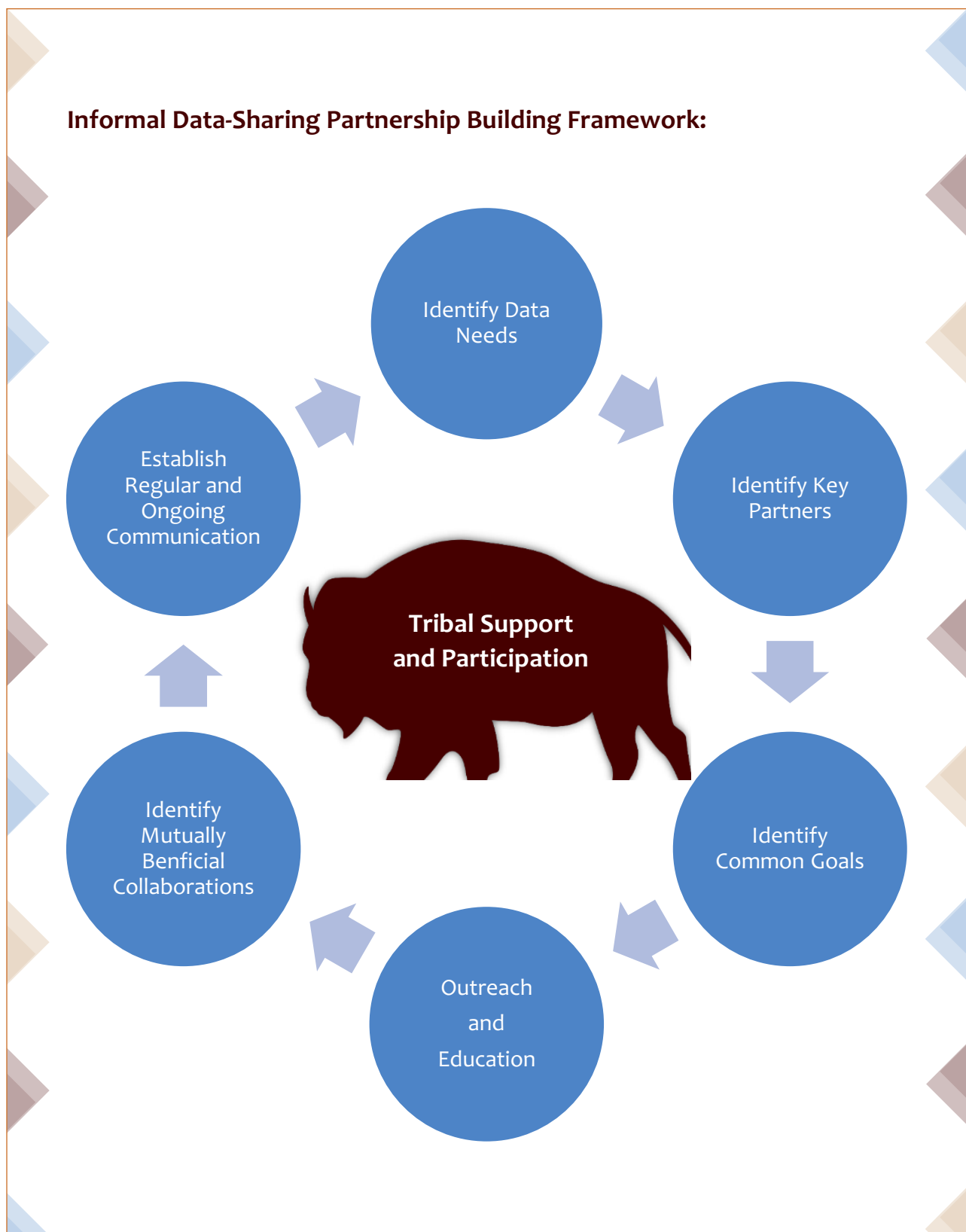
### Introduction:

Data-sharing agreements (DSAs) define a data-sharing relationship's purpose, contents, standards, and responsibilities. Emergent public health priorities frequently identify the need for the Great Plains Tribal Epidemiology Center (GPTEC) to establish DSAs swiftly. Formal DSAs eliminate ambiguity and clearly define rules and expectations; however, formal DSAs often take more time, reduce or eliminate opportunities for negotiation, and do not adapt to changing priorities. As an alternative, GPTEC often establishes informal data-sharing arrangements which are characteristically more timely, flexible, and responsive.

GPTEC reviewed its attempts to establish informal DSAs with state health department partners and identified recurring themes associated with successful arrangements. GPTEC developed a partnership-building framework outlining critical steps that outwardly contributed to building the relationships that resulted in fluid data-sharing arrangements.



## Informal Data-Sharing Partnership Building Framework:





**Tribal Support and Participation:** GPTEC serves as an advocate for tribal data sovereignty. Demonstrating tribal support throughout the process certifies tribal approval of GPTEC activities and ensures GPTEC activities benefit Great Plains Area (GPA) tribes. GPTEC encourages and facilitates tribal participation throughout the process to establish tribal ownership of the data and build tribal public health capacity.

1. **Identify Data Needs:** GPTEC uses surveys, site visits, and advisory councils to engage tribes and identify tribal priorities and needs regularly.
2. **Identify Key Partners:** Who in the state health department has the data needed? Who in the state health department has the authority to share it?
3. **Identify Common Goals:** Do key partners share a common mission, goal, or objective with GPTEC or GPA tribes? GPTEC utilizes shared goals to facilitate outreach, peak partner interest, and promote ongoing dialog.
4. **Outreach and Education:** Existing partners often facilitate outreach and introductions with new partners. New partners may not be familiar with GPTEC, its mission, or its relationship to GPA tribes. Partners that embrace informal DSAs are knowledgeable about Tribal Epidemiology Centers, their public health authority status, professional capacity, and responsibilities to tribes.
5. **Identify Mutually Beneficial Collaborations:** Informal DSAs originate from collaborations that mutually benefit the partner organization, GPTEC, and tribes.
6. **Establish Regular and Ongoing Communication:** GPTEC utilizes various methods to maintain key partner engagement. Examples include invitations to GPTEC meetings, conferences and events, bi-weekly meetings, and annual site visits. In an informal data-sharing relationship, key partners' engagement in GPTEC and tribal activities contribute to willful responsiveness to evolving tribal needs and priorities.

*GPTEC consistently participates in meetings, conferences, and presentations that provide opportunities to advance these activities with large and diverse audiences.*

## Informal Data-Sharing Success Story in South Dakota:

In the summer of 2020, as the COVID-19 pandemic was reaching the Great Plains Area, it was clear that the data publicly reported by the State of South Dakota was not sufficient to respond appropriately. A standing relationship between GPTEC and the South Dakota State Epidemiologist existed, built using the framework outlined above. Responsive to GPTEC and tribal needs, the State Epidemiologist provided GPTEC with line-level MAVEN infectious disease surveillance system extracts for AI/AN. The data was significant, as GPTEC had never received data at that level of detail before. The receipt of the MAVEN data served as a springboard for accessing other data sets. Subsequent provision of MAVEN extracts included data for all races and historical pneumococcal and influenza case and vaccination data. South Dakota delivered syndromic surveillance data to GPTEC staff via direct access to the ESSENCE platform. GPTEC and South Dakota jointly supervise a CDC Foundation employee to bolster COVID-19 response. Based within GPTEC, the employee had direct access to the MAVEN, Immunization Information, and Health Information Exchange systems.

Utilizing the data and access provided, GPTEC supported Great Plains Area tribes with continuous updates on COVID-19 trends and risks in their communities. GPTEC analyzed COVID-19 disparities in hospitalization, ICU admissions, and mortality outcomes between AI/AN and Whites. GPTEC, through CDC Foundations staff, also corrected racial misclassifications identified among COVID-19 cases within the source reporting systems. These activities increased tribal public health capacity in response to the COVID-19 pandemic by informing tribal policy decisions, furthering the understanding of COVID-19 impacts on tribal communities, and enhancing the quality of AI/AN case data. All accomplished without entering a formal DSA.

GPTEC and Great Plains Area tribes continue to benefit from this arrangement. Through ongoing discussion, GPTEC anticipates timely line-level extracts for all reportable diseases and increased permissions within ESSENCE. In conjunction with the planned staffing of a dedicated biostatistician, GPTEC expects to increase the public health surveillance and monitoring capacity of itself and Great Plains Area tribes significantly in the coming year.

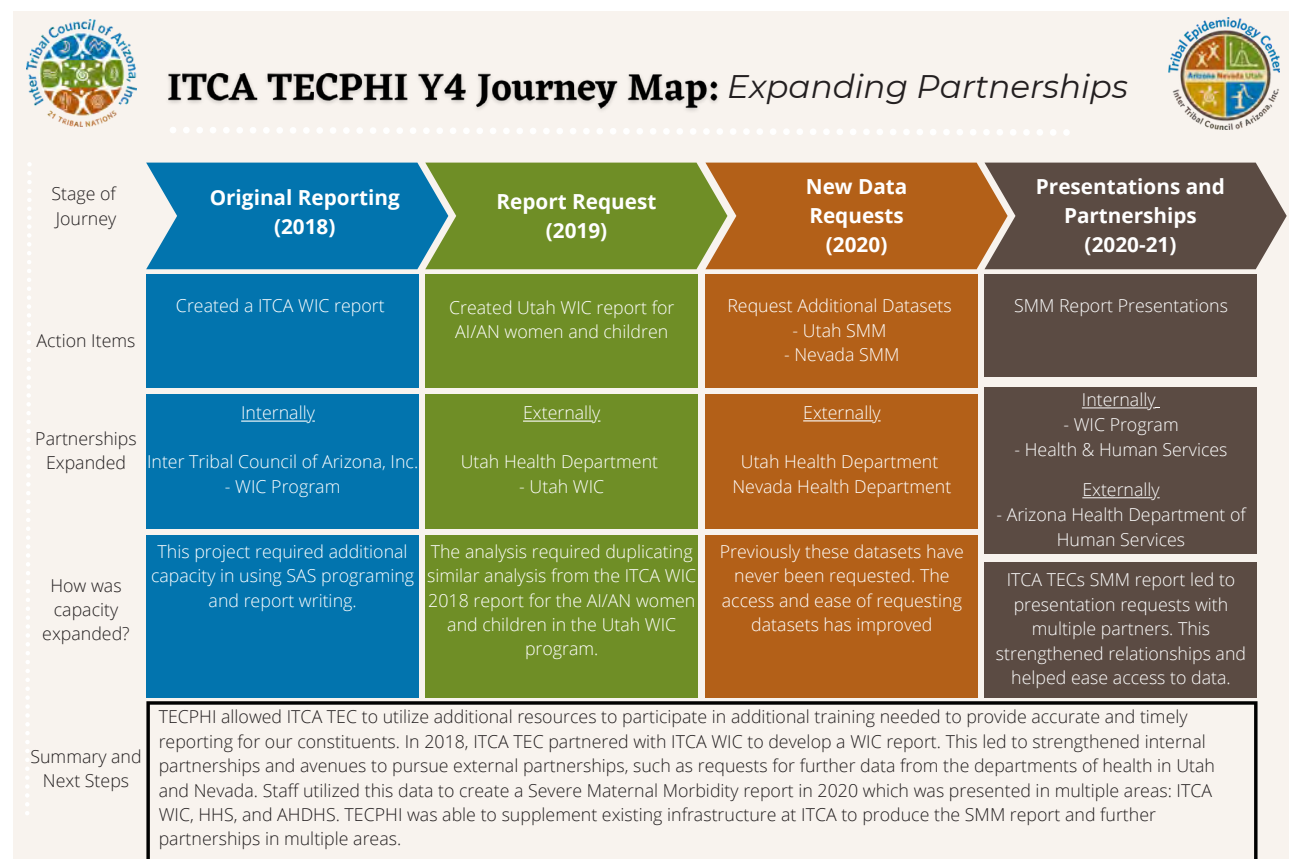


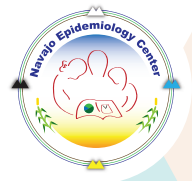


# Inter Tribal Council of Arizona, Inc. Tribal Epidemiology Center (ITCA TEC)

## ITCA TEC Performance Measure Project

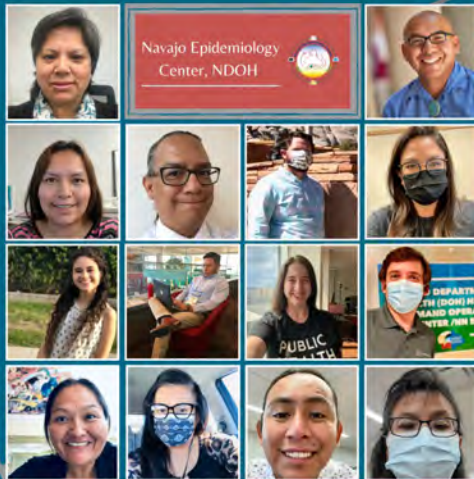
ITCA TECPHI staff created a journey map detailing how expanding partnerships, publications, and data-sharing agreements have worked in conjunction over the first four years of the program to allow ITCA TEC to better service member Tribes. In year 4, ITCA TECPHI staff completed a Severe Maternal Morbidity report that was presented to ITCAs WIC program, ITCAs Health and Human Services department, and the Arizona Health Department of Human Services. One report led to expanding partnership with both internal and external programs that will further allow the TEC to grow and build these relationships to further their impact. The journey map here explores the path ITCA TEC took to achieve the necessary components to finish the SMM report. Starting in 2018, an ITCA WIC report was created with TEC assistance. This led to a realization that SAS programming and report writing training was needed. This was supported to allow staff expanded expertise in data management. Once the WIC report was created, staff was asked to perform a similar report for Utah WIC in 2019. From both WIC reports and expanding data capacity, ITCA TEC formed data-sharing agreements with Nevada and Utah for SMM data. This was used in the 2021 SMM report which continues to fuel expanding partnerships both internally and externally with ITCA.





## Navajo Epidemiology Center (NEC)

# Navajo Epidemiology Center



*The Navajo Epidemiology Center and its partners received an award from Navajo Area Indian Health Service "for excellence in COVID-19 disease surveillance, data analysis and data sharing for the Navajo Nation."*

*From top to bottom and left to right; Ramona Antone-Nez, Del Yazzie, Delores Becenti, Simental Francisco, David Foley, Deidre Greyeyes, Larissa Cruz (CDC Foundation), Tex Etsitty, Victoria Sargent (CDC Foundation), Nick Rolig (CDC Foundation), Cheryl Willie, Darlene Tracy, Todd Perkins, Margie Tsosie (not pictured; Forrest Lester)*

According to a brochure created before the COVID-19 pandemic hit the Navajo Nation, "The Navajo Epidemiology Center (NEC), under the Navajo

Department of Health, was established in 2005 to develop disease surveillance systems, investigate and respond to disease outbreaks and public health emergencies, collect data, disseminate reports, and coordinate these activities with other public health authorities." In the middle of the pandemic, all of these activities have been recognized as services to the Navajo Nation COVID-19 pandemic response provided by the Navajo Epidemiology Center in one form or another.

To support these efforts, the Centers for Disease Control (CDC) Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Cooperative Agreement was instrumental in bringing on board a multitude of additional skills and services to support the NEC efforts to build systems, collect data, disseminate reports and coordinate activities. Delores Becenti, Senior Programs and Projects Specialist, was able to create and hire three additional positions during the pandemic. This increased staff supported by TECPHI to 6 personnel. All 6 personnel were assigned to COVID-19 activities through the identified services. Tex Etsitty, Senior Network Specialist, created and manages the many Tableau® dashboards provided to the public, partners, leadership and the Navajo Nation Health Command Operations Center Teams (NNHCOC). Forrest Lester, Information Systems Technician, provided support as a Contact Tracer in the beginning of the pandemic when contact tracing was crucial and a much needed workforce. She also provides assistance with data collection and daily updates to the Navajo Epidemiology Center's ArcGIS® Coronavirus Hub. Todd Perkins temporarily assisted with administrative tasks, normally a burden to Delores, thereby giving her time to address other activities. Margie Tsosie also assisted with the administrative tasks of managing contracts and funds crucial to the response. Both Ramona Antone-Nez and Delores Becenti were assigned to teams and, eventually, co-leads of teams within the NNHCOC response, requiring full-time attention to these teams. TECPHI enhanced an already accomplished NEC and begins a foundation for an infrastructure capable of responding to a pandemic.

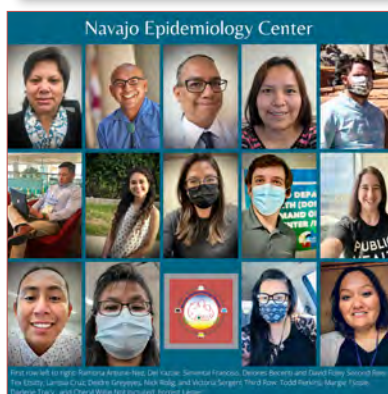
The Navajo Epidemiology Center was clearly successful in meeting its mission and vision by being recognized and awarded as part of an outstanding Unified Epidemiology Team under the COVID-19 response. The attached publication was written by a partner to highlight this recognition for our people, partners and leadership. It is on the NEC website at <https://www.nec.navajo-nsn.gov/>.

*Written by Delores Becenti, Senior Programs & Projects Specialist, Navajo Epidemiology Center, 12/30/2021*



## DIKOS NTSAAGII (COVID-19) UPDATE

# Navajo Epidemiology Center receives Award for Outstanding COVID-19 Epi Team



**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](http://www.ndoh.navajo-nsn.gov/COVID-19) and [www.nec.navajo-nsn.gov](http://www.nec.navajo-nsn.gov).

### What is epidemiology?

The study of the distribution and determinants of health-related states in specified populations, and the application of this study to control health problems. Epidemiology is the basic science of public health. It's a highly quantitative discipline. Epidemiologists study the distribution of frequencies and patterns of health events such as the COVID-19 pandemic. It characterizes health events in terms of time, place and person. The Navajo Epidemiology Center collects and analyzes data for the Navajo Nation and shares it with the Nation's residents, leadership, health officials, hospitals, states, and other partners. The information helps protect the residents of the Navajo Nation.

Contact us: Tel. 928/871-6539 • Website: [www.nec.navajo-nsn.gov](http://www.nec.navajo-nsn.gov) • Email: [navajoepi@navajo-nsn.gov](mailto:navajoepi@navajo-nsn.gov)



# Network Coordinating Center (NCC)

## NCC Performance Measure Project

### Certified in Public Health Exam Review Course with Emory University

Understanding and enhancing TEC staff capacity is a key strategy of the TECPHI funding opportunity. Along with a variety of workforce assessments and training opportunities to support capacity building, the Network Coordinating Center (NCC) identified the Certified in Public Health (CPH) credential is the only of its kind that demonstrates knowledge in the core competencies in public health. Although many options exist for asynchronous independent study, the NCC did not find any available virtual synchronous training options to help prep TEC staff to take and successfully pass the exam.

Studying for a 200 question, 4-hour exam with content that covers the 10 domain areas of public health can be daunting! In order to provide a richer and more robust exam review experience, the NCC collaborated with Emory University's Rollins School of Public Health to offer a 2-week course for staff to refresh their knowledge and prepare for the CPH exam. During the two weeks, participants met 4 times each week for half days, and faculty provided lectures and provided time for attendee Q&A. The Emory faculty went above and beyond and enhanced course content by including pre- and post- course knowledge assessment tests and test-taking strategies. Additionally, faculty regularly reassured course participants that exam performance does not define our skills as public health professionals. The course provided the knowledge, skills, ability AND confidence to be successfully pass the exam. Since the course was offered in August 2021, 13 of the 19 of the participating staff from 6 TECs have passed the exam.

Managing the structure and the logistics of the course was challenging due to the volume of the course content that needed to be presented and the required number of days of to make a multiple day, virtual course manageable for participants. The two week virtual synchronous exam review prep course served as a pilot test for the NCC and Emory University faculty and the decision to offer the course again depended on evaluation results and the number of participants who took and passed the exam. Even with the challenges, the feedback was overwhelmingly positive and the pass rate to date has been 100%! The graphic shares quotes from participants about the training experience and what contributed to their success in passing the exam. Overall, the CPH exam review course was considered a resounding success and plans are underway to offer the same course in Year 5 to additional TEC staff in collaboration with our Emory University partners.

"For me, it was walking through the content and the question review. I've got some background in testing strategies, but that was a helpful refresher as well. I would recommend keeping all the elements. I was also able to devote all my attention to the class time; an important factor that I did not have in the past. That was a big plus for me, but I know that is rarely possible."

"Doing questions together was very helpful"

"Thank you all so much for your time and effort. It really means so much. I have wanted to get my CPH for years but the breadth of the material always intimidated me. Now I know the academic theories behind the real-world applications I have implemented for years."

"I FEEL THE PRESENTATIONS WERE VERY GOOD COMING FROM INDIVIDUALS WHO WERE TRULY EXPERTS IN THE FIELD."

"SINCE I DO NOT HAVE MY MPH, IT WAS GREAT TO HAVE SOME FORMAL EDUCATION IN EACH OF THE 10 AREAS. I ALSO APPRECIATED THE REAL WORLD EXAMPLES AND THE PRACTICE QUESTIONS."

"Overall, it was an enjoyable and professionally challenging experience, so thank you again for offering it to us."

"I REALLY APPRECIATE YOUR EFFORTS IN ORGANIZING THE COURSES AND ENCOURAGING US TO TAKE THE EXAM. PLEASE DO INFORM OUR AMAZING INSTRUCTORS, A MAJOR CREDIT GOES TO THEM AS WELL."

"The review course with Emory was helpful and I will highly recommend it to anyone thinking about taking the exam. Personally, I wasn't quite sure where my strengths and weaknesses were so by going through the presentations, it made me identify where my weaknesses were and focus my attention to those areas."



## Performance Measure 4: Technical Assistance

While the NCC primarily serves the TECs and facilitates TEC activities, the NCC also seeks out opportunities to expand beyond traditional activities to support our TEC partners. One activity that the NCC has initiated over the last year is hosting informal Coffee & Tea sessions to allow TEC staff an avenue to build relationships beyond their specific job duties while working in a virtual, pandemic world. These sessions have been very well-received and have inspired other programs to duplicate these efforts. In September of 2021 the NCC was asked to host 5 interactive regional Coffee & Tea Networking sessions on behalf of the Coordinating Center (CCG) for Good Health and Wellness in Indian Country (GHWIC) at the National GHWIC Gathering in September 2021. This was a great opportunity for the NCC to demonstrate our willingness and readiness to provide technical assistance in whatever capacity is needed.

Of the Gathering attendees who responded to the post-gathering evaluation survey, 70% indicated “agree” or “strongly agree” they valued the Coffee & Tea sessions to connect with other GHWIC recipients and they made a meaningful connection with another GHWIC recipient at a session. One respondent shared that “connecting with fellow GHWIC grantees on a personal level during the coffee and tea sessions” was the most valuable part of the Gathering experience for them. Alternatively, several respondents indicated that the Coffee & Tea sessions overly structured. This feedback will be used to adjust future similar types of activities to be more useful to the participants. The NCC willing and able to jump in as needed and the work of the NCC has impact in a variety of capacities, but there is still room to grow and improve to better meet the needs of the TECs.





# Northwest Tribal Epidemiology Center (NWTEC)



## 2021 Developing Infrastructure

### Overview

The Improving Data and Enhancing Access – Northwest (IDEA-NW) project has been an integral force in driving forward the TECPHI activities for the Northwest Tribal Epidemiology Center (NWTEC). The grant is aimed at developing the infrastructure of NWTEC and while there are specific activities IDEA-NW is involved in, infrastructure can be hard to represent through deliverables. The activities that IDEA-NW have engaged in, and the staff that they were able to hire as a result of TECPHI have contributed to the development of NWTEC. TECPHI has helped develop projects that might have floundered prior to receiving this funding opportunity. To highlight this expansion, we will choose a project that was contributed to by IDEA-NW staff.

### TECPHI 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 board conducted a dedicated MCH assessment with member tribes to understand the TEC's existing MCH capacity, direct further MCH work, and determine how MCH can fit within the overall NPAIHB strategic plan.
- 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, the MCH workgroup convened NWTEC epidemiologists to apply for targeted MCH Opioid funding and leverage the TEC's existing data infrastructure to deliver these data.
- MCH ECHO: The Extension for Community Healthcare Outcomes (ECHO) model uses virtual telehealth spaces to provide specialized healthcare resources to rural communities. This model has seen particular success throughout Indian Country. The MCH workgroup successfully initiated an MCH-specific ECHO clinic to support MCH providers.
- 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.





# 2021 Sub-Award Evaluation Report

## Overview of the Improving Data and Enhancing Access - Northwest Project Activity

From January 2019 to September 2020 the Improving Data and Enhancing Access – Northwest (IDEA-NW) project provided sub-awards, Technical Assistance (TA), and support to three Northwest Tribes to help develop their suicide surveillance efforts. The aim of this support was to support Northwest Tribes in data-driven strategic planning activities for suicide prevention. Supporting Tribal efforts to prevent suicide was chosen because American Indians and Alaska Native people (AI/AN) nationally and in the Northwest, experience a higher burden of suicide completions compared to the general population. Suicide is the 7th leading cause of death for Northwest AI/AN people and the second leading cause of death for AI/AN people between the ages of 15-44.

Accurate and local-level data are key components of effective suicide prevention programs. Data can help Tribes understand the scope and impact of suicide within the community, identify risk and protective factors, and choose, adapt, and evaluate suicide prevention programs.

This report provides a summary of activities, outcomes, and lessons learned over the course of the suicide surveillance projects. To respect the anonymity of the Tribes involved in the suicide prevention projects, Tribal identifying information has been removed from this report.

### I

#### Tribe 1 Overview (January 2019 - September 2020)

- Monthly check-in calls
- Providing the Tribe available local level suicide-related data for them to develop their comprehensive profile of suicide among AI/AN residents.
  - Three data sets are analyzed: hospital discharge, death certificate, emergency department visits using their state's ESSENCE system
- IDEA-NW shared several data sharing agreement (DSA) samples and templates.
- The Tribe developed a Memorandum of Understanding (MOU) to facilitate the sharing of information on suicide risk, attempts, and ideation across Tribal departments.
- The Tribe updated their community strategic plan for suicide prevention for the department
- IDEA-NW led a Tribal suicide monitoring and prevention strategic planning meeting with three local county departments and the Tribe's Behavioral Health program
- IDEA-NW and the Tribe jointly presented at the American Association of Suicidology's annual conference
- NPAIHB provided three webinar trainings
  1. HIPAA as it relates to suicide data
  2. Suicide surveillance success story sharing
  3. Understanding data for tribal suicide prevention

### II

#### Tribe 2 Overview (January 2019 - September 2019)

- The Tribe held one strategic planning meeting in 2019. There were 53 attendees at the strategic planning meeting, including local school counselors, local health organizations, Tribal police, and the Tribe's Behavioral Health staff.
- During the meeting the Tribe shared their suicide prevention efforts
  - SAMHSA Garrett Lee Smith Suicide Prevention sub-grantee from the NPAIHB – using the Zero Suicide model, the grant has allowed the Tribe to make progress on policies at the clinic level
  - IHS Methamphetamine and Suicide Prevention Initiative (MSPI) grant – outreach, follow up with family members
  - Tracking suicide ideation and attempts through Electronic Health Record data (via suicide screening questions)
  - Presented data to community members and policy makers within the tribe and at the state level
  - Have 3 staff trained in QPR, 3 trained in ASIST, and 2 in Mental Health First Aid
  - District roundtables presented data on suicide across the 5 districts at the Tribe





### Tribe 3 Overview (January 2019 - September 2019)

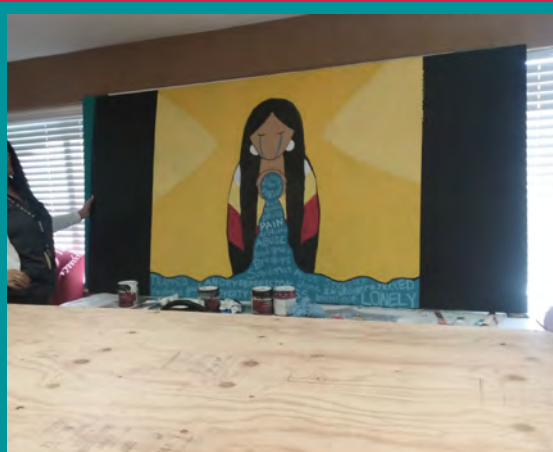
Although not comprehensive, activities included:

- Established Partnerships: Tribal clinic established working relationships with 2 area county coroners and the existing state regional prevention work
- Data Sharing: Receive data from 2 coroner's offices on completed suicides and attempts reported through the crisis centers and Emergency Rooms (ER) with information such as age, sex, method, alcohol and other substance use screenings. Information is also provided to the clinic from the public and Tribal school systems.



### Lessons Learned

- Partnership Building: Tribe 1 noted that it was valuable to set up partnerships with county department of health during this pilot project
- Trainings to increase capacity: Tribes felt that the trainings provided by IDEA-NW were helpful
- Challenges Shared by the Tribe:
  - Tribe 2 noted time constraints as one of the limiting factors to write up a suicide prevention strategic plan, or to establish a MOU or MOA with outside agencies
  - Tribe 3 noted experiencing difficulty sharing data due to HIPAA
- Difficulties faced by IDEA-NW in supporting Tribes with developing suicide surveillance systems:
  - The timeline and project goals may be unrealistic given the duration of the project funding (1-2 years).
  - Tribes were at different places and had different needs and goals. For instance, Tribe 3 was aiming to purchase a system like the Johns Hopkins University system while Tribe 1 was trying to better understand data related to suicide. It may be helpful to conduct needs assessments of some kind to gain a better understanding before setting up project goals.
  - The amount of funding provided was relatively small in terms of staff support available for this project at the Tribes, thus limiting the amount of time staff were able to dedicate to this pilot project.



Pictures of some of the activities supported by our sub-awards







# Oklahoma Area Tribal Epidemiology Center (OKTEC)

## OKTEC Performance Measure Project

OKTEC's SPTHB continues to create radio messaging and radio scripts that promote healthy living during the pandemic. The messaging continues through the SPTHB Facebook page with those infographics being made available on the SPTHB website for other organizations to download and use at their own convenience. The messages also continue to be shared with radio ad messaging in the Kansas service area through the KNZA radio station. Approximately every other week, a new message is displayed through the various means of media. The messaging started in May 2020 and continues. New information, such as the safety of vaccines for children, the importance of the booster shot, COVID readiness through the winter months, and mythbusters regarding COVID, are posted to help educate Native American communities on all topics.

### Do I Need a COVID-19 Booster Shot?

Research shows that a booster shot can help strengthen protection against severe disease in those populations who are at high-risk for exposure to COVID-19 or the complications from severe disease. Currently, the CDC recommends:

- 1** You **SHOULD** receive a booster if you are 65 years and older and received the second dose of the Pfizer-BioNTech's vaccine at least 6 months ago.
- 2** You **SHOULD** receive a booster if you are 50-64 years of age with underlying medical conditions\*\* and you received the second dose of the Pfizer-BioNTech's vaccine at least 6 months ago.
- 3** You **MAY** receive a booster if you are 18-49 years of age with underlying medical condition\*\* and you received the second dose of the Pfizer-BioNTech's vaccine at least 6 months ago.
- 4** You **MAY** receive a booster if you are 18-64 years old and are at increased risk for COVID-19 exposure and transmission because of occupational or institutional setting and you received the second dose of the Pfizer-BioNTech's vaccine at least 6 months ago.

For more COVID Facts text "COVID" to 55251

**sptb**  
SOUTHERN PLAINS  
TRIBAL HEALTH BOARD

\*\*<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

## OKTEC Year 4 Performance Measure Qualitative Report

The Native Oral Health Network (NOHN) project expands on Performance Measure 3, forming new and expanded partnerships. NOHN, through its leadership, has found a strong presence among tribes, tribal organizations, and urban Indian organizations (TTU). NOHN has roughly 130 members represented in 11 states representing 47 unique professions. Members and partnerships have fueled the success of NOHN with representation from tribes, tribal organizations, non-tribal organizations, state and federal agencies, coalitions, professional associations, academic institutions, national networks, and individual health professions.

A journal mapping was used to create and highlight five oral health questions through multiple surveys. Quantitative data were collected through the report, “Oral Health Among the Indian Health Service Oklahoma City Population: A Review of the Current Data 2020-21.” Data included in this report are Government Performance and Results Act (GPRA) results, IHS Oral Health surveys for adolescents, and HIS Oral Health surveys of adults 35 years and older. Through a world café style format, engagement strategies were developed which helped create a 44% increase in membership in one year. Also, this forum provided peers the ability to share their best practices and strategies, share challenges, and identify ways NOHN can provide support and sustainability. Through a skills matrix process, designed by TECPHI staff, NOHN has been able to communicate its contributions to Congressional leadership an advocate for more oral health funding. Infrastructure and capacity have also included a social media presence and an individual webpage within SPTHB.

TECPHI Core: Strategy 2		Responsibl...	Link to TECPHI Ov...
Strengthen and maintain the network of tribal oral health stakeholders and cultivat...			
Increase collaboration among NOHN members and increased cross-sector memb...			Increase collab...
Visualize NOHN's fundamental operations and governance structure			Visualize NOHN...
Increase awareness and understanding of the resources and programs provided b...			Increase aware...
+ Add			
TECPHI Core: Strategy 3		Responsibl...	Link to TECPHI Ov...
Engage in sustainability activities (also listed in strategy 2)			Engage in susta...
Increased number of funding opportunities applied for with I/T/U partners			Increased numb...
Increased number of funding opportunities applied for with non-tribal partners (su...			Increased numb...
Increased collaboration and training among non-tribal partners on identifying and ...			Increased colla...
Increased collaboration and training among I/T/U on identifying and securing fund...			Increased colla...
+ Add			
Additional Work Plan Items		Responsibl...	Link to TECPHI Ov...
Identify performance and outcome measures based on strategic plan.			
Increase visibility, credibility, and value of NOHN			
NOHN Evaluation Survey			
Data to support DHAT			





# Rocky Mountain Tribal Epidemiology Center (RMTEC)

## RMTEC Performance Measure Project

### RMTEC Year 4 Performance Measure Qualitative Report

Throughout Years 1-4, RMTEC has built its technological infrastructure, increasing its capacity to collect, analyze, and communicate health data and related information to the tribes it serves. The COVID-19 pandemic required RMTEC to rely heavily on technology to shift services to virtual settings. While some meetings have returned to in-person, RMTEC continues to build technology skillsets to efficiently inform and collaborate with tribal partners, no matter the setting.

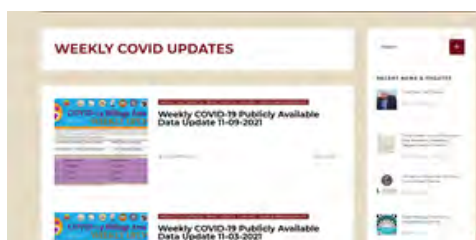
## TECH AT RMTEC

### TEC-PHI Year 4 Qualitative Project



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### INFORMING COMMUNITIES



RMTEC and TECPHI staff have worked to transform the RMTEC section of the RMTLC website into a more usable resource. At the beginning of Year 1, the website contained general information about the TEC, its function and role within tribal health, and its programs. Now, the RMTEC website acts as a hub of information and resources pertinent to current health priorities. As the COVID-19 pandemic continues to greatly affect tribal communities, RMTEC utilizes the website to disseminate weekly statistics on COVID-19 case rates, death rates, vaccination rates, as well as COVID-19 mitigation information, and updates to CDC guidelines.

## RMTEC Year 4 Capacity & Infrastructure Qualitative Report

In Years 1 and 2 of TECPHI, RMTEC implemented Community of Practice trainings at Rocky Mountain Tribal Leaders Council (RMTLC). All programs within RMTLC, including all RMTEC programs, were invited to a series of meetings aimed at bringing staff together to discuss topics of interest as a way of breaking down silos, learning new skills, and learning from one another.

After an initial planning period, TECPHI staff set up five [5] meetings from September 2018 - May 2019 for all RMTLC staff during the lunch hour. A meal was either provided or a potluck meal was organized so that staff could eat together and talk before the meeting started. Each meeting covered a different topic pertaining to building culturally centered programs, establishing and strengthening organizational values, and other common organizational and programmatic themes. Meetings were designed to be both informational and interactive to engage staff members, promote collaboration, and build organizational capacity at all levels.

### RMTEC TECPHI CAPACITY & INFRASTRUCTURE QUALITATIVE PROJECT

## RMTLC COMMUNITY OF PRACTICE

#### BACKGROUND

In Years 1 and 2 of TECPHI, RMTEC implemented Community of Practice trainings at Rocky Mountain Tribal Leaders Council (RMTLC). All programs within RMTLC, including all RMTEC programs, were invited to a series of meetings aimed at bringing staff together to discuss topics of interest as a way of breaking down silos, learning new skills, and learning from one another.

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Each meeting covered a different topic pertaining to building culturally centered programs, establishing and strengthening organizational values, and other common organizational and programmatic themes. Meetings were designed to be both informational and interactive to engage staff members, promote collaboration, and build organizational capacity at all levels.



#### MEETING TOPICS

- Introduction to Community of Practice – defining CoP
- Organizational Values
- Storytelling & the practice of deep listening
- Indigenous Evaluation
- Program Visualization – defining the success of RMTLC through the lens of each program
- Worksite Wellness
- Sharing family traditions

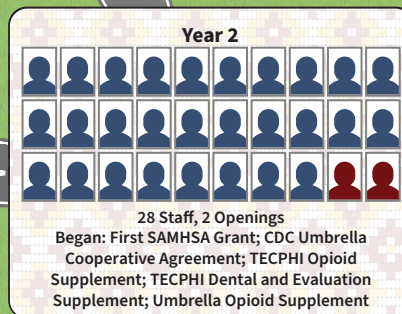
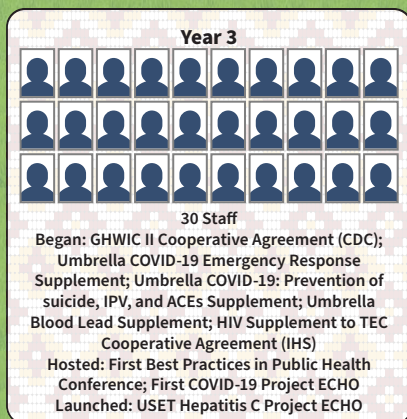
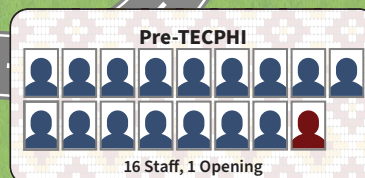
# United South and Eastern Tribes, Inc. Tribal Epidemiology Center (USET TEC)



## USET Tribal Epidemiology Center TECPHI Year 4 Qualitative Project Reporting Period: 9/30/17 - 9/29/21 Performance Measure: Number of TEC Staff

Since the USET TEC entered into the Tribal Epidemiology Center Public Health Infrastructure cooperative agreement (TECPHI) with the Centers for Disease Control and Prevention (CDC), a tremendous amount of growth has occurred. Accordingly, this year's TECPHI qualitative project speaks to the National Coordinating Committee's performance measure number eight, "Number of TEC staff." This graphic illustrates the progression of staff and project growth since September 30, 2017.

As the number of new positions created and filled has increased, so too has the capacity of the TEC to provide enhanced public health promotion and disease prevention services to USET Tribal Nations.







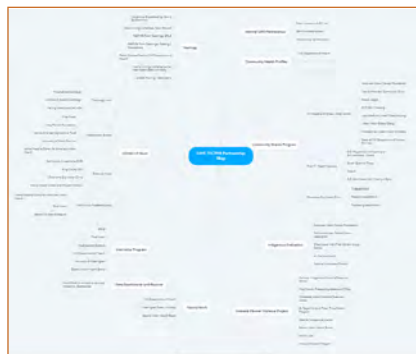
# Urban Indian Health Institute (UIHI)

## UIHI Performance Measure Project

For our qualitative project, we built partnership maps that illustrate the many external and internal partnerships that made our TECPHI supported work possible this past year. The attached document provides a zoomed-in view of each project and associated partners along with brief summaries of the type of work facilitated by the partnerships included. A web-based version of this entire map is available via this link: <https://www.mindmeister.com/2028570434?t=XfVpPEoXe0>


## Urban Indian Health Institute Partnership Map

### Year 4 TECPHI Qualitative Project

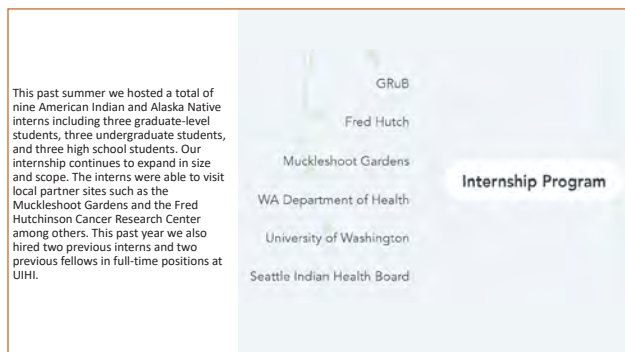


This partnership map illustrates the many external and internal partnerships that made our TECPHI supported work possible this past year. The following slides provide a zoomed in view of each project and associated partners along with brief summaries of the type of work facilitated by the partnerships included. A web-based version of this entire map is available via the hyperlink below.

[Explore the entire UIHI TECPHI partnership map via this link.](#)



Our community grantees have utilized partnerships to implement the programs funded with Sweetgrass grants (TECPHI sub-awards). Some of these partnerships included resource sharing or additional grant funding to purchase supplies that were used in TECPHI funded programming. They also included internal partnerships between departments that contributed to the implementation of their programs.



This past summer we hosted a total of nine American Indian and Alaska Native interns including three graduate-level students, three undergraduate students, and three high school students. Our internship continues to expand in size and scope. The interns were able to visit local partner sites such as the Muckleshoot Gardens and the Fred Hutchinson Cancer Research Center among others. This past year we also hired two previous interns and two previous fellows in full-time positions at UIHI.



Since developing a virtual version of our Indigenous Evaluation workshop in 2020 we have delivered our workshop to over 100 individuals. This workshop teaches participants how to apply UIHI's Indigenous Evaluation Framework that we developed in part through our TECPHI work. In addition to hosting a yearly workshop for grantees and Urban Indian Organizations we have also received requests from organizations to deliver our workshops for specific groups or programs. This past year we delivered this workshop to groups from federal agencies, urban Indian health programs, national foundations, and another tribal epidemiology center.

**Intimate Partner Violence Project**

- National Indigenous Women's Resource Center
- King County Prosecuting Attorney's Office
- Minnesota Indian Women's Resource Center
- St. Regis Mohawk Tribe, Three Sisters Program
- Data for Indigenous Justice
- Seattle Indian Health Board
- MMIW USA
- Haweye Advocate Program

Although the Intimate Partner Violence project and partnerships did not directly involve TECPHI funds, the capacity building that TECPHI supported the previous three years laid the foundation for this ambitious and important work. A component of this project was adapting the Indigenous Evaluation Framework that TECPHI funds supported us in building to be specific to Intimate Partner Violence Programs which served as a resource for our partners. Our previous advocacy work to improve American Indian/Alaska Native data collection and address racial misclassification was foundational to the law enforcement data collection toolkit this project developed in partnership with the King County Prosecuting Attorney's Office.

As COVID-19 has continued to pose a risk to the health and wellness of our urban Indian communities, we have strived to deliver creative ways of providing the information our relatives need to stay safe. These include building resource maps to help people locate testing, referrals, and treatment centers or places to access basic needs like showers and food. Our team partnered with experts from across the country to host virtual informational events about COVID-19 treatment options, clinical trials, and vaccine safety. Pinterest also approached us about partnering to develop an ad campaign to further educate urban Indian populations about COVID-19 treatments and dispel myths and misinformation surrounding vaccines. In addition, we launched a vaccine campaign in partnership with Illuminative called "For the Love of our People" based on data we collected through the only nationwide survey examining attitudes towards vaccines among Native communities. To support urban Indian programs across the country we also did a mailing campaign where we mailed educational vaccine materials and promotional items like masks and t-shirts to 66 urban Indian organizations across the country.

**COVID-19 Work**

- Protest Ad Campaign
- Blanket Vaccine Campaign
- Mailing materials to 66 UICs
- Feed Hacks
- Ulay Tumbul Foundation
- Native American Agricultural Fund
- University of North Carolina
- Johns Hopkins Center for American Indian Health
- Community Investments SNH
- King County GIS
- Oklahoma City Indian Clinic
- Resource maps
- Denver Bridge Center and Popcorn MOSAC
- Johns Hopkins Center for American Indian Health
- Feed Hacks
- Community feedback group
- Seattle Children's Hospital

One important way we continue to share knowledge across the network of urban Indian organizations and amongst our own staff is through trainings. Although we have worked with many of the partners that deliver these trainings in the past, this year we expanded on those partnerships to develop and deliver new trainings like the RESPIRE Plant Teachings workshop and the Grant Writer 2.0 workshop. We also leveraged existing partnerships like the one with Washington State University to deliver internal trainings for our TEC staff on writing for an audience and practicing academic writing skills.

**Trainings**

- Indigenous Breastfeeding, Camie Goldhammer
- Grant writing workshops, Katie Howard
- RESPIRE Plant Teachings, GRuB
- RESPIRE Plant Teachings, Feeding 7 Generations
- Racial Misclassification, WA Department of Health
- Internal writing workshop series, Washington State University
- ArcGIS Training, Notre Dame

To practice our mission of decolonizing data we work hard to ensure that we share back data about our urban Indian communities in an accessible and dynamic way. We often do this through our data dashboards hosted on our website including our COVID-19 Data Dashboard, Diabetes Dashboard, and Community Health Profiles Dashboard. Our epidemiologists work closely with experts in data visualization, such as HealthDataViz, to share data in easily understandable and beautiful ways.

**Data Dashboards and Reports**

- HealthDataViz contract to develop interactive dashboards

As we continue to address the opioid crisis affecting our communities, we know that this work cannot be done alone. Therefore, we have partnered with other organizations to share data and combine our expertise to solve this challenging issue. We used data shared by the Washington State Department of Health to produce fact sheets about opioid misuse among American Indians and Alaska Natives. We are also working with our Medication-Assisted Treatment Program at the Seattle Indian Health Board and Washington State University to develop and publish recommendations to improve Medication-Assisted Treatment programs for urban Indian programs.

**Opioid Overdose Response**

- WA Department of Health
- Washington State University
- Seattle Indian Health Board

As UIHI has grown and organized into different teams, we have found that internal collaboration between departments is key in many of our projects. All the projects listed here involve collaboration across departments and teams. Additionally, to remain grounded in our Indigenous values we organize regular meetings between project staff and Bill Hall who is an elder that provides advice and guidance on various projects at UIHI.

**Internal UIHI Partnerships**

- Elder lunches with Bill Hall
- Communications team
- Data and api collaboration

This past year we released updated community health profiles using 2013-2017 data for 43 urban Indian communities across the country served by either urban Indian health programs or urban Indian social services organizations. This is 10 more profiles than we previously released in 2017. Twelve of these community health profiles are funded by TECPHI. We know these are being utilized by the urban Indian organizations because one of our community grantees cited data from the community health profile in their grant application this past year. By using the knowledge and skills we gained building these community health profiles, we were also able to develop supplementary national community health profiles for our urban Indian youth and urban Indian Elders.

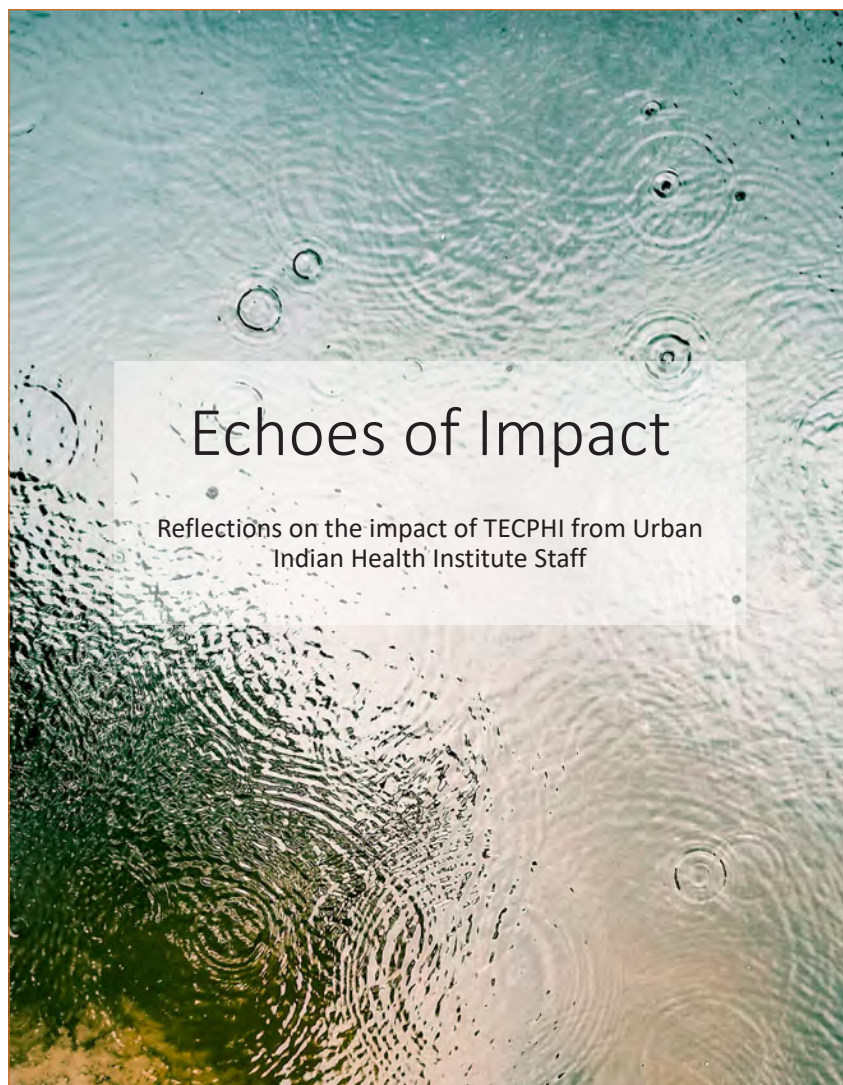
**Community Health Profiles**

- WA Department of Health
- 43 Urban Indian Health Programs
- 12 profiles funded by TECPHI



## UIHI Capacity & Infrastructure Qualitative Project

For this project we had our TECPHI funded staff here at Urban Indian Health Institute (UIHI) reflect on how increasing our capacity and infrastructure as a tribal epidemiology center (TEC) has rippled out to the urban Indian communities we serve. We then analyzed this conversation to identify the ripples of impact we sent into the community this past year and the role TECPHI played in it. We shared the identified themes with our staff and asked them to share an image that represented each theme. The collages on each page prior to the theme and summary represent a compilation of images shared by staff elicited by that theme. The final product is inspired by self-published “zines” and can be printed in booklet form.



### Introduction

This fall, our TECPHI funded staff here at Urban Indian Health Institute (UIHI) reflected on how increasing our capacity and infrastructure as a tribal epidemiology center (TEC) rippled out to the urban Indian communities we serve. Our analysis of this conversation reinforced the ripples of impact we sent into the community. It also revealed something more—echoes of our work returned in the form of stories and examples from our communities' members. Now, our shared stories are about the growth of their capacity and infrastructure as well. Through our evaluation of the impacts of our TECPHI funded work, the following four primary themes emerged.

1. Growing the next generation of Indigenous public health workers and allies
2. Building reciprocity with urban Indian communities across the country
3. Creating a strong and supportive network that works to improve the health of Native people wherever they are on this land
4. Fighting for the health and safety of Native communities

We shared these themes with our staff and asked them to share an image that represented each theme. The accompanying collages represent a compilation of images shared by staff.







## We see our impact through growing the next generation of Indigenous public health workers and allies.

Our internship program continued to expand in number and impact. In 2021 we had our largest intern cohort yet with four undergraduate interns, two graduate interns, and three part-time youth interns. Our treasured partnerships directly benefitted these internship experiences. This past summer, one graduate student intern from the University of Washington developed her thesis project with a partner she met through UIHI. She is developing a cancer resource map for Native residents of King County, WA with the Fred Hutchinson Cancer Research Center. Another undergraduate intern returned to the University of California, Berkeley, where she was hired as a research assistant at one of our grantee organizations—the Native American Health Center. During year 4 of TECPHI, UIHI hired three former interns and one former fellow for full-time positions. We continued to support our interns, fellows, and staff in taking the next steps in their educational journeys and careers. We celebrated our former lead evaluator receiving their Ph.D. in Sociology and accepting a position as a full-time professor. Two evaluators (also former interns) received promotions to management positions within UIHI's evaluation team. As staff move to other organizations—some in state and local government—they bring with them the knowledge and skills they gained at UIHI to continue to advocate for Native health. In these ways, our impact was facilitated by our traditions of passing knowledge to this next generation of Indigenous public health workers and allies.



## We see our impact through building reciprocity with urban Indian communities across the country.

Our growth as a TEC increased our capacity to develop more resources to our community of Urban Indian Organizations (UIOs). We provided new, customized Indigenous Evaluation workshops, grant writing trainings, 13 COVID-19 fact sheets, two data dashboards, and so much more. This past year we connected with more than 60 UIOs across the country through shipping care packages filled with Indigenous health promotion materials and supplies carefully chosen for our Native partners. We also invested in building the capacity of our staff. We coordinated internal workshops and activities to decolonize our writing and share cultural knowledge. We kicked off a lunch series with a Tlingit elder who advises and mentors our staff. By investing in our staff, we better serve urban Indian communities. These relationships with urban Indian communities are not one-directional. We practice reciprocity when we provide the best possible resources and when urban Indian communities gift us with feedback, stories, resources, and appreciation. Our intentional nurturing of these reciprocal relationships serves as a foundation of trust between urban Indian communities and UIHI. As our capacity increased, more urban Indian communities turned to us as a trusted partner for public health information, data, resources, funding, training, and technical assistance. This is evidenced by the over 500 technical assistance requests we fulfilled this past year, 196 of which were from UIOs.



## We see our impact in the strong, supportive networks that work to improve the health of Native people wherever they are on this land.

By building reciprocal relationships with urban Indian communities, we witnessed the growth of a strong and supportive network of UIOs that serve American Indian and Alaska Native people regardless of where they are on this land. More UIOs became aware of our services and applied for community grants funding. This has enabled us to act as a hub to connect organizations across the country to share lessons learned and resources. One example of this is how Project Mosaic, based in Denver, CO, approached us to collaborate on public service announcements about COVID-19 treatments after seeing our factsheets on the topic. Our funding opportunities supported UIOs in meeting the needs of their communities in culturally relevant ways as defined by their community—as opposed to outside institutions. Whether their intervention looked like telehealth appointments for patients unable to come into the clinic or culturally-grounded resources to help community members quit smoking and improve their relationship with tobacco—the community needs directly informed their work. While we continued to focus our efforts on serving urban Indian communities, we recognized AIANs move between federally recognized tribal land and urban areas. This recognition is why we continued to partner with national organizations like the American Indian Cancer Foundation and, occasionally, local tribes to support efforts to improve the health and wellbeing of Indigenous people. As our capacity increased, we offered more support to those who reached out to us—with the health of urban Indian communities always at the forefront of our work.



## We see our impact in the overall fight for the health and safety of Native communities.

Supporting the health and safety of Native communities is at the core of all we do. When we reported on the data genocide of Native people during the COVID-19 pandemic, built our community health profile dashboard, and pushed for policy solutions—it was all so Native people don't just survive the pandemic, but thrive. We know our work made a difference because UIOs told us the materials we shared did not just sit on a shelf—they used them to get funding and to inform programming. Ensuring our work is useful for our community is central to our goal of decolonizing data. The capacity we built around decolonizing data through these past four years of TECPHI allowed us to engage this year in addressing intimate partner violence. We worked with a community of direct service providers to adapt our evaluation framework for Indigenous intimate partner violence programs. That work included UIHI's local King County Prosecuting Attorney's Office and resulted in two milestone accomplishments. Not only did their office change the way they collected race and ethnicity data in intimate partner violence incidents but they also co-developed a toolkit with us to train other law enforcement agencies to do the same. These changes in data collection will help further address and advocate to end the missing and murdered Indigenous women and girls public health crisis.



## We ground all our work in the love of Native people.

TECPHI further enabled us to do impactful work that resonated with urban Indian communities because we grounded ourselves in our cultural ways. By prioritizing Indigenous knowledge systems in all our work, we continue to share knowledge and support programs to help urban Native communities reclaim health and wellness.



