

**FY 2006 CDC/ATSDR
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- Identify innovative programmatic or administrative strategies to address complex technical assistance needs. Project officers conduct monthly conference calls and schedule at least one site visit per year.
- Provide clear explanations of CDC policies and procedures, current program activities, and future directions.
- Serve as a resource to identify alternative sources of information from other programs at or funded by CDC, other federal agencies, or national and professional organizations.

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National Centers for Chronic Disease Prevention and Health Promotion: Cancer Projects

Aberdeen Area Tribal Chairman Health Board (AATCHB) CCC Program (PA 2060)

Project Name: Aberdeen Area Tribal Chairman Health Board (AATCHB) CCC Program

Project Director: Leah Frerichs, NCCCCP program manager,
Shinobu Watanabe-Galloway Program Director and PI

Project Officer: Paran Pordell

Address: AATCHB

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Project Summary: Through the PA 2060 DCPC funds the Aberdeen Area Tribal Chairman Health Board (AATCHB) as a planning program to develop and implement a CCC plan for the Northern Plains Comprehensive Cancer Coalition and Plan. The program is in its second year of funding building on a summit for tribal leaders in 2004. A face to face meeting is planned for this fall to formally kickoff this Coalition. Dr. Linda Burhansstipanov is working with the program to develop an evaluation plan and associated methods for the various activities it is doing.

Tribes Served by Project: There are 17 tribes and one health service program covered by AATCHB. They include: Trenton Indian Service, Turtle Mountain Chippewa, Fort Totten (Spirit Lake), Standing Rock, Cheyenne River, Sisseton-Wampeton, Flandreau Santee, Crow Creek, Lower Brule, Rapid City Indian Health, Oglala, Rosebud, Yankton, Santee, Winnebago Omaha, Ponca, Sac and Fox.

Awardee Description:

The program is in its second year of funding and has had two program directors. The current PI is based out of the University of Nebraska Medical Center and is paid 15% time with CDC funds. The program has a core group of coalition members including state representation from North Dakota and South Dakota and is working to develop relationships with the other two states in which representative tribes are located (i.e., Nebraska and Iowa). The PD is currently working on recruiting individuals from the 17 tribes and one service unit onto the Coalition.

Evidence to Support Application: Currently CDC funds 66 programs for CCC, 6 of which are funded directly for planning or implementation activities. Selected individuals from the AATCHB and the Northern Plains Comprehensive Cancer Control Coalition currently work with the 4 state coalitions in their area (i.e., North and South Dakota, Nebraska and Iowa) but it is especially appropriate and desired by CDC that the tribal programs work under their own direction to develop coordinated plans sensitive to and build on their cancer burden and opportunities to address these needs. This funding allows them to do so.

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Project Goals: Currently they are funded to develop a consensus-building conference for the Coalition, draft a regional cancer control plan, implement a training program at two tribal communities on breast and cervical cancer, implement a Family Cancer Caregiver Education program at two additional tribal communities, complete a RPMS Data Quality assessment at three tribal sites, analyze BRFSS data and produce reports and enhance an online resource directory on cancer resources to increase awareness of cancer control in this regions.

Public Health Impact: The AATCHB has begun to look at the cancer burden across their tribes and work with tribal leaders and community members to address this need. Working to develop better data is an important part of defining this cancer burden and is behind several of their project goals presented in the previous section.

Project Successes: The project is in early stages of development but appears well on their way to have a plan developed by mid-year 2007 which is their goal.

Describe Technical Assistance Provided to Grantee: As needed through monthly telephone calls and recent (August 2006) site visit.

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Alaska Native Tribal Health Consortium Comprehensive Cancer Control Program (PA 2060)

Project Name: Alaska Native Tribal Health Consortium Comprehensive Cancer Control Program

Project Director: Christine DeCourtney

Project Officer: Sara Zeigler

Address: ANTHC, ONHR, 4000 Ambassador Dr.

Address: 4770 Buford Hwy., MS: K 57

City/State: Anchorage, AK 99508

City/State: Atlanta, GA 30341

Phone Number: 907-729-3922

Phone Number: 770-488-1131

Email: cdecourtney@anmc.org

Email: zas7@cdc.gov

Project Summary:

The mission of the Alaska Tribal Health System (ATHS) Comprehensive Cancer Program is to “provide Alaska Natives with cancer prevention, screening, diagnosis, treatment, survivorship and palliative education and end of life care through a comprehensive, integrated Alaska Native cancer program.” The ATHS Comprehensive Cancer Program is administered by the Alaska Native Tribal Health Consortium (ANTHC) staff supported by the CDC cooperative agreement.

Tribes Served by Project:

229 tribes and 39 tribal health organizations across Alaska are served by the ATHS Comprehensive Cancer Program. This includes 180 village clinics in rural Alaska, six regional primary care hospitals, a tertiary multi-specialty facility in Anchorage, and contract health services for private sector referrals beyond the direct care system.

Awardee Description:

Since 1970, a statewide system of regional and local tribal health providers has been in existence to provide health care to Alaska Natives. This unique system provides access to a comprehensive, integrated, and tribally owned and controlled health care delivery system. In 1994, several tribal health organizations joined together to form a compact that provided the opportunity for direct government-to-government negotiations between compact signers and representatives of the federal government through the Indian Health Services (IHS). Tribes and tribal organizations began to manage and operate hospitals and clinics. In 1997, after years of inter-tribal discussion and negotiation with IHS, the Alaska Native Tribal Health Consortium was formed to provide the American Indian/Alaska Native vision of “self-governance and self-determination.” ANTHC is the largest tribal self-governance entity in the United States.

In 2003-2006 ANTHC received grants from CDC to develop a Comprehensive Cancer Plan to address the cancer burden among Alaska Natives. Tribal Leadership, health care providers, survivors, partner agencies and others served on nine workgroups and committees to develop the goals, objectives and strategies needed to reduce cancer death and disease among Alaska Natives. In 2006, the plan was approved by Tribal Leadership, and the program moved from planning to implementing the Comprehensive Cancer Plan.

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Evidence to Support Application:

Cancer was not a major cause of death in Alaska Natives during the first part of the twentieth-century. The main causes of death at that time were infectious diseases. In 1943, 43 percent of all Alaska Native deaths were due to tuberculosis, but by the early 1990s cancer was the leading cause of death for Alaska Natives and remains so today.

In the United States, the overall cancer death rate declined throughout the 1990s. In contrast, the Alaska Native cancer death rates increased during the same time period. Alaska Native women have the highest cancer death rate of all racial and ethnic groups, while Alaska Native men rank third after African-American and Hawaiian men.

The rate of new cancer patients diagnosed each year increased 34 percent between the five-year period from 1969-1973 to the period 1999-2003. Life expectancy (69.4 years) for Alaska natives still lags behind other racial and ethnic groups. Comparison of Alaska Native and U.S. White five-year-survival rates (1992-2003) show that for all cancers combined, Alaska Natives have a seventeen percent lower five-year survival rate.

Barriers to care are many, especially in rural areas of the state, and include geography, distance, weather, and language. Infrastructure unique to the challenges of Alaska Natives is necessary to deliver prevention, screening, diagnosis, treatment, survivorship and palliative education and care.

Project Goals:

Project goals have been identified in areas of prevention, screening, diagnosis, treatment, survivorship, palliative care, surveillance, research and evaluation. The priorities for the CCC Program include:

- Tobacco Control
- Colorectal Cancer
- Palliative Care
- Patient Navigation

Public Health Impact:

The CCC planning effort provided a framework for identifying ways to address cancer concerns among Alaska Natives. Resources are being identified to fund individual programs and activities prioritized in the implementation of the cancer plan. New and enhanced services are being provided in priority areas. Continued surveillance and evaluation serves will further identify priority needs and strategies to address those needs. By gaining understanding of the importance of lifestyle choices and their relationship to all cancer program components, Alaska Natives will have tools to help make personal, family, and community choices to ease the cancer burden.

Project Successes:

- Completion of planning process and subsequent publishing of CCC Plan with goals, objectives, and strategies to reduce cancer death and disease among Alaska Natives.

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- Palliative Care education and training opportunities for health care providers statewide.
- Joint task force organized with State of Alaska Cancer Program to collaborate on issues of Colorectal Cancer.
- The Alaska Native Medical Center has begun preparing for the American College of Surgeons – Commission on Cancer certification.

Describe Technical Assistance Provided to Grantee:

The grantee is offered numerous forms of technical assistance from the CDC Program Consultant, the CDC Regional Public Health Advisor Field Staff and various partner organizations that work in collaboration with CDC to provide guidance and expertise on comprehensive cancer control planning and implementation. Over the last few years this technical assistance has occurred in the following activities:

- Regular conference call with CDC staff;
- On-site visits to Alaska Native Tribal Health Consortium facilitates to learn about the ATHS and to provide assistance on developing the cancer care plan;
- Regional training courses offered by CDC, in partnership with other national organizations, for a team of individuals affiliated with the ATHS on various topics, including colorectal cancer screening, tobacco control, palliative care, resource development and integration of cancer programs with other chronic disease programs.

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Arctic Slope Native Association - Breast & Cervical Cancer Prevention Program (PA 2060)

Project Name: Arctic Slope Native Association - Breast & Cervical Cancer Prevention Program

Project Director: Jozieta Slatton

Project Officer: Chris Tullier

Address: 1296 Agvik St.

Address: 4770 Buford Highway, NE MS K57

City/State: Barrow, AK 99723

City/State: Chamblee, GA 30341-3717

Phone Number: (907) 852-5880

Phone Number: 770-488-3048

Email: jozieta.slatton@arcticslope.org

E-mail: cjt4@cdc.gov

Project Summary:

The Arctic Slope Native Association has been funded since 1994 and received \$590,640 in 2006-2007. They see an average of 225 women a year for screening mammograms and in the last three years have performed an average of 450 Pap tests per year.

Tribes Served by Project:

6 Alaska Native Villages

Awardee Description:

The Arctic Slope Native Association's "Screening for Life" (SFL) Breast Cancer Early Detection Program provides breast cancer screening and diagnostic services to women of the North Slope of Alaska, a remote area of approximately 89,000 square miles that is within the Arctic Circle.

The service area includes Barrow (population 4,429), the northernmost town in the United States, and five Native villages (pop. 250-550) that radiate from this hub community. Most residents are Native Inupiat Eskimo, who live below 250% of the Alaska poverty level and rely heavily upon subsistence activities, such as whaling, hunting, and fishing.

Located in Barrow, Alaska, the Arctic Slope Native Association is the parent corporation of Samuel Simmonds Memorial Hospital, the primary healthcare facility for the North Slope region. Constructed in 1963, this critical access facility is the oldest healthcare facility in Alaska and the only hospital available to residents of an area larger than the state of Washington.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian/Alaska Native women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group. The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

Project Goals:

1) To maximize available resources to implement all program components in accordance with established policies and procedures

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- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities.

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

Program has faced numerous obstacles (cultural barriers, distance use of RPMS system, extremely rural environment, with limited transportation options) and has found creative ways to overcome these and continue to grow the quality of the program.

Describe Technical Assistance Provided to Grantee:

Lauren Tancona, Tribal Liaison has assisted in resolving some issues regarding IHS requirements for the tribal program.

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Breast & Cervical Cancer Prevention Program (PA 2060)

Project Name: Breast & Cervical Cancer Prevention Program

Project Director: Sally Joe

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City/State: Window Rock, AZ 86515

Phone Number: 928-871-6249

Email: sally.joe@ndoh.org

Project Officer: Annie Voigt

Address: 4770 Buford Highway, N.E. MS K57

City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-4707

Email: anv1@cdc.gov

Project Summary:

The Navajo Nation is in its ninth year of funding. They are currently funded at \$785,000 and have no unobligated dollars from Year 2003. They anticipate no unobligated dollars this year. Program components include Management, Screening, Tracking and Follow-up, Case Management, Surveillance, Professional Development, Recruitment, Quality Assurance and Evaluation. They have never had a CDC assignee. They provide services to the Navajo Nation women in a very rural and isolated area of the state. Most of the women are poverty level, have no transportation, no telephone and no postal service within walking distance. Breast and Cervical Cancer program staff often have to drive one to two hours to find one woman.

The Indian Health Service, which is supposed to provide medical care to the American Indians, is funded at only 60% of the curative need for American Indians living on the reservation. Therefore these funds provide basic screening and prevention services that would otherwise not be available to these women.

Tribes Served by Project: Navajo Nation

Awardee Description:

The Navajo Nation extends into the states of Utah, Arizona and New Mexico, covering over 27,000 square miles of unparalleled beauty. Diné Bikéyah, or Navajoland, is larger than 10 of the 50 states in America. The 2000 census reported 298,215 Navajos living throughout the United States, of which 173,987 were living within the Navajo Nation boundaries. 131,166 lived in Arizona. 17,512 of these lived in Maricopa County, which includes the city of Phoenix. Because the Navajo Nation encompasses land in three states, its Division of Economic Development extracts census data for the Navajo Nation as a whole, and sends a representative to the Census Board. Another group lives on the Colorado River Indian Tribes reservation along the Colorado River in California and Arizona.

The Navajo or Diné and the Apache tribal groups of the American Southwest speak dialects of the language family referred to as Athapaskan. Linguistic similarities indicate the Navajo and Apache were once a single ethnic group, with substantial numbers not present in the American Southwest until the early 1500s. Trade between the long-established Pueblo peoples and the Athapaskans become important to both groups by the mid 16th century. The Pueblos exchanged maize and woven cotton goods for bison meat, hides and material for stone tools.

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The Navajo Nation is divided into five Agencies and 110 Chapters, analogous to counties. The Tribal Council presently consists of 88 delegates, elected every four years by registered Navajo voters. The Nation has a three branch system: Executive, Legislative, and Judicial.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group.

The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

Project Goals:

- 1) Maximize available resources to implement all program components in accordance with established policies and procedures
- 2) Detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) Ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) Ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) Ensure the quality of services delivered through the NBCCEDP.
- 6) Affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) Increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) Expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) Use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

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Project Successes:

- 1) They have been able to get additional funds from Susan G Komen Foundation as well as an Avon grant to supplement the CDC cooperative agreement.
- 2) The majority of Navajo women on the reservation do not live in villages, but in isolated homes/hogans. There are 7 people per square mile. The staff, who are all bilingual, have been very successful at reaching the isolated women and in getting them to return for re-screening.
- 3) Sally Joe, the Program Director, took a non-functioning program, revived it and has provided quality leadership over the past several years. The base for the success of the program is the use of appropriate culturally sensitive approaches to all components of the program and in every aspect of outreach.

Describe Technical Assistance Provided to Grantee:

This program is well organized and has an excellent Program Director and staff. Minimal technical assistance has been needed. Program has been encouraged to identify location of unscreened women over 50 and have developed a plan for this. Program Consultant will be working with grantee and the state of New Mexico in a plan to transition the three IHS clinics that are screening Navajo women to the Navajo Breast and Cervical Cancer Program.

Date: August 19, 2006

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Breast & Cervical Cancer Prevention Program (PA 2060)

Project Name: Breast & Cervical Cancer Prevention Program

Project Director: Deleen Lamb

Address: Field Health, Main Street

City/State: Eagle Butte, SD 57625

Phone Number: 928-871-6249

Email: cdceb@lakotanetwork.com

Project Officer: Annie Voigt

Address: 4770 Buford Highway, NE. MS K57

City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-4707

Email: anv1@cdc.gov

Project Summary:

The Cheyenne River Sioux Tribe has been funded for \$323,900 for 2006-2007. They see an average of 430 women a year for screening mammograms and in the last three years have performed an average of 220 Pap tests per year.

Tribes Served by Project: Cheyenne River Sioux Tribe

Awardee Description:

The Cheyenne River Sioux Reservation is part of the Great Sioux Reservation that was established under the Treaty of 1868. This treaty established a reservation of 60,000,000+ acres that encompassed all of western South Dakota, North Dakota, Eastern Wyoming, and parts of Nebraska and Montana. The Sioux Agreement of March 02, 1889 set reservation boundary lines to encompass approximately 2,806,913.95 acres. The Surplus Lands Act of 1908 and 1910 authorized the Secretary of Interiors to open 1.6 million acres of the Cheyenne River Sioux Reservation for homesteading and settlement by non-Indians, land which the tribe has attempted to restore to tribal ownership to this day. The eastern boundary of the Great Sioux Nation is the east bank of the Missouri River and is also the boundary of the eastern edge of the Cheyenne River Sioux Reservation. The construction of the Oahe Reservoir in 1948- and 1962 supposedly removed 104,420 acres of trust land from the reservation due the illegal building of the dam.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group. The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.

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- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

Program has faced numerous obstacles/barriers (distance use of RPMS system, cultural barriers) and has found creative ways to overcome these and continue to grow the quality of the program

Describe Technical Assistance Provided to Grantee:

Lauren Tancona, Tribal Liaison has assisted in resolving some issues regarding IHS requirements for the tribal program.

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Cherokee Nation Breast and Cervical Cancer Early Detection Program (PA 2060)

Project Name: Cherokee Nation Breast and Cervical Cancer Early Detection Program

Project Director: Kym Cravatt

Address: PO Box 948 – 1200 West 4th Street , Ste

City/State: Tahkequah, OK 74465-0948

Phone Number: (918) 458-4491

Email: Kym-Cravatt@cherokee.org

Project Officer: George-Ann Stokes-Townsend

Address: 4770 Buford Hwy. MS K-57

City/State: Atlanta, Georgia 30341

Phone Number: (770) 488-4780

Email: gas7@cdc.gov

Project Summary:

The purpose of this project is to provide early detection screening and diagnostic services for breast and cervical cancer to American Indian women. These services provide a proactive system for timely and appropriate tracking and follow-up of any and all abnormal or suspicious screening tests and ensure appropriate referrals for medical treatment. The Cherokee Nation BCCEDP provides and maintains a comprehensive and integrated plan for management that includes coordination, evaluation, and oversight of all programmatic activities and administrative systems.

Tribes Served by Project:

Cherokee Nation and other American Indians residing within the Cherokee Nation tribal jurisdiction service areas (CN TJSA). The Cherokee Nation has a tribal jurisdictional service area that covers approximately 7000 square miles in northeast Oklahoma. With over 250, 000 tribal members, approximately 50 percent live within the 14 county TJSA in northeast Oklahoma.

Awardee Description:

The Cherokee Nation BCCP is under the auspices of the Cherokee Nation Health Services. The Cherokee Nation Cancer Programs consists of three cancer programs under one umbrella to include a cancer registry, a breast and cervical cancer early detection program (CNBCCEDP), and a comprehensive cancer control program (CNCCC). The Cherokee Nation Cancer Programs received a Comprehensive Cancer Control planning grant from CDC in July 2003. The purpose of this five-year cooperative agreement is to provide breast and cervical cancer screening and diagnostic services to American Indian women. The mission of this project is to:

- Implement all program components in accordance with the established policies and procedures of the NBCCEDP;
- Detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers;
- Ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols and to further ensure that women enrolled in the NBCCEDP receive quality, timely and appropriate diagnostic, treatment and rescreening services;

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- Affect health care providers' (including allied health professionals) knowledge, attitudes, skills, and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- Expand the knowledge base in medical, clinical, hospital and community settings regarding cancer issues among Cherokee Nation citizens in order to promote prevention, decrease mortality, and increase quality of life for Cherokee people in the Nation.

Evidence to Support Application:

The accuracy of data related to cancer and other health conditions is compromised by the misclassification of race within vital records and surveillance systems. Racial misclassification of American Indians has been documented across the country, including Oklahoma. Regarding tobacco use and obesity being two of the highest risk factors for cancer, American Indians in Cherokee Nation participate in more cancer risk behaviors than Oklahoma and the overall U.S. population. While overall incidence rates for all cancers combined appears to be lower within Cherokee Nation (443.7/100,000 age-adjusted rates) compared to Oklahoma (449.2/100,000) and the United States, (478.6/100,000) there is not a significant difference. Lung and bronchial cancer is the most incident cancer within the Cherokee Nation (77.2/100,000 age-adjusted rate). Breast cancer is the second most incident cancer with a slightly higher rate within Cherokee Nation (72.7/100,000) than Oklahoma (70.3/100,000), and is the leading cancer site among women in the Cherokee Nation. Prostate and colorectal cancers are the third and fourth most incident cancers in Cherokee Nation. Oklahoma is ranked 14th highest in the United States on age-adjusted mortality rates for cervical cancer. According to the Chronic Disease Service in Oklahoma, disparities do exist among racial groups in Oklahoma regarding cervical cancer. American Indian women have higher rates of cervical cancer (14.7/100,000 age-adjusted) compared to white (10.5/100,000) and African-American women (11.9/100,000).

While the financial costs of cancer to Cherokee nation have not been completely assessed, costs of direct care exceeded one million dollars. Also, as a number of Cherokee cancer patients are also employees, the costs of absenteeism due to sick leave for treatment or family leave to care for a family member with cancer exert a heavy economic and social toll on Cherokee Nation and the Cherokee community.

Project Goals:

To assist in addressing the breast and cervical cancer needs in Cherokee Nation through prevention and early detection, and to ensure cancer patients receive:

- Quality care when accessing treatment with timely and appropriate referrals;
- Increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening and diagnostic services, address barriers that prohibit screening, and motivate women to seek these most valuable and needed services;
- Expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services;

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- Utilize relevant surveillance data such as the cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and the Minimum Data Elements to plan, monitor and evaluate program activities.

Public Health Impact:

Cherokee Nation Health Services and Indian Health Service (IHS) deliver acute medical care needs and some chronic care needs, there are few resources within the current health infrastructure for the broad approach necessary for cancer control. This comprehensive cancer control project will enable Cherokee Nation to address the burden of cancer through a collaborative, systematic process whereby the community and its partners pool resources to promote cancer prevention, improve cancer detection, and increase access to health and social services.

Project Successes:

- Cherokee Nation was able to provide valuable screening and diagnostic services to American Indian women.
- Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing the morbidity and mortality of American Indian/Alaskan Native women.
- The CNBCCED program includes the goals, objectives, and strategies to address cancer priorities and sites, so as to ultimately reduce the cancer burden in Cherokee Nation.

Describe Technical Assistance Provided to Grantee:

- Direct assistance to project by CDC Public Health Advisor on Cherokee Nation BCCEDP and provides assistance on BCCEDP implementation and service delivery issues;
- Ongoing communication and contact with CDC Project Officer to assist with CN BCCEDP issues or provide technical assistance referrals, as needed;
- CDC site visit to Cherokee Nation in 2003, and 2004, to include recommendations for promoting, implementing and evaluating CN BCCEDP screening program;

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Cherokee Nation Comprehensive Cancer Program (PA 2060)

Project Name: Cherokee Nation Comprehensive Cancer Control Program

Project Director: Kym Cravatt

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City/State: Tahkequah, OK 74465-0948

Phone Number: (918) 458-4491

Email: Kym-Cravatt@cherokee.org

Project Officer: Jamila Fonseca

Address: 4770 Buford Hwy, MS K57

City/State: Atlanta, GA 30341

Phone Number: 770/488-4296

Email: jcf0@cdc.gov

Project Summary:

The purpose of this project is to develop and implement a Comprehensive Cancer Control Plan for Cherokee Nation. In 2003, Cherokee Nation was awarded a comprehensive cancer control planning grant under PA 2060. In 2005, having successfully developed a CCC Plan, Cherokee Nation was awarded a cancer control implementation grant.

Tribes Served by Project:

Cherokee Nation and other American Indians residing within the Cherokee Nation tribal jurisdiction service areas (CN TJSA). The Cherokee Nation has a tribal jurisdictional service area that covers approximately 7000 square miles in northeast Oklahoma. With over 250, 000 tribal members, approximately 50 percent live within the 14 county TJSA in northeast Oklahoma.

Awardee Description:

The Cherokee Nation Cancer Programs is under the auspices of the Cherokee Nation Health Services. The Cherokee Nation Cancer Programs consists of three cancer programs under one umbrella to include a cancer registry, a breast and cervical cancer early detection program (CNBCCEDP), and a comprehensive cancer control program (CNCCC). The Cherokee Nation Cancer Programs received a Comprehensive Cancer Control planning grant from CDC in July 2003. The purpose of this project was to assess, identify, and address the gaps and barriers involving cancer disparities in the CNTJSA for the American Indian population. The mission of the CNCCC is to:

- Research and implement evidence based strategies and best practices that will reduce the cancer mortality rate of the American Indians who reside in the Cherokee Nation;
- Develop, maintain, evaluate and renew programs, resources and interventions that will assure the Nation's capacity to diminish the cancer burden;
- Expand the knowledge base in medical, clinical, hospital and community settings regarding cancer issues among Cherokee Nation citizens in order to promote prevention, decrease mortality, and increase quality of life for Cherokee people in the Nation.

In 2005, CDC awarded Cherokee Nation implementation funds to implement Cherokee Nation's Comprehensive Cancer Control Plan.

Evidence to Support Application:

The accuracy of data related to cancer and other health conditions is compromised by the misclassification of race within vital records and surveillance systems. Racial misclassification of American Indians has been documented across the country, including Oklahoma. Regarding tobacco use and obesity being two of the highest risk factors for cancer, American Indians in Cherokee Nation participate in more cancer risk behaviors than Oklahoma and the overall U.S.

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population. While overall incidence rates for all cancers combined appears to be lower within Cherokee Nation (443.7/100,000 age-adjusted rates) compared to Oklahoma (449.2/100,000) and the United States, (478.6/100,000) there is not a significant difference. Lung and bronchial cancer is the most incident cancer within the Cherokee Nation (77.2/100,000 age-adjusted rate). Breast cancer is the second most incident cancer with a slightly higher rate within Cherokee Nation (72.7/100,000) than Oklahoma (70.3/100,000), and is the leading cancer site among women in the Cherokee Nation. Prostate and colorectal cancers are the third and fourth most incident cancers in Cherokee Nation. Oklahoma is ranked 14th highest in the United States on age-adjusted mortality rates for cervical cancer. According to the Chronic Disease Service in Oklahoma, disparities do exist among racial groups in Oklahoma regarding cervical cancer. American Indian women have higher rates of cervical cancer (14.7/100,000 age-adjusted) compared to white (10.5/100,000) and African-American women (11.9/100,000).

While the financial costs of cancer to Cherokee nation have not been completely assessed, costs of direct care exceeded one million dollars. Also, as a number of Cherokee cancer patients are also employees, the costs of absenteeism due to sick leave for treatment or family leave to care for a family member with cancer exert a heavy economic and social toll on Cherokee Nation and the Cherokee community.

Project Goals:

To assist in addressing the cancer needs in Cherokee Nation through prevention and early detection, and to insure cancer patients receive:

- Quality care when accessing treatment;
- Improved access to clinical trials;
- Patient advocates and navigators;
- Palliation assistance through hospice and other community health care programs.

Public Health Impact:

Cherokee Nation Health Services and Indian Health Service (HIS) deliver acute medical care needs and some chronic care needs, there are few resources within the current health infrastructure for the broad approach necessary for cancer control. This comprehensive cancer control project will enable Cherokee Nation to address the burden of cancer through a collaborative, systematic process whereby the community and its partners pool resources to promote cancer prevention, improve cancer detection, and increase access to health and social services.

Project Successes:

- Cherokee Nation was able to form a coalition of diverse partners with an interest in and commitment to addressing the cancer burden in Cherokee Nation
- Coalition and CCC committee were able to identify relevant data sources, review existing data and develop a data driven, systematic Comprehensive Cancer Control Plan to include goals, objectives, and strategies to address cancer priorities and sites, so as to ultimately reduce the cancer burden in Cherokee Nation.

Describe Technical Assistance Provided to Grantee:

- Direct assistance to project by CDC Public Health Advisor on Cherokee Nation CCC team and provides assistance on CCC implementation activities;

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- Ongoing communication and contact with CDC Project Officer to assist with CN CCC issues or provide technical assistance referrals, as needed;
- CDC site visit to Cherokee Nation in 2003, and 2004, to include recommendations for promoting, implementing and evaluating CN CCC Plan;
- Comprehensive Cancer Control Leadership Institutes (CCCLI) for the Tribes and Territories 2005 to respond to Tribes and territories specific needs related to comprehensive cancer control plan development and implementation;
- CN CCC Planning Assistance Team (PAT) meeting to provide technical assistance in reviewing and prioritizing existing partnerships;
- Referral and consultation with CDC Field Advisor Region V in June 2006 to assist with CN transition from Planning to implementation phase issues.

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Enhancing Cancer Prevention and Control Programs for AI/AN Women PA 2060

Project Name: Enhancing Cancer Prevention and Control Programs for AI/AN Women

Project Director: Janie Dibble

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City/State: Tahlequah, OK 74464

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Project Officer: Annie Voigt

Address: 4770 Buford Highway, NE. MS K57

City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-4707

Email: anv1@cdc.gov

Project Summary: The purpose of the program is to enhance the capacity of tribal and state NBCCED/CCC grantees to serve the largest possible number of eligible AI/AN women.

Tribes Served by Project: Thirteen federally recognized tribes.

Awardee Description:

The National Indian Women's Health Resource Center (NIWHRC) is a national non-profit organization whose mission is "To assist American Indian and Alaska Native women achieve optimal health and well being throughout their lifetime." In 1993, the Director of IHS assembled a group of Indian women, recognized as leaders in the health field, to serve on a Steering Committee and to advise IHS on the health needs of Indian women. With the scope of the work to be accomplished the Steering Committee decided to organize an independent organization to complete the tasks. The members represent the twelve IHS Areas of Indian Health Service: tribal, urban and Indian Health Service operated programs. They are health providers, health planners, health administrators, and elected tribal leaders that have a common concern with the health status of Indian women. Their strong commitment is based on their roots in their communities.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/AN women. American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group.

IHS is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services. Tribal programs benefit from the project by receiving timely and culturally appropriate technical assistance. States benefit from the project by learning how to develop respectful relationships with tribes to increase screening of AI women.

Project Goals:

To provide assistance to tribal and state National Breast and Cervical Cancer Early Detection Program grantees to increase screening to under-served rarely or never screened AI/AN women by:

- Providing consultation as requested to tribal and state program directors.
- Conducting training, as needed, on Tribal Outreach Strategies and Cultural Competency.

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Public Health Impact: Please explain how project aims to improve or impact public health.

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of AI/AN women.

Project Successes: Please describe successes of project to date (9/2004-9/2006), if any.

- Improved tribal/state relationships in Montana, North Dakota, Kansas, Missouri, Arizona and Oklahoma (work in some of these states was started with a previous cooperative agreement (prior to 2004).
- Increased number of American Indian women screened in these states after technical assistance was provided.
- Provided Technical Assistance to:
 - Several IHS Service Units to streamline billing process for Breast and Cervical clinical service.
 - Tribal programs
 - new director orientation;
 - RPMS women's health software training;
 - case management;
 - staff building workshop.
- Developed and conducted Weaving the Threads, a training to help states and CDC program consultants work with tribes in a more respectful culturally sensitive partnership (one at CDC, three in Arizona and several in other states).
- One consultant served on the CDC National Breast and Cervical Cancer Advisory Board.
- Contracted with consultant(s) to:
 - Survey 36 American Indian Urban Health Clinics providing data on number of eligible women being served and number being screened.
 - Produce three monographs describing the process in Oklahoma, Montana, and North Dakota.
 - Produce two health education "pamphlets" on Women's breast and cervical health presented in a culturally appropriate way as to encourage women to read it.
 - Conduct two trainings on Outreach Strategies for
 - Tribal Breast and Cervical Cancer grantees.
 - Urban Indian Clinics.

Describe Technical Assistance Provided to Grantee:

CDC Tribal Liaison and/or CDC program consultant(s):

- Met with state program directors to initiate the planning for NIWHRC staff to begin technical assistance within the state.
- Reviewed scope of work for each state/tribe and monitored completion of projects.
- Assisted with setting priorities based on tribal/state requests and CDC priorities.

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- Worked with CDC graphics to standardize PowerPoint presentations used in training.
- Did literature review on AI/AN learning styles and revised section of “Weaving the Threads” training.
- Participated on planning and review committee for monographs and health education pamphlets

Clearance: Please make sure this information is cleared for distribution to CDC internal and external AI/AN stakeholders.

By whom: Janie Dibble
 Program Director, NIWHRC

Date: October 6, 2006

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Fond du Lac Band (FDL) CCC Program (PA 2060)

Project Name: Fond du Lac Band (FDL) CCC Program

Project Director: Debra Smith, Cancer Programs/Projects Director

Program Manager: Deanna Frinifrock

Project Officer: Paran Pordell

Address:

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927 Trettel Lane

CDC/ DCPC

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770 488-6669

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770 488-4340

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Email: ppordell@cdc.gov

Project Summary:

Through the PA 2060, the FDL CCC program is in its fourth year of the CCC funding, and has just moved from the Planning to Implementation Phase.

Tribes Served by Project: There is one tribe served by this award, the Fond du Lac Band of the Lake Superior Chippewa Tribe

Awardee Description:

The mission of the Fond du Lac Human Services Division is to elevate the health and social well-being of Indian people living in the service area through the provision of services, research, education, and employment opportunities. The FDL HSD was the first tribal organization in the United States to receive accreditation by the Accreditation Association for Ambulatory Health Care, Inc., (AAAHC). The services provided are impressive and cover a full range of family medicine services across the life spectrum. Early detection, prevention, education and health promotion are stressed at every level, while still maintaining the focus on holistically oriented and culturally sensitive care.

The FDL CCC program has made great strides in developing infrastructure for the program which includes a full-time Cancer Grant Manager. The FDL Cancer Planning Team has established an identity for their Cancer Plan, which will be entitled, "Fond Du Lac Wiidookaage (i.e., They Help Each Other) Comprehensive Cancer Control Plan". The FDL Cancer Program has faced many challenges that exist for completeness and accuracy of data and has worked closely with the MCSS to obtain this and other data to inform their program planning activities. Kevin Walsh, the FDL HSD Medical Clinic Coordinator, is working with Rick Strickland, University of Wisconsin Comprehensive Cancer Center, to coordinate the "Improving American Indian Cancer Surveillance and Data Reporting" Great Lakes Native American Research Center's health project.

Evidence to Support Application:

Currently CDC funds 66 programs for CCC, 6 of which are tribes funded directly for planning or implementation activities. The program manager from the FDL CCC works closely with the state coalition in their area (i.e., Minnesota), however, it is especially appropriate and desired by CDC that the tribal programs work under their own direction to develop coordinated plans sensitive to

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and build on their cancer burden and opportunities to address these needs. This funding allows them to do so.

Project Goals:

FDL will be finalizing and begin the Implementation of its CCC Plan. The overarching goals of the current year's plan are to transition from planning to implementation, implement activities to address plan priorities, maintain efforts to mobilize support and build the partnerships, utilize data and research to assess cancer burden on an ongoing basis, and evaluate the implementation process and implementation outcomes.

Public Health Impact:

CCC Plan Goals include the prevention of cancer disease through healthy lifestyles and physical environments that reduce cancer risk; Increase awareness of, and access to, professional educational materials for cancer prevention through identifying credible cancer information resources and culturally specific resources and disseminating this information to Fond du Lac Healthcare and Social Services providers.

Project Successes:

- Community assessments were conducted to gather input about: cancer's impact on the lives of community members; how best to address the multi-faceted needs generated by cancer and the best ways to promote cancer prevention and screening for early detection.
 - A network of resources for cancer information and support was developed and includes individuals and organizations from the FDL community, local counties, regional, state and federal levels and throughout the nation's Indian Country.
 - Cancer issues gathered from all the input resources were categorized around 8 priority areas: data/registry; prevention; early detection; treatment; palliation; survivorship; care-giving and evaluation. The workgroup began identifying the goals, objectives, strategies and action plans for each of the 8 priority areas addressed in the "Wiidookaage Cancer Plan".
- Program makes very good use of state (Minnesota) registry data and investigates other sources of data where to fill existing gaps. Examples:
- Minnesota Cancer Surveillance System was used extensively as a major source of indicators for proposed plan objectives, and has been used to describe the cancer burden in Native American population in Minnesota.
- Also used extensively was data available from the Bemidji Area Indian Health Services analysis.
- American Cancer Society, "Minnesota Cancer Facts and Figures"
 - Fond du Lac Health Services Department (FDL HSD) began collecting cancer data for the FDL community in 2003. The current "registry" shows 124 individuals listed who have or had received a cancer diagnosis since 1998. Of this group, 66 were survivors as of the writing of the Plan (January 2006).

Describe Technical Assistance Provided to Grantee:

As needed through monthly telephone calls, regular meetings with Regional PHA and annual site visits.

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Kaw Nation (PA 2060)

Project Name: Kaw Nation

Project Director: Lana Nelson

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City/State: Newkirk, OK 74647-0474

Phone Number: (580) 362-1039

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Project Officer: George-Ann Stokes-Townsend

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City/State: Atlanta, GA 30341

Phone Number: (770) 488-4780

Email: gas7@cdc.gov

Project Summary:

The purpose of this project is to offer culturally sensitive teaching and screening services for breast and cervical cancer early detection to all American Indian/Alaska Native women residing within the seven county area of the Pawnee Service Unit.

Tribes Served by Project:

Kaw Nation, Osage Nation, Ponca Tribe, Pawnee Tribe, Iowa Tribe, Otoe-Missouria Tribe, Tonkawa Tribe, and other American Indians residing within the seven county area of the Pawnee Service Unit.

Awardee Description:

The Kaw Nation is a federally recognized American Indian Tribe located in North Central Oklahoma. Our tribe includes 2,854 individuals, 575 of whom reside in our Kay County, Oklahoma service area.

The Kaw Nation has been a self-governing tribe since 1990. It currently administers 53 programs or grants. Outpatient health services are provided to all Native Americans by the Kanza Health Center located in Newkirk, Oklahoma. Our current caseload is over 3,600. Other services provided to the Kaw Tribe and other Native Americans living in the area includes a child-care center, a wellness center, housing for American Indians, social services, substance assessment and treatment, meals for the elders, and many other services.

Evidence to Support Application:

Available figures seem to indicate that the incidence of breast cancer among indigenous women is lower than for other ethnicities. However, the Indian Health Service (IHS) estimates that the rate of breast cancer mortality is higher for Native American women than for other populations. This would indicate that treatment is not available or not being sought soon enough. Research shows that the incidence and mortality rates for cervical cancer in American Indian women are higher than those of the U.S. general population (5.8 per 100,000, versus 3.0 per 100,000 for the general population). These figures are deceptively low for Oklahoma, where Native American ethnicity seldom is indicated on death certificates.

Oklahoma has a high population of American Indians. The 2000 U.S. Census shows a total American Indian population of 273,230. In the seven counties (Kay, Osage, Grant, Garfield, Payne, Pawnee, and Noble) to be covered by this grant there are 5,620 Native American females, of whom 3,037 are age 35 and above. Incidence rates of breast and cervical cancer in Oklahoma are outdated and incomplete, partially due to non-reporting of tribal specific data on birth

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certificates, but latest available figures show an age-adjusted mortality rate of 12.0 per 100,000 for breast and 5.8 per 100,000 for cervical cancer.

Project Goals:

The Kaw Nation BCCEDP's goals are to

- Reduce mortality from breast and cervical cancers through early detection.
- Offer culturally sensitive teaching.
- Provide accessible services.
- Focus on women ages 40-64.
- Provide specific and appropriate clinical procedures in order to detect breast and/or cervical abnormalities.
- Detect pre-cancerous or cancerous lesions at their earliest stage.
- Ensure that women with abnormal test results and/or diagnosis of cancer receive appropriate and timely diagnostic and treatment services.

Kaw Mission Statement is

- Promote good health and well-being; improve physical health.
- Share knowledge with women about caring for themselves.
- Establish, expand, and improve community based screening services for American Indian/Alaska Native Women.

Public Health Impact:

There are more than 5,620 Native American females residing in the Indian Health Service's Pawnee Service Unit. Our program brings screening services to women that are culturally sensitive and provided by a female nurse practitioner, as the service area is rural with no central transportation system, and providing services at the five clinics makes them more accessible for the women. We are able to impact the care of more women by our collaboration with the service providers and tribes in this service area.

Project Successes:

- Kaw Nation was able to begin screening women nine months after receiving the grant award. The program did not have staff the first four months of award and was not fully staffed until six months after receiving the grant.
- Kaw Nation BCCEDP has formed a successful coalition of seven tribes and developed relationships with partners who are interested in reducing the morbidity and mortality rate of breast and cervical cancer.

Describe Technical Assistance Provided to Grantee:

- CDC Project Officer provides assistance on implementation activities to Project Director.
- Ongoing communication with CDC Project Officer regarding BCCEDP issues and to provide Technical Assistance as needed.
- CDC site visit to Kaw Nation in June of 2003.

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Northwest Portland Area Indian Health Board (PA 2060)

Project Name: Northwest Portland Area Indian Health Board

Project Director: Kerri Lopez

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Project Officer: Staci Lofton

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City/State: Atlanta, GA 30341

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Project Summary: Since 1998, The Northwest Portland Area Indian Health Board (NPAIHB) has been funded by the Division of Cancer Prevention and Control to implement its comprehensive cancer control (CCC) program. This project is an effort to reduce the burden of cancer using a thoroughly integrated and coordinated approach to cancer. NPAIHB offers six levels of healthcare services ranging from risk reduction to palliative care, all of which are part of the cancer control care continuum.

Tribes Served by Project: NPAIHB serves 43 American Indian and Alaska Native (AI/AN) tribes found within the northwest states of Oregon, Idaho, and Washington.

Awardee Description:

The NPAIHB was founded in 1972 by various tribal governments as a non profit advisory organization that equally represents all participating tribal nations. The focus of NPAIHB is to address tribal health related issues and to provide health related technical assistance to the tribes.

Evidence to Support Application:

The current health conditions of NPAIHB tribes reflect the health of American Indians throughout the United States. Although American Indians and Alaska Natives (AI/AN) living in Washington, Oregon, and Idaho have a lower incidence of most cancers; current statistics reveal this population has lower screening rates for cancer, higher risk factors for cancer and lower survival rates than their white counterparts.

Project Goals:

NPAIHB project goals are designed to reduce cancer incidence, morbidity and mortality within the affiliated Tribal Nations through a comprehensive approach to prevention, screening, treatment, and survivorship. According to NPAIHB's Comprehensive Cancer Control Plan 2005-2012, project goals include

1. Cancer risk reduction strategies.
2. Provide information on the most current early detection, screening and treatment practices through education and resource materials.
3. Provide education regarding quality of life for cancer patients, their families and caretakers.
4. Coordinate and collaborate with local and national cancer organizations and individuals.
5. Improve Indian-specific cancer control data.

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Public Health Impact:

According to NPAIHB's Comprehensive Cancer Control plan, its overarching CCC project goal is to reduce cancer incidence, mortality, and morbidity among American Indians and Alaskan Natives in Northwest tribal communities. NPAIHB will work to improve the health of tribal nations by reducing cancer related health problems using an integrated and coordinated approach towards cancer prevention and control. NPAIHB compiled a number of objectives associated with colorectal, lung, and prostate cancers. NPAIHB's multiple objectives and program activities will lead to its overarching goal of reduced cancer rates. Colorectal, lung, and prostate objectives include a wide spectrum of cancer care services such as community education to increase community cancer awareness and provider education to increase access to appropriate colorectal cancer treatment. NPAIHB also intends to improve the barriers to comprehensive cancer control that exist at the tribal and state level such as lack of full tribal participation and brief funding cycles, respectively.

Project Successes:

NPAIHB designed a workshop "Cancer 101". Cancer 101 is an educational and training tool that provides AI/AN with essential facts about cancer and their tribal communities. This presentation consists of seven 30-40 minute learning modules that each feature learning objectives. The seven modules are 1) Cancer among AI/AN's; 2) What is Cancer? 3) Cancer Screening and Early Detection; 4) Cancer Diagnosis and Staging; 5) Cancer Risk and Risk Reduction; 6) Basics of Cancer Treatment; and 7) Support for Patients and Caregivers. Participants are also provided a resource guide and evaluation form that features a pre- and post self assessment. This program was funded in part by the CDC's National Comprehensive Cancer Control Program.

Describe Technical Assistance Provided to Grantee:

- In conjunction with the National Partners for Comprehensive Cancer Control, CDC's Comprehensive Cancer Control Branch provides a leadership institute for national partners, states, and tribal programs that seek to develop partnerships, identify resources mobilize collaborations and improve Comprehensive Cancer Control infrastructure as it relates to AI/AN tribes and people.
- Engage in monthly calls with national partners, states, and tribal programs to discuss program successes, challenges, and related issues.
- Evaluation training provided to national partners, states, and tribal programs that seek to measure the effectiveness of their programs.
- Technical assistance provided in the areas of program planning, implementation, and budgeting.

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Poarch Band of Creek Indians Breast and Cervical Cancer Early Detection Program (PA 2060)

Project Name: Poarch Band of Creek Indians Breast and Cervical Cancer Early Detection Program

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Project Officer: Cynthia French
Address: 4770 Buford Highway, NE. MS K57
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Phone Number: 770-488-3156
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Project Summary: The intent of this project is to (1) provide needed breast and cervical cancer screening/re-screening, referral and support services according to guidelines, with priority on rarely or never screened women, to the eligible Tribal population within the entire defined Poarch Band of Creek Indians Tribal geographical service area; (2) assure the continued competent and successful conduction of a comprehensive breast and cervical cancer screening program for eligible women throughout the Poarch Band of Creek Indians Tribal geographic area; (3) continue to broaden the program via state coalition participation and other partnerships to ensure community based coordination of activities and services as well as advisement to program direction and accomplishments; (4) provide timely tracking, follow-up and case management of women with suspicious/abnormal screening tests, with appropriate referrals for diagnostic services and, to the extent possible, for treatment of positive findings; (5) continue to improve upon the Tribal surveillance system to assure the collection of appropriate data, evaluation of that data and performance indicators, and use of data and performance findings in decision making and planning relative to breast and cervical cancer screening of Tribal women; (6) continue and improve the system in place for monitoring and improvement of the quality of breast and cervical cancer screening services provided to the eligible Tribal population; (7) continue the development and dissemination of clear and consistent health messages to priority women that contribute to screening/re-screening and the resulting early detection of breast and cervical cancer; and, (8) to improve the education, training and skills of program health professionals, including allied health professionals, in the detection and control of breast and cervical cancer and assure compliance with mandatory training requirements of CDC.

Tribes Served by Project: *Poarch Band of Creek Indians*

Awardee Description:

The Poarch Band of Creek Indians comprise nearly 2,200 members, 1,500 of whom live in the vicinity of Poarch, Alabama (eight miles northwest of Atmore, Alabama, in rural Escambia County and 57 miles east of Mobile). On June 1, 1985, the Poarch Band adopted a constitution that set up a nine member elected Tribal Council. A full complement of paid staff is employed to conduct a Tribal health program. The community has a Tribal Multi-Purpose Complex that includes a health facility, community meeting area and space for Tribal administration and staff. The Poarch Band of Creek Indians continues to strive to help their members achieve their highest potential in education, physical and mental health and economic development.

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Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group.

The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

In April 2002, a Battelle Study indicated that Indian programs are an extremely effective vehicle for providing breast and cervical cancer screening services to AI/AN women and AI/AN women prefer to receive services from their “home” health program and providers.

Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman’s compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers’ (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

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Project Successes:

The Poarch Band of Creek Indians has accomplished many Breast and Cervical Cancer Early Detection Program goals and activities. During the past year, the program has 1) met nearly all of their screening objectives; 2) increased the number of paid “hours per week” for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) case nurse resulting in an increased commitment of clients to follow-up; 3) achieved the proposed objectives for tracking, follow-up and case management; 4) filled vacant nurse practitioner, physician and clinical director positions in a timely manner; 5) met their objectives for quality assurance; 6) continued monthly reviews of screening activities, open cases and timeliness of services; 7) met with a new clinical director to assure future commitment to quality assurance objectives; 8) met their objectives for public education, information and outreach; 9) ensured the Tribal leaders endorsement of continued emphasis on specific health education initiatives; 10) met their objective for professional education; 11) attended the CDC sponsored trainings, as appropriate; 12) met their objective for coalition and partnerships; increased involvement with the Alabama coalition; plans to increase partnership activities with the United and Southeast Tribes (USET); 13) met their objectives for surveillance, routinely monitored the Minimum Data Elements (MDE) and Resource Patient Management System data (RPMS); 14) monitored, evaluated and reported screening rates and performance levels to Tribal health leaders on a quarterly basis; and plans to train a dedicated data person, particularly to support the RPMS/WHTP (Women’s Health Tracking Program) supported by Indian Health Services (IHS).

Describe Technical Assistance Provided to Grantee:

The CDC Program Consultant and Information Management Services (IMS) provide technical assistance on a variety of programmatic issues as well as fiscal and data management. The Breast and Cervical Cancer Early Detection Program continues funding to Poarch Band based on a strict set of performance measures including the ability of the program to carry out proposed activities, appropriately manage and report fiscal activities and to appropriately document program progress using complex data indicators.

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SouthEast Alaska Regional Health Consortium - Breast & Cervical Health Program (PA 2060)

Project Name: SouthEast Alaska Regional Health Consortium - Breast & Cervical Health Program

Project Director: Roz DeRensis

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Project Officer: Chris Tullier

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City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-3048

E-mail: cjt4@cdc.gov

Project Summary:

SouthEast Alaska Regional Health Consortium (SEARHC) has been funded since 1997 and received \$689,429 in 2006-2007. They see an average of 460 women a year for screening mammograms and in the last two years have performed an average of 834 Pap tests per year.

Tribes Served by Project:

Eighteen of the 22 federally recognized tribes in the southeast region of the state are served by SEARHC.

Awardee Description:

SEARHC is a non-profit tribal health consortium of 18 Native communities, which serves the health interests of the Tlingit, Haida, Tsimpshean, and other Native people of Southeast Alaska. Established in 1975 under the provisions of the Indian Self-Determination Act, SEARHC is one of the oldest and largest Native-run health organizations in the country.

The organization's highest priority is to maintain strong ties with and be responsive to the needs of the communities it serves. Board representatives are selected by the tribal governing body in each community. SEARHC maintains strong ties to its communities, culture, and elders. Wherever possible, traditional Native cultural practices and values are incorporated into the organizations health care delivery system.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian/Alaska Native women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group. The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

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Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

Program has faced numerous obstacles (cultural barriers, distance use of RPMS system, extremely rural environment, with limited transportation options) and has found creative ways to overcome these and continue to grow the quality of the program.

Describe Technical Assistance Provided to Grantee:

Lauren Tancona, Tribal Liaison has assisted in resolving some issues regarding IHS requirements for the tribal program.

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Southcentral Foundation - Breast & Cervical Cancer Prevention Program (PA 2060)

Project Name: Southcentral Foundation - Breast & Cervical Cancer Prevention Program

Project Director: Kate Landis

Address: 4320 Diplomacy Drive

City/State: Anchorage, AK 99508

Phone Number: 907-729-2194

Email: kslandis@southcentralfoundation.com

Project Officer: Chris Tullier

Address: 4770 Buford Hwy, NE, MS K57

City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-3048

E-mail: cjt4@cdc.gov

Project Summary:

Southcentral Foundation has been funded since 1994 and received \$1,416,338 in 2006-2007. They serve an average of 2,270 women a year for screening mammograms and in the last three years have performed an average of 6,775 Pap tests per year.

Tribes Served by Project:

Alaska Native and American Indian women living in Anchorage, the Mat-Su Valley, and 75 rural villages in the Anchorage Service Unit

Awardee Description:

Southcentral Foundation is an Alaska Native-owned healthcare organization, incorporated in 1982 under the tribal authority of Cook Inlet Region, Inc. Southcentral Foundation employs more than 1,200 people in over 65 programs.

Southcentral Foundation's vision is a Native community that enjoys physical, mental, emotional and spiritual wellness. Its mission is to work together with the Native community to achieve wellness through health and related services. Southcentral Foundation's first contract with the Alaska Area Native Health Service began in 1984, to provide dentistry, optometry, community health representatives and injury control services.

Southcentral Foundation currently serves approximately 46,800 Alaska Native and American Indian people in the Anchorage Service Unit. The organization has developed and implemented comprehensive health-related services to meet ever-changing need, enhance culture, and empower individuals and families to take charge of their lives.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian/Alaska Native women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group. The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

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Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

Program has faced numerous obstacles (cultural barriers, distance use of RPMS system, extremely rural environment, with limited transportation options) and has found creative ways to overcome these and continue to grow the quality of the program.

Describe Technical Assistance Provided to Grantee:

Lauren Tancona, Tribal Liaison has assisted in resolving some issues regarding IHS requirements for the tribal program.

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South Puget Intertribal Planning Agency (SPIPA) (PA 2060)

Project Name: South Puget Intertribal Planning Agency (SPIPA)

Project Director: Carmen Kalama

Address: 2970 SE Old Olympic Highway

City/State: Shelton, WA 98513

Phone Number: (360) 426.3990 ext. 214

Email: kalama@spipa.org

Project Officer: Staci Lofton

Address: 4770 Buford Hwy MS K57

City/State: Atlanta, GA 30341

Phone Number: ((770) 488-2513

Email: slofton@cdc.gov

Project Summary: The South Puget Intertribal Planning Agency's (SPIPA) Comprehensive Cancer Control Program is funded by the CDC's Comprehensive Cancer Control Branch (CCCB) within the Division of Cancer Prevention and Control (DCPC). SPIPA is currently working to implement its Comprehensive Cancer Control plan through established partnerships and collaborative efforts in order to prevent and control cancer within tribal communities. SPIPA's CCC program is largely based on the health and other social needs of tribal communities.

Tribes Served by Project: The Tribal Nations of Chehalis, Nisqually, Shoalwater Bay, Skokomish, and Squaxin Island are all served by SPIPA. The combined total population of these tribes is over 10,000 and encompasses a significant amount of tribal land.

Awardee Description:

SPIPA was founded in 1976 by the five tribal nations as a nonprofit community driven organization that serves the needs of tribal members and their communities in western Washington. Each tribal nation has their own set of traditions and characteristics; however, they have forged a union to develop community centers, health facilities, youth programs, elder services, tribal enterprises, and other life opportunities for its tribal nations. As health disparities continue to prevail in tribal communities, SPIPA focuses most of its attention on tribal health and its connection to other aspects of social life in tribal communities.

Evidence to Support Application:

The current health condition of SPIPA tribes reflects the health of American Indians throughout the United States. Although American Indians and Alaska Natives (AI/AN) living in Washington have a lower incidence of most cancers; current statistics reveal this population has lower screening rates for cancer, higher risk factors for cancer and lower survival rates than their white counterparts. According to the Northwest Portland Area Indian Health Board 2004 Cancer Registry Project, eighty percent (80%) of all cancers diagnosed in the AI/A communities of Southwest Washington occurred in adults aged 50 and over. An increasing aging population within these tribal communities exasperates the problem of cancer, a reflection the direct relationship between cancer incidence and aging. Lung, breast, prostate, and colon/rectal (in rank order) cancers account for the top four commonly diagnosed cancers for Native Americans in Southwest Washington.

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Project Goals:

SPIPA's four main project goals are designed to reduce cancer incidence, morbidity, and mortality within the affiliated Tribal Nations through a comprehensive approach to prevention, screening, treatment, and survivorship. According to SPIPA's Comprehensive Cancer Control Plan 2005-2012, the agency's four goals are to:

1. Provide cancer prevention, education, and awareness for tribal and community members at all SPIPA Tribes.
2. Detect all screen able cancers at the earliest stage for tribal and community members at all SPIPA Tribes.
3. Ensure that all tribal and community members with cancer at all SPIPA Tribes receive cancer treatment services that are state of the art, timely, comprehensive, traditional, and affordable
4. Ensure that tribal and community cancer survivors and their loved ones at all SPIPA Tribes receive support.

Public Health Impact:

SPIPA's tribal members identify cancer as a key issue facing all five tribes. SPIPA's four project goals will work to improve the health of tribal nations by reducing cancer related health problems through numerous objectives and activities. These goals will ultimately provide a spectrum of cancer care services to prevent and control cancer in tribal communities. SPIPA's Comprehensive Cancer Control Program intends to increase screening rates for cancer through greater accessibility to and availability of local screening programs. The program will address and reduce high risk factors through disease prevention and health promotion education and awareness. Increased survival rates will be attained through improved availability, accessibility and quality of care, state of the art treatment facilities, subsidized medical costs, and increased access to traditional/spiritual treatment. Survivorship will also be addressed in the form of palliative care, financial, and emotional support for cancer survivors.

Project Successes:

- SPIPA's Comprehensive Cancer Control Program quickly progressed from planning phase to implementation. Three committees (Tribal Youth Cancer Warriors Conference Workgroup, Cancer Survivor Support Workgroup and End of Life Support Workgroup) of volunteer tribal members from each tribe were formed as advisors to the implementation process.
- Publication of a Cancer Survivorship Resource Guide

Describe Technical Assistance Provided to Grantee:

- In conjunction with the National Partners for Comprehensive Cancer Control, CDC's Comprehensive Cancer Control Branch provides a leadership institute for national partners, states, and tribal programs that seek to develop partnerships, identify resources mobilize collaborations and improve Comprehensive Cancer Control infrastructure as it relates to AI/AN tribes and people.

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- Engage in monthly calls with national partners, states, and tribal programs to discuss program successes, challenges, and related issues.
- Evaluation training provided to national partners, states, and tribal programs that seek to measure the effectiveness of their programs.
- Technical assistance provided in the areas of program planning, implementation, and budgeting.

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South Puget Intertribal Planning Agency (SPIPA), Native Women's Wellness Program (PA 2060)

Project Name: South Puget Intertribal Planning Agency (SPIPA), Native Women's Wellness Program

Project Director: Carmen Kalama

Project Officer: Chastity Walker

Address: 3104 S.E. Old Olympic Highway

Address: 4770 Buford Highway, NE. MS K57

City/State: Shelton, WA 98584

City/State: Chamblee, GA 30341-3717

Phone Number: 360-427-1625

Phone Number: 770-488-3013

Email: spipa2@hctc.com

Email: cwalker@cdc.gov

Project Summary:

Native Women's Wellness Project serves Native American and Alaska Native women who are underserved, economically disadvantaged, non-insured, under-insured and at-risk. Breast and cervical cancer screening and diagnostic services are provided through the program.

Tribes Served by Project: Tribal women from the following tribes in Southwest Washington are served through this program: Chehalis, Nisqually, Shoalwater Bay, Skokomish and Squaxin Island. Thirteen federally recognized tribes are funded by the NBCCEDP.

Awardee Description:

The Native Women's Wellness Program was among the first funded by the Centers for Disease Control (CDC) under the American Indian/Alaskan Native Initiative. It is now in its ninth year. The program gives Native women at each of the five tribal sites access to annual wellness exams and a range of services from screenings (mammograms and breast examinations) to imaging work-ups for abnormal tests. The program strives to eliminate cultural barriers to health through awareness, exams, education, referrals, and follow-ups. To date 1,563 women have enrolled.

The major objectives are to 1) Increase community awareness and education regarding the need for early detection and screening 2) Increase access among women within the tribes by providing these services at their own tribal health clinics 3) Improve referral, follow-up and monitoring services and 4) Provide an accurate statistical health care database to be used for the improvement and continuation of prevention. The database will help SPIPA to secure additional funding to expand services for other health concerns.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group.

The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

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Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

- On June 5-6, 2006, SPIPA partnered with the Native American Rehabilitation Association in Portland, Oregon, to hold a joint training for cancer outreach workers. The training, funded by a small grant from Cancer Information Service/Spirit of E.A.G.L.E.S., included information on culturally appropriate outreach to youth and elders, assessing community knowledge and attitudes about cancer, and overcoming barriers to early detection. A second SPIPA/NARA training/"gathering" was held on August 7th and 8th focusing on HPV and cervical cancer.
- Mammogram Days are the essence of the Native Women's Wellness Program because these screening services were not available in the tribal communities prior to the inception of the CDC program in 1994. Since that time, SPIPA has worked to coordinate a regular schedule of Mammogram Days to encourage women age 40 and over to get screened annually. This is a key factor in our effort to provide culturally relevant services to Native American women, as many women would be unwilling to leave the reservation to obtain this service.

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- As of January 2006, the program has received funding from the Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation to cover a portion of our 40 – 49-year-old clients' screening mammograms.
- Continued funding was awarded from the Avon Foundation Breast Care Fund, in the amount of \$40,000, and the Puget Sound Affiliate of the Susan G. Komen Breast Cancer Foundation, in the amount of \$37,684. These funds are intended to support NWWP's outreach and community education activities.
- Program has been successful at reaching rarely/never screened women.

Describe Technical Assistance Provided to Grantee:

- Technical assistance is ongoing.

Clearance: Please make sure this information is cleared for distribution to CDC internal and external AI/AN stakeholders.

By whom: Chastity L. Walker

Date: 8/11/06

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Women's Health Program (PA 2060)

Project Name: Women's Health Program

Project Director: Lori Martin

Address: PO Box 123

City/State: Kykotsmovi, AZ 86039

Phone Number: 928-734-1150

Email: lmartin@hopi.nsn.us

Project Officer: Annie Voigt

Address: 4770 Buford Highway, NE. MS K57

City/State: Chamblee, GA 30341-3717

Phone Number: 770-488-4707

Email: anv1@cdc.gov

Project Summary:

The Hopi tribe is in its ninth year of funding. They are currently funded at \$522,018. Program components of the National Breast and Cervical Cancer early Detection program include Management, Screening, Tracking and Follow-up, Case Management, Surveillance, Professional Development, Recruitment, Quality Assurance and Evaluation. They have never had a CDC assignee.

They provide services to the Hopi women in a very rural and isolated area of the state. Most of the women are poverty level, have no transportation, no telephone and no postal service within walking distance. Breast and Cervical Cancer program staff often have to drive an hour to find one woman.

Tribes Served by Project: Hopi Tribe

Awardee Description:

The Hopi people have the longest authenticated history of occupation (since 500 A.D.) of a single area by any Native American tribe in the United States. At 1.6 million acres, the modern Hopi Reservation is a mere 9% of the original area. The Hopi emerged from the Third World into this current Fourth World. This life is therefore referred to as the Fourth Way of Life for the Hopi. Hopi knew that life in this fourth world would be difficult and that they must learn a way of life from the corn plant. Geographically the land lies 323 miles northeast of Phoenix, Arizona, in Coconino and Navajo Counties.

While the Tribal Council represents Hopi people in matters external to the tribe, Hopi villages maintain quasi-independence. Of the 12 villages only one has adopted a constitution and established a truly western form of government. The remaining villages vary in the degree to which they adhere to the traditional Hopi form of governance. Oraibi remains strictly traditional in its governing structure and does not accept funds or any other form of assistance from the Tribal government. Other villages merge traditional with western governing policies by maintaining a village Kikmongwi (chief or leader) but also having representatives on Tribal Council.

There are approximately 8000 members living on the reservation with another 4000 living off the reservation.

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Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group.

The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures.
- 2) To detect pre-cancerous or cancerous lesions at their earliest stage to reduce morbidity and mortality from breast and cervical cancers.
- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
- 5) To ensure the quality of services delivered through the NBCCEDP.
- 6) To affect health care providers' (including allied health professionals) knowledge, attitudes, skills and behaviors so that more women receive appropriate and high quality screening and diagnostic services.
- 7) To increase awareness among the priority populations of the need for and availability of breast and cervical cancer screening services, address barriers that prohibit screening, and motivate women to seek these services.
- 8) To expand and maximize resources, coordinate program activities, overcome obstacles to the recruitment of NBCCEDP priority populations, and promote the delivery of comprehensive breast and cervical cancer screening services.
- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

- 1) They have developed and maintained an outstanding program for screening women for breast and cervical cancer.
- 2) This program has been one of the most stable tribal B & C programs. There has been very little turn over in staff. Lori Martin, the Program Director, has provided guidance and leadership to grow this program to its present successful status.

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- 3) They have developed a trusting relationship with the women.
- 4) They have been creative in finding ways to get additional dollars for the program. They have been able to get additional funds from Susan G Komen Foundation.

Describe Technical Assistance Provided to Grantee:

They have received routine programmatic technical assistance. Program is well established and requires little oversight. Tribal Liaison has worked with Hopi Tribe to resolve concerns with IHS.

Clearance: Please make sure this information is cleared for distribution to CDC internal and external AI/AN stakeholders.

By whom: Lori Martin , Program Director
2006

Date: November 10,

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Yukon-Kuskokwim Health Corporation - Breast & Cervical Cancer Prevention Program (PA 2060)

Project Name: Yukon-Kuskokwim Health Corporation - Breast & Cervical Cancer Prevention Program

Project Director: Luke Vanasse

Project Officer: Chris Tullier

Address: P.O. Box 287

Address: 4770 Buford Highway, NE. MS K57

City/State: Bethel, AK 99559-0528

City/State: Chamblee, GA 30341-3717

Phone Number: (907) 543-6696

Phone Number: 770-488-3048

Email: luke_vanasse@ykhc.org

E-mail: cjt4@cdc.gov

Project Summary:

The Yukon-Kuskokwim Health Corporation has been funded since 2002 and received \$650,000 in 2006-2007. They see an average of 350 women a year for screening mammograms and in the last three years have performed an average of 500 Pap tests per year.

Tribes Served by Project:

58 federally recognized tribes in the Yukon-Kuskokwim delta

Awardee Description:

YKHC administers a comprehensive health care delivery system for 50 rural communities in southwest Alaska. The system includes community clinics, sub-regional clinics, a regional hospital, dental services, behavioral health services including substance abuse counseling and treatment, health promotion and disease prevention programs, and environmental health services.

YKHC is a Tribal Organization authorized by each of the 58 federally recognized Tribal councils in its service area to negotiate with the Federal Indian Health Service to provide health care services under Title III of the Indian Self-Determination and Education Assistance Act of 1975.

YKHC, along with 12 other Tribal Organizations, is a co-signer to the Alaska Tribal Health Compact, a consortium which secures annual funding agreements with the federal government to provide health care services to Alaska Natives and Native Americans throughout the state.

Evidence to Support Application:

As federal funding to states often fails to reach tribes and Native populations living within the state, tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs.

American Indian/Alaska Native women with breast cancer have the lowest five-year survival rate of any U.S. racial/ethnic group. The Indian Health Service is funded to meet only 60% of the curative needs on the reservations. Over half of the AI/AN population live off reservation. With the high poverty rates, low literacy rates, and lack of access to culturally appropriate services, the AI/AN population has a great need for preventive screening services.

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Project Goals:

- 1) To maximize available resources to implement all program components in accordance with established policies and procedures
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- 3) To ensure a woman's compliance with the recommended screening/rescreening, diagnostic, and treatment protocols.
- 4) To ensure that women enrolled in the NBCCEDP receive timely and appropriate diagnostic, treatment, and rescreening services.
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- 9) To use relevant surveillance data such as cancer registry, Behavior Risk Factor Surveillance Survey, Census, Vital Statistics, and Minimum Data Elements to plan, monitor and evaluate program activities

Public Health Impact:

Breast and cervical cancer will be prevented or diagnosed at an earlier stage thus reducing morbidity and mortality of American Indian/Alaska Native women.

Project Successes:

Program has faced numerous obstacles (cultural barriers, distance use of RPMS system, extremely rural environment, with limited transportation options) and has found creative ways to overcome these and continue to grow the quality of the program.

Describe Technical Assistance Provided to Grantee:

Lauren Tancona, Tribal Liaison has assisted in resolving some issues regarding IHS requirements for the tribal program.

Clearance: Please make sure this information is cleared for distribution to CDC internal and external AI/AN stakeholders.

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National Center for Chronic Disease Prevention and Health Promotion: Diabetes Projects

Association of American Indian Physicians (AAIP): National Program to Promote Diabetes Education Strategies in the Community (RFA 05014)

Project Name: Association of American Indian Physicians (AAIP): National Program to Promote Diabetes Education Strategies in the Community

Project Director: Margaret Knight, Executive Director and Bobbie Hiltbrand, Project Coordinator

Address: 1225 Sovereign Row, Suite 101

City/State: Oklahoma City, OK 73108

Phone Number: 405-943-1211

Email: bhiltbrand@aaip.org

Project Officer: Quanza S. Brooks-Griffin

Address: 4770 Buford Highway NE MS K-10

City/State: Atlanta, GA 30341

Phone Number: 770-488-5405

Email: Qab4@cdc.gov

Project Summary:

AAIP addresses community intervention via dissemination of diabetes education materials and presentations at major American Indian/Alaskan Native (AI/AN) conferences and events. Additionally AAIP conducts community partnership training, including an adaptation of CDC's Division of Diabetes Translation's Diabetes Today training, provides community grants and training for coalition building relative to diabetes prevention and management education and assisting health care providers who serve American Indian/Alaskan Native populations via culturally appropriate diabetes education-training. Via utilization of NDEP and other educational materials, AAIP promotes the implementation of lifestyle interventions to improve knowledge, attitudes, beliefs and behaviors related to the prevention, early detection and control of diabetes for American Indian and Alaskan Native communities. With active representation on the NDEP AI/AN Work Group, AAIP is able to participate in the creative aspects of NDEP community intervention endeavors.

Tribes Served by Project: AAIP has not selected any particular tribe to serve. AAIP has formed Diabetes Community Coalitions with organizations representing various regions: Littleton, ME; Agency Village, South Dakota; Crow Agency, Montana; Lawton, Oklahoma, Talihina, Oklahoma; Aztec, New Mexico.

Also, AAIP has contracted with the Indian Health Services 12 area offices as Regional Member Affiliates (RMA). These RMAs will contract with AAIP and will choose to either disseminate AI/AN culturally specific diabetes education materials, develop AI/AN culturally specific action plan for implementing a lifestyle intervention or present on the NDEP and AAIP at a local, state,

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regional or national event. These regions include: Rockville, Maryland; Aberdeen; South Dakota; Anchorage, Alaska; Albuquerque, New Mexico; Bemidji, Minnesota; Billings, Montana; Nashville, Tennessee; Oklahoma City, Oklahoma; Phoenix, Arizona; Portland, Oregon; Sacramento, California; Tucson, Arizona; Window Rock, Arizona.

Awardee Description:

AAIP is a national, non-profit educational, scientific and charitable organization dedicated to improving the health conditions of the AI/AN population and to increase the AI/AN representation in the health profession. It is the mission of AAIP to pursue excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body and spirit.

Evidence to Support Application:

Diabetes mellitus is one of the most serious challenges facing AI/AN. American Indians and Alaska Natives are 2.3 times more likely to be diagnosed with diabetes than other minority groups. Diabetes is the fourth leading cause of death of American Indian and Alaska Native populations. Complications from diabetes include diabetes retinopathy, diabetes nephropathy, lower extremity amputations, periodontal disease and increased susceptibility to infections.

Project Goals:

AAIP will focus on the National Diabetes Education Program (NDEP) Strategic plan and implementing lifestyle interventions to improve knowledge, attitudes, beliefs and behaviors related to the prevention, early detection and control of diabetes for AI/AN communities.

1. AAIP will extend the number of AAIP Diabetes Program Affiliates to increase the capacity of national and regional organizations to address the prevention and control of diabetes for AI/AN through awareness and education efforts over the five year program period.
2. AAIP will implement five strategies for promoting diabetes awareness and delivering diabetes education messages, interventions and products to AI/AN communities over the five year program period. The five strategies are listed below:
 - a. AAIP will disseminate existing and new materials developed by NDEP to program affiliates in years 1-5.
 - b. AAIP will attend at least two AI/AN national conferences each year to present on the NDEP material and to recruit program affiliates in years 1-5.
 - c. AAIP will update the diabetes program Web site for dissemination of NDEP messages at least quarterly each year in years 1-5.
 - d. AAIP will increase the content and number of materials/articles in editions of "Legacy" newsletter to disseminate NDEP messages as well as develop an "E-Legacy" newsletter quarterly in years 1-5.
 - e. AAIP will implement four strategies for responding to public inquiries regarding program activities in years 1-5.
 - f. Toll free number, E-mail, Listserv, U.S. Postal Service

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3. AAIP will implement three strategies to build capacity of national and regional organizations thereby increasing their ability to develop and implement community-based interventions to AI/AN over the five year program period. The three strategies are listed below:
 - a. Conduct Diabetes Today training for coalition development and program planning to AI/AN audiences each year in years 1-5
 - b. AAIP will increase coalition-building strategies from 2 to 5 for providing technical assistance and support to coalition affiliates in years 1-5.
 - c. AAIP will provide grants to 8 Partnership Network Affiliates for implementing community-based lifestyle interventions to prevent or delay diabetes each year in years 1-5.

4. AAIP will implement three strategies to strengthen relationships with healthcare providers to assist them in providing culturally appropriate diabetes education and support to AI/AN over the five year program period. The three strategies are listed below:
 - a. AAIP will disseminate NDEP and/or other diabetes prevention and control resources to at least 300 healthcare providers each year in years 1-5.
 - b. AAIP will update and disseminate the AAIP AI/AN Diabetes Resource Guide to at least 300 healthcare providers each year in years 1-5.
 - c. AAIP will conduct a diabetes education workshop for healthcare providers each year in years 1-5.

5. AAIP will implement and maintain three strategies each year over the five year program period to engage stakeholders work collaboratively with others and obtain evidence about the effectiveness of the project. The three strategies are listed below:
 - a. AAIP will establish an AAIP Diabetes Stakeholder Advisory Group in year 1 to participate in a regular review and advisory process each year in years 1-5.
 - b. AAIP will participate in activities of the NDEP and CDC each year to ensure long-term sustainability of activities in years 1-5.
 - c. AAIP will conduct a formal evaluation each year to determine the effectiveness of the AAIP Diabetes Program activities in years 1-5.

Public Health Impact:

Program activities use strategies that promote diabetes awareness through interventions to ultimately prevent or delay diabetes in AI/AN communities.

This project directly relates to the CDC Health Protection goal: Healthy People in Every Stage of Life

Healthy People in Every Stage of Life—All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

Project Successes:

1. AAIP established and maintains a collaboration of at least twelve Regional Member Affiliates to support and participate in the diabetes awareness and education activities of the AAIP Diabetes Program.

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2. AAIP increased the number of Coalition Affiliates from 6 to 11, to build AAIP community diabetes coalitions.
3. AAIP extended the NDEP/AAIP Partnership Network from 699 to 726 Partnership Network Affiliates.
4. AAIP disseminated existing and new materials developed by NDEP to 85% of its program affiliates.
5. AAIP attended at least 2 AI/AN national conferences to present on NDEP materials and to recruit program affiliates.
6. AAIP update their Web site with program information.
7. AAIP increased the content of their newsletter, *Legacy*, with NDEP messages. They also developed an "E-Legacy" quarterly newsletter.
8. AAIP provided mini grants to 8 Partnership Network Affiliates for implementing community-based lifestyle interventions to prevent or delay diabetes.
9. AAIP disseminated NDEP and/or other diabetes prevention and control resources to at least 300 healthcare providers.

Describe Technical Assistance Provided to Grantee:

Technical assistance included techniques on:

Creating SMART Objectives

Forming partnerships/coalitions

Definitions

Regional Affiliate - AAIP has contracted with the Indian Health Services 12 geographical area offices as Regional Member Affiliates (RMA).

Diabetes Community Coalition Affiliate or Diabetes Coalition – AAIP recruit organizations to become Coalition Affiliates to develop action plans related to dissemination of NDEP materials and establishing healthy lifestyles.

Partnership Network Affiliate – These affiliates are recruited through AAIP Diabetes program staff at conferences and local events. Individuals that elect to become a partnership network affiliate are entered into the AAIP listserv to receive information regarding AAIP's programs including: quarterly mail outs; campaign materials, Legacy newsletter; and opportunities for funding.

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Ho-Chunk (Winnebago) HPDP Promotion, Policy Reform and Evaluation Project (RFA AA029)

Project Name: Ho-Chunk (Winnebago) HPDP Promotion, Policy Reform and Evaluation Project

Project Director: Dave Farley

Address: 107 Tallman Street, Box 264

City/State: Walthill, NE 68067

Phone Number: 402-846-5353

Email: dfarley@hochunk.cdc.org

Project Officer: Maria E. Burns

Address: 1720 Louisiana Blvd, NE, Suite 208

City/State: Albuquerque, NM 87110

Phone Number: 505-232-9905

Email: mburns@cdc.gov

Project Summary:

The project specifically targets the juvenile population of the Winnebago reservation community. The project targets this population because of patterns of behavior learned at an early age will carry into adulthood. Currently poor eating and sedentary lifestyles behavior patterns are developed at an early age and reserving these trends will impact adult risk factors for obesity and diabetes. The project will focus on availability of healthy snack and drink choices in vending machines, increasing physical activity through walking trails and nutrition education and promotion of healthy eating behaviors.

Tribes Served by Project: Ho-Chunk Winnebago

Awardee Description:

Ho-Chunk Community Development Corporation was formed in 2000 and designated as a 502 (c)(3) non-profit corporation. To serve the Winnebago social and economic needs. The community has a population of 2588, primarily AI Winnebago members. The organization operates several private and governmental grant programs, including a Robert Woods Johnson "Active Living by Design" grant and an Indian Health Service health clinic.

Evidence to Support Application:

The Indian Health Service reports the incidence of type II diabetes at one-third of the Winnebago adult population. 48% of Winnebago children aged 1-18 have hyperinsulinemia, which predicts future diabetes as adults. The number of obese and overweight children, children leading sedentary lifestyles and children with poor eating habits has been steadily rising over the last 25 years. Winnebago children mirror national trends with roughly 80% not eating 5 servings of fruits and vegetables each day.

Project Goals:

- 1) Increase the amount of healthy drinks and snacks in school and other vending machines used primarily by juveniles.
- 2) Increase the availability of walking trails for physical activity by youth.
- 3) Provide community health promotion activities, incentives and materials on healthy eating and physical activity behaviors.

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Public Health Impact:

Increase youth activity levels throughout the year to reduce risk of obesity; improve nutrition choices within the community vending machines and schools will bring about change in eating and physical activity behaviors reducing the risk for obesity and diabetes.

Project Successes: Grantee has completed planning year process, determined Year 2 implementation plan. Project has been able to increase the walking trails from zero to 1 mile.

Describe Technical Assistance Provided to Grantee: Site visit, project indicator evaluation determination and evaluation technical assistance was provided.

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Hopi Wellness Project (RFA AA029)

Project Name: Hopi Wellness Project

Project Director: Joan Hamilton

Address: P. O. Box 123

City/State: Kykotsmovi, AZ 86039

Phone Number: 928-734-3431

Email: jhamilton@hopi-nsn.us

Project Officer: Maria E. Burns

Address: 1720 Louisiana Blvd., NE Suite 208

City/State: Albuquerque, NM 87110

Phone Number: 505-232-9905

Email: mburns@cdc.gov

Project Summary:

The project is to develop and enhance the current wellness and fitness program by increasing physical fitness activities to promote healthy life styles and reduce the risk for obesity and diabetes.

Tribes Served by Project: Hopi

Awardee Description:

The tribe operates several grants/contracts providing prevention services. They work with the Arizona Inter-Tribal Council on tobacco cessation and with the Indian Health Service for diabetes prevention.

Evidence to Support Application:

Diabetes is one of the five leading purposes of visits for out-patient visits to the local medical services. In 2002 Diabetic population by community of the Hopi Health Care Center indicates a diabetes rate of 19.3%. The tribe has implemented several activities to increase physical activity and looks forward in enhancing these programs with increased health awareness, better nutrition in the schools and eateries and potentially a garden project for the tribe.

Project Goals:

- 1) Coordinate after-school programs during the academic school year and summer recreational programs, including traditional Hopi games (stick games and running games).
- 2) Coordinate gardening programs during the summer and harvest months.
- 3) School lunch menu changes through partnerships with the local elementary schools and Hopi Health Care Center Nutritionist through education and training of the local school boards and food service providers.
- 4) Soda machine change-out to promote and encourage consumption of healthier drinking and eating habits.
- 5) Promote serving low-fat, low-calorie meals at local eateries to provide the Hopi and general public with additional nutritious meals.

Public Health Impact:

The project hopes to reduce diabetes risk factors among tribal members and employees through increase physical fitness programs and providing nutrition education for tribal members to make better nutritional choices in low-fat food and sugar-free beverages, reducing the risk for obesity and type II diabetes.

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Project Successes:

Planning activities have been completed for Year 1 and implementation plans developed for enhanced activities. Work plan has been developed for nutritional awareness activities.

Describe Technical Assistance Provided to Grantee: Site visit completed and evaluation technical assistance provided.

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Indian Health Care & Resource Center -Tulsa Indian Youth Program for Healthy Living (RFA AA029)

Project Name: Indian Health Care & Resource Center -Tulsa Indian Youth Program for Healthy Living

Project Director: Nancy O'Banion

Project Officer: Maria Burns

Address: 550 S. Peoria

Address: 1720 Louisiana Blvd, NE, Suite208

City/State: Tulsa, OK 74120

City/State: Albuquerque, NM 87110

Phone Number: 918-582-6405

Phone Number: 505-232-9905

Email: nobanion@ihcrc.org

Email: mburns@cdc.gov

Project Summary:

The project will conduct planning and implementation of diabetes and obesity prevention community level interventions and organizational development of Indian controlled youth organizations to provide physical activity, health education and asset-building character development programs to Tulsa area Indian children and youth.

Tribes Served by Project: Muscogee Creek, Cherokee and Osage

Awardee Description:

Indian Health Care Resource Center's (IHCRC) multidisciplinary ambulatory outpatient services include medical, pharmacy, laboratory, x-ray, health education, public health nursing, dentistry, optometry, behavioral health counseling, substance abuse treatment, WIC, eligibility assistance and free transportation. The organization conducts health education programs to promote tobacco prevention and cessation, HIV/AIDS prevention, good prenatal care, physical activity, nutritional health and diabetes prevention. IHCRC is a Federally Qualified Health Center and serves federally defined, medically underserved population of Tulsa American Indians. IHCRC is a community-based agency governed by policy-making, volunteer board whole elected membership is composed of at least 51% Native Americans. The multidisciplinary ambulatory outpatient clinical facility is accredited by the Accreditation Association for Ambulatory Health Centers (AAAHC).

Evidence to Support Application:

According to the Oklahoma Behavioral Risk Factor Surveillance System (BRFSS), in 2002 56.2% of adult Oklahomans were overweight (BMI>25). The prevalence of obesity in Oklahoma significantly increased from 11.6% in 1990 to 21.9% in 2002, a 10% increase. Oklahoma ranked 21st in the nation and was slightly above the national median of 22.2% for prevalence of obesity among adults. An estimated 11.1% of Oklahoma high school students are overweight and an additional 14.2% are at risk for becoming overweight. Only 29% of students participated in daily PE class.

Project Goals:

- (1) Sustain community involvement in improving the health status of urban tribal members.
- (2) Sustain culturally appropriate community level interventions which promote increased levels of physical activity and nutrition by Tulsa Area AI children.

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- (3) Expansion of the youth programs to include a holistic set of health educational elements, including life skills components that promote informed decision-making and avoidance of risky behaviors.

Public Health Impact:

Increase community collaboration with grassroots urban Indian organizations; increase access to facilities and programs that provide opportunities to children and families to be physically active; conduct a healthy nutrition campaign to promote health and healthy eating behaviors to reduce the risk of obesity and type II diabetes.

Project Successes:

Project has hired staff and will coordinate evaluation with the Oklahoma State Health Department. An enhanced after-school program has been implemented, adapting a curriculum (CATCH) to be culturally appropriate.

Describe Technical Assistance Provided to Grantee:

Site visit, project evaluation assistance provided.

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Lummi Ancestors' Healthy Lifestyle Project (RFA AA029)

Project Name: Lummi Ancestors' Healthy Lifestyle Project

Project Director: Mark Zollitsch

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City/State: Bellingham, WA 98226

Phone Number: 360-384-1489

Email: markz@lummi-nsn.gov

Project Officer: Maria E. Burns

Address: 1720 Louisiana Blvd, NE, Suite 208

City/State: Albuquerque, NM 87110

Phone Number: 505-232-9905

Email: mburns@cdc.gov

Project Summary:

The project will reduce the demand for health care services through the promotion of healthy lifestyles among members of the Lummi Nation. The project supports the development of several fitness activities and provides incentives and recognition for community members who participate. The nation has become aware of a need to increase wellness and reduce the impact of diabetes on the community and its health resources.

Tribes Served by Project: Lummi

Awardee Description:

The tribe has a long history of successfully managing funds from several federal agencies, including grants and contracts with the Indian Health Service, Bureau of Indian Affairs, Administration of Children and Family (TANF), SAMHSA, CDC and state agencies.

Evidence to Support Application:

The nation has determined that as much as 25% of the health problems that require medical intervention are due to poor choices or unhealthy lifestyles. A 2003 Behavioral Risk Study revealed that 76% of Lummi Tribal members are overweight or obese and that 72% did not get the amount of recommended exercise. 45% of the tribal members smoke and only 5% of study respondents ate the recommended amount of fruits and vegetables. These lifestyles have resulted in use of all discretionary dollars to support the provision of basic health care for the tribal membership.

Project Goals:

- 1) Increase the number of tribal members participating in regular physical activity.
- 2) Encourage participation in the Ancestor's Challenge and certify more physical fitness coaches in nutrition, prevention, substance abuse, fitness and performance.
- 3) Continue and expand health promotion and education to the community through wellness prevention TV show, monthly newsletters and tribal newspaper.

Public Health Impact:

Healthy lifestyle choices made by tribal members will promote wellness and decrease the need for medical services and costs to the community.

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Project Successes:

Grantee has successfully completed activities for the planning year. There are developing evaluation plans for implementation years two and three.

Describe Technical Assistance Provided to Grantee: Completed site visit and providing evaluation technical assistance.

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Physical Activity Goals for Native Adolescents on the Southern Ute (RFA AA029)

Project Name: Physical Activity Goals for Native Adolescents on the Southern Ute Reservation

Project Director: Elise Redd

Project Officer: Maria E. Burns

Address: P. O. Box 737

Address: 1720 Louisiana Blvd, NE, Suite 208

City/State: Ignacio, CO 81137

City/State: Albuquerque, NM 87110

Phone Number: 970-563-0154

Phone Number: 505-232-9905

Email: eredd@southern-ute.nsn.us

Email: mburns@cdc.gov

Project Summary:

The Southern Ute Reservation has a youthful population. The project targets 300 Native youth, 10-20 years old, living on the reservation. The intervention includes assembling an advisory group, holding community talking circles, planning and implementing activities to increase awareness and physical activity for the target population. The target population is ages where the most popular activity is video games; they consider themselves too old for school games and too young for organized sports available on the reservation, which leads to a sedentary lifestyle and places them at risk for obesity and diabetes.

Tribes Served by Project: Southern Ute

Awardee Description:

The southern Ute tribe is located in Southern Colorado. The tribe manages about 70 grants per year. The project will collaborate with the Shining Mountain Diabetes Program, Southern Ute Community Action Program, Sun Ute Community (fitness equipment and programs), Ignacio Public Schools, Indian Health Clinic, Mercy Hospital and the Rez-Robics fitness program.

Evidence to Support Application:

The overweight/obesity burden is 29.6% (95th percentile) and 30% (85th percentile) for youth. The adults in the community are 55% (BMI's 30+), approaching 200% of national prevalence. There is a high rate of renal disease in the community and need for reducing the high rate and risk for diabetes and its complications.

Project Goals:

(1) Assemble an advisory group; (2) hold community talking circles; (3) establish outcomes and measures with an external evaluator; (4) collect baseline activity data; (5) plan and implement proposed interventions; (6) increase public awareness; (7) implement and modify interventions in years 2 and 3, enhancing existing and adding new activities.

Public Health Impact:

Increasing participation in physical activities and awareness of diabetes risk in the community will provide opportunities for youth at this vulnerable age to reduce the risk of diabetes.

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Project Successes:

Project has successfully completed planning year activities. Staff has been hired and project partnerships secured. Plan for project evaluation has been determined.

Describe Technical Assistance Provided to Grantee: Site visit and project evaluation assistance provided.

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Salish and Kootenai Environmental Supports for Diabetes Prevention (RFA AA029)

Project Name: Salish and Kootenai Environmental Supports for Diabetes Prevention

Project Director: Anita Dupuis

Project Officer: Maria Burns

Address: 52000 Highway 93 South, Box 70

Address: 1720 Louisiana Blvd, NE, Ste 208

City/State: Pablo, MT 59855

City/State: Albuquerque, NM 87110

Phone Number: 406-275-4991

Phone Number: 505-232-9905

Email: Anita_Dupuis@skc.edu

Email: mburns@cdc.gov

Project Summary:

Project will target key environmental factors with capacity to be influenced in a way to support the prevention of type II diabetes. Primary environmental factors to be addressed are access to nutritional foods and beverages, community nutrition awareness and opportunities for increased physical activity.

Tribes Served by Project: Salish and Kootenai Confederated Tribes

Awardee Description:

Salish-Kootenai College (SKC) was chartered by the Consolidated Salish and Kootenai Tribes (CSKT) 26 years ago and offers a variety of two and four year undergraduate degree programs including nursing, dental assisting, human services, social work and environmental studies. SKC has proven its stable organizational capabilities by successfully managing funds from at least 15 out of 26 federal agencies.

Evidence to Support Application:

The applicant found that there are 650 diagnosed tribal members with type II diabetes within a service population of 11,000. BMIs taken by the local Women and Infant Children's program revealed an average of 27-28 for mothers and percentages of at-risk or already overweight children of up to 36.2%. Primary prevention activities have targeted high-risk populations, including youth and have employed individual behavior change to increase complex carbohydrate and high fiber foods and increasing physical activity levels. Very little has been done at Salish-Kootenai to create supportive community environments for prevention of diabetes. Most resources have been applied at the clinical level.

Project Goals:

- 1) Coordinate with Community partners, evaluators and other consultants the planning for development of an environmental support intervention for the prevention of type II diabetes with the school-attached tribal population including daycare, middle and high school and college students, faculty and staff.
- 2) Design and implement intervention targeting 2 key environmental factors – (a) availability of nutrition meal alternatives low in fat and refined carbohydrates for school-provided meals, snacks, and beverages including vending machine product selection, and community nutrition awareness campaign; (b) availability of fitness facilities, group fitness instructors and lifestyle coaches who work with staff, faculty and students to develop personal plans for healthy lifestyle and physical activity.

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- 3) Develop and implement a plan for attaining long-term sustainability through policy adoption and implementation.

Public Health Impact:

Making policy changes in the products available for purchase in local vending machines to have water, low-fat, sugar-free and low/caffeine-free choices will reduce fat/sugar intake and increase water consumption will result in sustained health promotion in the community. Increasing the availability of trained fitness staff and physical fitness activities will increase the number of activities and participants in physical activity. Both interventions will result in a healthy lifestyle for community members and reduce the risk of obesity and type II diabetes...

Project Successes:

Baseline data gathered of the product choices available at all partner vending machines. Information gathered on traditional diet for community awareness activity. Project has completed planning year activities.

Describe Technical Assistance Provided to Grantee:

Site visit and project evaluation assistance provided

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Stockbridge- Munsee Community - Youth Health Environmental Intervention Project (RFA AA029)

Project Name: Stockbridge- Munsee Community - Youth Health Environmental Intervention Project

Project Director: Karmen Mason

Project Officer: Maria E. Burns

Address: P. O. Box 70

Address: 1720 Louisiana Blvd, NE. Suite 208

City/State: Bowler, WI 54416

City/State: Albuquerque, NM 87110

Phone Number: 715-793-4080

Phone Number: 505-232-9905

Email: karmen.mason@mohican-nsn.gov

Email: mburns@cdc.gov

Project Summary:

The project will increase the capacity to address nutrition and prevention of diabetes at the community level. The project will also assist in decreasing the youth levels of obesity through nutrition and physical activity interventions.

Tribes Served by Project: Stockbridge-Munsee

Awardee Description:

The Stockbridge-Munsee Community has a long history of successful administration of federal and state grants. The tribe currently receives funding for a Special Diabetes Program for Indians and Women's Health program from the Indian Health Service. The community also participates in family night program funded by the United Way of Shawano County. Other federal agencies have funded youth and women focused health and prevention programs.

Evidence to Support Application:

Diabetes was listed as the third leading cause of death and the second top diagnoses as purpose of visits to the health clinic. According to RPMS data from 2004, approximately 80% of the patients over age 18 have a BMI that lists them as overweight or obese. There is only one fitness center available for the community members. There is no access to programs and facilities that many urban areas have. Local schools have minimal sports availability and equipment. There are only a few parks and marked trails, which are not readily accessible to community members.

Project Goals:

- 1) Develop and implement at least 20 community sport, physical activity, health and nutrition education and recreation programs that meet the needs and interest of tribal youth.
- 2) Develop and implement at least 10 family programs that focus on healthy eating and physical activity.
- 3) Increase access to safe outdoor physical recreation locations.
- 4) Increase access to fitness, sports or health education programs.
- 5) To supplement and enhance current activities focused on physical activity and nutrition education.

Public Health Impact:

The project activities will impact community members and youth at high risk of obesity and type II diabetes. Provision of nutrition awareness of healthy eating habits may reduce the intake of high-fat, high

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calorie foods and increase healthy eating choices. These will impact the high rates of obesity and reduce the risk of developing diabetes.

Project Successes:

The grantee has successfully completed activities during the planning year. An evaluation process for the implementation activities was developed. Site visit revealed good progress on meeting the stated goals and tracking progress on the project components. The staff, including the project director and evaluator is well-qualified and enthusiastic.

Describe Technical Assistance Provided to Grantee:

Site visit and evaluation technical assistance provided.

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United American Indian Involvement, Inc - Garden of Health Project (RFA AA029)

Project Name: United American Indian Involvement, Inc - Garden of Health Project

Project Director: Gene Martinez

Project Officer: Maria E. Burns

Address: 1125 W. Sixth Street, Suite 103

Address: 1720 Louisiana Blvd, NE, Suite 208

City/State: Los Angeles, CA 90017

City/State: Albuquerque, NM 87110

Phone Number: 213-202-3970

Phone Number: 505-232-9905

Email: genemartinez001@hotmail.com

Email: mburns@cdc.gov

Project Summary:

In the urban areas of Los Angeles cement, brick and asphalt surround our community. The natural environment is behind fences and not available for hand-on exploration. The project will be an opportunity for project participants to bring nature and agriculture to life, while employing their creative skills and engaging in physical fitness through gardening. The target population in Year 1 will be youth ages 5-17. The participants will be members of the AI Clubhouse After School Program, residents of the Ah No Ven Girls Healing Home and students from Central High School, an alternative school located on UAII premises. The target population will be expanded to include UAII's Elder's Program and others interested in the project in Years 2 and 3. The project will build capacity by delivering information through an interactive process that involves participants in hand-on activities and exercises that result in nutritious tangible products.

Tribes Served by Project: Navajo, Hopi, Pima, Ho-Chunk, Choctaw, Alaska Native, Apache, Tohono O'Odham, Lakota, Pueblo, Pomo, Cherokee, and members of approximately 50 state and federally recognized tribal nations.

Awardee Description:

Established in 1974, UAII is a 501(c)(3) private, non-profit organization offering an array of health and human services to AI/AN living throughout Los Angeles County. UAII has grown from a small community-based organization providing crisis intervention services to AI/AN living in the Skid Row area within the City of Los Angeles, to a countywide multidisciplinary comprehensive service center addressing the multiple needs of AI/ANs. UAII serves the needs of the 138,696 American Indians residing in Los Angeles County, the largest urban concentration of American Indians in the country. UAII operates two (non-competitive and competitive) special Diabetes Programs for Indians (SDPI) and other federal and state grants amounting to over \$5 million annually.

Evidence to Support Application:

The California Health Interview Survey (CHIS) of 2003 estimates that approximately 60.9% of the Los Angeles County AI/AN population is overweight or obese. Also, 38.7% of AI participated in no vigorous/moderate physical activity at all; that is 5.3% higher than the entire county.

Project Goals:

- 1) Establish partnerships with the Los Angeles Conservation Corps and Common Ground Garden Program, which is part of the University of California Cooperative Extension in Los Angeles County, the healing home and schools to implement the Garden of Health. Implement the project in year 1, inviting youth participation.

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- 2) Garden of Health Project maintenance, continue to work with youth, and invite elders to participate in project. Develop a sustainability plan.
- 3) Garden of Health Project maintenance; continue to work with youth, continue to work with elders, invite all members of the community to participate in the project. Full project sustainability plan and implementation.

Public Health Impact:

The project will strive to improve nutrition through experiential gardening and cooking education. The gardening activities will also provide moderate exercise to the participants to reduce the risk of diabetes and obesity.

Project Successes:

Partnerships established with county and state organizations. Garden of Health implemented with youth participants.

Describe Technical Assistance Provided to Grantee:

Site visit completed and evaluation technical assistance provided.

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**National Center for Chronic Disease Prevention and Health Promotion: Racial and
Ethnic Approaches to Community Health (REACH) Projects**

Association of American Indian Physicians – HIV/AIDS Capacity Building in American Indian Communities (PA 02153)

Project Name: Association of American Indian Physicians – HIV/AIDS Capacity Building in American Indian Communities

Project Contact: Ann Margaret Knight

Address: 1225 Sovereign Row, Suite 103

City/State: Oklahoma City, OK

Phone Number: (405) 946-7072

Email: mknight@aaip.org

Project Contact: Heather B. Levi

Address: 1225 Sovereign Row, Suite 103

City/State: Oklahoma City, OK 73108

Phone Number: (405) 946-7072

Email:

Project Summary: The goal of the American Indian Community Capacity Program is to provide education and training to American Indian communities for the development and implementation of a community core capacity plan to increase awareness of the seriousness of HIV/AIDS and mobilize the local communities to address this problem. The REACH project targets this risk reduction by focusing on youth prevention.

Tribes Served by Project: Oklahoma Native Americans

Awardee Description: The AAIP is traditionally an organization that encourages youth to enter into the medical profession. Their mission statement says that they are “dedicated to pursuing excellence in Native American health care by promoting education in the medical disciplines, honoring traditional healing practices and restoring the balance of mind, body, and spirit.

Evidence to Support Application: Health disparities in HIV continue to be a factor adversely affecting the health status of American Indians. Native communities, which are typically rural, lack community resources for the development of effective prevention initiatives. Limited health resources have constrained health education and prevention priorities. In a June 2001 report there were 2,433 cases of AIDS reported among American Indians. But because of misidentification and less testing the number of cases is expected to be higher.

Project Goals: To institute and maintain collations within Oklahoma’s tribal communities that will empower coalition members to build stronger communities to address health disparities in HIV among American Indians through networking and partnership formation. To engage coalitions in community planning to establish a plan that assess and prioritizes community needs and identifies/develops solutions to strengthen their ability to create effective community-based interventions. To provide technical assistance and staff support to coalitions that will build the knowledge and skills of community members, enable them to take a stronger role decision making and community action and increase community support for the coalitions. To design culturally appropriate community-based intervention strategies within each of the four coalitions that address community and systems changes that will alter the environmental context within which individuals and groups behave. To develop an assessment tool to measure changes in knowledge, attitudes,

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beliefs, and behaviors of influential members of the groups targeted. To disseminate the community-based intervention strategies developed via the AAIP Indian Health Network Web site.

Public Health Impact: The REACH project also incorporates faith-based and non-Native organizations to raise community awareness and implement Community PROMISE, a community-level intervention.

Project Successes: The project has completed needs assessments in 10 communities to measure the level of awareness and the need to develop HIV/AIDS prevention programs. They have also been successful in implementing the Community PROMISE behavioral intervention model and curriculum and formed three community coalitions.

Describe Technical Assistance Provided to Grantee: Make recommendations regarding dissemination of results and lessons learned. Provide and/or make recommendations regarding the collection and analysis of data and evaluation of program activities. Assist the recipient in collaborating with other community-based organizations, and identification of potential funders and foundations. Provide technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes. Strongly encourage the recipient to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. In collaboration with the recipient, provide appropriate training on developing strategies, which prepare tribes to mobilize and engage in prevention initiatives for the health priority area selected. Provide technical assistance through conference calls, resource material, training, and updated information, as needed. Facilitate communications locally, regionally, and nationally regarding resources and other opportunities involving capacity building activities. Participate in the evaluation of activities and initiatives.

Project Officer: Michael L. Sells, MSPH
REACH 2010/Community Health and Program Service Branch
DACH/NCCDPHP/CDC
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Choctaw Nation of Oklahoma Core Capacity Program (PA 02153)

Project Name: Choctaw Nation of Oklahoma Core Capacity Program

Project Director: Steve Young (PI)

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Phone Number: (918) 567-7000 ext 6868

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Project Officer: Janeen Gray (PM)

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Project Summary: The Choctaw Nation of Oklahoma will develop a culturally competent health promotion and disease intervention strategy to address cardiovascular diseases for all American Indians and Alaska Natives. The project will enhance scientific capacity in epidemiology, promote coalition building, and develop effective prevention interventions. Information gathered through community assessments/surveys and focus groups will be used to develop culturally competent intervention strategies, which will be designed by the Community Coalition.

Tribes Served by Project: Choctaw Nation of Oklahoma

Awardee Description: The Choctaw Nation Health Services Authority is a member of the Indian Health Services System and has been run by the Choctaw Nations since 1985 due to the Indian Self Determination Act. The authority strives to achieve the healthiest beneficiary population by providing the best rural healthcare in America. They also strive to provide high quality, cost effective, and coordinated health services with a focus on primary care.

Evidence to Support Application: The AI/AN population is at disproportionate risk for all chronic disease, including cardiovascular disease. In Oklahoma the morbidity prevalence rates for the AI/AN population is 24.4% for hypertension, 31.6% for hyperlipidemia, and 5.2% for heart disease. Cardiovascular disease is also the leading cause of death among the AI/AN population in Oklahoma.

Project Goals: To complete a needs assessment survey to identify the burden of cardiovascular disease within the service community, assess the adequacy of prevention efforts, and to identify health service needs within the Choctaw Nation of Oklahoma Health Service System. To implement improved prevention and treatment strategies for cardiovascular disease. To communicate and disseminate information and guidance to communities while providing technical assistance to AI/AN communities.

Public Health Impact: The culturally competent intervention strategies that are implemented will help eliminate the burden from disease such as cardiovascular disease because these communities will receive information and treatments that apply to their specific needs as a community.

Project Successes: They have established partnerships within Choctaw Nation Health Services, the Diabetes Wellness Center, and community health representatives. They have also increased the capability to capture comprehensive risk factor data within the Choctaw Nation Health Services. In August of 2003 they traveled to Albuquerque to facilitate database linkage between Oklahoma State Death Certificates and the National Indian Health Service Patient roster. They are

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disseminating innovative information through various means regarding CVD issues and the effects of substance abuse on cardiovascular health to both health professionals and affected communities. The recipient has given presentations at numerous venues regarding substance abuse and its affects on cardiovascular health, which include National Minority Health Conference in January 2006 and the Prevention of Cardiovascular Disease & Diabetes Among AI/AN Conference in May 2005. OKC Area IHS Epidemiology Center in-kind provision of an employee was achieved.

Describe Technical Assistance Provided to Grantee: Make recommendations regarding dissemination of results and lessons learned. Provide and/or make recommendations regarding the collection and analysis of data and evaluation of program activities. Assist the recipient in collaborating with other community-based organizations, and identification of potential funders and foundations. Provide technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes. Strongly encourage the recipient to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. In collaboration with the recipient, provide appropriate training on developing strategies, which prepare tribes to mobilize and engage in prevention initiatives for the health priority area selected. Provide technical assistance through conference calls, resource material, training, and updated information, as needed. Facilitate communications locally, regionally, and nationally regarding resources and other opportunities involving capacity building activities. Participate in the evaluation of activities and initiatives.

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REACH 2010/Community Health and Program Service Branch
DACH/NCCDPHP/CDC
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Eastern Band of Cherokee Indians PA 02153

Project Name: Eastern Band of Cherokee Indians

Project Director: Jeff Bachar (PI)

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Project Officer: Annie Latimer

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Project Summary: The target population is members of the Cherokee Nation, residing in five North Carolina counties, where the incidence for diabetes is disproportionately high compared to the national rate. This project includes a plan for research to document the disproportionate burden of diabetes among the Cherokee people. Selected interventions will be implemented through schools, churches, and work sites. The focus of this REACH program is on worksite wellness, school wellness, and faith-based wellness. The program consists of 3 components that use community mentors in the elementary school system to reduce the risk of diabetes by promoting well0being, healthy choices, and physical activity. There are also nutritionists, dietitians, and fitness workers that work with tribal and church member to improve health behaviors such as reducing stress, eating healthier, and increased physical activity.

Tribes Served by Project: Eastern Band of Cherokee Indians

Awardee Description: The Eastern Band of Cherokee Nations is one of 3 federally recognized tribes in North Carolina. Many of the 13,000 Cherokee tribal members live on the reservation that encompasses over 50,000 square miles of land. After the trial of tears to Oklahoma, the remaining Cherokees became state and federally recognized in the late 1800s. The REACH program is housed within the Health and Medical Division of the Eastern Band of Cherokee Indians. The coalition also includes Wake Forest University Medical Center, University of North Carolina at Chapel Hill, NC State University, the Cherokee Central School, Graham County Health Department, and North Carolina Cooperative Extension Service.

Evidence to Support Application: The Eastern Band of Cherokee Indians is dealing with many health disparities to include obesity, diabetes, and heart disease. More than 2/3 of the tribal members are overweight or obese and they are twice as likely to be obese then the general North Carolina population (25% vs. 6.75% respectively). The number of diabetic patients served at the HHS Indian short stay hospital has more than doubled to 12% in 2001 from 1987, and the age adjusted rate of heart death is almost 30% higher than the U.S. "All races".

Project Goals: Gain an understanding of the school community. Develop on-site research skills training program. Implement Take 10! Physical Fitness Program in K-6 intervention schools. Train school personnel. Develop a curriculum kit for churches and design a process evaluation for church intervention implementation. Identify, recruit and train four lay health advisors. Train facilitators to conduct LifeSkills workshop. Conduct focus groups and social network analysis. Implement curriculum for the workplace sites. Conduct short-term impact assessment.

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Public Health Impact: This REACH intervention focuses on community level changes at the worksite, in schools, and in churches. Their overall goal is to improve the health and reduce disparities in the community, not just with certain individuals. By focusing on these community level changes, the environment in which people live and work are changed greatly impact the health of the public in these communities.

Project Successes: This REACH project has been very successful in implementing and encouraging changes within the school systems. Physical activity among both the students and the staff has been increased, the amount of fat in the school lunches has been reduced, more fruits and vegetables are offered, and parental participation in student activities has also increased. The project has also been successful with workplace changes. There have been increases in those who are meeting the physical activity recommendations and a decrease in the body fat percentage in worksite wellness participants. Policies have also been implemented at workplaces to allow employees time off to exercise. There are also some participants that have been able to decrease or eliminate their medications for diabetes and high blood pressure.

Describe Technical Assistance Provided to Grantee:

- Provided consultation and technical assistance in the planning and evaluation of program activities
- Made recommendations around disseminating of results and lessons learned
- Provide and or made recommendations in the collection and analysis of data and evaluation of program activities
- Assists grantee in collaborating with other community based organizations, and the identification of potential funders and other foundations

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National Indian Council on Aging (NICOA) PA 02153

Project Name: National Indian Council on Aging (NICOA)

Project Director: Traci L. McClellan (PI)

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City/State: Albuquerque, NM 87111

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Project Officer: Cynthia D. Crocker

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Project Summary: The project will build tribal capacity to prevent and manage diabetes and its complications. The project involved collaborations between tribal leaders, service providers including tribal diabetes programs, the Indian Health Service, and local colleges. Project activities include the transfer of significant Geographic Information System (GIS) computer technology to identify diabetes-related tribal needs and current levels of service. While the program is facilitated by NICOA, each tribe will develop its own Community Capacity Plans using a community-based decision-making model currently pioneered by the NICOA's Indian Elder Diabetes Education project. Tribal leaders and health providers will develop a systemic community infrastructure to cope with the effects of diabetes mellitus.

Tribes Served by Project: Mille Lacs Band of Chippewa Indians, Sts Croix Band of Lake Superior Chippewa Indian, Saginaw Chippewa Indian Tribe, Elders Speak, Pueblo de Cochiti, Ramah Band of Navajo, Pueblo of Laguna, Alamo Band of Navajo, Mescalero Apache Tribe and Jicarilla Apache Tribe.

Awardee Description: The National Indian Council on Aging was founded in 1976 and has since served as the nation's foremost nonprofit advocate for the nation's American Indian and Alaska Native elders. The organization is actively involved in public policy and research efforts on the federal, state, and local levels. They are also recognized as the authority on issue of demographics, quality of life, and public policy issues pertaining to Indian elders.

Evidence to Support Application: Among AI/ANs in all age groups, the prevalence of diabetes is two to three times higher than among non-Hispanic Whites and the risk of developing diabetes increases with age. Rates increase from 3.5% (20-44 years) to more than 30% (aged 65 and older) for the AI/AN population. AI/AN of all ages also suffer from higher rates of diabetes complications than other ethnic groups. Diabetes is also the third most common reason for Indian elder clinic visits.

Project Goals: 1. Continue to strengthen community capacity with participating inter-Tribal and inter-agency coalitions using the project's Diabetes Education Outreach Strategy (DEOA). 2. Increase Indian communities' capacities to plan and provide effective grassroots diabetes management prevention and education programs using community action methods. 3. Develop or modify Health Changes training to become a culturally appropriate diabetes education curriculum with training materials and communication tools customized for Indian Elders. 4. Implement and activate a national model and appropriate framework for effective dissemination of grassroots diabetes education in Indian Country.

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Public Health Impact: If education is to improve Indian health care beyond elder, it has to extend beyond the individual client/patient. It must include education and building capacity for tribal leaders and providers of care. With this capacity building individual health will be improved, but more importantly the health of the community as a whole will be improved.

Project Successes: Projected Successes include fostering diabetes prevention, improving diabetes education, increasing treatment compliance, and supporting healthy lifestyles.

Describe Technical Assistance Provided to Grantee:

Make recommendations around disseminating of results and lessons learned. Provide and or make recommendations in the collection and analysis of data and evaluation of program activities. Assist grantee in collaborating with other community based organizations, and identification of potential funders and other foundations. Provide technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes. Strongly encourage grantee to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. Provide technical assistance through conference calls, resource material, training, and updated information as needed. Provide annual technical assistance workshop in the Atlanta area.

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Oklahoma State Department of Health, Chronic Disease Service, REACH 2010 Native American Project to Reduce Cardiovascular Disease and Diabetes (PA 02153)

Project Name: Oklahoma State Department of Health, Chronic Disease Service, REACH 2010 Native American Project to Reduce Cardiovascular Disease and Diabetes

Project Director: Janis Campbell (PI)

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Project Officer: Annie Latimer

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Project Summary: The Oklahoma REACH project uses physical activity as the key intervention for more than 4,000 participants. This intervention occurs while engaging both tribal and community support. The project includes starting and expanding physical activity programs; implementing approximately 75 physical activities per week; starting employee fitness/wellness programs; and implementing secondary prevention programs related to nutrition, smoking, and obesity.

Tribes Served by Project: Absentee Shawnee Tribe, Cherokee Nation, Cheyenne-Arapaho Tribes, Chickasaw Nation, Choctaw Nation, Pawnee Nation, Seminole Nation, Wichita and Affiliated Tribes.

Awardee Description: The Oklahoma REACH 2010 project is in partnership with 10 different tribal organizations. (Absentee Shawnee Tribe, Cherokee Nation, Cheyenne-Arapaho Tribes, Chickasaw Nation, Choctaw Nation, Indian Health Care Resource Center, Oklahoma State Department of Health, Pawnee Nation, Seminole Nation, and Wichita and Affiliated Tribes. It is designed to reduce racial disparities in cardiovascular disease, diabetes and their risk factors through increased availability and promotion of physical activity on a community level.

Evidence to Support Application: The age adjusted diabetes mortality rate is nearly 200% higher among Native Americans than whites. The prevalence rate of diabetes among Oklahoma adults is 13.1% for Native Americans, compared to 7.0% for whites, and the obesity prevalence rates 31.6% for Native Americans, compared to 22.2% for whites. In southwestern Oklahoma, 40% of Native Americans aged 45-74 had diabetes, and 15% had impaired glucose tolerance.

Project Goals: Maintain the Oklahoma REACH 2010 coalition to address prevention of cardiovascular disease and diabetes through implementation of a physical activity program. Increase knowledge about status of cardiovascular disease and diabetes among Oklahoma Native Americans. Reduce environmental and policy barrier to physical activity. Increase the number of professionals providing access to physical activity programs among Oklahoma Native Americans.

Public Health Impact: With the achieved and expected environmental changes the community as a whole is made better. The whole community can now get out and walk safely on sidewalks, kids can play on playgrounds and are able to participate in PE, and employees are encouraged to exercise by having the ability to use some work time to participate in physical activities. This project focuses on community level changes rather than just individual behavior changes.

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Project Successes: Preliminary follow- up data suggests that active REACH participants have lost inches and body fat as well as built up lean body muscle mass. Those that were not active actually gained inches, body fat, and body mass index. Some of the future outcomes that they expect are a reduction in health disparities in the tribal communities, an increased knowledge and awareness that physical activity can improve health and quality of life, a statewide awareness of the advantages of changing to a healthier lifestyle while making healthier nutrition choices, and a reduction in environmental and policy barriers to physical activity. The program has also been successful in getting over 3,000 Native American BRFSS survey completed as well as building many community partnerships. Together with these partnerships this REACH project has influenced many environmental changes to include tribal fitness centers, schools with PE, walking trails and playgrounds, and tribal policies on employee exercise.

Describe Technical Assistance Provided to Grantee:

- Provided consultation and technical assistance in the planning and evaluation of program activities
- Made recommendations around disseminating of results and lessons learned
- Provide and or made recommendations in the collection and analysis of data and evaluation of program activities
- Assists grantee in collaborating with other community based organizations, and the identification of potential funders and other foundations

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Partners in Tribal Community Capacity Building- Albuquerque (PA 02153)

Project Name: Partners in Tribal Community Capacity Building- Albuquerque

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Project Summary:

The purpose of this project is to build Tribal community and scientific capacity to address the rising incidence of breast and cervical cancer among Indian women. The tribes lacked current information about the disease, lacked access to current data, and lacked the ability to develop systematic, community-based interventions. This project would develop community capacity and scientific capacity to address health promotion, primary and secondary levels of disease prevention and control strategies, data collection and management, scientific capacity, training and technical assistance, and intervention strategies

Tribes Served by Project: Jicarilla, Mescalero, Southern Ute, Ute Mountain Ute, Rmah, Alam, To'Hajiilee.

Awardee Description:

The Albuquerque Area Indian Health Board (AAIHB) is a consortium of 7 tribes in New Mexico and Southern Colorado. It was established in 1977 and incorporated as a non-profit organization in 1980. It is 100% Indian owned and operated and is also governed by an all-Indian Board of Directors who represent the 7 different tribes. The vision of the Board is to promote the spiritual, emotional, mental, and physical well being of American Indian people.

Evidence to Support Application:

There is a need to reduce the rising incidence of breast and cervical cancer and cancer mortality among Indian women, and an equally critical need to build the capacity of Tribes to effectively address this and other health concerns. Cancer is now being recognized as a major health problem for American Indians. Studies also indicate that American Indians have the poorest cancer survival of any group in the United States Breast cancer is now the second leading cause of cancer death among American Indian women with rates for Indian women that now equal the "U.S. All Races" rates. Cervical cancer and cervical dysplasia are known to be consistently high among American Indians and there are also very low rates of screening for Indian women, particularly among older women which results in significantly lower survival rates. The causes include a lack of awareness of cancer risks and symptoms, fatalism, and lack of access to screening services. In addition, American Indians are not prepared to accurately document and respond to the rising incidence of these cancers and their potential impact on tribal communities.

Project Goals:

Develop and implement a realistic, achievable, culturally appropriate and community appropriate, Community Capacity Plan that will build capacity and reduce disparities in health outcomes for

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American Indian women with breast and cervical cancer. Enhance the scientific capacity of Tribal communities to conduct surveillance activities, collect and analyze epidemiologic data, identify health concerns and disease trends, integrate systems, evaluate programs, and work effectively with researchers and other health professionals in the State.

Public Health Impact:

Without the support for developing the capacity to address community questions and concerns, Tribes will have the opportunity to effectively reduce cancer incidence and provide effective prevention and early intervention services. In addition this project proposes building the capacity of all partners, not just the tribal community.

Project Successes:

This REACH project has created a model for developing public health capacity within Tribes and has established sustainable networks and partnerships within Tribal communities and between Tribes and relevant outside programs and academic institutions. The project also significantly raised awareness and improved screening behavior among tribal women, and changed cultural beliefs about “the sore that does not heal.” Grantee has also work with the tribal government to implement a tribal resolution regarding health. Grantee has disseminated findings and lessons learned in peer reviewed journals.

Describe Technical Assistance Provided to Grantee:

The grantee has received technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes related to awareness and screening for breast and cervical cancer. Grantee has been strongly encouraged to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. Grantee has been assisted in developing relationships with other community based organizations, identifying potential funders, and partnering with national organizations. Technical assistance is provided regularly through conference calls, sharing of resource materials, site visits, and via CDC organized grantee workshops held in Atlanta annually. In collaboration with the recipient, CDC provides appropriate training to assist tribal grantees in mobilizing and engaging their community in prevention initiatives for the health priority area selected.

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Preventing Lung Disease Stemming from Tobacco Use (PA 03175)

Project Name: Preventing Lung Disease Stemming from Tobacco Use

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Project Summary:

This proposal seeks to develop key components of comprehensive tobacco control for the Alaska Tribal Health System (ATHS) by establishing clinical cessation systems across the ATHS network. Forty-three percent of Alaska Native adults smoke cigarettes and another 14% use spit tobacco. Making cessation services available, and ensuring access to them, are key components of a comprehensive approach to reducing tobacco use among current users and to preventing development of lung disease caused by tobacco. Several tobacco taxes have been passed in Alaska in the past three years, and the Robert Wood Johnson Foundation (RWJF) recently funded efforts of another ATHS organization to pursue Medicaid reimbursement of Nicotine Dependence Treatment Services. Despite these significant advances, only recently has the ATHS begun establishing its capacity to assist smokers and tobacco users with cessation. This project will capitalize on these advances by furthering the comprehensive tobacco control effort for Alaska Natives.

Tribes Served by Project:

39-member, statewide network of tribes and tribal organizations that deliver health services to the 125,000 Alaska Natives and American Indians residing in Alaska.

Awardee Description:

The Alaska Native Tribal Health Consortium (ANTHC) is a 501(c)(3) non profit organization and formal consortium of all local and regional tribal health organizations in Alaska, the Alaska Tribal Health System (ATHS). The mission of ANTHC is "Providing the highest quality health services in partnership with our people and the Alaska Tribal Health System." ANTHC is one of the 39 members of ATHS, which collectively serves the state's 125,000 Alaska Natives/American Indians. In the ATHS, ANTHC is the only organization that provides statewide services to Alaska Native beneficiaries and support for all ATHS organizations. Its role in the larger tribal health system is pivotal to the ANTHC ability to build, maintain and mobilize resources for enhancements to tribal health programming. The ANTHC Board of Directors is composed of fifteen representatives from throughout the ATHS, each elected by their respective regional tribal health organization.

Evidence to Support Application:

Cancer is the leading cause of death among Alaska Natives. Alaska Natives have the highest tobacco use rates of any ethnic group in the United States. Cancer rates have doubled among

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Alaska Natives every year since 1969. The exact cost of treating smoking related disease is unknown, but estimated to be over 50 million per year in Alaska. This does not include treating disease associated with all spit (chewing) tobacco use. Spit tobacco (ST) use among Alaska Native young women is on the rise. In some regions over half of the pregnant women use spit tobacco. Some Alaska Natives use Iqmik, a form of spit tobacco leaves mixed with ash which is believed to be safer, though emerging research may prove the opposite. Regionally Alaska Natives have varying rates of tobacco use, but the true variations are unknown.

The prevalence of cigarette smoking in American Indians/Alaska Natives (AI/AN) is 40.4 percent; the highest of any group in the United States. Consistent with their high rate of tobacco use, Alaska Natives experience disproportionate rates of tobacco-related deaths. From 1994 to 1998, cancer-related mortality declined among most ethnic groups, but increased among Alaska Natives. Tobacco use is the leading “actual” cause of preventable death in Alaska and the United States. Tobacco can kill in a variety of ways, but cancer is one of the most likely. In Alaska in 2001, 42% of the deaths that were estimated to be due to tobacco use were cancer deaths.

In addition to lives lost, the cost of tobacco use can be counted in dollars. The total U.S. cost of caring for people with health problems caused by cigarette smoking is \$75.5 billion per year. In Alaska in 1998, a total of \$133 million was spent in medical care for tobacco-related deaths. Lost productivity from tobacco-related deaths cost an additional \$137 million. A national study provided an average percentage of what it costs to care for smoking related illnesses within the Medicaid system. Based on that 12% average, it is estimated that the Alaska Tribal Health System pays \$48 million dollars per year to care for its smoking population. This number is based on national smoking rates, which are considerably lower than Alaska Native rates, and does not include ST use and its probable associated costs.

In Alaska in 2001, it is estimated that a total of 483 deaths were a direct result of smoking. Fully one-third of these were lung cancer deaths. A corresponding estimate of tobacco-attributable deaths among just Alaska Natives is currently unavailable. Differences in smoking patterns by race make this number difficult to estimate.

Cancer is the leading cause of death for Alaska Natives, with lung cancer being the leading cause of all cancer-related deaths among Alaska Native men and women. The leading cancers in both sexes combined are lung, colon/rectum, breast, prostate, and stomach. For males, the leading cancers also lung and colon/rectum, followed by prostate, and oral/pharynx. Among women, breast is the leading cancer followed by colon/rectum, lung, kidney and cervix. For both males and females for all cancer sites combined, rates increased about 50% (305 to 415 per 100,000) over the 30 year period 1969-1998. Significant increases occurred in cancer of the lung in males, females, and both sexes combined during the 30 year period from 1969-1998. In males and females rates increased greater than two-fold and four-fold, respectively. As mentioned above, breast cancer increased significantly in women, more than three-fold. Colon/rectum cancer increased, largely due to significant increases in cancer of the colon in men. Excluding colon/rectum and prostate cancers, all Alaska Native cancers listed above can be linked to tobacco use.

Because relatively little epidemiological research has focused on the effects of ETS on cancer sites other than the lung, nasal cavity, breast, brain, lymphoma, and leukemia, it is premature to draw

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conclusions regarding ETS exposure and those types of cancer. Overall, the weight of evidence (including biomarker, animal and epidemiological studies) is consistent with a causal association between ETS in breast cancer, which appears to be stronger for pre-menopausal breast cancer. The epidemiological and biochemical evidence suggest that exposure to environmental smoke (ETS) may increase the risk of cervical cancer.

Smokeless tobacco use does not result in exposure to products of combustion, and so is thought to be generally less harmful for the individual user than smoking. Smokeless tobacco use has been associated with oral cancer and other oral pathology. When smokeless tobacco is used throughout the day, nicotine levels are comparable to those observed in smokers. In focus groups conducted in Western Alaska, Alaska Natives stated that they thought spit tobacco was a safer product. However, using smokeless tobacco does result in exposure to nicotine and carcinogens and may serve as a gateway to cigarette use, and so is not without risk. A study published in 2005 by Hurt et. al. demonstrates neonatal nicotine withdrawal among neonates of Alaska Natives who use Iqmik, a unique form of spit tobacco used among Alaska Natives. In addition two studies done on spit tobacco use and pregnancy outcomes, one by England and the other by Gupta, spit tobacco was associated with an increase risk for preterm delivery and preeclampsia. The England study is now being repeated in western Alaska at this time by a team from CDC and the ANTHC.

Project Goals:

The goal of this project is development of a nicotine dependence treatment system (including treatment protocols, data management systems, and ongoing training and technical assistance to providers) that is specific to the integrated Alaska Tribal Health System and based upon the United States Public Health Service Guidelines for Treating Nicotine Dependence.

Objective 1: Develop nicotine dependence treatment protocols specific to the integrated Alaska Tribal Health System (ATHS).

Activities under this objective will include: 1) Formation of a tobacco team of tribal hospital workers from across Alaska to collaborate on the project. 2) Design of AN-appropriate and tobacco specific treatment tools and education materials for the ATHS. 3) Train counselors and providers across the ATHS in how to effectively talk with nicotine dependent patients, to screen and counsel them. 4) Implement nicotine dependence treatment services in ATHS hospitals across Alaska, which currently have or chose to provide a team member (approximately 6 -8 at this time). 5) Evaluate the programs.

Objective 2: Develop and implement the use of a shared treatment database for patients of nicotine dependence treatment in the ATHS.

As with all our shared patient information, only information relative to clients who are being treated by site will be able to be viewed. HPPA issues will be addressed in this project as we approach them with all the other data the AN system uses every day. Clinical providers will have access to patient data at their sites, and the centralized staff would only need access to patient identifying information for evaluation purposes. De-identified data will be used for evaluation purposes.

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All patients are enrolled in the intervention after they are screened for their tobacco use and asked if they are ready to quit. Enrollment into the program is elective. This project is a public health intervention, offered as a tobacco prevention/cessation programs.

Activities will include 1) Using variables from treatment tools to develop an easy-to-use database for counselors to track patient data, 2) Training counselors in ATHS tribal hospitals on use of the database, 3) Implementing the database in all ATHS hospitals, and 4) Evaluating the database for accuracy and utility in demonstrating treatment outcomes.

Objective 3: Provide ongoing technical assistance and training to ATHS tobacco hospital staff.

Activities will include 1) Gathering the team of tribal hospital workers quarterly to discuss and steer the program; 2) Delivering an annual counselor meeting/training; 3) Providing on-site provider training and technical assistance; 4) Delivering other support and technical assistance upon request such as site visit with medical and coding staff training, or board presentation, and 5) Evaluating technical assistance, program direction and determine future or unmet needs.

Public Health Impact:

Reduce morbidity and mortality related to tobacco use and it's associated costs.

Evaluation Plan and Performance Measures

Tobacco use rates among the Alaska Native population are very high and adaptation of treatment protocols can assist in reducing tobacco use prevalence in the population. Establishment of a culturally adapted, clinically effective tobacco cessation system is not only the means to quitting but is the infrastructure the ATHS requires to build comprehensive nicotine control. This project supports the reduction of health disparities and reduction of tobacco use and morbidity and mortality related to its use such as cancer, heart disease, diabetes, and asthma.

Performance measures, in alignment with Healthy People 2010, for the proposed scope of work include:

1. Adoption of a tobacco screening tool by at least 6 Alaska Native tribal hospitals. 50% of the hospitals will adopt the screening tool.

Completion of Alaska Native specific treatment tools for nicotine dependence and use of these tools by 4 tribal hospitals across the state. A screening increase of 50% is expected in year one.

Completion of an online ATHS-wide database to track nicotine dependence treatment patients that will be used by all 4 sites.

Quantitative measures to be reported include:

1. Number of patients screened for tobacco use at each Alaska Native tribal hospital in each year of the project. Number of patients enrolled for treatment in ATHS hospitals in each year of the project. We anticipate approximately 1,000 people will participate in the program.

2. Number of patients point prevalent quit at 6, 12, 26 and 52 weeks and will be adjusted for non-disclosure.

3. Demographics of the patients enrolled in nicotine dependence treatment services including their access to medications for quitting.

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Objective 1:

- A) Treatment protocols specific to the integrated ATHIS and to unique tobacco use types such as ST among women or Iqmik use.
- B) A collaboratively managed project, coordinating the interconnected ATHIS to ensure continuity of care for all cessation patients.
- C) Treatment tools and education materials for counselor training and subsequent use in their practice ensuring competent counseling and care for patients.
- D) Operational nicotine dependence programs in at least 4 ATHIS hospitals.
- E) Core essential centralized staff in place to support statewide system designed to accommodate rural hospitals issues with staffing shortages and turnover.
- F) Standards in place to serve as the unique model for sustainable delivery of treatment, with the capability of measuring effectiveness.

Objective 2:

- A) Development and implementation of a shared treatment database for patients of nicotine dependence treatment in the ATHIS enabling program managers and counselors to track patient data and evaluate their programs independently and for centralized technical assistance staff to do so globally. Only de-identified data will be viewed by non-clinicians, in order to evaluate the program. All reports will be de-identified.

Objective 3:

- A) Ongoing collaboration, communication and technical assistance and training to ATHIS hospital staff working in nicotine dependence treatment, database use, medication and treatment protocols and counseling.
- B) Established team of tribal hospital workers who provide partnership, feedback and support to each other as well as help steer the program.
- C) Annual centralized counselor training and on demand on-site provider training and technical assistance such as counselor assistance, program set-up and systems organization assistance, medical staff and coding staff training or board presentation.

Project Successes:

Objective 1: Develop nicotine dependence treatment protocols specific to the integrated Alaska Tribal Health System (ATHS).

Screening rates for tobacco users in the Alaska Tribal health system have gone from the lowest in the Indian Health Service to over 20% higher than any other site in the country. Quit rates at 52 weeks are at 18% overall and higher in most sites. Over 3,000 persons have enrolled in the treatments programs.

Protocols have been finalized and integrated into six tribal hospitals including the tertiary care center that serves all Alaska Natives across the state.

Objective 2: Develop and implement the use of a shared treatment database for patients of nicotine dependence treatment in the ATHS.

A database has been finalized and is being beta tested online at this time.

Objective 3: Provide ongoing technical assistance and training to ATHS tobacco hospital staff.

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Technical assistance and training is ongoing. October 5-9th, thirty seven Alaskan nicotine dependence treatment specialists, representing nine tribal corporations, were trained by specialists from across the state and country. A pre and post test was given to each participant. If passed, the participant will be certified by the ANTHC to provide nicotine dependence treatment services in a clinical setting. Most of the state-wide tribal tobacco team attended.

Describe Technical Assistance Provided to Grantee:

Phone calls with project officer as needed.

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REACH Alaska Native/American Indian Core Capacity Building Project (PA 02153)

Project Name: REACH Alaska Native/ American Indian Core Capacity Building Project

Project Director: Heather Davis

Project Officer: Susan Johnson

Address:

Address: 1840 S. Bragaw Street, Suite 110

City/State:

City/State: Anchorage, AK 99508

Phone Number: (907) 334-0131

Phone Number: (907) 562-4155

Email: heather@chugachmiut.org

Email: susan@chugachmiut.org

Project Summary: The project has two goals. First, they strive to increase the ability of Chugach region communities to reduce disparities in cardiovascular disease outcomes. Secondly, to develop and implement activities that increase the awareness of cardiovascular disease and promote health lifestyle changes through the use of Community Wellness Advocates, who are trained community-based providers.

Tribes Served by Project: Nanwalek, Port Graham, Seward, Chenega Bay, Valdez, Tatitlek, Eyak

Awardee Description: Chugachmiut is the Tribal consortium created to promote self-determination to the seven Native communities of the Chugach Region. They provide health and social services, education and training, and technical assistance to the Chugach Native people in a way which is acceptable to Native cultural values and tradition in order to enhance the well-being of their people by continuing to strengthen the tribes and increase self-determination opportunities for community operated tribal programs.

Evidence to Support Application: As of 1999, heart disease was the third leading cause of death for Alaska Native men, and the second leading cause of death for Alaska Native women. Alaska Natives are also the only racial group where the rate of CVD death is much higher than the U.S. rate. Behaviors such as tobacco smoking, eating high fat processed foods, and a sedentary lifestyle have increased among the Alaska Native population. Alaska Natives are more likely to be smokers, to be physically inactive and obese, and less likely to be screened for cholesterol.

Project Goals: Establish Community Wellness Advocates in the Chugachmiut service area based on individual community need. Ensure that cardiovascular disease prevention activities used in the Chugach region are culturally relevant. Conduct health assessments to guide local interventions in all Chugach region communities. Continue to develop and evaluate culturally relevant interventions to reduce risk factors associated with cardiovascular disease. Disseminate project information and network with organizations on community, statewide, and national level.

Public Health Impact: Many cardiovascular conditions can be controlled or even prevented by reducing several known risk factors including: high blood pressure, high levels of blood cholesterol, cigarette smoking, physical inactivity, diabetes, obesity, and poor diet. By reducing these risk factors the prevalence of cardiovascular disease can be decreased.

Project Successes: There are Community Wellness Advocates working in all seven of the Chugachmiut region communities, community health assessments have been completed and are ongoing, culturally appropriate cardiovascular disease prevention programs have been developed and implemented at the

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community level, they have partnered with local village tribal councils, and other community providers, and they have developed an informational brochure on the project along with a calendar.

Describe Technical Assistance Provided to Grantee: Make recommendations regarding dissemination of results and lessons learned. Provide and/or make recommendations regarding the collection and analysis of data and evaluation of program activities. Assist the recipient in collaborating with other community-based organizations, and identification of potential funders and foundations. Provide technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes. Strongly encourage the recipient to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. In collaboration with the recipient, provide appropriate training on developing strategies, which prepare tribes to mobilize and engage in prevention initiatives for the health priority area selected. Provide technical assistance through conference calls, resource material, training, and updated information, as needed. Facilitate communications locally, regionally, and nationally regarding resources and other opportunities involving capacity building activities. Participate in the evaluation of activities and initiatives.

Project Officer: Michael L. Sells, MSPH
REACH 2010/Community Health and Program Service Branch
DACH/NCCDPHP/CDC
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Atlanta, GA 30341
Phone: 770-488-5465
Fax: 770-488-5974

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United South and Eastern Tribes, Inc. (USET) Immunization Project (PA 02153)

Project Name: United South and Eastern Tribes, Inc. (USET) Immunization Project

Project Director: James T. Martin

Project Officer: Brenda Shore Fuller

Address: 711 Stewarts Ferry Pike, Ste 100

Address: 711 Stewarts Ferry Pike, Suite 100

City/State: Nashville, TN 37214

City/State: Nashville, TN 37214

Phone Number: (615) 872-7900

Phone Number: (615) 872-7900

Email: jtmartin@usetinc.org

Email: beshore@usetinc.org

Project Summary: The United South and Eastern Tribes, Inc (USET) Immunization Project collects data immunization and vaccine preventable disease data, provides technical assistance and disseminates information to tribal personnel, as well as, serves as an intermediary between the Indian Health Service (IHS) and USET tribal immunization programs.

Tribes Served by Project: Eastern Band of Cherokee, The Mississippi Band of Choctaw, The Miccosukee Tribe, The Seminole Tribe of Florida, The Chitimacha Tribe of Louisiana, the Seneca Nation of Indians, The Coushatta Tribe of Louisiana, The St. Regis Band of Mohawk Indians, Penobscot Indian Nation and the Passamaquoddy Tribes, The Houlton Band of Maliseet Indians, The Tunica-Biloxi Indians of Louisiana, The Poarch Band of Creek Indians, The Narragansett Indian Tribe, The Mashantucket Pequot Tribe, The Wampanoag Tribe of Gay Head (Aquinnah), The Alabama-Coushatta Tribe of Texas, The Oneida Indian Nation, The Aroostook Band of Micmac Indians, The Catawba Indian Nation, The Jena Band of Choctaw Indians , The Mohegan Tribe of Connecticut, and The Cayuga Nation.

Awardee Description: USET serves more than 54,000 American Indians within 12 different states. It is a non-profit, inter-tribal organization that collectively represents its member Tribes at the regional and national level. USET has grown to include twenty-four federally recognized tribes, operating through various workgroups and committees and providing a forum for the exchange of ideas and information amongst Tribes, agencies and governments.

Evidence to Support Application: In 2000, the infant mortality rate for American Indians was 8.3 per 100,000 while the U.S. All-race infant mortality rate was 6.9 per 100,000 and the white was 5.7 per 100,000 (NCHS Data). Also USET tribal childhood immunization coverage rates for vaccine-preventable disease are below national figures. The percent of 3-27 month olds with age-appropriate complete immunizations for the 4:3:1:3:3 (DTP, IPV, MMR, HiB, Hep B) series from July 1, 2003 to June 30, 2004 was 75%, well below the Healthy People goal of 90%.

Project Goals: 1) To improve the ability of the tribes to deliver appropriate immunizations to children who are two years of age or younger. 2) To determine the rate and causes of infant mortality for each tribe and identify appropriate tribal specific campaigns to decrease the infant mortality rate.

Public Health Impact: USET will begin analyzing data on risk factors for chronic and infectious disease. It is the hope that the results of the risk factor analysis will allow capacity building on the local tribal level. In addition, they hope to approach the holistic needs of the tribes by adding a health prevention and education component.

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Project Successes: Since 2001 the project has had significant progress in capacity building by arranging training for tribal immunization coordinators and clinic personnel on the RPMS immunization registry, providing funds for tribal immunization coordinators to attend the CDC National Immunization Conference, and facilitating communication between tribal personnel and state immunization programs for access to state registries and to resolve vaccine supply issues. The project has also made significant progress in surveillance. They have increased the number of tribes submitting quarterly childhood immunization reports from 9 to 19, up from just 13 one year earlier, increased the number of children ages 3-27 months tracked for immunization coverage from 554 to over 1500, began surveillance using the RPMS Immunization Module two-year old report which tracks how many 19-35 month old children are up-to-date on immunizations, and they have obtained vaccine preventable disease data from RPMS to compare tribal incidence with U.S. and state reported incidence. Another important accomplishment is in childhood immunization coverage. The FY2005 GPRA report (July 1, 2004 to June 30, 2005) revealed a 24% increase in childhood immunization coverage from 57 to 81%, besetting the 80% goal set forth in the Healthy People 2010 initiative.

Describe Technical Assistance Provided to Grantee: Make recommendations regarding dissemination of results and lessons learned. Provide and/or make recommendations regarding the collection and analysis of data and evaluation of program activities. Assist the recipient in collaborating with other community-based organizations, and identification of potential funders and foundations. Provide technical assistance in the development of measurable objectives and strategies to evaluate programmatic activities in a manner that can describe the overall impact of community changes. Strongly encourage the recipient to document and disseminate changes in community infrastructure, strategies for negotiating collaborative partnerships with tribal communities, and outcomes and lessons learned. In collaboration with the recipient, provide appropriate training on developing strategies, which prepare tribes to mobilize and engage in prevention initiatives for the health priority area selected. Provide technical assistance through conference calls, resource material, training, and updated information, as needed. Facilitate communications locally, regionally, and nationally regarding resources and other opportunities involving capacity building activities. Participate in the evaluation of activities and initiatives.

Project Officer: Michael L. Sells, MSPH
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National Center for Chronic Disease Prevention and Health Promotion: Steps to a HealthierUS (STEPS) Programs

Steps to a Healthier Anishinaabe (PA 4234)

Project Name: Steps to a Healthier Anishinaabe

Project Director: Cathy Edgerly

Address: 2956 Ashmun Street

City/State: Sault Ste Marie, MI, 49783

Phone Number: (906) 632-6896 ext.133

Email: cathy@itcmi.org

Project Officer: Nancy Williams

Address: 4770 Buford Highway NE, MS K-93

City/State: Atlanta, GA 30341

Phone Number: 770-488-5358

Email: ndw6@cdc.gov

Project Summary: The Steps to a Healthier Anishinaabe program will address diabetes, asthma, and obesity as well as physical activity, nutrition, and tobacco use prevention through targeted community, worksite, and school approaches. The project intervention area includes eight tribes throughout Michigan. Some of the interventions include working with public and private school systems in the area for development and enhancement of physical activity programs that promote physical activity and prevention of diabetes. The program has used the School Health Index as a means of encouraging schools to look at their programs and making changes as needed. The program works with the tobacco control program to increase access to smoking cessation classes and to implement programs to deter youth initiation. The program is working with the state to implement the YRBS in the schools, and is using BRFSS to provide tribal data to help plan interventions. The program provides funds to hire a health educator in each of the eight tribes.

Tribes Served by Project: Bay Mills Indian Community, Grand Traverse Bands of Ottawa and Chippewa Indians, the Hannahville Indian Community, the Huron Potawatomi Indian Community, the Keweenaw Bay Indian Community, the Little Traverse Band of Odawa Indians, the Saginaw Chippewa Indian Tribe, and the Sault Ste Marie Tribe of Chippewa Indians..

Awardee Description:

The lead agency for this project is the Inter-tribal council of Michigan. This is a non-profit agency with 501C (3) status. It has been involved in the administration of a number of social service, education and vocational programs. They allocate funds directly to the tribes through various subcontracting mechanisms.

Evidence to Support Application:

According to the 2000 census, there are 22,983 people living within the 38 counties who report American Indian as their sole race. Another 19,803 reported that they were American Indian in combination with one or more races, for a grand total of 42, 786 American Indian people within the service areas. The American Indian population of Michigan has higher rates of poverty and lower rates of educational attainment than the general all races population in the State. They experience rates of chronic disease morbidity and mortality which are far above State and national averages. The Michigan tribes are within the Bemidji area which has the second highest age adjusted diabetes mortality rate which is 88.9 death per 100,000 population. This compares to the United States all races rate of 13.5 per 100,000. The project tribal sites are located mostly in northern rural areas where access to basic health and wellness services are limited. Tribes operate

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their own health care clinics where basic primary care is provided. Tribes vary in the level of infrastructure available to meet community health care needs. Within both county and tribal systems, access to specialists is particularly limited and usually requires hours of travel, if available at all.

Project Goals:

To decrease the rate of obesity, tobacco use, and diabetes within Southeast Alaska, to improve asthma care and control, and improve nutrition and physical activity behaviors using evidence-based interventions.

Public Health Impact:

The program will promote a community approach to integrated chronic disease prevention through working in schools, community, healthcare and workplaces. They will collect and disseminate high quality health data to help in planning activities. The program will build on existing programs and expand the reach of these programs to additional participants, communities and programs.

Project Successes:

The program has allowed each tribe to have a full time health educator to work with the tribal population. Michigan Intertribal Council provides education and training to the Health Educators in a wide variety of topic areas. The program has been able to provide health education and prevention interventions to over 1000 people each year.

Describe Technical Assistance Provided to Grantee:

A good deal of technical assistance has been provided to the grantee related to evaluation methodology and resource location.

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Steps to a Healthier Cherokee Nation (PA 4234)

Project Name: Steps to a Healthier Cherokee Nation

Project Director: Julie Deerinwater

Address: 17675 South Muscogee Ave

City/State: Tahlequah, Oklahoma 74464

Phone Number: (918) 453-5659

Email: jdeerinwater@cherokee.org

Project Officer: Nancy Williams

Address: 4770 Buford Highway NE MS K-93

City/State: Atlanta, GA 30341

Phone Number: 770-488-5358

Email: ndw6@cdc.gov

Project Summary: Cherokee Nation program will address diabetes, asthma, and obesity as well as physical activity, nutrition, and tobacco use prevention through targeted community, worksite, and school approaches. The project intervention area will begin with Cherokee and Aidar counties and expand to Mayes, Delaware, and Sequoyah counties in years four and five. Some of the interventions include working with public and private school systems in the Cherokee Nation Service Area for development and enhancement of physical activity programs that promote physical activity and prevention of diabetes. The program has used the School Health Index as a means of encouraging schools to look at their programs and making changes as needed. The program works with the tobacco control program to increase access to smoking cessation classes and to implement Tar Wars, a curriculum designed to prevent initiation of tobacco use among elementary students in many of the schools. The program is also using Wings to promote physical activity across the target area. Diabetes Prevention and awareness programs have been held in the schools, communities and worksites.

Tribes Served by Project: Cherokee Nation

Awardee Description:

The Cherokee Nation serves as the lead fiduciary and programmatic agency for the Healthy Nation Project. The Cherokee Nation is the second largest Indian tribe in the United States and the largest Indian Nation in the state of Oklahoma. There are more than 200,000 Cherokee tribal members. Almost 90,000 of these Cherokees reside in the 7,000 square mile area of the Cherokee Nation which is a Tribal Jurisdictional Service Area. The Cherokee Nation manages an annual budget of over \$300 million from a variety of federal, state, tribal and private funding sources.

Evidence to Support Application:

In the Cherokee Nation, the Indian Health Service is the federal agency designated to provide health services to members of federally recognized tribes and their descendants. The Cherokee Nation has compacted the six outpatient clinics and two satellite clinics, and Indian Health Service operates the two hospitals that serve the area. The hospitals also offer ambulatory care. The vast majority of the Cherokee Nation user population does not have Medicare, Medicaid, or private insurance and fall within 250% of the federal poverty level.

According to the 2001-2002 Behavioral Risk Factor Surveillance System, the prevalence rate of diabetes in Oklahoma is 7.2%. Diabetes is the fourth leading cause of death among Native Americans in Oklahoma, and in 1999 rates of death from diabetes were 182% higher among Native Americans than among whites in Oklahoma.

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The Oklahoma Native American BRFSS reports the prevalence rate of asthma as 10.6% which is much higher than the 7% for the state as a whole.

The Oklahoma Native American BRFSS reports obesity to be 28% in the Cherokee Nation and overweight at 62%. Lung cancer has the highest cancer incidence and mortality in Oklahoma.

Project Goals:

To decrease the rate of obesity, tobacco use, and diabetes within the Cherokee Nation, to improve asthma care and control, and improve nutrition and physical activity behaviors using evidence-based interventions.

Public Health Impact:

The program will promote a community approach to integrated chronic disease prevention through working in schools, community, healthcare and workplaces. They will collect and disseminate high quality health data to help the Nation in planning activities. The program will build on existing programs and expand the reach of these programs to additional participants, communities and programs.

Project Successes:

The program has been able to implement school health index programs in 20 schools. They have expanded the Cherokee Nation health care professionals' knowledge of the Oklahoma statewide telephone tobacco quit line by providing staff training. They have increased calls from the Cherokee Nation by 260% to the Oklahoma Tobacco Quit Line. They have established a partnership with the Oklahoma Asthma Initiative. They assisted five schools in adopting a 24/7 tobacco policy. They increased active Wings members to 1535. They have formed the Cherokee Nation worksite wellness team and conducted a worksite wellness index assessment of the current Cherokee Nation Employee Wellness Program. They have drafted new tobacco policies for Cherokee Nation health facilities, and developed a guideline for food service vendors. They collaborated with the Cherokee County Health Department and Cherokee County Health Coalition to sponsor a Healthy Worksite Award program.

Describe Technical Assistance Provided to Grantee:

A good deal of technical assistance has been provided to the grantee related to evaluation methodology and resource location.

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Steps to a Healthier Southeast Alaska (PA 4234)

Project Name: Steps to a Healthier Southeast Alaska

Project Director: Krisanne Rice

Address: 222 Tongass Drive

City/State: Sitka, Alaska, 99835

Phone Number: (907) 966-8778

Email: krice@searhc.org

Project Officer: Nancy Williams

Address: 4770 Buford Highway NE, MS K-93

City/State: Atlanta, GA 30341

Phone Number: 770-488-5358

Email: ndw6@cdc.gov

Project Summary: The Steps to a Healthier Southeast Alaska program will address diabetes, asthma, and obesity as well as physical activity, nutrition, and tobacco use prevention through targeted community, worksite, and school approaches. The project intervention area includes 18 small villages located on the Alaskan archipelago. Some of the interventions include working with public and private school systems in the SEARHC Area for development and enhancement of physical activity programs that promote physical activity and prevention of diabetes. The program has used the School Health Index as a means of encouraging schools to look at their programs and making changes as needed. The program works with the tobacco control program to increase access to smoking cessation classes and to implement programs to deter youth initiation. The program is working with the State to implement the YRBS in the schools, and is using BRFSS to provide tribal data to help plan interventions. They hosted the first primary prevention workshop for staff at SEARHC.

Tribes Served by Project: South East Alaska Regional Health Consortium serves the Tlingit, Haida, Tsimshian and other Native and rural dwelling people of Southeast Alaska.

Awardee Description:

The South East Regional Health Consortium serves as the lead agency for the Steps to a HealthierUS Program. SEARHC is a non-profit, Native-administered health consortium that was established in 1975. SEARHC is a tribally operated tax exempt organization. Through resolutions from 18 Tribal governments, SEARHC functions as a Public Law 93-638 tribal organization. For the past 25 years, SEARHC has provided the highest quality health care services for Native and rural-dwelling residents of Southeast Alaska.

Evidence to Support Application:

SEARCH has been providing health care for Native and rural-dwelling residents of Southeast Alaska. SEARHC operates the 48 bed Mt. Edgecumbe hospital in Sitka, regional medical-dental clinics in Juneau and Sitka, sub-regional clinics in Haines and on Prince of Wales Island, and eight village clinics. SEARHC offers a full array of community based prevention, health promotion, environmental health and safety, mental health, medevac and various health training program.

Southeast Alaska, with a total of 73,302 year round residents, consists of 45 communities ranging in size from 30,711 (Juneau) to 19 (Port Alice, on Prince of Wales Island). The leading causes of death for Alaska Natives/American Indians in the Mt. Edgecumbe Service Unit in 1996-1998 were heart disease, cancer, and unintentional injuries. The rate of diabetes between 1990-2002, increased 89% from 25.3 cases per 1,000 population to 47.9 cases per 1,000 population. The Mt. Edgecumbe Service has a diabetes prevalence rate that surpasses the total U.S. population's

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diabetes prevalence rate. Ten percent of Southeast Alaska Native adults report ever having been diagnosed with asthma. More than 79% of Alaska Native/American Indian adults aged 20-74 seen by SEARHC in the last few years were overweight or obese. More than 45% of Alaska Native/American Indian children aged 2-19 seen at SEARHC were overweight or at risk for overweight. Alaska Natives have higher rates of tobacco use than the rest of the population of Alaska. In telephone surveys during 1998-2000, 39% of Southeast Alaska Natives were current smokers as compared to 23% of the overall population of adults in Alaska.

Project Goals:

To decrease the rate of obesity, tobacco use, and diabetes within Southeast Alaska, to improve asthma care and control, and improve nutrition and physical activity behaviors using evidence-based interventions

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Public Health Impact:

The program will promote a community approach to integrated chronic disease prevention through working in schools, community, healthcare and workplaces. They will collect and disseminate high quality health data to help in planning activities. The program will build on existing programs and expand the reach of these programs to additional participants, communities and programs.

Project Successes:

The program has had staffing issues that have limited their successes. They have, however completed the first BRFSS for the area, reaching an 85% Alaska Native completion rate. They also worked with the schools to collect YRBS in an active parental permission environment. They have helped coordinate training for staff and lay health care workers.

Describe Technical Assistance Provided to Grantee:

A good deal of technical assistance has been provided to the grantee related to evaluation methodology and resource location.

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National Center for Infectious Diseases Projects

Evaluation of Hepatitis A-C Among Alaska Natives (PA 02047)

Project Name: Evaluation of Hepatitis A-C Among Alaska Natives

Project Director: Brian J. McMahon

Organization: Viral Hepatitis Program

Address: 4315 Diplomacy Drive

City/State: Anchorage, AK 99508

Phone Number: 907/729-1560

Email: BMcMahon@cdc.gov

Project Officer: Beth Bell, MD

Organization: CDC, NCID, DVH, EB

Address: 1600 Clifton Rd., MS-G37

City/State: Atlanta, GA 30333

Phone Number: 404/718-8500

Email: BBell@cdc.gov

Project Summary:

The purpose of the program is to (1) Evaluate the persistence of an antibody and the long-term protection afforded by hepatitis A vaccine among Alaska Natives who received the primary vaccine series in three different age groups: as infants, young children and adults. (2) Evaluate the long-term protection afforded by plasma-derived and recombinant hepatitis B vaccines among Alaska Natives who received the primary vaccine series in three different age groups: as infants (beginning at birth), young children and adults. (3) Identify factors that lead to chronic liver disease among those with hepatitis C in a cohort of Alaska Natives followed over time.

Tribes Served by Project:

The Alaska Native Tribal Health Consortium is part of the Alaska Tribal health System. Signatories to the Alaska Tribal Health System Memorandum of Understanding include: Native Village of Eklutna; Hoonah Indian Association; Bristol Bay Area Health Corporation; SouthEast Alaska Regional Health Consortium; Norton Sound Health Corporation; Tanana Chiefs Conference; Aleutian/Pribilof Islands Association; Metlakatla Indian Community; Copper River Native Association; Ketchikan Indian Corporation; Arctic Slope Native Association; Chitina Traditional Council; Yukon-Kuskokwim Health Corporation; Ninilchik Traditional Council; Chugachmiut; Valdez Native Tribe; Knik Tribal Council; Native Village of Tyonek; Yakutat Tingit Tribe; St. George Traditional Council; Seldovia Village Tribe; Maniilaq Association; Council of Athabascan Tribal Governments; Kodiak Area Native Association; Eastern Aleutian Tribe, Inc.; Kodiak Area Native Association.

Awardee Description:

The Alaska Native Tribal Health Consortium is a non-profit health organization owned and managed by Alaska Native tribal governments and their regional health organizations. The Consortium was created in 1997 to provide statewide Native health services. Through its six divisions, the Consortium works in cooperation with tribes, Native health organizations, and municipalities to achieve its goals.

Evidence to Support Application:

Alaska Natives have historically had high prevalence of chronic hepatitis B, which can lead to chronic liver disease and liver cancer. Recurrent epidemics of hepatitis A have also been observed among Alaska natives, and before hepatitis A vaccination, rates of hepatitis A in Alaska greatly exceeded rates in most other parts of the United States. Alaska natives were the first group to

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receive hepatitis B vaccines, beginning in 1981, and among the first groups to receive hepatitis A vaccine in the early 1990's. Since routine vaccination for hepatitis A and B began, rates of hepatitis A and hepatitis B in Alaska have declined dramatically. However, the duration of protection after vaccination is unknown, and studies to determine that protection from infection continues for decades after vaccination are needed. No vaccine yet exists for hepatitis C, a major cause of chronic liver disease (CLD) and liver cancer among Alaska Natives and American Indians. For Alaska Natives and American Indians, the risk of death from CLD is approximately 2.5 times the national rate. Little is known about the clinical outcomes of Alaska natives with chronic hepatitis C. Detailed evaluation and long-term follow up of Alaska Natives with hepatitis C is needed to improve clinical care and identify risk factors for more severe illness.

Project Goals:

The purpose of the program is to (1) Evaluate the persistence of an antibody and the long-term protection afforded by hepatitis A vaccine among Alaska Natives who received the primary vaccine series in three different age groups: as infants, young children and adults. (2) Evaluate the long-term protection afforded by plasma-derived and recombinant hepatitis B vaccines among Alaska Natives who received the primary vaccine series in three different age groups: as infants (beginning at birth), young children and adults. (3) study the natural history of chronic hepatitis C in a cohort of Alaska Natives followed over time.

Public Health Impact:

- 1) By determining the duration of protection from hepatitis A virus infection after vaccination, the project provides evidence of the effect of current hepatitis A vaccination strategies.
- 2) By determining the duration of protection from hepatitis B virus infection after vaccination, the project provides evidence of the effect of current hepatitis B vaccination strategies.
- 3) By assessing the long-term outcome of chronic hepatitis C virus infection, and factors that contribute to progression to chronic liver disease, the most effective medical interventions can be provided at the most appropriate point of the disease process.

Project Successes:

- 1) Long-term immunogenicity of the hepatitis A vaccine after infant or toddler vaccination indicates that children as young as 1 year old respond to the vaccine, and no hepatitis A has been observed in these children 3-7 years after vaccination. Older children and adults tested as long as 10-15 years after vaccination continue to demonstrate immunity, and remain enrolled in the long-term follow up study.
- 2) Continued protection from HBV infection has been demonstrated among persons vaccinated as long as 23 years previously.
- 3) Approximately 1000 persons with chronic hepatitis C have been enrolled. Initial analyses have been performed on the predictive value of fluctuating liver enzyme levels and the presence of steatosis for progression to chronic liver disease.

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Describe Technical Assistance Provided to Grantee:

- a. Technical support for the design, implementation, and evaluation of program activities.
- b. Collaboration on data management, analysis, presentation, and publication of project findings.
- c. Assistance in the development of research protocols for Institutional Review Board (IRB) review

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National Center for Injury Prevention and Control (NCIPC) Projects

Ho-Chunk Indian Nation Motor Vehicle Injury Prevention Program (PA 04015)

Project Name: Ho-Chunk Indian Nation Motor Vehicle Injury Prevention Program

Project Director: Nicole Thunder

Project Officer: David Wallace, MSEH

Address: W9814 Airport Road, PO Box 667

Address: NCIPC, CDC, MS K63

City/State: Black River Falls, WI 54615

City/State: Atlanta, GA 30341

Phone Number: (715) 284-9851 ext. 5070

Phone Number: 770-488-4712

Email: NThunder@ho-chunk.com

Email: dxw1@cdc.gov

Project Summary:

The Ho-Chunk Indian Nation is implementing a comprehensive program to increase seat belt and child restraint use among members living in the communities of the Ho-Chunk Indian Nation in Central Wisconsin. They are implementing proven effective strategies from the Guide to Community Preventive Services Task Force on reducing motor vehicle injuries. These include high visibility enforcement with saturation patrols and media campaigns to increase seat belt and child restraint use, media and awareness campaigns about occupant restraint use, distribution of child restraints, and working to reduce alcohol-impaired driving.

The Action Plan for Year Three will continue activities from Year 2, such as collecting observational survey data of occupant restraint use, implement a "Click it or Ticket" campaign to increase child and youth occupant restraint use and seat belt use, and measure effectiveness. New for Year 3 are activities targeting youth drinking and driving.

Objectives for Year 3:

- Conduct 12 child passenger observational surveys in collaboration with evaluation consultant.
- Conduct a comprehensive observational seatbelt survey of HCN using the methods from Year 1 and Year 2. Work with evaluation consultant.
- Collect and analyze data from the "Click it or Ticket" campaigns.
- Distribute child car safety seats in conjunction with the Ride Safe program, and the HCN distribution program.
- Educate and encourage police to enforce the laws regarding child passenger safety.
- Conduct 5 Click It or Ticket style enhanced enforcement campaigns to increase occupant restraint use.
- Develop a Ho-Chunk Nation specific mass media campaign targeting underage drinking and driving.
- Work with the evaluation consultant on conducting process and impact evaluation and measures of effectiveness.

Tribes Served by Project:

Ho-Chunk Indian Nation, Black River Falls, Wisconsin

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Awardee Description:

The Ho-Chunk Indian Nation is a medium sized federally recognized tribe in Central Wisconsin.

Evidence to Support Application:

Seat belt and child restraint use rates among Ho-Chunk members are significantly lower than rates in Wisconsin and Nationally. Motor vehicle crashes are a leading cause of premature mortality among Native Americans in Wisconsin. Ho-Chunk had a documented need for the project and the capacity to conduct a comprehensive program.

Project Goals:

Overall primary goals of the program are to: 1) increase safety belt use among low-use groups; 2) increase use of child safety seats and booster seats among low-use groups residing in the Ho-Chunk Nation (HCN); and 3) target underage drinking and driving in HCN communities.

Public Health Impact:

Motor vehicle-related injuries are the leading cause of injury death among Native Americans living in Wisconsin. If successful, this project will increase seat belt and child restraint use and reduce alcohol impaired driving rates—both major risk factors for motor vehicle-related injuries in the event of a crash.

Project Successes:

Since starting the project late in 2004, the Nation has established a very active Motor Vehicle Injury Prevention Program within the tribal Health Department. Baseline observational surveys of seatbelt use were conducted in 2005 and the 2006 survey was done in the summer of 2006. The Nation saw a significant increase in seat belt use from 2005 to 2006 among drivers and passengers in the HCN communities. The program is in the process now of collecting baseline data from 2004 crash reports to be able to measure effectiveness in reducing crashes.

Describe Technical Assistance Provided to Grantee:

Regular Conference calls with CDC; yearly site visit by CDC Project Officer; annual grantee meeting with other grantees, CDC, and IHS partners. All four grantees also were required to work with an evaluation consultant to help them with evaluation and collecting measure of effectiveness. The University of North Carolina School of Public Health works with Ho-Chunk and conducts regular conference calls and site visits regarding evaluation and provides valuable technical assistance.

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National Native American EMS Association (PA 03107)

Project Name: National Native American EMS Association

Project Director: Bill White

Address: PO Box 80

City/State: Maricopa, AZ 85239

Phone Number: (520)568-1300

Email: white@ak-chin.nsn.us

Project Officer: Jacqui Butler

Address: 4770 Buford Highway

City/State: Atlanta, GA 30341

Phone Number: (770)488-1496

Email: jbutler@cdc.gov

Project Summary:

The National Native American Emergency Medical Services Association (NNAEMSA) is requesting funding to support collaboration between acute medical care, trauma, and Emergency Medical Services (EMS) organizations with state and local public health programs and CDC to efficiently and effectively respond to mass trauma events resulting from terrorism. The applicant will primarily focus its efforts on the Native American population. With this grant award, the applicant proposes to better coordinate response plans on a regional basis to avoid duplication of effort, fill in identified gaps, and maximize the leverage of limited resources of pertinent local, tribal, state, federal, and international agencies. Activities proposed are 1) to conduct professional and national meetings with stakeholders; 2) to utilize an existing newsletter to disseminate meeting and conference proceedings; 3) to identify and assess needs, gaps, and barriers to linkages; and 4) to develop a "Best Practices" white paper.

Tribes Served by Project: All federally recognized tribes.

Awardee Description:

The National Native American EMS Association is the only national organization that specifically serves, supports and represents EMS providers who work in approximately 80 individual Native American Emergency Medical Service programs. These 80 EMS programs provide pre-hospital care to over .5 million Native American people who live on reservations on in non-reservation areas (such as Oklahoma and Alaska).

NNAEMSA was organized in 1992. Its principle activity since its inception has been to provide affordable and quality education to EMS providers, such as EMTs, EMS Medical Directors and administrators, by presenting an Annual Educational Conference held the second week of November.

Active Membership is open to all EMS professionals, who routinely provide care on reservations or to Native populations, as well as to any Native American provider regardless of employment.

Evidence to Support Application:

Certain problematic themes are recurrent in mass casualty responses (controlled dispatch, bystander and mutual aid response, communications, etc.). Events such as the 2004 bombings in Madrid, the 2005 London bombings, the U.S. military medical effort in Iraq and Afghanistan, and the experience of other nations may identify new clinical information as well as provide insight into local, state, regional, and national response to a mass casualty event. They may also provide insight into the mitigation of these foundational, recurrent problems.

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Project Goals:

Goal 1: Plan, develop and implement functional relationships in six target regions across the United States between tribal EMS authorities with state and local health programs.

Goal 2: To develop, approve, and disseminate collaboration protocol.

Goal 3: To organize, National, State, or Regional forums between leaders of the acute care and public health communities.

Goal 4: To disseminate “Best Practices” descriptive reports with successes involving collaborations between acute care and public health organizations.

Public Health Impact:

This project will enable the ongoing development and disseminate information that will reduce the impact of injuries sustained during a terrorist explosion. In addition to improving the management of individual patients through the development of improved treatment guidelines and the dissemination of clinical information, this project will provide strategies to improve public health and healthcare system preparedness in the event of a terrorist explosion resulting in mass casualties.

Project Successes:

NNAEMSA has become an integral partner to the TIIDE project. NNAEMSA has participated in all TIIDE conference calls, meetings and work groups and helped create unique linkages between the EMS and public health sectors.

Describe Technical Assistance Provided to Grantee: A wide variety of assistance has been provided to this grantee. Examples including the following: assistance with submitting grant proposals via Grants.gov, budget assistance, and content (EMS) support and direction.

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San Carlos Apache Motor Vehicle Injury Prevention Program (PA 04015)

Project Name: San Carlos Apache Motor Vehicle Injury Prevention Program

Project Director: Christine Reede

Address: P.O. Box 157

City/State: San Carlos, AZ 85550

Phone Number: (928) 475-2224

Email: creedescpd@yahoo.com

Project Officer: David Wallace, MSEH

Address: NCIPC, CDC, MS K63

City/State: Atlanta, GA 30341

Phone Number: 770-488-4712

Email: dxw1@cdc.gov

Project Summary:

The San Carlos Apache Tribe is implementing a comprehensive program to decrease alcohol-impaired driving, and increase seat belt and child restraint use among members living on the San Carlos Indian Reservation in eastern Arizona. They are implementing proven effective strategies from the Guide to Community Preventive Services Task Force on reducing motor vehicle injuries. These include high visibility enforcement with sobriety checkpoints and media campaigns to increase deterrence to impaired driving, and working to increase seatbelt and child restraint use.

The Action Plan for Year Three will continue activities from Year 2, such as implementing and evaluating sobriety checkpoints and mass media/awareness activities to reduce impaired driving and increase seat belt use. San Carlos plans to continue their sobriety checkpoints and saturation patrols, continue their mass media/awareness campaign to reduce impaired driving, and measure effectiveness. Objectives for Year 3:

- Review police crash reports from 2000-2004 to determine all crashes that involve alcohol, and determine the number of nighttime crashes which occur on the reservation.
- Conduct at least seven sobriety checkpoints during the year, including major holidays, high school graduation, and national DUI mobilizations.
- Research and prepare a 0.08 BAC legal limit DUI law based on the existing Arizona state code. Work for passage of the new 0.08 BAC law with the Law and Order Committee and the Tribal Council.
- Work with the evaluation consultant on data collection and measuring effectiveness of program activities.
- Continue to implement a mass media/awareness campaign to reduce alcohol-impaired driving to complement enforcement activities.
- Implement new comprehensive sobriety checkpoint policies and procedures.
- Determine barriers to enforcing child restraint law and work to encourage police to enforce the laws.
- Continue to implement the “Just Wear Em” seatbelt media campaign.

Tribes Served by Project:

San Carlos Apache Tribe, San Carlos, Arizona

Awardee Description:

San Carlos is a large federally recognized tribe in southeastern Arizona.

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Evidence to Support Application:

Rates of motor vehicle-related death at San Carlos were more than 3 times the rates for non-Indians in Arizona, and the San Carlos motor vehicle death rates were some of the highest among tribes in Arizona. Motor vehicle crashes are a leading cause of premature mortality among tribal members. San Carlos also had very low seat belt and child restraint use on the reservation. They had a documented need for the project and a large reservation population.

Project Goals:

Overall primary goals of the program are to: 1) decrease alcohol-impaired driving with sobriety checkpoints and mass media/awareness campaigns; and 2) increase use of child safety seats and seat belts among low-use groups residing on the San Carlos Indian Reservation.

Public Health Impact:

Motor vehicle-related injuries are the leading cause of injury death among San Carlos tribal members. The tribe has low seat belt and child restraint use compared to Arizona or National rates, and a higher incidence of alcohol-related motor vehicle deaths. If successful, this project will reduce alcohol impaired driving rates and increase occupant restraint use—both major risk factors for motor vehicle-related injuries in the event of a crash.

Project Successes:

Since starting the project in January of 2005 with the hiring of a full time project coordinator, the tribe has established a very active Motor Vehicle Injury Prevention Program within the tribal Police Department. They have conducted DUI sobriety checkpoints at least one per month 2005-2006 combined with media and awareness about DUI and increasing seat belt use. They have seen injury-related crashes be reduced by 16% from 2004 to 2005, and have established a well known comprehensive motor vehicle injury program in San Carlos. The San Carlos MVIP program is a model for other tribes wishing to reduce motor vehicle-related injuries.

Describe Technical Assistance Provided to Grantee:

Regular Conference calls with CDC; yearly site visit by CDC Project Officer; annual grantee meeting with other grantees, CDC, and IHS partners. All four grantees also were required to work with an evaluation consultant to help them with evaluation and collecting measure of effectiveness. The University of North Carolina School of Public Health works with three of the projects and conducts conference calls and site visits as well with each grantee and provides valuable technical assistance. The local Indian Health Service Environmental Health staff at San Carlos is also very involved with this project and is a valuable partner.

Clearance:

By whom: David Wallace and Christine Reede. Information came from previous published documents such as RFA, fact sheets and continuation applications.

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Sexual & Intimate Partner Violence Prevention: Capacity Building for Native American Communities (PA 05043)

Project Name: Sexual & Intimate Partner Violence Prevention: Capacity Building for Native American Communities

Project Director: Joseph Myers

Project Officer: Rebeca Lee-Pethel

Address: National Indian Justice Center
5250 Aero Drive

Address: 4770 Buford Hwy, NE, MS K-60

City/State: Santa Rosa, CA 95403

City/State: Atlanta, GA 30341

Phone Number: 707-579-5507

Phone Number: 770-488-1224

Email: josephmyers@nijc.org

Email: RLee-Pethel@cdc.gov

Project Summary:

The purpose of this project is to develop, implement, and evaluate an educational SV/IPV training curriculum to build the capacity of tribal leaders, tribal families, health service providers, teachers, social workers, law enforcement, judges, and non-Natives to prevent perpetration of sexual violence and intimate partner violence by working with men and boys. The components of the program include: analyzing the specific nature of SV/IPV in the Native American community including the risk and protective factors, an analysis the multi-general trauma among Native Americans and its impact on violence, an overview of prevention concepts, an overview of programs working with men and boys, a development of cross-cultural prevention strategies for education of the public including bystanders, a summary of tribal law, multi-level strategies for communication and anger management, an overview of mentoring programs for men and boys, inclusion of the special needs of people with fetal alcohol syndrome, and team building. The proposed evaluation includes both process and outcome measures. The National Indian Justice Center (NIJC) will focus on tribal communities that may be either rural or urban, on or off reservation, which have a basic tribal government infrastructure that can sustain the work after the pilot tests.

Tribes Served by Project:

Will be able to provide specific information once pilot sites are selected.

Awardee Description:

NIJC is an organization of and for Native Americans and was created in 1983 to provide training and technical assistance to tribal court personnel. In 1988, their mission was expanded to include education and training programs for agencies that are part of or support the tribal justice systems including social services, tribal councils, child welfare advocates, tribal youth programs, state and federal agencies that work with tribes.

Evidence to Support Application:

Not Applicable

Project Goals:

Develop or adapt a culturally relevant program model that engages men and boys in the prevention of SV/IPV. The awardee should take into consideration relevance and community salience and

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existing program models identified through the analysis of existing program inventories. Deliver, test and evaluate this program model in at least one and no more than three communities. This program model should include efforts addressing multiple system levels of prevention

Public Health Impact:

Public Health Impact will be the reduction of violence against women perpetrated by Native men and boys.

Project Successes:

A literature review on risk and protective factors for American Indian men to perpetrate violence against women.

An instrument had been developed to identify Knowledge, Attitudes, Beliefs and Behaviors of men in the proposed pilot site communities.

Describe Technical Assistance Provided to Grantee:

Held grantee meeting January 2006.

Participated in training conducted by the PREVENT Institute at UNC.

Developed community change measurement model using the KU Toolbox.

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Tohono O'odham Nation Motor Vehicle Injury Prevention Program--STOP (PA 04015)

<u>Project Name:</u> Tohono O'odham Nation Motor Vehicle Injury Prevention Program--STOP	<u>Project Officer:</u> David Wallace, MSEH
<u>Project Director:</u> Priscilla Lopez	<u>Address:</u> NCIPC, CDC, MS K63
<u>Address:</u> P.O. Box 810	<u>City/State:</u> Atlanta, GA 30341
<u>City/State:</u> Sells, AZ 8 5634	<u>Phone Number:</u> 770-488-4712
<u>Phone Number:</u> (520) 383-6200	<u>Email:</u> dxw1@cdc.gov
<u>Email:</u> priscilla.lopez@tonation-nsn.gov	

Project Summary:

The Tohono O'odham Nation is implementing a comprehensive program to decrease alcohol-impaired driving, and increase seat belt and child restraint use among members living on the Tohono O'odham Indian Reservation in southern Arizona. They are implementing proven effective strategies from the Guide to Community Preventive Services Task Force on reducing motor vehicle injuries. These include high visibility enforcement with saturation patrols and media campaigns to increase deterrence to impaired driving, media campaigns/car seat distribution to increase awareness about seat belt and child restraint use, and enforcement of the tribe's new primary seat belt law.

The Action Plan for Year Three will continue activities from Year 2, such as conducting media and awareness activities to publicize the new primary seat belt law, work with police on enforcing the new law, collecting baseline motor vehicle-related crash data from police reports and IHS data, conducting observational surveys of occupant restraint use, and determining the measures of effectiveness.

Some objectives for Year 3 include:

- Work with the Nation's police department to enforce the seat belt law and conduct four sobriety checkpoints to reduce alcohol-impaired driving during the year.
- Develop and implement one or more mass media/awareness campaigns to reduce alcohol-impaired driving and/or increase occupant restraint use.
- Determine barriers to enforcing the seat belt and child restraint law and educate police about the importance of enforcing these laws.
- Work with the evaluation consultant on conducting process and impact evaluation and measures of effectiveness.
- Conduct seat belt and child restraint observational surveys per UNC recommendations.
- Participate in and attend meetings of the Inter Tribal Council of Arizona Transportation Working Group on traffic safety.
- Develop and implement one or more mass media/awareness campaigns to reduce alcohol-impaired driving and increase occupant restraint use.

Tribes Served by Project: Tohono O'odham Indian Nation, Sells, Arizona

Awardee Description:

The Tohono O'odham Indian Nation is a large federally recognized tribe in Southern Arizona near Tucson.

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Evidence to Support Application:

Rates of motor vehicle-related death at Tohono O'odham were more than 3 times the rates for non-Indians in Arizona, and the motor vehicle death rates were among some of the highest among tribes in Arizona. Motor vehicle crashes are a leading cause of premature mortality among tribal members. The Nation also had very low seat belt and child restraint use on the reservation. They had a documented need for the project and a large reservation population to serve.

Project Goals:

Overall primary goals of the program are to: 1) decrease alcohol-impaired driving with sobriety checkpoints and mass media/awareness campaigns; 2) increase use of child safety seats and seat belts among low-use groups residing on the reservation; and 3) form a diverse coalition to build a sustainable motor vehicle injury prevention network for the Tohono O'odham Nation.

Public Health Impact:

Motor vehicle-related injuries are the leading cause of injury death among members of the Tohono O'odham Nation. The tribe has low seat belt and child restraint use compared to Arizona or National rates, and a higher incidence of alcohol-related motor vehicle deaths. If successful, this project will reduce alcohol impaired driving rates and increase occupant restraint use—both major risk factors for motor vehicle-related injuries in the event of a crash.

Project Successes:

Since starting the project late in 2004, the tribe has established a very active Motor Vehicle Injury Prevention Program within the tribal Health Department. With a lot of hard work by project staff, the Tohono O'odham Police Department, and IHS, the tribal council passed a primary seat belt law late in 2005. This is a major accomplishment, and we expect to see seat belt use rates increase in 2006 as a result of the new law combined with media campaigns and raising awareness. Baseline observational surveys of seatbelt use were conducted in 2005 (average seatbelt use was 42%) and 2006 surveys will be conducted in the fall/winter of 2006. The program is in the process now of collecting baseline data from 2004 crash reports to be able to measure effectiveness in reducing crashes.

Describe Technical Assistance Provided to Grantee:

Regular Conference calls with CDC; yearly site visit by CDC Project Officer; annual grantee meeting with other grantees, CDC, and IHS partners. All four grantees also were required to work with an evaluation consultant to help them with evaluation and collecting measure of effectiveness. The University of North Carolina School of Public Health works with Tohono O'odham and conducts regular conference calls and site visits regarding evaluation and provides valuable technical assistance. The local Indian Health Service Environmental Health staff is also very involved with this project and is a valuable partner.

Clearance:

By whom: David Wallace and Priscilla Lopez. Information came from previous published documents such as RFA, fact sheets and continuation applications.

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White Mountain Apache Motor Vehicle Injury Prevention Program (PA 04015)

Project Name: White Mountain Apache Motor Vehicle Injury Prevention Program

Project Director: Abby Burnette

Address: P.O. Box 889

City/State: Whiteriver, AZ 85941

Phone Number: (928) 338-4942

Email: burnette1964@yahoo.com

Project Officer: David Wallace, MSEH

Address: NCIPC, CDC, MS K63

City/State: Atlanta, GA 30341

Phone Number: (770)-488-4712

Email: dxw1@cdc.gov

Project Summary:

The White Mountain Apache Tribe is implementing a comprehensive program to decrease alcohol-impaired driving, and increase seat belt and child restraint use among members living on the Fort Apache Indian Reservation in eastern Arizona. They are implementing proven effective strategies from the Guide to Community Preventive Services Task Force on reducing motor vehicle injuries. These include high visibility enforcement with sobriety checkpoints and media campaigns to increase deterrence to impaired driving, and working to increase seatbelt and child restraint use.

The Action Plan for Year Three will continue activities from Year 2, such as conducting sobriety checkpoints, implementing a mass media and awareness campaign, and collecting baseline motor vehicle-related crash data from police reports and IHS data for determining the measures of effectiveness.

Some objectives for Year 3:

- Review police crash reports from 2004 to determine all crashes that involve alcohol, injuries, and determine the number of nighttime crashes which occur on the reservation.
- Plan and conduct DUI checkpoints every other month throughout the year, including major holidays, high school graduation, and national DUI mobilizations.
- Implement a comprehensive evaluation plan with evaluation consultant to measure effectiveness.
- Plan and conduct 2 child safety seat checkpoints and 3 saturation patrols targeting seat belt use.
- Develop and implement one or more mass media/awareness campaigns to reduce alcohol-impaired driving and increase occupant restraint use.

Tribes Served by Project:

White Mountain Apache Tribe, Whiteriver, Arizona

Awardee Description:

White Mountain is a large federally recognized tribe in Eastern Arizona.

Evidence to Support Application:

Rates of motor vehicle-related death at White Mountain were more than 3 times the rates for non-Indians in Arizona, and the White Mountain motor vehicle death rates were among some of the highest among tribes in Arizona. Motor vehicle crashes are a leading cause of premature mortality

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among tribal members. White Mountain also had very low seat belt and child restraint use on the reservation. They had a documented need for the project and a large reservation population.

Project Goals:

Overall primary goals of the program are to: 1) decrease alcohol-impaired driving with sobriety checkpoints and mass media/awareness campaigns; and 2) increase use of child safety seats and seat belts among low-use groups residing on the Fort Apache Indian Reservation.

Public Health Impact:

Motor vehicle-related injuries are the leading cause of injury death among White Mountain tribal members. The tribe has low seat belt and child restraint use compared to Arizona or National rates, and a higher incidence of alcohol-related motor vehicle deaths. If successful, this project will reduce alcohol impaired driving rates and increase occupant restraint use—both major risk factors for motor vehicle-related injuries in the event of a crash.

Project Successes:

Since starting the project in January of 2005 with the hiring of a full time project coordinator, the tribe has established a very active Motor Vehicle Injury Prevention Program within the tribal Police Department. They have conducted DUI sobriety checkpoints at least one every other month 2005-2006 combined with media and awareness about DUI and increasing seat belt use. The program is in the process now of collecting baseline data from 2004 crash reports to be able to measure effectiveness.

Describe Technical Assistance Provided to Grantee:

Provided technical assistance includes regular conference calls with CDC; yearly site visit by CDC Project Officer; annual grantee meeting with other grantees, CDC, and IHS partners. All four grantees also were required to work with an evaluation consultant to help them with evaluation and collecting measure of effectiveness. The University of North Carolina School of Public Health works with White Mountain and conducts conference calls and site visits regarding evaluation and provides valuable technical assistance. The local Indian Health Service Environmental Health staff at White Mountain are also very involved with this project and are a valuable partner.

Clearance:

By whom: David Wallace and Abby Burnette. Information came from previous published documents such as RFA, fact sheets and continuation applications.

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National Center for HIV Prevention Service Projects

Alaska Native Tribal Health Consortium (ANTHC) (PA 04064)

Project Name: Alaska Native Tribal Health Consortium (ANTHC)

Project Director: Michael Covone

Address: 4000 Ambassador Drive, MS: C-DCHS

City/State: Anchorage, Alaska

Phone Number: (907) 729-3646

Email: mrcovone@anmc.org

Project Officer: Arun Skaria

Address: 1600 Clifton Rd NE, MS E-58

City/State: Atlanta, Georgia

Phone Number: (404) 639-6335

Email: askaria@cdc.gov

Project Summary:

The Alaska Native Tribal Health Consortium (ANTHC) has been funded to implement the evidence-based intervention, Community PROMISE, within the Yukon-Kuskokwim Region (YK) and Maniilaq Region. Community PROMISE is a community-level STD/HIV prevention intervention that relies on the outreach work of peer advocates from the target community to deliver role model stories to members of the target population. The core elements of this intervention include a Community Identification Process, a formative approach focused on intervention development and designed to assist in identifying, prioritizing, accessing, and understanding groups targeted for the intervention; the creation of role model stories that discuss successful risk reduction behavior changes from members of the target population; and the utilization of peer advocates to disseminate the role model stories. Community PROMISE is adapted by each community and thus can target a wide variety of high risk populations, including injection drug users, their sex partners, people living with HIV, sex workers, non-gay identified men who have sex with men, high risk youth, and others. ANTHC has been charged with adapting the Community PROMISE intervention for Alaska Natives.

Tribes Served by Project: All Alaska Natives within the Yukon-Kuskokwim Region and the Maniilaq Region.

Awardee Description:

The Alaska Native Tribal Health Consortium was formed in December of 1997 to manage health services for Alaska Natives throughout the state. All Alaska Natives, through their tribal governments and through their regional nonprofit organizations, own the Consortium. It is one of 20 co-signers of the Alaska Tribal Health Compact, a self-governance agreement with the Indian Health Service. The Consortium employs approximately 1,600 people and had an operating budget of USD \$309 million in fiscal year 2004. The mission of ANTHC is to provide the highest quality health services for all Alaska Natives. The vision of ANTHC is a unified Native health system working with our people, achieving the highest health status in the world.

Evidence to Support Application:

Alaska Natives suffer from some of the most severe health, mental health, and social problems in extremely high numbers which have been recorded and reported for years. The Alaska Native

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population is disproportionately represented in a large number of statistics related to Sexually Transmitted Diseases (STDs), sexual assault, sexual abuse, HIV, and AIDS. In addition, Alaska Natives consistently make up a disproportionate number of individuals with alcohol and drug addiction, which are precursors and contributors to unprotected sex, STDs, HIV, and AIDS. Of all reported HIV/AIDS cases in Alaska over the age of 15, Alaska Native males represent 19% of the HIV/AIDS cases but are only 14% of the total population. Furthermore, Alaska Native women account for 40% of HIV/AIDS cases and only make up 16% of the total population. In 2001, Alaska Natives represented 45% of Chlamydia infections and 52% of Gonorrhea infections, while only making up 17% of the total population. STD infections make an individuals 4 to 5 times more likely to acquire HIV when exposed through sexual contact. These statistics illustrate a high level of unprotected sexual activity occurring in Alaska Native communities.

Project Goals:

- Create culturally appropriate assessment tools to complete the Community Identification Process.
- Create role model stories based on members of the target population that have made positive risk reduction behavior choices.
- Recruit peer advocates from members of the target population to distribute role model stories.
- Increase by 1% from baseline, the number of HIV tests administered in the project area.
- Discuss the appropriateness of the intervention and necessary program resources with stakeholders.
- Form a community advisory board to foster community commitment to the project and to develop a plan for accessing at-risk community members.

Public Health Impact:

The Community PROMISE intervention conducted by ANTHC will help to educate and inform Alaska Natives about HIV/AIDS and promote risk reduction behaviors in a culturally appropriate manner. The role model stories that are product of the intervention will encourage HIV testing for Alaska Natives. Studies have shown that individuals who test HIV positive are less likely than individuals with an unknown HIV status to engage in risky behavior for a period of 12 months. The education and testing of Alaska Natives will increase the likelihood of HIV prevention and link identified HIV positive Alaska Natives to HIV care services.

Project Successes:

ANTHC has successfully formed a community advisory board that reviews all instruments and promotional materials that are utilized for the Community PROMISE intervention. This community advisory board is made up of Alaska Native representatives to ensure that all materials that are utilized are culturally appropriate. To date, ANTHC is working on the first core element of the Community PROMISE intervention, the Community Identification Process. The agency has created the formative tools that are vital to understanding the behaviors, opinions, and suggestions of Alaska Natives when it comes to HIV. The instruments that were created included the following: key informant interviews, community surveys, focus group questions, and a community readiness assessment. In addition, ANTHC has been able to create a documentary entitled “Breaking the Silence” which features a story about an Alaska Native family that utilized traditions and a sense of community to deal with the disease. This documentary has been utilized throughout Alaska Native villages as an education and awareness tool.

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Describe Technical Assistance Provided to Grantee:

The grantee has sought technical assistance for developing formative tools that are necessary for the Community PROMISE intervention. The project officer as well as a health scientist from the capacity building branch of the Division of HIV/AIDS Prevention provided this assistance. Furthermore, the project officer has linked ANTHC with technical assistance providers that work with native agencies to adapt the Community PROMISE intervention. The providers were the National Native American AIDS Prevention Center and the Tri Ethnic Center.

Clearance:

By whom: April Bankston, Team Leader

Date: 07-12-06

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Indigenous Peoples Task Force (PA 04064)

Project Name: Indigenous Peoples Task Force

Project Director: Sharon Day, Exec Dir.

Address: 1433 East Franklin Ave, Ste 18A

City/State: Minneapolis, MN 55404

Phone Number: 612-870-1723 *11

Email: SharonD@indigenouspeoples.org

Project Officer: Christopher J. Kissler

Address: 1600 Clifton Rd, NE MS-E-58

City/State: Atlanta GA 30333

Phone Number: 404-639-6478

Email: cpk2@cdc.gov

Project Summary:

Indigenous Peoples Task Force (IPTF) is offering routine rapid HIV testing as a way to increase uptake of HIV testing among their clientele. IPTF is also implementing the evidenced-based behavioral intervention Popular Opinion Leader (POL). POL is a community level intervention designed to encourage safer sexual norms and behaviors within social networks through key opinion leaders.

Tribes Served by Project: Statewide Minnesota tribes

Awardee Description:

Indigenous Peoples Task Force (formally Minnesota American Indian AIDS Task Force) is a legally incorporated 501(c) 3 non-profit organization. The agency has been a leader and a pioneer in developing innovative culturally relevant services to targeted populations within the Native community. Programs achieve cultural competence through the familiarity of the staff with their cultural and spiritual traditions. Agency staff has been invited to participate as workshop leaders and contributors of HIV conferences including two White House conferences on HIV. In 1998, Maynidoowahdak Odena Housing Cooperative, a housing program for Native persons living with AIDS and their families, received the Design of the Year Award for Affordable Housing from the Minnesota Housing Finance Agency.

Vision

Our vision is to "Strengthen and Enhance the Health and Education of Native People." We also provide education services to prevent the transmission of HIV and to provide direct services to Native Americans and their family members living with HIV. Indigenous Peoples Task Force has over 14 years of experience providing HIV direct services to the Native Community throughout Minnesota but primarily within Minneapolis and St. Paul.

Evidence to Support Application:

This is a new project for directly funded CBOs to target racial and ethnic populations. This program is consistent with Centers for Disease Control's (CDC) Minority AIDS Initiative.

Project Goals:

The goals of the project are to (1) reduce barriers to early diagnosis of HIV infection; (2) increase access to quality medical care and treatment and ongoing prevention services; (3) demonstrate the feasibility and effectiveness of offering routine testing at clinic visits within targeted outreach efforts to reduce the number of new infections, and (4) reduce high-risk behaviors.

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Public Health Impact:

This project supports the Healthy People 2010 goal to prevent HIV infection and its related illness and death, and CDC's Advancing HIV Prevention and Minority AIDS initiatives.

Project Successes:

IPTF provides HIV counseling, testing, and referral services to high-risk Native Americans in a variety of settings including pow wows, community events, and street outreach. Through the use of rapid HIV tests, many Native Americans who otherwise would not be tested have become aware of their HIV status.

Drummers and dancers were identified as influential opinion leaders and were selected for disseminating risk reduction messages within the highly attended pow wow circuit.

Describe Technical Assistance Provided to Grantee:

IPTF staff have received training related to HIV counseling, testing, and referral and the prevention intervention Popular Opinion Leader. Technical assistance has also been provided by the CDC Project Officer through site visits, telephone, and e-mail communications.

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Intermountain Harm Reduction Project Partnered with Indian Walk-In Center (IWC) (PA 04158)

Project Name: Intermountain Harm Reduction Project partnered with Indian Walk-In Center (IWC)

Project Director: Luciano Colonna (HRP)/Dena Ned (IWC) **Project Officer:** Peter E. Thomas

Address: 235 West 100 South

Address: 1600 Clifton Rd NE

City/State: Salt Lake City, UT

City/State: Atlanta, GA

Phone Number: 801 355 0234

Phone Number: 404 639 6266

Email: lcolonna@harmredux.org

Email: pbt7@cdc.gov

Project Summary: The purpose of this project is to demonstrate new models for diagnosing HIV infection, a priority strategy in the context of the Advancing HIV Prevention Initiative (AHP). Specifically, the program is intended to assist existing American Indians and Alaska Natives (AI/AN) in: showing the feasibility, and demonstrate best methods of, integrating routine HIV testing programs (including rapid testing), in a variety of venues.

Tribes Served by Project: All federally recognized tribes

Awardee Description: The Intermountain Harm Reduction Project (IHRP) was created in 1998 by service providers and committed individuals for the purpose of enhancing the existing network of drug-user related health care and substance abuse programming in Utah. The mission of IHRP is to reduce the negative consequences associated with marginalized behavior. Rooted in a philosophy that is client focused and process oriented, IHRP seeks to establish long-term relationships with at-risk communities based on mutual respect and empowerment. The Principal collaborating partner for this project, the Indian Walk-In Center (IWC) has been serving AI/AN since 1976 They are the largest provider of Native American social services in Salt Lake, Utah. They promote and provide health and behavioral health services including a food bank to the entire community. IWC conducted the majority of testing on reservations. IWC and HRP both tested at IWC over the course of the project.

Evidence to Support Application:

The AI/AN population is disproportionately affected by many social and behavioral factors, such as poverty, alcoholism, substance abuse, and family violence, which may increase their vulnerability to HIV infection. Yet because this population only comprises a small proportion of the total U.S. population (1%), general population studies of HIV-related behaviors are limited with regard to the inferences they may make about the AI/AN population. In addition, stigma associated with HIV-related risk behaviors in this population may make targeted recruitment of “high risk” men who have sex with men and injection drug users difficult to achieve. Federal funding to states often fails to reach tribes and Native populations living within the state. Disease prevention and health promotion activities elevate the health status at the individual and community level and tribes need technical assistance building stronger prevention systems.

Project Goals: 1) To increase knowledge of HIV serostatus among high risk communities; 2) To identify appropriate venues for recruiting persons within the targeted populations; 3) To increase and ensure access to treatment and care services among those persons diagnosed as HIV-positive;

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4) To offer comprehensive monitoring and reporting of routine rapid HIV testing at IWC via an integrated sustained testing program; and 5) To offer free and confidential routine testing within all Indian Walk-In Center programs.

Public Health Impact: The Project tested nearly 400 AI/ANs including one confirmed and linked to care HIV positive individual. There was also an increase in awareness of HIV among visitors to the IWC and in the Native American community in Salt Lake. IWC also gained much information on developing and implementing rapid testing within their organization.

Project Successes: IWC was successful in establishing a relationship with some of the reservations in Utah and partnering with other organizations and groups serving AI/AN to provide HIV rapid testing on reservations in using a variety of testing strategies.

Describe Technical Assistance Provided to Grantee: Yearly site visits and conference calls.

Clearance: *Please make sure his information is cleared for distribution to CDC internal and external AI/AN stakeholders.*

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Native American Community Health Center (PA PS06-618)

Project Name: Native American Community Health Center

Project Director:

Project Officer: Denise Borntrager

Address: 3008 North 3rd Street, Suite 310

Address: 1600 Clifton Rd

City/State: Phoenix, AZ 85012

City/State: Atlanta, GA 30333

Phone Number: 602-279-5262

Phone Number: 404-639-5249

Email:

Email:

Project Summary: The Native American Community Health Center project expands the offering of rapid HIV testing through its current outreach activities, and through in-house wellness and treatment programs.

Tribes Served by Project: All federally recognized tribes.

Awardee Description: Native American Community Health Center, Inc. was established to provide primary health care, behavioral health and ancillary services to the urban, non-reservation Native Americans residing within the greater metropolitan Phoenix area. Over the years Native American Community Health Center has increased health care services at many levels.

The mission of the Native American Community Health Center, Inc., is to continually strive to improve the lives of Native American Families in the greater Phoenix area by providing unique, high quality, culturally competent health-related services that enhance the well-being of the whole person and the Native American Community.

Evidence to Support Application:

Project Goals: The goals of this project are to deliver HIV testing in community venues, access persons who are at risk but would not seek conventional testing, and provide test results within a single intervention session.

Public Health Impact: Native American Community Health Center, Inc., is constantly looking to expand services and program offerings beyond those it espouses currently. As the population of Urban Native Americans grows annually, their health and other related needs grow in scope and magnitude. Native American Community Health Center continues to strive to stay abreast of new and emerging health and ancillary prevention, intervention and primary care practices, available programs and services that can meet native people's needs.

Project Successes: Native American Community Health Center is primarily a Native American organization, and is sensitive to Native American and cultural traditions and knowledge bases. These practices and ways are included in their services and program considerations, so native people are provided the best of patient care from as many venues as possible.

Describe Technical Assistance Provided to Grantee: None at this time

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Native American Community Health Center Inc (NACHCI) (PA 04158)

Project Name: Native American Community Health Center Inc (NACHCI)

Project Director: Dennis Huff

Address: 3008 N. 3rd St, Suite 310

City/State: Phoenix, AZ 85012

Phone Number: 602.279.5262 ext 243

Email: dhuff@nachci.com

Project Officer: Peter E. Thomas

Address: 1600 Clifton Rd NE

City/State: Atlanta, GA 30333

Phone Number: 404 639 6266

Email: pbt7@cdc.gov

Project Summary: The purpose of this project is to demonstrate new models for diagnosing HIV infection, a priority strategy in the context of the Advancing HIV Prevention Initiative (AHP). Specifically, the program is intended to assist existing American Indians and Alaska Natives (AI/AN) in: showing the feasibility, and demonstrate best methods of, integrating routine HIV testing programs (including rapid testing), in a variety of venues.

Tribes Served by Project: All federally recognized tribes

Awardee Description: NACHCI was incorporated in 1978 as a medical facility. The medical division has a primary care/family practice clinic. NACHCI initiated HIV case management services in 1984 with funds from Indian Health Service (I.H.S.). I.H.S. reduced funding streams recently but NACHCI has maintained HIV testing services. They have a history of targeting urban dwelling American Indians and providing health wellness, medical, and behavioral services in Phoenix area (including reservation areas and larger Maricopa County). NACHCI has offered testing to those encountered in outreach venues. Previous work with HIV prevention outreach, condom distribution and targeting American Indian gay and transgender communities

Evidence to Support Application:

The AI/AN population is disproportionately affected by many social and behavioral factors, such as poverty, alcoholism, substance abuse, and family violence, which may increase their vulnerability to HIV infection. Yet because this population only comprises a small proportion of the total U.S. population (1%), general population studies of HIV-related behaviors are limited with regard to the inferences they may make about the AI/AN population. In addition, stigma associated with HIV-related risk behaviors in this population may make targeted recruitment of “high risk” men who have sex with men and injection drug users difficult to achieve. Federal funding to states often fails to reach tribes and Native populations living within the state. Disease prevention and health promotion activities elevate the health status at the individual and community level and tribes need technical assistance building stronger prevention systems.

Project Goals: 1) To increase knowledge of HIV serostatus among high risk communities: 2) To identify appropriate venues for recruiting persons within the targeted populations. 3) To increase and ensure access to treatment and care services among those persons diagnosed as HIV-positive.

Public Health Impact: NACHCI provided routine counseling and rapid testing in non-traditional venues, provided routine HIV testing regardless of risk issues and provided risk-based testing targeting MSM, transgender, sex workers, and IDU. They have tested roughly 700 Native American persons and confirmed and linked to care 2 positives Native Americans.

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Project Successes: Native American Pathways provided HIV testing services, at several health events that were conducted by educational institutions such as Cook Theological College, American Indian College, and Arizona State University, who service the targeted population of the demonstration grant. HIV testing participation at Phoenix Gay Pride Parade was provided. There was also an expansion of Native American Pathways' HIV services to CASS; a homeless shelter; Native American Connections' intensive out patient program and its subsidize housing, Catherine Arms.

Describe Technical Assistance Provided to Grantee: Site visits and training for HIV testing from Capacity Building Branch.

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Native American Health Center, Inc., Circle of Healing (PA 04064)

Project Name: Native American Health Center, Inc., Circle of Healing

Project Director: Maritza Penagos

Address: 160 Capp St

City/State: San Francisco, CA 94110

Phone Number: 415-621-8051 ext 591

Email: maritzap@nativehealth.org

Project Officer: Veronica McCants

Address: 8 Corporate Square Room 3025

City/State: Atlanta, GA 30329

Phone Number: 404-639-5194

Email: VRM0@CDC.GOV

Project Summary:

Circle of Healing is a concept developed by the HIV medical staff of the Native American Health Center in San Francisco to provide compassion, care and support to American Indians/Alaska Natives at risk for or living with HIV/AIDS. Circle of Healing derives from the Native American indigenous cosmologies which reverends the healing power of the Sacred Hoop. Meaning, when all things are connected in the Sacred Hoop, balance and harmony can be attained. Circle of Healing is an essential treatment/service component to this continuum of comprehensive HIV/AIDS care for an ethnic and cultural minority who are, collectively, high-risk for AIDS.

Tribes Served by Project:

The AI/AN population within the Bay Area consist of members of over 100 Native American tribes including Alaska Natives.

Awardee Description:

Native American Health Center, Inc was founded in 1972 as a non-profit community based organization. NAHC provides a full range of primary medical, substance abuse, mental health, and HIV/AIDS care at two licensed community health clinics, one in Oakland and the other in San Francisco. These two sites offer Native American communities of five San Francisco Bay Area urban counties culturally sensitive services. The Urban Indian Board, Inc., is an all American Indian Board of Directors that governs NAHC.

Evidence to Support Application:

Among America's most disenfranchised and underserved communities, Native Americans have the lowest per-capita incomes, the highest unemployment rates, highest school drop-out rates and the highest rates of infant mortality, teen suicide, diabetes, cancer, tuberculosis and alcoholism. Underreporting and the lack of detailed HIV surveillance of AI/AN result in significant undercounting of HIV cases. Further, Native American are often misclassified in terms of race/ethnicity on data collection forms, due to assumptions about names, skin color, residence, and intentionally misleading self-reporting.

Our primary care services and outreach effort have assisted with increasing the amount of clients tested and for identifying more positive clients through high-risk outreach. NAHC with the support of CDC, HIV direct services program has been very successful in assisting HIV positive clients with making behavior and lifestyle changes.

Project Goals:

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The primary services of Circle of Healing are provided by building relationships and collaborations among partners to (a) Achieve Healthy Independence (b) Live a Health, Productive, and Satisfying Life (c) Live Better, Longer (d) Healthy Healthcare Settings.

NAHC and the collaborative public health partnership will allow the agency to poise themselves to provide: (1) Targeted outreach and Counseling, Testing, and Referral Services, (2) Prevention intervention for individuals living with HIV and their sex or injection drug-using partners, and (3) Prevention interventions for individuals at very high risk for HIV infection.

Public Health Impact:

NAHC has coordinate capacity building and training by working with public health community partners by focusing on HIV Prevention. There will be several ways that the Circle of Healing will meet the needs of our targeted population. In offering options with respect to anonymous, confidential testing, conventional and rapid testing technologies. The medical intervention will ensure that every patient is screened and offered prevention messages and services regardless of their presenting issues. Social workers will be providing effective prevention case management services for high risk and HIV positive high-risk clients. Overall, the AI/AN community will be more aware of HIV and prevent further infections.

Project Successes:

NAHC successes by intervention

Partnership for Health

- 93% of HIV+ clients accessing health services at NAHC received the intervention
- This intervention is very well integrated into the medical clinic where many individuals perform small roles in implementation.
- Identifying an expansion of the intervention, for next fiscal year 2007, to include the case managers

HIV CTR Rapid Testing

- Increasing the numbers of HIV test offered
- Offering HIV testing on a drop in basis, the only place in San Francisco
- Outreach to methadone clinic, needle exchange site and mobile outreach van

PCM/CRCS

- Increase in the retention of clients receiving the intervention
- Increase in the overall size of the caseload
- On-going collaboration with the Forensic AIDS Project for high-risk incarcerated women
- Outreach to methadone clinic, needle exchange site and mobile outreach can

Describe Technical Assistance Provided to Grantee: None at this time.

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Sault Tribal Health Center Sault Ste. Marie Tribe of Chippewa Indians (PA 04158)

<u>Project Name:</u> Sault Tribal Health Center Sault Ste. Marie Tribe of Chippewa Indians	
<u>Project Director:</u> Marilyn Hillman, RN, MPH	<u>Project Officer:</u> Peter E. Thomas
<u>Address:</u> Sault Tribal Health Center 2864 Ashmun Street	<u>Address:</u> 1600 Clifton Rd NE
<u>City/State:</u> Sault Ste Marie, MI	<u>City/State:</u> Atlanta, GA
<u>Phone Number:</u> 906-632-5255	<u>Phone Number:</u> 404 639 6266
<u>Email:</u> mhillman@saulttribe.net	<u>Email:</u> pbt7@cdc.gov

Project Summary: The purpose of this project is to demonstrate new models for diagnosing HIV infection, a priority strategy in the context of the Advancing HIV Prevention Initiative (AHP). Specifically, the program is intended to assist existing American Indians and Alaska Natives (AI/AN) in: showing the feasibility, and demonstrate best methods of, integrating routine HIV testing programs (including rapid testing), in a variety of venues.

Tribes Served by Project: All federally recognized tribes

Awardee Description: The Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe located in the eastern Upper Peninsula of Michigan. The Tribe's health infrastructure is spread out over a seven county service area (Chippewa, Luce, Schoolcraft, Marquette, Alger and Delta) and has six health clinics that provide primary care clinical services, four community health sites, and an urgent care clinic. The Tribal Health programs provide care to Tribal members and their families, other Federally-recognized Tribal members, and Sault Tribe employees. Since 1992, the Tribal Health Division has provided HIV prevention services and programs to both Native American and non-native people. The services provided by the HIV program are prevention efforts to reduce the risk of acquisition or transmission of HIV among the target populations of MSM, IDU, and HRH. This includes counseling and testing, referral, health education, and risk reduction services. Anonymous, as well as a limited number of confidential, HIV counseling and testing have been provided within clinic visits by medical and nursing staff. HIV primary medical care is provided by the Sault Tribe Health Center, along with prevention services and referrals to case management services.

Evidence to Support Application:

The AI/AN population is disproportionately affected by many social and behavioral factors, such as poverty, alcoholism, substance abuse, and family violence, which may increase their vulnerability to HIV infection. Yet because this population only comprises a small proportion of the total U.S. population (1%), general population studies of HIV-related behaviors are limited with regard to the inferences they may make about the AI/AN population. In addition, stigma associated with HIV-related risk behaviors in this population may make targeted recruitment of "high risk" men who have sex with men and injection drug users difficult to achieve. Federal funding to states often fails to reach tribes and Native populations living within the state. Disease prevention and health promotion activities elevate the health status at the individual and community level and tribes' need technical assistance building stronger prevention systems.

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Project Goals: 1) To increase knowledge of HIV serostatus among high risk communities: 2) To identify appropriate venues for recruiting persons within the targeted populations. 3) To increase and ensure access to treatment and care services among those persons diagnosed as HIV-positive. 4) To Reach more individuals for testing by offering routine, rapid HIV testing in the tribal health clinics and at the primary and largest clinic.

Public Health Impact: Awardee successfully established an HIV rapid testing program at main health center, and 4 satellite clinics in rural areas, and an urgent care center on the Sault Ste Marie reservation. The project tested over 650 AI/ANs including 1 confirmed and linked to care HIV positive individual.

Project Successes: The project reduced barriers to early diagnosis of HIV infection; increased access to quality medical care and treatment and to ongoing prevention services; and Demonstrated the feasibility and effectiveness of offering routine testing at clinic visits. Clinical staff develop appreciation for importance and need for routing HIV testing. Results from a patient satisfaction survey also showed a positive response to rapid testing from clients.

Describe Technical Assistance Provided to Grantee: Yearly site visits and conference calls.

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The National Native American AIDS Prevention Center (PA 04019)

Project Name: The National Native American AIDS Prevention Center

Project Director:

Address: 436-14th Street, Suite 1020

City/State: Oakland, CA 94612

Phone Number: (510)444.2051

Email: www.nnaapc.org

Project Officer: Capacity Building Branch

Address: CDC

City/State: Atlanta GA

Phone Number: 404-639-2918

Email:

Project Summary: The National Native American AIDS Prevention Center (NNAAPC) has provided capacity-building assistance relevant to HIV prevention for over 15 years. Past CBA consumers include Native-serving community-based organizations, health departments, tribal health organizations, Indian Health Service facilities, and other Native-serving organizations. CBA services have evolved with the epidemic and consumers' needs. Recurrent CBA services have included: assessment of a community's readiness for HIV prevention; HIV program development and evaluation; proposal development to develop/sustain HIV prevention programming; leadership development for HIV prevention; cultural competency sessions with non-Native consumers as it relates to HIV prevention; development of HIV prevention resources for Native communities; and other related services. CBA is delivered through individual capacity-building consultations, regional skills building and training sessions, and transferal of information through a clearinghouse.

Tribes Served by Project: All federally recognized tribes.

Awardee Description: NNAAPC was founded in 1987 by American Indian and Alaska Native activists, social workers, and public health professionals. The Centers for Disease Control and Prevention has provided funding to NNAAPC since 1988 to conduct HIV/AIDS prevention and intervention activities with Native populations. During the last 16 years, NNAAPC developed training manuals and resource guides for HIV providers serving Native peoples, produced multi-day regional trainings for Native-specific programs, conducted grant-writing workshops, organized national focus groups and workgroups, facilitated national strategic planning for high school age youth with federal and tribal education stakeholders, and championed the visibility and viability of Native communities.

The mission of the National Native American AIDS Prevention Center (NNAAPC) is to stop the spread of HIV/AIDS and related diseases among American Indians, Alaska Natives and Native Hawaiians (AI/AN/NH), and to improve the quality of life for members of these communities who are infected or affected by HIV/AIDS.

Evidence to Support Application:

Project Goals:

Goals of the CBA Project: Focus Area 1

1. Provide ongoing CBA for CBOs on enhancing organizational infrastructure to support HIV prevention programming.

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2. Provide CBA to health departments on culturally appropriate approaches to working with Native organizations.
3. Modify and disseminate culturally competent training modules on infrastructure.
4. Create and support development needs of consultant pools who are subject matter experts in providing CBA.
5. Streamline NNAAPC grants management, administration, and materials development protocols for effective CBA delivery.

Goals of the CBA Project: Focus Area 2

1. Provide on-going CBA for CBOs in adapting, implementing, assuring quality, and evaluating HIV prevention interventions for high-risk AI/AN/NH individuals.
2. Provide CBA to health departments on culturally appropriate HIV prevention interventions and strategies.
3. Provide CBA on the diffusion of effective behavioral interventions including training, cultural adaptation of curricula, and promotion of "boxed" interventions with Native-specific strategies.
4. Create and coordinate regional resource consultant pools of experts and support them through training, communication of best practices and materials.
5. Strengthen NNAAPC grants management and materials development protocols to increase efficiency and effectiveness of CBA provision

Public Health Impact:

NNAAPC is using a national approach with regional strategies to facilitate cross-site communication, partnership development, and resource sharing. A regional coalition made up of seven member organizations guides CBA activities. These coalition partners are Inter Tribal Council of Arizona, American Indian Community House, Indigenous People's Task Force, Papa Ola Lokahi, Aberdeen Area Tribal Chairmen's Health Board, Robeson Health Care Corporation, and Alaska Native Health Board. The CBA program provides one-on-one technical assistance and tailored training to CBOs and health departments on the following topic areas: effective organizational management techniques, policies and protocols needed for HIV prevention programs (confidentiality, universal precautions, safety for off-site outreach activities, and counseling and testing protocols), effective fund development, standards for reporting, and cultural competency.

NNAAPC provides CBA to CBOs and health departments serving Native populations, emphasizing the integration of Native principles, beliefs, and communication styles into HIV prevention activities. The project uses an ecological framework to guide the provision of CBA to organizations with varying degrees of exposure to Native communities and with different levels of familiarity with evidence-based HIV interventions. The framework includes formation of a regional coalition of six partner organizations that serve as training hubs. Members of the regional coalition facilitate a large catchment area and allow multiple tribal representations. These partners include Inter Tribal Council of Arizona, American Indian Community House, Indigenous People's Task Force, Papa Ola Lokahi, Aberdeen Area Tribal Chairmen's Health Board, and Robeson Health Care Corporation.

Project Successes: This project represents CDC's increased focus on national CBA efforts. Based on agency efforts, various states have been motivated to improve and increase their capacity building activities. The grants are being used by organizations to strengthen infrastructure, science-based prevention interventions, access to and use of prevention services, and community planning.

Describe Technical Assistance Provided to Grantee:

Technical assistance provided by CBB Project officers

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National Center for STD Prevention Service Projects

The Navajo Nation CHR/Outreach Programs Dine's STD Screening Project (PA 04202)

Project Name: The Navajo Nation CHR/Outreach Programs Dine's STD Screening Project

Project Director: Mae-Gilene Begay

Project Officer: Lily Blasini-Alcivar, PhD, MPH

Address: Tribal Administration Building #2; **Address:** 1600 Clifton Rd., NE Mailstop E-27
PO Box 2280

City/State: Window Roc, AZ 87328

City/State: Atlanta, GA 30333

Phone Number: (928) 871-6786

Phone Number: (404) 639-1855

Email: mgbegay@yahoo.com

Email: LBlasiniAlcivar@cdc.gov

Project Summary:

Through collaboration with the Navajo Division of Health, the Navajo Nation CHR/Outreach Programs Dine's STD Screening Project has implemented the Screening Project in the Navajo Nation Department of Corrections Detention Centers in Window Rock, Chinle, Arizona, and Shiprock, New Mexico and the Department of Behavioral Health Clinics in Ft. Defiance, Tohatchi, Sanders, and Gallup, New Mexico. The Screening Projects screens detainees and clinic patients for Chlamydia, gonorrhea, syphilis and HIV. The Screening Teams perform phlebotomy services and provide STD prevention and health education to all the clients in the targeted sites. The Project Staff provides information on STD prevention to the Navajo community by participating in community health fairs, and conferences within the reservation. Also, the project is looking to increase knowledge and skills to the members of the Screening Team by providing the necessary trainings.

Tribes Served by Project:

The Navajo Nation members

Awardee Description:

The Navajo Nation is a tribal reservation that covers 27,000 square miles located within the states borders of Arizona, New Mexico, Utah and Colorado and it has 200,000 register members. The Navajo Nation STD Screening Project is implemented under the auspices of the Navajo Nation Division of Health (NNDOH) and the CHR/Outreach Program. The NNDOH is one of the 12 Divisions under the Executive Branch of the Navajo Nation. It was established to plan, develop, promote, and maintain the overall health, wellness, and fitness of Navajo people in coordination with federal, states, and local agencies/providers. The mission of the NNDOH is to protect and enhance quality health services with cultural sensitivity and CHR/Outreach is one of its programs. The CHR/Outreach Program consists of four programs: Community Health Workers, HIV Prevention Program, Social Hygiene and Tuberculosis. Of these programs, Social Hygiene has the expertise to work with STD prevention, especially with Syphilis intervention strategies.

Evidence to Support Application:

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For the implementation of the STD screening project, the Navajo Nation is partnering with the following organizations:

Navajo Nation

- Dept of Corrections (DPS)
- Division of Health
- Health Education Program
- Social Hygiene Program
- Dept. Behavioral Health Services
- Community Health Representative
- HIV Prevention Program
- Navajo AIDS Network (NAN)

Navajo Area IHS

- Ft. Defiance Indian Hospital
- Northern New Mexico Medical Center
- Chinle Indian Health Service
- Gallup Indian Medical Center – Dr. Jonathan Iralu

New Mexico State Department of Health

- STD Prevention Program
- McKinley County Health Department

University of New Mexico

- Master of Public Health Program

IHS Division of Epidemiology

- IHS National STD Program

CDC/NCHSTP/DSTDP

- Program and Training Branch

Project Goals:

The goals of the project are (1) Strengthen local capacity of facilities serving the Navajo Nation to provide screening and treatment for STD; and (2) Educate Navajo Nation populations about STD Prevention and treatment.

Public Health Impact:

The Navajo Nation CHR/Outreach Programs Dine's STD Screening Project is institutionalizing STD screening in Navajo Nation Detention Centers and Behavioral Health Outpatient Facilities; providing STD screening (including HIV) in those facilities; and providing culturally competent training and technical assistance to programs to increase the skill-level of the tribes and partners in areas such as surveillance, health education, and other relevant topics.

Project Successes:

The Project Coordinator has provided STD and Syphilis 101 training to all clinical and all staff members from Window Rock Detention Center, Behavior Health Service, Health Education and Social Hygiene. STD and HIV/AIDS 101 training is presented in both Navajo and English. An Exposure Control and Needle Stick Policy has been written and implemented in all screening locations, and all staff are educated on this policy. Also, 22 staff members from Social Hygiene, HIV and Community Health completed a one-

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week phlebotomy course as a part of the objective of expanding the pool of individuals who can perform phlebotomy services.

Describe Technical Assistance Provided to Grantee:

The Project Officer visited the grantee three times, visited some of the screening sites, and participated in meetings with Screening Team members. The Project Officer serves as a liaison between the Project, Indian Health Service National STD Program, New Mexico, Arizona, and Utah Health Departments STD Programs. There are monthly conference calls to discuss issues pertaining to the project, and there are weekly e-mails to follow up other situations related to the project (funds, resources, trainings, meetings, conferences, how to write carryover request, PGO regulation, etc.). The Project Officer provides information relevant to STD prevention, screenings, health education, grants available, CDC/PGO regulations, etc. The Project Officer has established a collegial working relationship with the grantee which has been very beneficial in the management and monitoring of the Project.

Clearance: By whom: Amy Pulver

Date: 7/25/2006

Associate Director for Policy, Planning and External Relations, Division of STD Prevention
National Center for HIV, STD and TB Prevention

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Northwest Portland Area Indian Health Board Red Talon (PA 04202)

Project Name: Northwest Portland Area Indian Health Board Red Talon

Project Director: Stephanie Craig Rushing, **Project Officer:** Lily Blasini-Alcivar,

Address: 527 SW Hall, Suite 300

Address: 1600 Clifton Rd., NE, Mailstop E-27

City/State: Portland, OR 97201

City/State: Atlanta, GA 30333

Phone Number: 503-228-4185

Phone Number: 404-639-1855

Email: SCraig@npaihb.org

Email: LBlasiniAlcivar@cdc.gov

Project Summary:

The purpose of the Project Red Talon of the Northwest Portland Area Indian Health is to provide the tribes of Idaho, Oregon, and Washington with education, training, and technical assistance for the prevention and treatment of sexually transmitted diseases. Project Red Talon has facilitated the formation of the Red Talon STD/HIV Coalition which has representation of the NW tribes, the Indian Health Service, State and County STD/HIV Programs, regional tribal planning groups, and regional CBOs. The Coalition is a critical venue for discussing important STD issues. Coalition meetings are held quarterly and allow participants to identify common tribal concerns, discuss culturally appropriate prevention strategies, and develop collaborative, inter-tribal responses to existing disparities.

Tribes Served by Project:

All 43 federally recognized tribes tribal in Washington, Oregon, and Idaho.

Awardee Description:

The Northwest Portland Area Indian Health Board (NPAIHB) is a tribal organization, as defined by Public Law 93-638 and is a 501 (C)(3) non-profit organization. NPAIHB is comprised of all 43 federally recognized tribes tribal in Washington, Oregon, and Idaho. Each member tribe appoints a Delegate and Alternate(s) via tribal resolution Delegates direct and oversee all activities of the Board. The Board's mission is to assist Northwest tribes to improve the health status and quality of life of member tribes and Indian people in their delivery of culturally appropriate and holistic health care. NPAIHB currently administers the Project Red Talon.

Evidence to Support Application:

Project Red Talon has developed working relationships with State and County Health Departments to improve tribal access to available services and improve clinic-based case reporting. The Project Red Talon had established a STD/HIV Coalition whose members are representatives from the different tribes, state and health departments. The coalition's mission is to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest by uniting to share wisdom, data, and resources; identify and address common priorities; and develop strategies to eliminate STD-related disparities. Project Red Talon has also been working with the Red Talon STD/HIV Coalition members, NNAAPC, and the IHS National STD Program to develop a self-administered Clinic-Based STD Policy Checklist. The checklist will allow Tribal Health Directors to self-evaluate their clinical practices, including recommended STD screening and

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treatment protocols, required STD morbidity reporting for defined diseases, implementing partner notification systems, using Expedited Partner Delivered Therapy, and implementing prenatal STD tests.

Project Goals:

The Project Red Talon goals are the following:

- (1) Develop a comprehensive STD profile for Northwest tribal communities and partners;
- (2) Develop a three-year STD screening, treatment, and prevention plan for Northwest Tribal communities;
- (3) Project staff will provide STD training and technical assistance to medical providers working in tribal and/or Indian Health Service clinics;
- (4) Project staff will provide STD training to tribal and Indian Health Service health professionals and para-professionals;
- (5) Project staff will provide assistance with community education efforts;
- (6) Project staff will increase the number of STD screening and treatment by 25% in tribal and Indian Health Service clinics;
- (6) Project staff will present project findings, overview and lesson learned to a least two national Indian health meetings and two regional Indian health meetings; and
- (7) Project staff will updated the STD Profile, include a final report and disseminate findings to Northwest tribes, partners and other interested tribes and organizations at the national level.

Public Health Impact:

In January 2006, the Northwest Portland Area Indian Health Board (representing the 43 tribes in Oregon, Washington, and Idaho), unanimously approved the STD/HIV Tribal Action Plan. The STD/HIV Tribal Action Plan is the product of a collaborative, year-long planning process, initiated by members of the Red Talon STD/HIV Coalition. It is their hope that the STD/HIV Tribal Action Plan will be actively used by the member tribes to guide program planning, serve as a catalyst for community outreach, and foster a coordinated response to the devastating impact of STDs/HIV in their tribal communities.

Project Successes:

The Northwest Portland Area Indian Health Board Project Red Talon is providing the tribes of Idaho, Oregon, and Washington (43 Tribes) with education, training, and technical assistance for the prevention and treatment of sexually transmitted diseases. Project Red Talon has provided STD training and technical assistance to over 180 tribal medical providers, health professionals, and community health advocates.

Project Red Talon has developed working relationships with State and County Health Departments to improve tribal access to available services and improve clinic-based case reporting. The grantee worked with Washington Department of Health to improve Tribal access to STD laboratory services. Through dialogue with the State, the STD Program offered to provide Washington's Tribes with access to the State's Infertility Prevention Program lab system for Chlamydia and gonorrhea GenProbe Aptima tests at a cost of \$14-\$18 per test. Seven NW tribes have expressed interest in accessing these laboratory services and are now working with the State Health Department to finalize the logistics. Project Red Talon has been working with the Red Talon STD/HIV Coalition members, NNAAPC, and the IHS National STD Program to develop a self-administered Clinic-Based STD Policy Checklist. The checklist will allow Tribal Health Directors to self-evaluate their clinical practices, including: recommended STD screening and treatment

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protocols, required STD morbidity reporting for defined diseases, implementing partner notification systems, using Expedited Partner Delivered Therapy, and implementing prenatal STD tests.

Project Red Talon reported that in January 2006, the Northwest Portland Area Indian Health Board (representing the 43 Tribes in Oregon, Washington, and Idaho), unanimously approved the STD/HIV Tribal Action Plan. The Action Plan and Resolution were mailed to the STD/HIV coordinators at each tribe, and both documents are available in the Project Red Talon Web site. Also, to improve community awareness about STD, Project Red Talon has developed and disseminated a variety of culturally appropriate promotional materials, including fliers, brochures, newsletters, and resource directories.

Project Red Talon completed an STD/HIV Advocacy Kit, which was conceived by the Red Talon STD/HIV Coalition and designed to help educate tribal decision makers about the impact of sexually transmitted diseases on tribal health, and the importance of comprehensive prevention activities.

Describe Technical Assistance Provided to Grantee:

The Project Officer had visited the grantee three times, visited some of the screening sites, participated in meetings with the Red Talon STD/HIV Coalition. The Project Officer serves as a liaison between the Project, and Indian Health Service National STD Program. There are monthly conference calls to discuss issues pertaining to the project and weekly e-mails to follow up other issues related to the project (funds, resources, trainings, meetings, conferences, how to write carryover request, PGO regulation, etc.). The Project Officer provides information relevant to STD prevention, screenings, health education, grants available, CDC/PGO regulations, etc. The Project Officer has established a collegial working relationship with the grantee which has been very beneficial in the management and monitoring of the Project.

Clearance: By whom: Amy Pulver

Date: 7/25/2006

Associate Director for Policy, Planning and External Relations

Division of STD Prevention

National Center for HIV, STD and TB Prevention

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Office of the Director (OD), CDC Projects

National Indian Health Board (NIHB) (PA 05055)

Project Name: National Indian Health Board (NIHB)

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Project Summary: The overarching purpose of this project is to strengthen NIHB capacity and establish a formal, ongoing collaborative relationship between NIHB and CDC. This relationship will benefit both organizations to better carry out their respective missions and goals as they apply to American Indian/Alaska Native (AI/AN) populations throughout the United States. The scope of work proposed also fits extremely well with the Institute of Medicine's recommendations on strengthening the public health infrastructure for the 21st Century, CDC's strategic imperatives, and all three of the Office of Minority Health and Health Disparities' (OMHD) performance goals published in the program announcement. This agreement will provide a mechanism whereby all CDC programs can collaborate with NIHB to strengthen public health system connectivity between Tribal governments and CDC's family of customers.

Tribes Served by Project: All federally recognized tribes

Awardee Description: The National Indian Health Board was founded in 1972 as a non-profit organization. The NIHB advocates on behalf of all 562 federally-recognized Tribes in the development of national Indian health policy. It conducts research, policy analysis, program assessment and development, national and regional meeting planning, training and technical assistance programs, and project management. The NIHB presents the tribal perspective while monitoring federal legislation and opens opportunities to network with other national health care organizations to engage their support on Indian health care issues. NIHB advises the U.S. Congress, IHS federal agencies, and private foundations on health care issues of American Indians and Alaska Natives.

Evidence to Support Application:

Tribes are increasingly assuming more control over their resources with the intent to strengthen their capacity to protect and improve the health of AI/ANs. Federal funding to states often fails to reach tribes and Native populations living within the state. Diseases and conditions such as diabetes, tobacco abuse, certain cancers, and alcoholism have reached epidemic proportions among the AI/AN populations. Disease prevention and health promotion activities elevate the health status at both the individual and community level, and tribes need technical assistance building stronger prevention systems. Many tribes already have outstanding, disease specific programs, but lack a coordinated infrastructure to sustain system-level surveillance and prevention efforts. Actively engaging Indian Country in CDC activity can help move program silos to system approach. Tribal entities have emphasized the need for a more robust federally based public health workforce, improved linkages to public health network, and stronger organization

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capacity. With CDC support, NIHB is well poised to promote concepts, methods, and systems of prevention accessible to AI/ANs in the same manner already enjoyed and considered standard practice by mainstream America. The scope of work in application fits well with the IOM recommendation on strengthening the public health infrastructure, CDC's strategic imperatives, and all three of OMHD's performance goals published in the program announcement.

Project Goals:

1) Strengthen Public Health System Connectivity by building relationships and providing venues for cross-jurisdiction collaboration among public health partners. 2) Build stronger public health systems capacity within Tribal organizations and Tribal governments serving AI/populations to improve population health by developing culturally-appropriate, innovative approaches that will reduce health risks and disease burden. 3) Develop, market, and disseminate "What Every Tribe Should Know about Public Health" publication and other press releases on critical public health issues. 4) Strengthen public health systems capacity to ensure AI/AN communities are equally protected from infectious, occupational, environmental, and terrorist threats.

Public Health Impact:

NIHB will coordinate capacity build and training efforts for tribal organizations and governments by focusing on key chronic health diseases such as heart disease and cancer, infant mortality and sexually transmitted diseases (STDs). Crucial program strategies will be implemented to support culturally appropriate programs and to conduct health impact assessments to ascertain measurable benefits of capacity building support in participating Tribal communities. Tribal-state/county/city relations vary dramatically from state-to-state and across jurisdictions. Some jurisdictions work well with tribes, maintaining Joint Committees on Tribal State Relations and frequently consult tribes to ensure that all perspectives are considered. Unfortunately this is not the norm so that CDC working with and through NIHB and its established Area Tribal Health can increase and expand collaborative relationships and strategies to positively impact public health issues affecting AI/ANs. These jurisdictions need to be aware of the tribal cultural variations and consistently recognize the need for divergent solutions to similar challenges.

Project Successes:

NIHB and its Area Health Boards assisted CDC to get feedback on the draft Tribal Consultation Policy and are facilitating CDC establishing the Tribal Consultation Advisory Committee, which will provide an ongoing means for tribal representatives and CDC staff to identify urgent public health needs in AI/AN communities and discuss collaborative approaches to addressing them. NIHB went live with a Tribal Public Health Assessment Survey on July 14th that will define and create a snapshot of programmatic capacity available in Indian Country focused on health promotion and disease prevention efforts. The goal is to get at least 150 tribes or tribal consortia to complete by July 14, 2006. This study will provide policymakers and Indian Country advocates with much needed on health promotion and disease prevention efforts information to drive funding priorities so that CDC, IHS, and other federal agencies to support a stronger tribal public health system throughout Indian Country. NIHB will also assist CDC to influence the public health workforce pipeline to ensure that more AI/AN/NH candidates enter public health schools and related careers by working with national partners to reduce barriers and to create more accessible pathways, including stronger linkages between Tribal colleges and universities and schools of public

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health. NIHB staff have also kept tribes informed about HHS pandemic influenza planning efforts across the states and have developed a special Pandemic Influenza section on the Public Health Resource Center .

Describe Technical Assistance Provided to Grantee: *None at this time*

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Northwest Portland Area Indian Health Board (NPAIHB) (PA 05055)

Project Name: Northwest Portland Area Indian Health Board (NPAIHB)

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Project Summary: The NPAIHB will promote the collection and dissemination of high-quality health data with the aim of eliminating health disparities facing American Indian and Alaska Native (AI/AN) communities. Over the four years of the project, the Consortium is designed to become a national network among the tribal epidemiology centers (“EpiCenters”) in all areas of the United States. In the first year, they will establish an interregional network of 3 EpiCenters that will collaborate in building tribal epidemiologic and public health capacity, and promoting the standardization and culturally competent use of health data to improve the health of Native people. ST goal is to share the tools and experience of existing and prior data collection projects and interventions in Indian Country to increase the cultural competence, effectiveness, and penetration of injury prevention programs in all three areas. Long-term goals is to use this collaboration model to establish a Nation Network of 11 Tribal EpiCenters serving all regions of Indian Country, maximizing resources and experience and further building of tribal epi capacity with community based participatory methods.

Tribes Served by Project: All federally recognized tribes in Washington, Oregon, Idaho, California, Kansas, Texas, and Oklahoma.

Awardee Description: The Northwest EpiCenter was established in 1996 as one of the original tribal EpiCenters. The EpiCenter is integrated into the activities of the Northwest Portland Area Indian Health Board (NPAIHB). NPAIHB has been operating as a non-profit tribal health board since 1972, and represents 43 federally-recognized tribes throughout the Pacific Northwest on health-related matters and to provide health-related technical assistance. NPAIHB and the EpiCenter have an extensive track record of collaborating with NW tribes in public health interventions, community-based participatory research, and policy advocacy affecting health policy for Indian people on a national scale.

Evidence to Support Application:

In the NW, Native people receive health care from a network of 48 ambulatory primary care clinics of varying sizes, 7 are operated by IHS, 3 by urban Indian organizations, and 38 by tribes themselves. There are no Indian operated hospitals in the NW so all must obtain inpatient and specialty care from the private sector. Most Native people living in the NW either obtain third party coverage for their basic healthcare needs or simply go uninsured. NPAIHB and the EpiCenter have an extensive track record of collaborating with NW tribes in public health interventions, community-based participatory research, and policy advocacy affecting health policy for Indian people on a national scale. In California, IHS does not run any clinics or hospitals; Native people receive healthcare from a network of 33 Indian health programs with more than 70 ambulatory primary care clinics, operated by 6 urban Indian organizations or 27

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tribes or tribal consortia. The 3 tribal organizations that comprise the California EpiCenter together represent 53 of the 107 federally recognized tribes in California, and each have an extensive history of community interventions and high quality data collection and analysis. The Oklahoma area is home to the second, third, and fourth largest federally recognized tribes as well as many tribes whose membership is less than 1,000. The Oklahoma EpiCenter was begun in September of 2004. Approximately half of the health care delivery system is operated by IHS and the other half by tribes themselves. Programs vary from complex health care delivery programs including large hospitals and specialty care to basic community health care delivery systems with minimally credentialed providers.

At a recent national meeting of the 11 Tribal EpiCenters, there was unanimous agreement that a national network of collaboration was needed to address common themes, challenges, and successful models that can be shared among the regional health organizations directed by and serving the tribes

Project Goals: Goal 1: Create a formal interregional collaboration of three tribal epidemiology centers. Goal 2: Increase the integration of EpiCenters into the data collection systems and public health resources that already exist among their constituent tribes through a tribal capacity assessment.

Goal 3: Increase the standardization of data analysis among the three regions to allow better comparability of AI/AN health data across regions on a national level. Goal 4: Increase the capacity of EpiCenters to assist their constituent tribes in using epidemiologic data in a locally-determined and culturally relevant way to effect policy changes in their communities. Goal 5: Promote the sustainability of the EpiCenter system.

Public Health Impact:

The NPAIHB will promote the collection and dissemination of high-quality health data with the aim of eliminating health disparities facing AI/AN communities. As the responsibility for managing and utilizing health data has shifted to individual tribes and the EpiCenters, it has brought the need and opportunity for the EpiCenters to pursue innovative approaches to data collection and utilization that are responsive to the needs and sensitivities of tribal communities while cultivating close collaborative relationships with state and federal agencies and academic institutions. There is tremendous diversity among individual tribes and regions of Indian Country both in terms of the health characteristics of the population and the manner in which health services are delivered. Tribes and the tribal consortia are implementing excellent community-based efforts and the impact of these programs can be maximized by adapting these models to other AI/AN communities. Common themes do recur in many parts of Indian Country, including reluctance to fully participate in state or national surveillance systems and the need to increase use of health data to effect community change. Tribal EpiCenters are the organizations best situated to assist tribes to participate and collaborate with state and federal systems and maximize the expertise and scarce resources to serve the public health needs of tribes.

This program supports OMHD's efforts to identify and foster partnerships and collaborative activities with public, non-profit, private organizations and agencies, and academia to improve their organizational capacity to execute public health policy, programs, and the CDC/ATSDR agenda.

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Project Successes:

The Consortium has established a formal collaboration between the two newer EpiCenters (California and Oklahoma) and one of the longest standing and productive EpiCenters (Northwest). The EpiCenter Consortium model establishes a number of mechanisms for ongoing consultation with constituent tribes and a list of joint projects, allowing each EpiCenter to benefit from the experience and expertise of the others. The EpiCenters are ideally situated to work locally and be responsive to the needs and sensitivities of tribal communities. All three of these centers have already established some collaborative relationships with the states in their area and several academic departments. Multiple of the other nine Tribal EpiCenters are already participating with the three funded EpiCenters and identifying ways for increased collaboration on certain projects. It is apparent that a national consortium of all is needed.

Describe Technical Assistance Provided to Grantee: None at this time.