

1. Highlights of Division Specific Accomplishments/Activities

Agency for Toxic Substances and Disease Registries (ATSDR)

A Prospective Birth Cohort Study Involving Environmental Uranium Exposure in the Navajo Nation, Health Investigations Branch: Extensive uranium mining and milling operations have occurred on the Navajo Nation during the last half century. Due to these anthropogenic activities, there remains a level of potential uranium exposure to the Navajo people from various sources including abandoned uranium mills/mines, contaminated drinking water, soil, and homes built with mining waste. While there have been many studies of occupational exposure to uranium and renal effects, there have been very limited studies on other adverse health effects. There is also limited toxicological and epidemiological data that indicates that uranium may pose a risk to the developing fetus. The purpose of this study is to quantify fetal risk from uranium by recruiting Navajo mothers, assessing their uranium exposure at key developmental milestones, and then following the children post-birth to evaluate any associations with birth defects in developmental delays. The study also has applied public health goals to provide educational outreach to increase prenatal care utilization, earlier assessment and referral for developmental delays, and mitigation of uranium exposure among Navajo mothers. In 2011, the study protocol was developed and received clearance from the Institutional Review Boards from all involved institutions. We have initiated clearance with the Office of Management and Budget and anticipate beginning study participant recruitment in 2012. Funding-\$2 million.

Petition for Health Assessment Regarding Potential Contamination from Shellfish Consumption on the Port Gamble S-Klallam Reservation: The Port Gamble S’Klallam tribe requested ATSDR Region 10’s involvement as they investigate their concerns regarding potential chemical exposures through shellfish consumption. After a formal consultation discussion with the Port Gamble S’Klallam tribe, it was agreed by all parties that a Public Health Consultation be conducted through ATSDR’s Cooperative Agreement Program with the Washington State Department of Health (WDOH). Funding in-kind.

Site Investigation at the Cyprus Tohono Mine Located on the Tohono O’odham Nation: As part of ATSDR’s congressional mandate to evaluate public health impacts associated with National Priority Listing (NPL) sites, the US Environmental Protection Agency (EPA) designated the Cyprus Tohono Mine Site, located on the Tohono O’odham Nation, a Superfund Alternative (SA) approach site and requested ATSDR to evaluate human exposures and advise on actions needed to mitigate exposures, if necessary. ATSDR used the tribal consultation process to inform the tribe about the upcoming evaluation process and to determine who would assist with the evaluation. Efforts to conduct the evaluation at the Cyprus Tohono Mine Site will continue in FY2012. Funding in-kind.

Office of Infectious Diseases (OID): National Center for Enteric and Zoonotic Infectious Diseases (NCEZID)

Infectious Diseases: Published a description of the occurrence of overall and specific infectious disease hospitalizations among the AIAN population. This analysis provides recent rates and identifies high-risk diseases and areas to focus further study and prevention measures for the reduction of infectious diseases in AI/AN communities.

Gastroenteritis: Completed analysis of the occurrence of gastroenteritis hospitalizations among

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AI/ANs prior to and after the introduction of the rotavirus vaccine to describe the effect of the vaccine on hospitalizations. The findings underscored the importance of rotavirus vaccine among this population.

Molluscum Contagiosum: Case control study to describe the epidemiology and risk factors that contribute to the high incidence of molluscum contagiosum in certain AI/AN communities. This work will help target outreach and education activities with the long term goal of reducing disease incidence in these communities.

Prion disease: Ongoing analysis of mortality data for AI/ANs with prion disease. Analyzing currently available data to determine the occurrence of the disease among this population in chronic wasting disease endemic areas.

Indian Health Service/National Death Index (IHS/NDI) Linkage Project: Committee member and investigator on studies analyzing deaths among overall AI/AN infants and infectious diseases among all AI/ANs.

Rabies: Ongoing collaborative projects with the US Department of Agriculture (USDA) and Navajo in AZ on dog rabies control issues. Findings increase awareness of specific infectious diseases. Published papers on dog rabies vaccination and bait development.

Lymphocytic choriomeningitis virus: Medical chart review of a subset of IHS patients diagnosed with Lymphocytic choriomeningitis virus (LCMV) to verify diagnosis and estimate incidence of this rodent-borne disease. The medical chart review found that LCMV was diagnosed very rarely, and is thought to occur infrequently in AI/AN populations.

High rates of pediatric dental caries in Alaska Native children: Dental caries among Alaska Native children represent a substantial and long-standing health disparity. Results of an Arctic Investigations Program (AIP) investigation concluded that pediatric dental caries are approximately 5 times more common in the region than for the general US childhood population. The published article (CDC MMWR, Sept 23, 2011) was used to support village council decisions to fluoridate water supplies in 3 rural Alaska communities in Oct 2011.

Responding to pandemic H1N1 influenza in AI/AN populations: Arctic Investigations Program (AIP) has been addressing the increased influenza mortality among AI/AN people by leading a 5-State investigation into risk factors for deaths. We hope the results of this study will be used to find ways to prevent death due to influenza.

Rocky Mountain Spotted Fever: In 2011, CDC provided design input and printing of 5,000 coloring book calendars that were distributed to children of the San Carlos and White Mountain Apache tribes, with a goal of educating children about RMSF. Following the distribution of these calendars, CDC assisted the tribes with an evaluation of the efficacy of the coloring book calendar campaign, by conducting a door to door survey in August 2011. CDC assisted tribes with the first-ever census of dogs on the reservations. The census identified that 70% of dogs on the reservation were free-roaming, which contributes greatly to the problem of tick distribution. CDC developed a pilot program for a remote dog treatment baiting system, using food as an attractant and treating dogs for ticks. CDC provided eight staff members who assisted with summer prevention efforts for both tribes, working in the field in Arizona for two weeks at the end of June, 2011. CDC worked with both tribes to conduct a systematic chart review of severe and fatal RMSF cases to identify risk factors for poor outcome; chart reviews were conducted throughout the year, with CDC IRB exemption and tribal approval from both the San Carlos and White Mountain Apache tribes. On Gila River Indian Community, CDC provided 4 staff members during April 2011; staff conducted a canine serosurvey to assess

possible spread of RMSF from an affected housing district, and to assess efficacy of prior year's prevention efforts on the reservation.

Office of Surveillance, Epidemiology, and Laboratory Services (OSELS)

Epidemiologic Intelligence Officer (EIS) Officer Assignments:

- There is an EIS officer assigned to the Alaska Division of Public Health from July 2010 to July 2012. An Epi-Aid is in progress to assist with an investigation of what appears to be ongoing tuberculosis transmission in a long-term care facility in Anchorage, Alaska. The team is reviewing the medical records of residents residing in the neighborhood in April 2011, reviewing records of residents in the neighborhood since January 2010 who are now deceased/transferred out; making recommendations on further clinical work-up of residents still in the neighborhood; and testing staff who have primary assignments in the neighborhood. The team is also doing a symptom screen and chest x-ray on all staff of interest and cross-checking all known people who spend time in the unit with the state's TB database. Funding-Direct Assistance.
- The Epidemiologic Intelligence Service (EIS) had an EIS officer assigned to the Indian Health Service, Division of Epidemiology and Disease Prevention located in Albuquerque, New Mexico during August 2010—December 2010. The EIS officer's most notable project during this time was an investigation of an outbreak of severe respiratory illness among American Indian children in Arizona. Funding-Direct Assistance.

Public Health Prevention Service Fellow Assignments:

- A Public Health Prevention Service (PHPS) fellow assigned to the Minneapolis Department of Health & Family Support (MDHFS), is coordinating a project called VOICE—Valuing Our Individual Communities through Engagement. The goal of this project is to build upon and sustain engagement of cultural communities in efforts to prevent obesity and related chronic disease. American Indian/Native American community members have participated in one of the multi-cultural health story-telling sessions (similar to a focus group). Funding-Direct Assistance.
- A Public Health Prevention Service (PHPS) fellow assigned to CDC's Office of Public Health Preparedness and Response, Division of Strategic National Stockpile (DSNS), worked collaboratively with CDC colleagues and partners at NACCHO and ASTHO to develop and implement a special focus tribal track of the SNS summit. The goal of the special focus track was to share best practices in working with the tribes and tribal SNS planning. NACCHO provided travel scholarships for both the presenters and up to 50 tribal participants to attend the conference. After the Summit, the PHPS fellow continued to work with the tribes to follow up on action items; collaborated with ASTHO and NACCHO to begin developing a more formal SNS tribal workgroup; and reached out to other centers within CDC who are working with tribes in public health preparedness and emergency response to share lessons learned and determine any potential collaborations that might provide better leveraging of resources to meet the needs of tribes, local coordinators, and state coordinators responsible for SNS planning. Funding-Direct Assistance.
- The Public Health Prevention Service (PHPS) had a fellow assigned to the New Mexico Department of Health, Public Health Division, Health Systems Bureau, Office of School and Adolescent Health from Oct. 2008 - Oct. 2010. In this role, the fellow worked with Native

American populations. The fellow's assignment focused on adolescent health and school health. Specifically, the fellow led an effort to identify and understand why many school-based health centers (SBHC) are under-utilized, particularly by Hispanic, Native American and African American youth, despite the high need for services; findings are being used to create and disseminate youth-informed marketing materials to promote SBHC services to all youth. Funding-Direct Assistance.

Epidemiology Training

- Two OSELS/SEPDPO staff epidemiologists deployed with Public Health Service (PHS) Applied Public Health Team-4 (APHT-4) to the Pine Ridge Reservation in South Dakota during the week of August 21–27, 2011. This was in conjunction with a clinical and public health training mission funded by the PHS Office of Force Readiness and Deployment. The SEPDPO epidemiologists worked with the Oglala Sioux Tribe and other CDC, APHT-4, and Indian Health Service epidemiologists to plan for an upcoming Community Health Profile and to conduct training on epidemiologic tools for accomplishing this activity. Funding-Direct Assistance.

Office for State, Tribal, Local and Territorial Support (OSTLTS)

Public Health Law Program

Cherokee Nation Technical Assistance: The Cherokee Nation is a sovereign people, but they do not live on a reservation or sovereign land protected by treaty. The Cherokee Nation public health staff co-exists in a working relationship with county and state public health partners. Originally the Cherokee Nation requested public health law technical assistance in their NPHII proposal to develop a public health code. However, the lack of sovereign land and the requirement to engage in a working relationship with county and state public health partners creates very complex jurisdictional issues that do not permit the Cherokee Nation to independently create a new public health code as described in the original request for technical assistance. Partnering with the American Public Health Association (APHA) the OSTLTS, Public Health Law Program (PHLP) engaged in a series of conference calls that included the CDC Associate Director for Tribal Affairs, APHA, the NPHII Senior Public Health Advisor and J.T. Pethrick from the Cherokee Nation. Legal research conducted by PHLP and discussions with tribal officials determined that Cherokee Nation does not have the exclusive authority to create a public health code that supersedes the authority of local and state officials. While the Cherokee Nation is a sovereign nation, the land they occupy is purchased, privately owned land located within the state and county jurisdictions. J.T. Pethrick determined that he needed additional time to better develop an understanding of potential strategies to work with local and state officials and determine whether all parties involved may be receptive to developing a memorandum of understanding to better identify resources and the management of public health issues. The current status of the issue is on hold until J.T. Pethrick can better formulate a formal request for technical assistance with deliverables. Currently, Cherokee Nation is working with local and state partners, in-house counsel and leadership to identify whether a specific TA request is appropriate or whether CDC can assist in the development of a memorandum of agreement. Funding-in kind.

Navajo Nation Technical Assistance: The Navajo Nation sought technical assistance to seek

PHLP input on proposed legislation to update the Navajo Nation Statutes relating to public health services. Specifically, the Navajo Nation Division of Public Health is seeking to pass an enabling statute to expand its current powers and authority to incorporate the ten essential services of public health, improve public health authority to oversee programs that promote chronic disease prevention and oversee hospital and clinical care. As part of several conference calls and opportunities to edit proposed legislation, the PHLP provided input to Navajo Nation Public Health official Anita Muneta that provides authority for a newly created Department of Public Health to operate under the scope of the recognized ten essential services of public health and further provides for the development of programs that emphasize prevention of non-communicable diseases. Currently, PHLP staff, are awaiting final disposition of the current Bill by the Navajo Nation Council. If the Council passes the final Bill, PHLP will provide additional technical assistance to research state statutes that enable health departments that provide oversight to hospitals and medical clinics including authority to manage staff licensure requirements. These statutory examples will provide Navajo Nation, Department of Public Health with direction related to this aspect of the legislation. Funding-in kind.

Division of Public Health Capacity Development

Public Health Associate Program (PHAP): PHAP is a competitive, two-year, paid Centers for Disease Control and Prevention (CDC) fellowship. A PHAP associate is assigned to a state, tribal, local or territorial public health agency and works alongside local public health professionals. After completing the program, PHAP graduates will be qualified for future jobs with federal, state, tribal, local and territorial public health agencies, and will be uniquely prepared to pursue an advanced degree in public health. Three students are currently working in Indian County: Shoalwater Bay Tribal Health Department and Wellness Center in Tokeland, Rocky Mountain Tribal Epidemiology Center, California Tribal Epidemiology Center. Funding-Direct Assistance.

2. Division Specific Activities

National Agency for Occupational Safety (NIOSH)

Office of Extramural Programs

Industrial Hygiene Training: The goal of this training program grant is to sustain and enhance the innovative and technically strong Industrial Hygiene (IH) and "dual-track" Industrial Hygiene/Environmental Health Sciences (IH/EHS) programs in the Department of Occupational and Environmental Health (OEH) at the University of Oklahoma Health Sciences Center. The specific aims of the training program grant are (1) to attract highly qualified and motivated students, including members of under-represented minorities, into the industrial hygiene profession and (2) to recruit students with diverse technical backgrounds who are interested in entering the industrial hygiene field. The program is one of only four ABET-accredited masters level industrial hygiene programs in the south central United States. The grant will provide stipend and tuition support for full-time Master of Science students. The applicant pool is national in range but concentrated in Oklahoma and the surrounding region. The program has three core IH faculties and is supported by four other departmental faculties with expertise in Environmental Health, Environmental Management, and Biodefense, and by other faculty in the College of Public Health. The College of Public Health has long-term

working relationships with the Native American communities in Oklahoma, providing special opportunities for recruitment of students and for research. Funding-\$75,000.

Division of Applied Research and Technology

Assessing the Reproductive Health of Female Workers: Infertility affects more than 2 million couples. Billions are spent in the U.S. annually on health care related to infertility; costs of reproductive dysfunction and associated health impairment permeate into the workplace. Three-quarters of employed women are of reproductive age; more than half of U.S. children are born to working mothers; 84% of working women are in jobs with likely exposure to potential hazards. Female reproductive dysfunction can disrupt sex hormone secretion thereby reducing health by increasing the rate and severity of diseases including cancers, osteoporosis, cardiovascular disease, psychosomatic disorders, and tissue atrophy. Reproductive dysfunction is a silent malady not readily detected or discussed by workers. The project will address this problem by developing methods to assess women's reproductive health, incorporating these methods into studies to assess the reproductive toxicity of occupational exposures on women's reproductive health, working with partners to provide intervention, when applicable, to minimize exposures and impacts, and working with colleagues worldwide to reduce the impact of female reproductive toxicants and hazards in the workplace. The project addresses needs of underserved populations: women, Native Americans, and other minorities who work in less desirable jobs. Funding-N/A.

Improving the Health and Safety of Minority Workers: Although the psychosocial work environment affects physical and mental health, little is known about how this relationship contributes to racial/ethnic health disparities. This project will use newly developed measures and methods to detect workplace risk factors salient to minority health. It will also evaluate the success of current workplace occupational safety and health programs and practices in addressing minority health needs. Data will be used to increase knowledge about the workplace risk factors to minority health and to generate information and resources for increasing the responsiveness of occupational safety and health programs and practices to the needs of minority workers. Resources will be disseminated to (1) community-based organizations and (2) work organizations that are racially and ethnically diverse. The impact of these resources will be evaluated. Native American Educational Services, Inc. is an external collaborator. Funding-N/A.

Minority Health and Work Organization: Research to Practice: Although the psychosocial work environment affects physical and mental health, little is known about how this relationship contributes to racial/ethnic health disparities. A contributing factor to this state of affairs is the lack of appropriate measures to comprehensively investigate the contribution of the psychosocial work environment to problems in minority health. This project will develop and assess new methods to better enable the occupational safety and health research community to conduct targeted occupational studies on minority health or in studies of racially and ethnically diverse workers. This project will generate a survey instrument and a qualitative interview to be employed in worker studies, conference presentations, and publications. The survey instrument and qualitative interview are expected to be used by occupational safety and health and other public health researchers in various health and intervention studies. Partners including Native American Educational Services, Inc. have collaborated to develop the survey and interview and will collaborate with NIOSH to disseminate resulting information. Funding-N/A.

OFFICE OF INFECTIOUS DISEASES (OID)

National Center for Enteric and Zoonotic Infectious Diseases (NCEZID)

NCEZID/Division of High-Consequence Pathogens and Pathology

CDC/IHS American Indian and Alaska Native Health Analyses Collaborations: Ongoing epidemiologic collaborative projects with the Indian Health Service (IHS), Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program (AIP), other agencies/divisions and universities to detect and describe disease burden and health disparities for overall and specific infectious diseases among American Indian and Alaska Native (AI/AN) communities. Studies provide information for developing prevention strategies, vaccination policies, and reducing health disparities related to infectious diseases. Findings increase awareness of specific infectious diseases, and highlight disease, person and geographic target areas to further investigate health disparities. For example, the identification of lower respiratory tract infections disparities among Alaska Native children led to more in-depth respiratory studies and educational efforts for children in Alaska. Funding-\$140,000.

NCEZID/Division of Preparedness and Emerging Infections

Arctic Investigations Program (AIP): Arctic Investigations Program - AIP's program mission is the prevention of infectious disease in people of the Arctic and subarctic, with particular emphasis on indigenous people's health. AIP coordinates disease surveillance and operates one of only two Laboratory Response Network labs in Alaska. Highlights include: Sanitation services and infectious disease risk in rural Alaska: AIP assessed increased infectious disease risk due to lack of in-home sanitation services. The study has been used to advocate for increased funding for water and sanitation services in Alaska. Response to emergence of replacement pneumococcal disease in Alaska Native infants: AIP supported introduction of a new pneumococcal vaccine, PCV 13, in southwest Alaska. Usage results clarified that it provides protection for up to 75% of serious pneumococcal illnesses. Since routine use of this vaccine was begun in 2010, rates of serious pneumococcal infections have decreased in rural Alaska Native children. Support for Alaska Native Health Research: AIP promotes research activities by Tribal health organizations and supports Alaska Native/American Indian health researchers. Funding \$3,204,301.

NCEZID/Division of Vector Born Disease (DVBD)

Prevention and Control of Rocky Mountain Spotted Fever (RMSF) on tribal lands in Arizona:

Since 2003, Rocky Mountain spotted fever (RMSF) has emerged as a significant public health threat in American Indian communities in Arizona, on the White Mountain Apache, San Carlos Apache, and Gila River Indian Community reservations. Human infection is associated with transmission from *Rhipicephalus sanguineus*, the brown dog tick, and is supported by large numbers of free-roaming community dogs that provide a food source for the ticks. Through 2011, over 200 human cases of RMSF with > 14 human deaths have been reported. The region's reported incidence (527 cases per million persons) is 70X the national incidence of RMSF. Over 50% of deaths occur in children. The problem appears to be worsening: in 2011, there were 5 reported fatalities from the White River and San Carlos Apache tribes, compared to an average fatality of 1-2 cases per year. CDC, working together with the Arizona Department of Health Services and the Indian Health Service, are assisting tribes with developing and implementing prevention efforts to control the RMSF problem. CDC offers consultation, clinical evaluations of patients, educational materials, and guidance for

environmental control. In addition, CDC provides field staff each year to support San Carlos and White Mountain's summer prevention campaigns, consisting of treating tick-infested homes with pesticide and placing tick collars on dogs. Funding not awarded directly to the tribes. Funding-\$170,000 in Direct Assistance.

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases and Tuberculosis Prevention (NCHHSTP)

NCHHSTP/Division of HIV/AIDS Prevention

IHS National HIV/AIDS Program: Develop multimedia tools targeting AI/AN youth 13-21 years old. For example: HIV prevention and sexual health promotion topics, HIV, STD and viral Hepatitis prevention. Funding-\$1,000,000.

Capacity Building Assistance (CBA) To Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High Risk and Racial/Ethnic Minority Populations:

CBA is designed to assist in implementing and sustaining science-based and culturally proficient HIV prevention behavioral interventions and HIV prevention strategies. This project is funded under Category B (Strengthening community access to and utilization of HIV prevention services) to provide CBA to Community Planning Groups (CPGs), community-based organizations (CBOs), health departments (HDs) and other HIV prevention stakeholders. It focuses on the following goals: 1) Improve the capacity of CBOs to strengthen and sustain organizational infrastructures that support the delivery of effective HIV prevention services; 2) Improve the capacity of CBOs and HDs to implement, improve, and evaluate HIV prevention interventions; 3) Improve the capacity of CBOs and other stakeholders to implement strategies that will increase access to HIV prevention services for racial/ethnic minorities at high risk; and 4) Improve the capacity of CPGs and HDs to include HIV-infected and affected racial/ethnic minority populations and subpopulations in the community planning process, and increase parity, inclusion, and representation (PIR) on CPGs. Colorado State University, Funding-\$406,125. Great Plains Chairmen's Health Board, Funding-\$369,587

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HIV Prevention Projects: HIV Prevention by State and Selected City Health Departments with HIVP Community Planning:

This project assists public health departments in their efforts to decrease transmission of HIV by conducting HIV prevention services for high risk persons, refocusing some activities to reduce the number of new HIV infections in the United States. It

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emphasizes counseling, testing, and referral for the estimated 180,000 to 280,000 persons who are unaware of their HIV infection; partner notification, including partner counseling and referral services; and prevention services for persons living with HIV to help prevent further transmission once they are diagnosed with HIV. In addition, since perinatal HIV transmission can be prevented, CDC is strengthening efforts to promote routine, universal HIV screening as a part of prenatal care. All of this will be accomplished through four strategies: (1) Making HIV screening a routine part of medical care; (2) creating new models for diagnosing HIV infection, including the use of rapid testing; (3) improving and expanding prevention services for people living with HIV; and, (4) further decreasing perinatal HIV transmission. Funding-\$2,709,049.

Human Immunodeficiency Virus (HIV) Prevention Projects for HIV Prevention by Community-Based Organizations: This project is funded under Category A of this program announcement to provide HIV prevention services for members of racial/ethnic minority communities in which there may be a high risk for HIV infection. Prevention services will include behavioral interventions [i.e., Evidence-based Behavioral Interventions (EBIs), Comprehensive Risk Counseling and Services (CRCS)], HIV Counseling, Testing, and Referral (CTR) Services. Funding for the first year also supports outcome monitoring of selected behavioral interventions (CBO Monitoring and Evaluation Project). Funding -\$306,886.

NCHHSTP/Division of STD Prevention

STD Prevention, Screening and Treatment: STD Prevention, screening and treatment services in Indian Country. Funding -\$232,052.

Support for Public Health Advisor: Salary and benefits for Public Health Advisor. Funding-\$120,824 in Direct Assistance.

Indian Health Service, Division of Epidemiology and Disease Prevention Medical Epidemiologist-Salary Support in Indian County: Staff support for Medical Epidemiologist, Indian Health Service Division of Epidemiology and Disease Prevention; stationed in Phoenix, AZ. Funding-\$191,717 in Direct Assistance.

Partial Staff Support for Public Health Advisor in Indian Country: Partial support for Public Health Advisor, Indian Health Service, Division of Epidemiology and Disease Prevention; located in Albuquerque, New Mexico. Funding-\$40,390 in Direct Assistance.

NCHHSTP/Division of Tuberculosis Prevention

Epi-Aid 2011-67, “Investigation of Increased Number of Tuberculosis Cases Among American Indians, Navajo Nation Reservation, Arizona and New Mexico, USA,” July 5-22, 2011:

Surveillance, Epidemiology, and Outbreak Investigations Branch (SEOIB) provided supervision, with staff from International Research and Programs Branch (IRPB), Field Services & Evaluation Branch (FSEB), and also from DSTDP on the ground. During 2010–2011, the Navajo Nation Division of Health (NDOH) identified an increase in the number of tuberculosis (TB) cases among residents of the Navajo Nation reservation, which spans a large region primarily in Arizona and New Mexico. On May 27, 2011, the NDOH and Arizona Department of Health Services (AZDHS) notified CDC of a TB outbreak associated with a hospital serving the Tuba City Indian Health Service (IHS) service unit. This service unit provides clinical and public health services to Native persons (primarily Navajo and Hopi) in the northwestern area of Arizona. AZDHS and partners assisted the NDOH TB Control Program in the initial outbreak investigation. Subsequently, on June 16, NDOH and AZDHS informed CDC of a second outbreak of seven TB cases diagnosed over <12 months in a

community in the Fort Defiance IHS service unit, located in eastern Arizona and primarily serving a Navajo population. Epi-Aid Overall Objectives: 1) Describe the current epidemiology of TB on the Navajo Nation reservation, 2) Identify chains and recent transmission within TB clusters on the reservation, 3) Identify and prioritize contacts of infectious TB cases for evaluation and treatment and 4) Provide recommendations to interrupt further transmission of TB. Funding-no specific award for this activity.

Office of Non-communicable Diseases, Injury and Environmental Health (ONDIEH)

Agency for Toxic Substances and Disease Registries (ATSDR)

Lummi Indian Seafood Consumption Survey Project: The Lummi Indian Nation is working to establish tribe-specific fish consumption rates in order to develop appropriate risk assessments which will aid in cleaning up contaminated sites, improving habitat conditions, and improving water quality standards on tribal lands. Funded - \$75, 000

National Center for Environmental Health (NCEH) Activities

NCEH/Division of Laboratory Sciences (DLS)

Nicotine Exposure and Metabolism in Alaska Native Adults Research Study: The Division of Laboratory Sciences (DLS) Emergency Response and Air Toxicants Branch provided in-kind laboratory analysis via agreement with the Alaska Native Medical Center (ANMC) /Indian Health Service (IHS) on a cross-sectional study of 400 Alaska Native (AN) adult tobacco users, 50 male & female smokers, commercial chew users, iq'mik users and non-tobacco users who received medical services in Dillingham, Alaska. The objective of the study was to generate information on nicotine & carcinogen exposure in underserved Alaska Natives. DLS completed chemical analysis of Alaskan iq'mik, a native smokeless tobacco mixture that combines tobacco and fungus/plant ash, and performed measurements in urine for cotinine (a nicotine byproduct). Funding in-kind.

National Center on Birth Defects and Developmental Disabilities (NCBDDD)

NCBDDD/Division of Human Development and Disability

Project CHOICES Pilot Implementation and Evaluation for American Indian and Alaska Native (AI/AN) Women: Fetal Alcohol Syndrome (FAS) and other prenatal alcohol-related conditions are highest among American Indian and Alaska Native (AI/AN) populations (2.5 to 5.6 per 1,000 population) according to published reports. CDC's CHOICES project is an effective behavioral approach for preventing alcohol-exposed pregnancy (AEP), targeting both alcohol use and effective contraception. In 2010, CDC and Indian Health Service (IHS) entered into a 3-year interagency agreement to adapt and implement CHOICES in American Indian communities. This project will reach out to American Indian women of reproductive age of the Oglala Sioux Tribe in South Dakota. In October 2011, implementation of the intervention began in three clinics (Native Women's Health Center in Rapid City – Oglala Sioux tribe clinic, and IHS clinics in both Kyle and Wanblee on the Pine Ridge reservation). Feasibility and acceptability of the intervention by American Indian women will be evaluated. Funding-\$150,000.

National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

NCCDPHP/ Division of Community Health-Proposed

Strategic Alliance for Health: The intervention area includes the Tribal Jurisdictional Service Area (TJSA) of 9,200 sq. miles with a population of 399,385 in 14 counties. The Cherokee Nation has developed, implemented, and expanded a comprehensive plan to implement promising strategies for healthy eating, active living, and tobacco-free environments in the Cherokee Nation of Oklahoma -- the Eastern band of the Cherokee Nation. Their interventions are guided by the research, collaboration, and recommendations of the public health experts and stakeholders via the Healthy Eating Active Living Convergence Partnership. Funding-\$400,000.

Preventive Health and Health Services Block Grant: The funds are used to compliment existing funds to support the tribal EMS system. Data development and training are two areas of need. Funding- \$22,083. Funds a Boys/Girls Club Youth Leadership Initiative which entails attendance at a National Youth Leadership Conference and local activities. Funding- \$22,083

Seeds of Hope: Seeds of HOPE (SOH) focuses on dissemination and implementation of HOPE Works (our previous project) via community-based organizations. SOH is adapted based on findings and lessons learned from HOPE Works project. Effectiveness of the disseminated program will be evaluated using a randomized experimental design. One study arm will implement the SOH model that includes HOPE Circles, tailored newsletters, and activities to support education and empowerment including financial literacy. The other arm, Seeds of Health, will receive education on other health topics via email newsletters and group learning sessions for twelve months. Materials and methods will be adapted and targeted for dissemination via community organization partners including churches, tribal centers, and other community groups. Funding-\$316,000.

Healthy Native North Carolinians: Continuing the momentum of the American Indian Healthy Eating research project, the North Carolina Commission of Indian Affairs (“Commission”) aims to reduce the high prevalence of childhood obesity amongst American Indian children by focusing on children ages 3 to 18 and the broader communities in which these children and adolescents live, pray, study, eat, and play. Specifically, the Commission will partner with participating tribes and urban Indian organizations in North Carolina on Healthy, Native North Carolinians. This new initiative strives to increase the likelihood that participating tribes and urban Indian organizations can be more effective in creating measurable and meaningful community changes to promote healthy eating and active living. Throughout this initiative, efforts will be made to integrate and facilitate community and state-level partnerships with tribal youth groups, faith-based organizations, healthcare systems, economic development, state health agencies, and corporations. The Commission, along with participating tribes and urban Indian organizations will partner with a workshop development and evaluation assistance team at the University of North Carolina-Chapel Hill. The goal of this two-year community change capacity building workshop series is to facilitate capacity for developing, implementing, and evaluating community changes around healthy eating and active living within participating tribal communities and to help leverage common goals and resources amongst participating tribal communities. Funding-\$246,708.

SIP 10-033: Innovative Approaches to Preventing Teen Pregnancy among Underserved

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Populations: The goal of this 4 year Special Interest Project (SIP) is to adapt and evaluate the effectiveness of an Internet-based HIV/STI, and pregnancy prevention curriculum for American Indian/Alaska Native (AI/AN) middle school-aged youth (12-14 years). This curriculum will be adapted from a successful, Internet-accessible, prevention program, It's Your Game...Keep it Real, (IYG). To capture the heterogeneous experience of AI/AN youth the AI/AN-IYG Internet-based program will be adapted and evaluated in 3 large, geographically dispersed AI/AN communities in Alaska, the Pacific Northwest (Oregon, Washington State, Idaho), and Arizona Plains. Funding-\$350,000.

NCCDPHP/Division for Adolescent and School Health.

Students for Success: Promote coordinated school health policies, programs, and practices with an emphasis on physical activity, nutrition, and tobacco-use prevention. They provide technical assistance to four partner schools to support the planning and implementation of school health council meetings. Provide professional development and technical assistance to school personnel on curriculum, policy, social marketing, and other activities to support building a healthy nutrition environment. Provides professional development and technical assistance to school personnel on curriculum, policy, social marketing, and other activities to support building a tobacco-free environment for all students, staff, and visitors. Provides technical assistance to four partner schools to support the planning and implementation of school health council meetings. Uses CDC's Health Education Curriculum Assessment Tool to identify health education curricula that meets national standards and best practices. Offers professional development and follow-up technical assistance opportunities to teachers and curriculum directors on Health Education Standards. Encourages site coordinators to attend national training to improve their capacity and skills in providing technical assistance to local school districts and buildings. Uses CDC's Health Education Curriculum Assessment Tool to identify health education curricula that meets national standards and best practices. Conducts CDC's Youth Risk Behavior Survey without being funded to do so. Funding-\$275,097.

Coordinated School Health: The Maine Department of Education is funded for HIV Prevention, Coordinated School Health (CSH)/Physical Activity, Nutrition, and Tobacco, and the YRBS. Maine's three tribal schools were selected in a competitive process to participate as priority schools in the state's coordinated school health program. All tribal schools participated in professional development tailored to their needs, mini-grants of \$5,000 per school per year), and on-going technical assistance. All tribal schools completed CDC's School Health Index (SHI) and used the results to revise and improve their wellness policies. Every tribal school implemented new healthy eating and/or physical activity promotion initiatives. Highlights include: new physical activity breaks during the academic day policies, recess before lunch policies, and inclusion of students in school menu choice, before school walking clubs and establishing school gardens and healthy cooking clubs. In addition, the Maine Indian Unified School Committee augmented their tobacco policy passed last year with implementation of an alternative to suspension tobacco cessation program. The tribal schools represent a small portion of students served with Maine's CSH program. Funding-\$369,557.

Cherokee Nation YRBS and School Health Profiles: The Cherokee Nation receives funding to conduct the Youth Risk Behavior Survey (YRBS). The goal of this program is to advance the knowledge of critical health related behaviors among high school students through data collection and dissemination. With technical assistance from CDC/DASH, in 2011, Cherokee Nation administered the YRBS in high schools within the Tribal Jurisdictional Service Area to

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obtain data representative of students in grades 9-12. To plan, promote, and disseminate results from the YRBS, the Cherokee Nation also collaborated with multiple community partners. The Cherokee Nation also started to prepare sampling frames to conduct the 2012 School Health Profiles. Funding-\$10,000.

Bureau of Indian Education (BIE) and Navajo YRBS and BIE School Health Profiles

CDC/School Health provides technical assistance to the BIE and Navajo Nation to conduct the YRBS. Both the BIE and Navajo YRBS are conducted every 3 years. BIE administers the YRBS to middle and high school students attending Bureau-funded schools across the United States. The Navajo Nation, working with the Indian Health Service, conducts the YRBS among middle school and high school students attending public and private schools on the Navajo Reservation and in a small number of “bordertown” schools with high Navajo student enrollment. This surveillance activity is designed to determine the prevalence of health-risk behaviors among students, assess trends in these behaviors, and examine the co-occurrence of health-risk behaviors. The YRBS collects data on health risk behaviors among young people so that health, education, and tribal agencies can more effectively target and improve programs. Both BIE and the Navajo Nation most recently conducted the YRBS in the fall 2011. Data will be processed in spring 2012 at which time CDC/DASH will provide technical assistance to BIE and the Navajo Nation to help generate YRBS reports. During 2011, CDC/DASH provided technical assistance to the BIE to conduct the School Health Profiles survey to obtain representative information about current school health policies and practices within BIE-funded schools. BIE will administer the School Health Profiles survey in spring 2012. Funding-in kind.

Winnebago Tribe Youth Risk Behavior Survey (YRBS): The Winnebago Tribe of Nebraska receives funding to conduct the Youth Risk Behavior Survey (YRBS). The goal of this program is to advance the knowledge of critical health related behaviors among middle and high school students through data collection and dissemination. The Winnebago Tribe obtained weighted data (allowing for generalized results) in 2011 for both their middle school and high school YRBS. Funding-\$10,000.

NCCDPHP/Division of Cancer Control and Prevention

Colorectal Cancer Control Program Division of Cancer Control and Prevention (DCPC)

The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50 years and older from about 64% to 80% in the funded states by 2014. The program provides population-based approaches to increase colorectal cancer screening rates among the U.S. population 50 years of age and older that can lead to health systems change, outreach, case management and limited provision of direct screening services. Funded Programs include: Arctic Slope Native Association, Funding-\$385,878, Alaska Native Tribal Health Consortium, Funding-\$750,000, South Puget Intertribal Planning Agency, Funding-\$650,000 and South Central Foundation. Funding-\$740,000.

EARLY ACT AIAN Project - "Walking Together: Making A Path Toward Healing: The purpose of this Intra-Agency Agreement (IAA) is to support the Phoenix Indian Medical Center (PIMC) Oncology Program to identify and describe the impediments to care physically, psychologically and spiritually faced by young AI/AN women diagnosed with breast cancer under the age of 45 from their own viewpoint. Through focus groups, the patients understanding of the barriers they faced in getting care for their breast cancer as well as their viewpoints regarding services available or unavailable to them will be studied. The information gathered will be used to

develop recommendations for targeted interventions that will address common concerns in these patients breast cancer journey. Funding-\$112,347.

Enhancing Cancer Prevention and Control Programs for American Indian/Alaskan Native Women

1) As part of Native American Cancer Research Corporation's (NACR) ongoing CDC grant, NACR is coordinating 2 Regional meetings each grant year. NACR will be implementing and evaluating 10 Regional Planning Conferences / working meetings in collaboration with local public health professionals and organizations that actively work with American Indian or Alaska Native (AI/AN) organizations and communities. 2) NACR will address gaps in AIAN cultural awareness materials (including designing, developing, and distributing AI/AN cultural appropriate public education and awareness materials. This includes one Native Wellness booklet annually and one case study annually. 3) NACR will provide technical assistance related to cultural appropriateness and awareness, as approved by the CDC, to states' Indian Health Service, tribal and urban programs and others, on an as needed basis. 4) Lastly, NACR will implement and evaluate cultural awareness trainings. Funding-\$400,000.

Tribal BRFSS Project: The purpose of this Intra-Agency Agreement (IAA) is to support the Tribal BRFSS Project at Northwest Portland Area Indian Health Board. The objective of this project is to provide Tribal grantees of the National Comprehensive Cancer Control Program with accurate health behavior data that is not readily available through the state BRFSS for Tribal communities so that programs can use these data to assess cancer risk factors for their population and monitor progress toward reaching cancer plan objectives. Northwest Portland Area Indian Health Board will be subcontracting with Intertribal Council of Arizona to support a Tribal BRFSS Project with the Tohono O'odham Nation. Funding-\$280,000.

National Breast and Cervical Cancer Early Detection Program: Early Detection Program provides access to breast and cervical cancer screening services to underserved women. Programs funded include: Arctic Slope Native Association Funding-\$561,519, Cherokee Nation Health Service Group Funding-\$846,660, Cheyenne River Sioux Tribe Funding-\$409,708, Hopi Tribe Funding-\$516,917, Kaw Natin of Oklahoma, Funding-\$369,358, Native American Rehabilitation Association, Funding-\$488,163, Navajo Nation, Funding-\$871,458, Poarch Band of Creek Indians, Funding-\$86,150, South Puget Intertribal Planning Agency, Funding-\$508,752, Southcentral Foundation, Funding-\$1,339,709, Southeast Alaska Regional Health Consortium, Funding-\$670,000 and Yukon-Kuskokwim Health Corporation, Funding-\$615,000.

National Comprehensive Cancer Control Program

Comprehensive Cancer Control (CCC) is a cost effective approach that brings key stakeholders together to develop and implement population-based public health approaches to reduce the burden of cancer. Grantees are funded to develop and implement policy-related, systems-level or environmental changes aimed at preventing cancer, detecting cancers early when they are more treatable, increasing access to treatment, and improving the quality of life of cancer survivors.

The Northern Plains Comprehensive Cancer Control Program (NPCCCP) was established in July 2005. NPCCCP is in the fourth year of a five year implementation funding opportunity. NPCCCP has initiated, facilitated, and assisted in several projects throughout the last project period. We have leveraged numerous partnerships on the local and state level, regionally, and nationally and work continuously to foster these partnerships while identifying new ones at every organizational level. In the following narrative we have

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identified several projects, activities, and accomplishments that have contributed to the success of our program. Participation includes representation from all Tribal Health/Indian Health Service (IHS) programs in the region, all four state departments of health (IA, NE, SD, ND), and many AI cancer organizations, cancer centers, and universities. The coalition has grown to 266 registered members, many of whom are active in workgroups, community event participation, and cancer survivorship activities. Within our coalition, we have a steering committee that, in addition to providing guidance, has been instrumental in the development of the NPCCCP Cancer Plan. We are currently in the planning stages for the revision of the cancer plan and anticipate the second NPCCCP cancer plan to be completed in early 2012. Data/Surveillance- NPCCCP works very closely with the Northern Plains Tribal Cancer Data Improvement Initiative and assists in conducting data collection, analysis, and surveillance activities. A manuscript on cancer risk and screening use based on Behavioral Risk Factor Surveillance System data was accepted by the Public Health Report journal for publication in April 2011.

Fond du Lac. With the support of Fond du Lac (FDL), Wiidookaage Cancer Team members, FDL HSD staff, FDL Tribal Leadership, FDL community members and several external cancer partners continued to expand implementation of the Fond du Lac Band of Lake Superior Chippewa Wiidookaage Cancer Plan 2007 -2012. Maintained contact and mutually beneficial interaction with the 39 cancer partners from tribal, local, state and national cancer related agencies. Piloted the National American Cancer Society's revised "Circle of Life" program during fall 2010. The revisions were based, in part, on Fond du Lac's model, "Circle of Life Plus" adding all screenable cancers, supportive resources information and cancer prevention information to the previously breast and cervical cancer focused program. The new "Circle of Life" will be introduced nation-wide in 2011 to interested tribal programs. Funding-\$261,346.

Other funded projects include: Alaska Native Health Consortium Funding-\$326,132, Cherokee Nation Health Service Group Funding-\$379,019, Northwest Portland Area Indian Health Board Funding-\$300,000, South Puget Intertribal Planning Agency Funding-\$275,000 and Tohono O'odham Nation Funding-\$177,575.

NCCDPHP/Division for Diabetes Translation

Aleut Diet Program: The Aleut Diet Program includes sustainable hands on activities focusing on the healthy preparation and utilization of local traditional foods. The purpose of these activities is to promote health and prevent type 2 diabetes in the Aleutian and Pribilof Islands Region of Alaska. The program focus is to improve the nutritional health of people in the region through increased awareness of the benefits of traditional foods and the important role these foods play in reducing rates of dietary-related diseases such as diabetes, obesity, cancer, heart disease, hypertension, and dental caries. The program also seeks to encourage increased consumption of traditional foods from the land and sea by all members of the community as part of a healthy diet. The activities of the program are centered on culturally relevant information dissemination and the development of written resources that speak to the nutritional benefits of traditional foods. Funding-\$100,000.

Catawba Lifestyle and Gardening Project: The Catawba Cultural Preservation Project (CCPP) in South Carolina is increasing awareness and the use of traditional foods and food practices by supporting individual and community gardens, and increasing fruits, vegetables, beans, and herbs in tribal members' diets by providing access to local gardens and a tribal farmer's market.

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The tribe is adopting policies that include preferred ecological methods for gardens using traditional growing methods to encourage a new generation of environmental stewards to care for the reservation ecosystem. The tribe is increasing physical activity with gardening, fishing, and traditional dancing and drumming. Innovative partnerships between the tribal Senior Center, CCPP, the Catawba Tribal Offices, and a Master Gardener have yielded a successful community garden project that is increasing local access to fresh, locally grown, and in some cases traditional foods. Elevated box gardens have been constructed for the senior center that mitigates the effects of aging on being able to fully participate in gardening. Additionally, changes in local practice within the Children's Programs are becoming a precursor to policy change. Emphasis is on elimination of sugar-sweetened beverages, incorporation of fresh, locally-grown produce into lunch menus, and healthy snack alternatives are the focus of changes enacted thus far. Funding-\$100,000.

Cherokee Nation - Health Nation: The "Cherokee Nation – Health Nation" project incorporate a variety of activities including community and school gardens, traditional foods gathering trips, traditional Cherokee foods cultivation, gathering, preparation, and preservation, traditional Cherokee foods education, and incorporation of the traditional Cherokee games Stickball and marbles into community and school activities. Over 55,000 members of the Cherokee Nation and their families benefited from the initiative's focus on nutrition, fitness, personal responsibility and a renewed awareness of their shared heritage. Youth activities focused on summer camp activities, organized sports and traditional games. Adult fitness activities were year round and centered on recreation center classes, league sports walking clubs and community races. Traditional games such as stickball and marble saw an exponential increase from the year before. Nutrition classes, healthy cooking classes, community garden classes and recipe exchanges (all with a focus on traditional Cherokee foods) were offered in all fourteen of the counties within the Cherokee Nation jurisdiction. Funding-\$100,000.

Healthy Roots for Health Futures: Healthy Roots for Healthy Futures works to increase the availability and accessibility to healthy, local, traditional foods and traditional forms of physical activity. The availability and access to local, traditional, healthy foods have been increased through the creation of entrepreneurial training and gardening programs, revision of the School Wellness policies, and development of a Farm to School system. Physical activity is promoted through gardening and trail use. Revitalization of trails reconnects communities to the traditional paths of their ancestors, while increasing options for physical activity. Funding-\$100,000.

Indian Health Care Resource Center of Tulsa: Strengthening Traditional Ties: The program encourages American Indian families to eat nutritious diets and adopt healthy active lifestyles. Families participate in school-based health, nutrition, and physical education programs, including summertime wellness camps and a theatrical production. The program also engages in educational programs that emphasize healthy lifestyle choices within the context of traditional cultural practices, such as expanding existing and creating new neighborhood and school-based gardening projects. "Building Community" established gardening partnerships with two local elementary schools, summer camp programs featuring the Coordinated Approach To Child Health curriculum, and worked with state-level leaders on healthy food initiatives to address the problem of food deserts. Funding-\$100,000.

Listen to the Elders Project: Nooksack Indian Tribe, Listen to the Elder's Project involves

gardening and planting activities, distributing garden related materials, increasing community knowledge, awareness and use of traditional foods, and increasing physical activities, such as canoeing and hunting. Funding-\$100,000.

Return to a Healthy Past: Return to a Healthy Past” (RTHP) has reintroduced traditional foods and physical activities in the Prairie Band of Potawatomi Nation (PBP) to promote health and prevent diabetes among other chronic conditions. Serving as a model, for rural and urban communities, RTHP has established gardens, increasing production and access to traditional produce. Through partnerships with the Land Department, Tribal Council, local hunters and the Diabetes Prevention Program, a wider variety of indigenous produce and meats were offered in diabetes education courses, Elders’ Center and Language Department gatherings and the Fall Harvest Feast. Traditional forms of physical activity have been broadened through nature hikes, camping trips, and gardening activities. RTHP continues to engage tribal members of all ages, at risk for or living with diabetes. Community members have increased access to traditional and other physical activities due to their exposure to this project’s activities such as hiking to identify wild plants and traditional foods such as wild onions, milk weeds and individual/family gardens. Funding-\$100,000.

Empowering Ramah Navajos to Eat Healthy (ERNEH) This Project provides materials, training and technical assistance to families to help them grow fresh vegetables in their own yards by using conventional in-ground gardens, developing raised bed gardens, or planting in commercially-viable garden boxes. The Project also encourages physical activity and works to improve access to a greater variety of physical activities through community support. The Project also provides technical assistance and training regarding food use, preservation, and assistance in selling excess produce. Finally, the book, "Traditional Navajo Foods & Cooking", will be updated, first published by the Ramah Navajo School Board in 1983. Forty-five community members participating in the gardening project have increased access to healthy traditional food fully as a result of the efforts of the ERNEH Project; another fifty-nine have increased access partially as a result of project efforts. Sixty-seven Honor Walk participants have increased access to information about traditional food fully as a result of the ERNEH Project. Funding-\$100,000.

Old Ways for Today's Health: Red Lake Traditional Foods Project: Red Lake Nation’s Old Ways for Today’s Health: Red Lake Traditional Foods Project works to reinstate the consumption of a traditional healthy diet at the Red Lake Nation utilizing family and community gardens, traditional food gathering encampments such as fishing, berry picking, hunting, wild ricing and maple sugar gathering and cooking camps. The project will collaborate with partners, including the tribal diabetes programs, Chemical Health, and community center boards to provide community education through media, demonstrations and community participation. Through the traditional foods gathering activities, Red Lake Nation members have an increased opportunity to be physically active. The level of physical activity is dependent on the type of activities associated with gathering these foods. Deer hunting and buffalo canning has the lowest level of exertion of energy while berry picking and sugar bushing require a high level of physical energy for an extended period of time. With a total of 120 participants in activities during the first six months of Year Two, there has clearly been an increase in community members being physically active. Funding-\$100,000.

Traditional Living Challenge in Contemporary Times: Indigenous Knowledge for Community Wellness: Salish Kootenai College (SKC) is building on programming that focuses on physical

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activity in relation to traditional foods gathering efforts. The overall project activities are blending the ancestral wisdom of traditional foods and lifestyles with contemporary realities. Two major components regarding traditional foods will be utilized to support active healthy lifestyles and physical activities based on traditional activities with a focus on youth: first, activities surrounding the permaculture of indigenous plants, and second, continuation of the Ancestors' Choice social marketing campaign to promote a healthy diet and lifestyle for the prevention of type 2 diabetes. Funding-\$100,000.

Wiconi Unki Tawapi - Healing Our Live: The program focuses on educating tribal members on the importance of traditional healthy foods and physical activity/exercise by the use of traditional techniques and teaching traditional practices. This will be accomplished through a variety of activities such as: gardening, canning and pressure-cooking classes, diabetes classes, diabetes awareness activities (booths, health fairs), weight loss classes, and the Young Braves Program. Funding-\$100,000.

Uniting to Create Traditional and Healthy Environments: Sault Ste. Marie (SSM) Tribe of Chippewa Indians, "Uniting to Create Traditional and Healthy Environments". Project serves seven county service units. Partnership and collaborations with other Tribal programs and surrounding health services help the Project organize, support and serve SSM Tribal members. The Project has created a Healthy Traditions Advisory Council (HTAC), which will help the Project to carry out Traditional Foods, Social Support and Physical Activities and/or events, such as berry picking camp, workshops, training master preservers, implementing garden projects, building a Hoop House, implementing the harvest feast celebration, involvement in the local farmer's market, implement fitness promotion, healthier food fundraising event, and digital storytelling. Funding-\$100,000.

WISEFAMILIES through Customary and Traditional Living: WISEFamilies Traditional Foods program supports community driven programs that helps people adopt healthy lifestyles. The program builds on traditional ways of eating, being active and communicating by storytelling. All activities are developed with the goal to prevent chronic illness. Prior to the CDC Traditional Knowledge program, tribal members have expressed concern that the "old ways" of gathering and preparing traditional foods were being lost. The Wrangell program has impacted 85% of Alaska Native families in the community and the media exposure has included near weekly newspaper articles and numerous stories on the local radio station. Members of the Local Community Advisory Board have commented on how instrumental this program has been for invigorating the community's awareness of traditional foods and the importance it plays in health and culture. Funding-\$100,000.

Siletz Healthy Traditions Project: The Confederated Tribes of Siletz Indians' (CTSI) "Siletz Healthy Traditional Project" promotes health and prevention of diabetes through traditional foods and sustainable ecological approaches in the Siletz Indian community, engaging the local communities in identifying and sharing healthy traditional ways of eating, physical activity, communicating healthy messages and supporting efforts for diabetes prevention and wellness. The program emphasizes traditional foods education, growing, harvesting and preserving of locally grown/caught foods, engagement of community leadership to facilitate food behavior changes, and preserving wisdom through collection of traditional stories. Participation in the program is expected to increase as more tribal members learn about the Healthy Traditions project and what resources are available to them. The Steering

Committee is currently working on developing healthy policies for CTSI and suggestions to be included in the 2015-2025 Comprehensive Plans. Funding-\$100,000.

The Native Gardens Project: An Indigenous Permaculture Approach to the Prevention and Treatment of Diabetes : By reclaiming cultural knowledge and traditions of companion gardening through their Native Gardens Project, the Standing Rock Sioux Tribe strives to prevent diabetes and contribute to a better quality of life for individuals and families living with diabetes. The Nutrition for the Elderly Program Advisory Council, the Standing Rock Special Diabetes Program, the state and county Extension Service, Sitting Bull College, and other partners support the Native Gardens' efforts to make local foods from farms and family gardens available and accessible. In collaboration with the USDA Nutrition for the Elderly program, the program documented that 60 percent of 3000 vouchers distributed to elders generated \$9,000 in 2010, encouraging local, certified farmers to keep growing. Through 4-H and Boys and Girls Clubs, youth are engaged; gathering berries and other wild edibles on hikes. Well advertised "Winter" and "Summer" markets consistently operate, providing opportunities to preserve food and share stories through the cold months of winter. Funding-\$100,000.

Tohono O'odham Food, Fitness & Wellness Initiative : The Tohono O'odham Food, Fitness, and Wellness Initiative increases knowledge of and access to Traditional Foods, while engaging IOUSD and tribal legislation in identify ways to improve school health environments. Through strengthened partnerships with IOUSD and Head Start, Traditional Foods were offered in meals and snacks at least weekly during the school year (2010-2011). Trainings and educational workshops were offered to teachers and cooks. Y.O.U.T.H Members continue to demonstrate leadership and innovative approaches to education, youth engagement, and other TOCA endeavors. Funding-\$100,000.

Food is Good Medicine: "Food is Good Medicine" offers a model that embraces traditional food-ways, physical activity, and community empowerment. Implementation of projects, such as the Young Adult Leadership Program and "Got Acorns" Campaign, have been well received throughout the communities served by UIHS. Featuring the local traditional staple food, tanoak acorn, the "Got Acorns" Campaign was developed and launched to promote the health benefits of traditional foods and food ways. Young adults participating in the Leadership Program were empowered to explore their identity, interview elders and youth significant in their lives, and create digital stories that will be shared at community events, including the Youth Summer Camps. The digital stories capture the history that binds each generation and upholds traditional wisdom that protects health. A plan was proposed to continue offering this program to young adults twice a year for a period of three months. Funding-\$100,000.

NCCDPHP/Division of Reproductive Health

WISEWOMAN: SEARHC provides services to Alaska Native/American Indian women representing 18 tribes in Southeast Alaska. Funding-\$427,823. Southcentral Foundation (SCF) provides services to Alaska Native/American Indian women at the Anchorage Native Medical Center and the Valley Native Primary Care Clinic. SCF was recognized by the American Public Health Association for making WISEWOMAN screening a standard of care for all women 40 - 64 years old presenting for their annual exam and/or a clinical breast exam. Funding-\$581,427.

Outcomes of Screening AI/AN Women of Reproductive Age for Chronic Conditions Funding:

This project tests the efficacy of a culturally tailored Contingency Management intervention to promote cigarette abstinence and weight loss among American Indian and Alaska Native

women of reproductive age. Submitted University of Washington IRB application, received project approval from both of the clinical project sites; developed research tools; installing data mining tool at one clinical site; establishing subcontracts. Funding-\$275,000.

Follow up to response to a cluster of AI fetal and infant deaths: In 2008, in response to a request from the Oglala Sioux tribe (OST), assistance was provided to the OST health administration to examine infant deaths. The tribe made an official request to CDC's Division of Reproductive In response to this request, a site visit was made to conduct an assessment. In May of 2011, in response to an OST health administration request, Dr. Barradas returned to Pine Ridge to conduct a formal presentation, describing the assessment, findings, recommendations, and resources, before members of the OST Tribal Council. Funding-\$1,000 (approximately 1% of one staff member for technical assistance).

Pregnancy outcomes in Alaska Native smokeless tobacco users: The primary objective of this study was to explore the potential effects of maternal smokeless tobacco use on pregnancy outcomes. The secondary objectives were to explore the effects of maternal smokeless tobacco use on glucose tolerance, complications of labor and delivery, maternal hospital length of stay and readmission, fetal growth, severity of preeclampsia and on infant complications. The study was based in the Yukon Kuskokwim area of Alaska. Data collection is complete. In FY 2011, the two persons who led the research developed two manuscripts reporting on the study outcomes. Funding-\$34,000 for intramural staff salary/technical assistance.

South Dakota Tribal Pregnancy Risk Assessment: The Yankton Sioux Tribe (YST) and the Aberdeen Area Tribal Chairmen's Health Board (AATCHB) identified maternal and child health as the highest health priority in response to persistently high rates of infant mortality among the 9 American Indian tribes in South Dakota. Between 2007 and 2010, CDC funded the South Dakota Tribal (SDT) PRAMS project that collected information exclusively from mothers of AI infants who recently gave birth to a live infant in SD, and Sioux County North Dakota. Although the project has formally ended, CDC continues to provide technical assistance to support preparation of SDT reports for individual tribes, topic-specific briefs requested by AATCHB, development of a manuscript describing the successful SDT methodology, and capacity development through mentoring the first Council of State and Territorial Epidemiologist AI maternal and child health fellow, who was assigned to AATCHB. Funding-\$83,830 intramural/technical assistance.

NCCDPHP/Office on Smoking and Health

Tobacco Prevention National Networks: The American Indian/Alaska Native Network coordinates and evaluates tobacco control in American Indian/Alaska Native populations. The Network members will play an integral role in supporting and advancing the practice of tobacco control and prevention with the CDC, States, and local communities by linking communities with resources and by bringing members together to inform the larger tobacco movement of needs from the American Indian/Alaska Native community. Funding-\$400,000.

National Center for Injury Prevention and Control (NCIPC)

NCIPC/Division of Unintentional Injury Prevention

Effective strategies to Reduce Motor Vehicle Injuries among AI/AN: This program is to design/tailor, implement and evaluate Native American community-based interventions with demonstrated effectiveness for preventing motor vehicle injuries within the following areas: 1) strategies to reduce alcohol-impaired driving among high risk groups; 2) strategies to increase

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safety belt use among low use groups; and 3) strategies to increase the use of child safety seats among low use groups. An overriding intent of this funding is to assist tribes in developing evidence-based effective strategies in programs, which take into consideration the unique culture of Native Americans. Funding was awarded to 8 grantees: Colorado River Indian Tribe Funding-\$101,885, Southeast Alaska Regional Health Consortium Funding-\$70,000, California Rural Indian Health Board Inc. Funding-\$101,972, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation Funding \$102,000, Rosebud Sioux Tribe Funding-\$90,000, Office of Health Services Funding-\$101,486, Caddo Nation of Oklahoma Funding-\$70,000 and Oglala Sioux Tribe, Department of Public Safety Funding-\$70,000.

Office of Public Health Preparedness and Response (OPHPR)

OPHPR/Public Health Emergency Preparedness

Community Preparedness: The funds will be used to support emergency preparedness planning activities, trainings and exercises. Funds will also be used to support cooperative planning efforts and engagement with the tribe's public health and public safety partners in neighboring communities, and with its partners in state government. Projects funded under this effort include: Alaska Native Tribal Health Consortium Funded-\$350,000, White Mountain Apache Tribe \$83,000, Tohono O'odham Nation \$65,000, San Carlos Apache Tribe Funded \$72,700, Northern Arapaho Funded-\$40,000, Eastern Shoshone Preparedness Funded-\$40,000, Eastern Band Of Cherokee Indians Funded-\$35,044, Northwest Portland Area Indian Health Board: Representing 55 tribes Funded- \$456,039, Santa Domingo Pueblo Funded- \$3,000, Santa Ana Health Center Funded- \$3,000, San Felipe Pueblo Funded- \$3,000, Jemez Pueblo Funded-\$3,000, Isleta Pueblo Funded- \$3,000, Cochito Pueblo Funded- \$3,000, Sandia Pueblo Funded-\$3,000, Winnebago Tribal Health Funded- \$30,000, Santee Health Center Funded- \$30,000, Ponca Tribe Funded- \$30,000, Omaha Tribe Funded- \$30,000, White Earth Tribal Council Funded- \$17,000, Upper Sioux Community Funded- \$17,000, Red Lake Band of Ojibwe Funded- \$17,000, Prairie Island Funded- \$17,000, Mille Lacs Band Funded- \$17,000, Lower Sioux Indian Community Funded- \$17,000, Leech Lake band Funded- \$17,000, Grande Portage Reservation Funded- \$17,000, Fond du Lac Band Funded- \$17,000, Bois Forte Reservation, Tribal Council Funded- \$17,000, Tribal Health Programs: Funded- \$27,000, Sault Ste. Marie Tribe Funded- \$38,126, Saginaw Chippewa Indian Community Funded-\$24,221, Pokagon Band of Potawatomi Funded- \$21,531, Match-E-Be-Nash-She-Wish Potawatomi Funded- \$20,000, Little Traverse Band of Odawa Indians Funded-\$22,250, Lac Vieux Desert Band of Lake Superior Chippewa Indians Funded- \$20,899.00, Little River Band Funded-\$21,346, Keweenaw Bay Indian Community Funded-\$23,232, Huron Potawatomi Funded-\$20,735, The Wampanoag Tribe of Gay Head Funded-\$3,143, The Wampanoag Tribe (Mashpee) Funded-\$50,741, Kickapoo Tribe Funded-\$8,250, Iowa Tribe of Kansas and Nebraska Funded-\$4,977, The Sac and Fox Nation Funded-\$4,017, Prairie Band Potawatomi Tribe Funded-\$6,300, Southern Ute Indian Tribe: Funded-\$14,000, Ute Mountain Ute Indian Tribe: Funded-\$14,000 and Meskwaki Tribal Health Funded-\$7,594

Office for State, Tribal, Local and Territorial Support (OSTLTS)

OSTLTS/Division of Public Health Performance Improvement

National Public Health Improvement Initiative: Funding will support increased efficiencies of program operations, promotion of evidence-based strategies, policies and practices, and

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acceleration in public health accreditation readiness. The action plan outlines planned activities and milestones this funding will achieve. The Division of Community Health Services (DCHS) will increase Public Health Performance Management – Capacity Development and provide leadership in positioning ANTHC for national public health accreditation. Efforts will focus on developing an internal quality/performance improvement environment within DCHS, forming a multi-sector, cross-jurisdictional partnership coalition, disseminating and facilitating use of public health data among regional tribal health organizations and communities, and promoting implementation of evidence based strategies, policies and laws. Assessments will be completed using the National Public Health Performance Standards Program assessment tool and the Public Health Accreditation Board self-assessment. Strong collaboration and strategic partnerships will be encouraged by fostering extensive community participation with representatives from state, tribal and local public health entities, stakeholders, academia, businesses, private and non-profit health agencies and organizations, professional organizations, private care providers, philanthropic groups and third party payers. In addition, subject matter experts in key areas such as workforce development, laboratory capacity, and epidemiology, will be solicited to ensure the most recent information for public health practice is embodied in the assessment, analysis and strategic planning process.

- The Mille Lacs Band of Ojibwe (MLBO) will continue work to identify public health needs of the community and to react by organizing prevention activities to address those concerns. MLBO will advance it's accreditation process and improve overall care of patients. Funds will allow access to a software system to chart patient's data and enable on-going dialog between health care professionals. Funding-\$250,000
- Increase efficiencies of Montana and Wyoming Tribal Health Department operations Increase the use of evidence-based policies and practices among Montana and Wyoming Tribal Health Department; Increase Montana and Wyoming Tribal Health Departments' readiness for applying for and achieving accreditation by the Public Health Accreditation Board – PHAB MTWYTLC/RMTEC intends to perform this by funding the top three Tribal Health Department capacity building priorities the Tribal Health Departments committed to during their most recent strategic planning sessions, tailored towards the activities listed above. Each of the 10 Montana and Wyoming Tribal Health Departments will be awarded funds to carry out those activities, hence building their capacity towards Public Health Accreditation readiness. Funding-\$250,000.
- Through this grant, the Navajo Nation will continue to build upon and strengthen its public health infrastructure by implementing in year 2, key components of the Navajo Nation Strategic Plan developed in year 1 of the grant. In this regard, the Focus Areas for year 2 will be; Addressing identified deficiency areas in preparation for PHAB accreditation; Development of a Navajo Nation wide Community Health Assessment; Developing a Quality Improvement Initiative addressing the effectiveness of a key NDOH service provided; Developing key cross-jurisdictional partnerships with at least one local health department in each of the 3 states (NM, AZ, Utah) where Navajo residents are located; Identifying and Implementing traditional healing best practices in one of the following areas: Behavioral Health (alcohol), HIV, and Diabetes. Funding-\$250,000
- The Tribal Public Health improvement project will continue to increase the Northwest Portland Area Indian Health Board's ability to provide education and technical support to increase the organizational capacity of its 43 member tribes. The Board will facilitate

access to quality improvement training and promote integration of a “QI culture” into tribal health departments as well as link quality improvement with public health accreditation. Funding-\$250,000

- Gila River will conduct a comprehensive review and analysis of existing programs and develop recommendations for improving the health care management structure. Long term activities across three distinct entities will be integrated under a new health authority which will result in increased efficiencies. Activities planned include developing organizational structure to increase quality and accountability; establish roadmap for an integrated consolidated sustainable health care system; supporting a stable well-trained workforce and increasing efficiencies in prevention and treatment for patients, clients and residents. Funding-\$250,000
- Cherokee Nation is currently working towards expanding and improving our current Tribal Public Health infrastructure in an effort to better serve our people as well as having our Tribal Public Health System achieves accreditation through the Public Health Accreditation Board. Funding- \$843,662
- SEARHC will increase its capacity to improve the effectiveness of its organizations, practices, partnerships, program resources, and systems. Project deliverables include a consortium-wide emergency preparedness plan and engagement with a “Lean” management consulting company to improve our referral. Funding-\$250,000.

3. Affordable Care Act Activities specific to Tribes

National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

NCCDPHP/Division of Community Health (DACH) (Proposed)

Community Transformation Grants, Total Funding \$3,824,699

- The Sault Ste. Marie Tribe of Chippewa Indians is receiving \$500,000 to serve an estimated tribal population of over 176,000 within the state of Michigan. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.
- The Sophie Trettevick Indian Health Center is receiving a \$218,929 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 2,200 within the state of Washington. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive service.
- The Southeast Alaska Regional Health Consortium is receiving \$499,588 to serve an estimated population of 72,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventative services.
- The Toiyabe Indian Health Project is receiving a \$500,000 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 3,000 within the state of California. Work will target tobacco-free living, active living and healthy eating, quality clinical and preventive services, social and emotional wellness, and healthy and safe physical environments.

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- The Yukon-Kushokwin Health Corporation is receiving a \$193,340 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 25,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments.
- The Confederated Tribes of the Chehalis Reservation is receiving a \$498,663 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 1,500 within the state of Washington. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services.
- The Great Lakes Inter-Tribal Council, Inc. is receiving a \$499,982 planning award to build capacity to support healthy lifestyles among an estimated tribal population of over 8,000 within the state of Wisconsin. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments.

REACH US: Overarching Goal: Reduce the rate of infant mortality among American Indians on the Wind River Indian Reservation through community-based approaches that will serve as a model for other Tribes and communities.

- The Northern Arapaho Tribe of the Wind River Indian Reservation (WRIR) Action Community (AC) Infant Mortality Prevention Program (IMPP) plans to reduce the rate of infant mortality among American Indians on the WRIR through community-based approaches. Funding-\$398,807. These approaches include increasing community awareness and commitment to eliminating infant mortality disparities through coordinated and multi-organizational action; increasing the number of Northern Arapaho and Eastern Shoshone women initiating early, and sustaining, prenatal care; ultimately achieving measurable improvements in infant mortality rates. This will be done through community organization, education, inter-agency coordination and partnership, systems development and modification, and increasing access to health services. For grant year five, an important aspect of the Community Action Plan (CAP) will be to convene and organize all partners to consider how to sustain the momentum the IMPP has created around the healthy priority while expanding the breadth and the depth of their programmatic efforts.
- The Cherokee Choices Program of the Eastern Band of Cherokee Indians works to change social norms, engage formal and informal leaders, and engage communities to reduce the risk for type 2 diabetes and cardiovascular disease in rural western North Carolina. Funding-\$415,390.
- The Choctaw Nation of Oklahoma (CNO) Action Community (AC) Lifetime Legacy Program (LLP) plans to decrease heart attack and stroke risk in the CNO population through education, awareness and community based active living and healthy eating policy and environmental change efforts. Funding-\$415,390.
- For year five, ITCM REACH will continue to implement community-based intervention activities to reduce cardiovascular and diabetes related disparities that are culturally tailored to each of the three original tribal communities, while providing overall technical assistance to the tribes and disseminating results of the culturally tailored interventions among consortium partners. Funding-\$415,390.

4. Tribal Delegation Meetings:

October 13-14, 2010: ATSDR and UNM hosted the Navajo Prospective Birth Cohort Study Kick-off meeting at the University of New Mexico (UNM) Center for Development and Disability in Albuquerque. Attendees included representatives from UNM, Navajo Area Indian Health Services (NAIHS), Navajo Nation Division of Health (NNDOH), Navajo Nation Environmental Protection Agency (NNEPA), Community Liaison Group, and Navajo Nation's Growing in Beauty Program. The purpose of the meeting was to discuss stakeholder roles and responsibilities and other issues that needed to be addressed before commencing the study. ATSDR staff from the Division of Health Studies, Office of Tribal Affairs (OTA), and Region 9 were also in attendance.

October 20-22, 2010: The ATSDR Region 9 Representative attended the Annual EPA Tribal Conference in San Francisco, CA. The theme for the conference was "Tribal Environmental Programs: Past, Present, and Future" and included workshops presentation, and training opportunities for funded tribal programs in environmental protection and emergency response.

October 25, 2010: Tribal BRFSS Project, ONDIEH: NCCDPHP-DCPC, also 2/21/11, 4/15/11, 5/26/11 by conference call and in person, 5/3/11 at National Cancer Control Program Director's Meeting in Atlanta. To brief Tribal NCCCCP Program Directors on the status of the Tribal BRFSS Project and to gather their input on project activities. To brief Tribal NCCCCP Program Directors on the status of the Tribal BRFSS Project and to gather their input on project activities.

October 27-28, 2010: The ATSDR Region 9 Representative gave a presentation on behalf of Ms. Schultz, HHS Region 9 Director, at the 44th Inter-Tribal Council of Nevada Annual Meeting in Reno, NV. The ATSDR Region 9 Representative discussed HHS tribal activities in Nevada and provided updates on upcoming ACA outreach activities.

December 2010: ATSDR and UNM representatives presented the Navajo Birth Cohort Study objectives to the Navajo Nation Human Health and Review Board (NNHHRB) and sought approval for elements of the study protocol. After numerous discussions with the NNHHRB members, a decision to approve the protocol was postponed until additional information could be gathered by UNM and ATSDR.

December 1, 2010: At the invitation of the EPA Tribal Science Council, the NCEH/ATSDR Tribal Liaison traveled to Seminole, FL to provide a presentation on NCEH and ATSDR environmental health activities and to discuss ways in which to collaborate. Tribal and EPA participants also provided presentations on various activities related to data gathering and data analysis.

February 4, 2011: CDC/ASTHO/NIHB held a meeting to discuss Tribal/State relations. Attendees of the meeting included representatives from the three agencies, CDC Tribal advisory Committee members and State Health Officials. The meeting was an opportunity to begin dialog on the issue. An outcome of the meeting was to have additional meetings on the subject. The next meeting will be in Atlanta, GA on February 3, 2012.

February 23, 2011: At the request of a concerned citizen, the NCEH/ATSDR Tribal Liaison and the ATSDR Region 6 Representative traveled to the Ponca Nation in Oklahoma to conduct a tour of the tribal community in order to observe nearby permitted facilities. ATSDR also met with Ponca Nation's Environmental Director to discuss environmental health and

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environmental protection concerns from the emission sources and to discuss ways in which to conduct an appropriate assessment of potential exposure pathways.

February 24, 2011: The NCEH/ATSDR Tribal Liaison and the ATSDR Region 6 and 7 Representatives attend the HHS Regions 6, Tribal Consultation Session and to be on hand to field any questions from tribal leaders. The meeting provided an opportunity to hear about the public health and environmental health concerns of tribal leaders and to discuss ways in which tribes could collaborate with the HHS agencies.

March 3-4, 2011: The NCEH/ATSDR Tribal Liaison attended the HHS Annual Tribal Budget Consultation Session in Washington, DC. This was an opportunity to hear from tribal leaders across the country about their funding needs to address the diverse public health (PH) and environmental health (EH) concerns in tribal communities. HHS Secretary Sebelius also attended the meeting and engaged tribal leaders in discussions on how to address their PH and EH needs.

March 4, 2011: The NCEH/ATSDR Tribal Liaison attended a HHS Environmental Justice (EJ) Interagency Work Group meeting in Washington, DC. Several updates were provided including information about plans to develop a HHS EJ strategic plan; a presentation was given on tracking; and each of the HHS agency representatives discussed their respective EJ activities.

March 9, 2011: REACH US Technical Assistance workshop took place in Atlanta, GA. The purpose was to convene the REACH US and National Organizations that serve Minority Communities (MNOs) grantees for technical assistance, planning, evaluation and other programmatic issues.

March 28, 2011: Communities Putting Prevention to Work (CPPW), ONDIEH: NCCDPHP-DACH, Atlanta, GA. The Annual Meeting was a training to strengthen and expand agency capacity to achieve program goals to reduce obesity and tobacco use, network with peers, and accelerate successes by building peer-to-peer consultation. Participants included: Cherokee Nation representatives, CDC, contractors, and technical assistance providers.

April 12, 2011: The 2nd Annual Nevada Tribal Methamphetamine Summit was held in Fallon, NV. 62 participants attended including tribal representatives from Nevada, California, and South Dakota. Also in attendance were representatives from the Indian Health Service (IHS), Washoe County Health District, Nevada Department of Environmental Protection and Nevada Health Division. ATSDR provided coordination support and faculty from American College of Medical Toxicology (ACMT). The event was also sponsored by the Inter Tribal Council of Nevada, Statewide Native American Coalition and Nevada Tribal Chiefs of Police Association. The training included a presentation by EPA Brownfield program on grant opportunities for meth lab cleanup and assessment for tribes. The agenda also included a panel/open discussion of issues concerning residential meth contamination which was well received. Participant evaluation forms were overwhelmingly positive and many indicated they would like additional training opportunities.

April 26, 2011: The first Annual Tribal Consultation Session for the Navajo Nation was held in Window Rock, AZ. The primary purpose of the consultation was to provide an opportunity for Navajo tribal leaders to discuss programmatic issues and overall concerns of the Navajo Nation with U.S. Department of Health and Human Services (HHS) officials and HHS agency representatives. The ATSDR Division of Health Studies Branch Chief provided an update on the Navajo Birth Cohort Study activities and the NCEH/ATSDR Tribal Liaison provided

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updates on various CDC activities including plans to fill the Associate Director for Tribal Support position at CDC/OSTLTS and to field questions regarding CDC's Emergency Preparedness and Response Program.

April 28, 2011: The NCEH/ATSDR Tribal Liaison represented CDC and ATSDR at the HHS Region 6 & 8 Tribal Consultation Session in Albuquerque, NM. The Tribal Liaison provided updates on activities related to the hiring of the OSTLTS Associate Director for Tribal Support, revisions to the CDC/ATSDR Tribal Consultation Policy, and a brief overview of the ATSDR Birth Cohort Study on the Navajo Nation.

May 2, 2011: Strategic Alliance for Health, ONDIEH: NCCDPHP-DACH, Chicago, IL. Strategic Alliance for Health Action Institute provided an opportunity for states and Strategic Alliance for Health communities to come together to learn best practices on implementing policy, systems, and environmental change strategies. Cherokee Nation leaders met with their CDC project officer to discuss the initiative and other projects. In addition, a Cherokee Nation representative presented Cherokee Nation Strategic Alliance for Health Tobacco-Free Policy for City Parks Implementation Guide to the Action Institute participants. Six participants came to the Action Institute. The intervention area includes the Tribal Jurisdictional Service Area (TJSA) of 9,200 sq. miles with a population of 399,385 in 14 counties. The Cherokee Nation has developed, implemented, and expanded a comprehensive plan to implement promising strategies for healthy eating, active living, and tobacco-free environments in the Cherokee Nation of Oklahoma -- the Eastern band of the Cherokee Nation. Their interventions are guided by the research, collaboration, and recommendations of the public health experts and stakeholders via the Healthy Eating Active Living Convergence Partnership.

June 1, 2011: CDC/IHS American Indian and Alaska Native Health Analyses Collaborations: OID: NCEZID-DHCPP. Meeting held with a Navajo Tribal Veterinarian. Ongoing epidemiologic collaborative projects with the Indian Health Service (IHS), Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program (AIP), other agencies/divisions and universities to detect and describe disease burden and health disparities for overall and specific infectious diseases among American Indian and Alaska Native (AI/AN) communities. Studies provide information for developing prevention strategies, vaccination policies, and reducing health disparities related to infectious diseases. Findings increase awareness of specific infectious diseases, and highlight disease, person and geographic target areas to further investigate health disparities. For example, the identification of lower respiratory tract infections disparities among Alaska Native children led to more in-depth respiratory studies and educational efforts for children in Alaska.

July 19th, 2011: ATSDR Region 9 was invited to attend and participate in an EPA hosted meeting entitled, "Nevada Tribal Leaders Meeting for Environmental Health" in Reno, NV. The purpose of the meeting was to gain a better understanding of the environmental, energy, health priorities, and challenges for both tribes and federal agencies; identify opportunities for collaboration where resources and information can be leveraged; and build stronger federal and tribal relationships. The following federal agencies participated including EPA Region 9 Regional Administrator and EPA program staff, Department of Energy (DOE), USDA Rural Development Community Programs, Bureau of Reclamation, IHS Deputy Director, IHS Phoenix Area Office and IHS Sparks Office, Housing & Urban Development (HUD) Regional Administrator and Administrator of the Southwest Office of Native American

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Programs, and ATSDR Regional Office. Tribal Leaders from 10 NV Tribes and the Inter-Tribal Council of Nevada leadership also participated. Participants were all engaged in the process.

June 10, 2011: SIP 10-033: Innovative Approaches to Preventing Teen Pregnancy among Underserved Populations, ONDIEH: NCCDPHP-DACH, Peach Springs, AZ, also 7/25/11 at Whiteriver, AZ and 8/2/2011 at Camp Verde, AZ, Hualapai Tribe. To get approval to implement the project with the Tribe. Approval to implement both phases of the project was obtained. Meeting participants included ITCA staff, and Hualapai Tribal Council.

July 26-27, 2011: The NCEH/ATSDR Office of Tribal Affairs kicked off the first meeting of the National Tribal Environmental Health (NTEH) Think Tank in Washington, DC. The agenda for the first meeting was to convey the purpose of the Think Tank and the roles and expectations of the members; provide an overview of OTA and NCEH and ATSDR; analyze and discuss the OTA purpose, mission, and vision; revise mission and vision statements as necessary. At the end of the meeting the Think Tank members were asked to reach out to their respective tribal colleagues and develop list of 5-8 issues of major environmental public health concern to tribes.

August 14-15, 2011: At the invitation of the Association of Environmental Health Academic Programs (AEHAP), the NCEH/ATSDR Tribal Liaison was asked to participate in discussions to work towards the development of a joint strategy for linking students from Tribal Colleges and Universities (TCUs) with National Environmental Health Science and Protection Accreditation Council (EHAC) programs. The goal of the joint strategy would be increase the number of American Indians/Alaska Natives (AI/AN) entering the environmental health workforce. Participants included TCU representatives and students, representatives from adjacent colleges and universities, CDC, and AEHAP members. Discussions continue to occur between all parties.

August 16, 2011: ATSDR Division of Regional Operations (DRO) coordinated with the Pechanga Band of Luiseño Indians Environmental Department to host a training course entitled “Environmental and Health Consequences of Clandestine Methamphetamine Laboratories” in Temecula, CA. 120 participants representing tribal, county, state and federal agencies were in attendance for this event. Chairman Mark Macarro and Council Member Andrew Masiel, Sr., both with the Pechanga tribe, gave opening remarks and a welcome address. Feedback about the course was positive.

August 25, 2011: A second meeting of the National Tribal Environmental Health (NTEH) Think Tank took place in Suquamish, WA following the CDC/ATSDR Tribal Advisory Committee (TAC) meeting and tribal consultation session on August 22-24, 2011. The agenda for the second meeting included the discussion and prioritization of major environmental health concerns/issues as compiled by NTEH Think Tank members; the development of clear goals statements based on top ten broad issue areas; and a brainstorming session on long- and short-term strategies and tactics which can be undertaken by OTA to address priority issues.

September 14, 2011: Outcomes of Screening AI/AN Women of Reproductive Age for Chronic Conditions, ONDIEH: NCCDPHP-DRH, South Dakota. The project was reviewed by the Ogala Sioux Tribe Research Review Board and the project was approved. On 9-29-2011 we

held a conference call for the initial kick-off of the project. On this call was Lisa Schrader-Dillon, Health Administrator and other representatives from the Tribal Health Department.

September 24-25, 2011: The third meeting of the National Tribal Environmental Health Think Tank took place in Anchorage, AK. The agenda for the third meeting included activities to discuss and finalize specific approaches OTA must take to accomplish the outlined goals; discuss implementation of the OTA strategic plan, including any potential barriers and/or challenges; and compile a draft the OTA Strategic Plan based on deliberations. At the end of the third meeting, the members requested that the Think Tank effort continue in future years. They felt strongly that in order to support the efforts of tribes, a continual mechanism needed to be established. The OTA hopes to continue the effort in future years.

September 26 to 28, 2011: Communities Putting Prevention to Work (CPPW), ONDIEH: NCCDPHP-DACH, Orlando, FL. Healthy Communities Meeting increased knowledge of strategies and resources to assist in development and implementation of policy, systems and environmental changes that increase access to healthy foods and physical activity, and reduce secondhand smoke exposure.

September 27, 2011: NCEH/ATSDR staff and members of the National Tribal Environmental Health (NTEH) Think Tank gave a presentation of their efforts to develop and implement an NCEH/ATSDR OTA Strategic Plan at the National Indian Health Board's (NIHB) Annual Consumer Conference (ACC) in Anchorage, AK. Feedback was sought from the audience regarding their environmental health concerns and priorities.

5. Agency Tribal Technical Advisory Group

CDC/ATSDR held two formal Tribal Advisory Committee (TAC) meetings during FY 2011 along with regularly scheduled conference calls. The TAC meeting was held February 1 and 2, 2011 in Atlanta GA and August 22 and 23, 2011 in Suquamish, Washington. The OD/Office for State, Tribal, Local and Territorial Support (OSTLTS)/Senior Tribal Liaisons worked in collaboration with the TAC co-chairs and membership to develop substantive agendas. TAC members provide an area report to inform and discuss public health issues affecting their tribe and other tribes in their area, and CDC provides a progress report on actions taken in response to TAC recommendations. The meetings focused on resource allocations and budget priorities, public health preparedness and emergency response, epidemiology and disease surveillance, and environmental public health in Indian Country.

This past year the focuses of the Tribal Consultation Sessions were CDC's Winnable Battles. Discussions regarding Smoking, Physical Activity, Obesity and Nutrition, Teen Pregnancy, HIV/AIDS, Hospital Associated infections and Motor Vehicle Safety were very lively. The exchange of information was very useful. CDC leadership listened to powerful tribal testimonies reflecting critical health needs present in many AI/AN communities and responded to specific questions asked by tribal leaders. These Consultation Sessions are helping CDC understand the scope and difficult realities tribal nations are facing. Consultations have provided opportunities for meaningful dialogue between tribal leadership and CDC leadership resulting in new initiatives, programs, and collaborations to address

public health needs while maintaining CDC's commitment to uphold the tenets of tribal consultation and to have a positive impact on the health of AI/AN people.

6. Agency Tribal Consultation Policy

CDC/ATSDR Tribal Consultation Policy, General Administration CDC-115 was issued on October 18, 2005. The document establishes the CDC and ATSDR policy on consultation with American Indian and Alaska Native governments and tribal leaders and provides guidance for working effectively with IA/AN communities and organizations and enhancing IA/AN access to CDC programs. As an OPDIV within HHS, CDC's policy on tribal consultations will adhere to all provisions in the HHS Tribal Consultation policy revised December, 2010.

CDC/ATSDR is currently working on revising the policy. It is anticipated that the policy will be signed by summer 2012. OSTLTS's Tribal Support Unit has the lead in coordinating the revisions.

CDC will honor the sovereignty of American Indian/Alaska Native governments, respect the inherent rights of self-governance, commit to work on a government-to-government basis, and uphold the federal trust responsibility. Government-to-government consultation will be conducted with elected tribal officials or their designated representatives. The CDC will also confer with tribal and Alaska Native organizations and AI/AN urban and rural community before taking actions and/or making decisions that affect them. Consultation will include affected AI/AN governments and appropriate AI/AN organizations.

Although the federal-tribal government-to-government relationship encompasses federally recognized tribes, other statutes and policies exist that allow for consultation with non-federally recognized tribes and other AI/AN organizations that, by the nature of their business, serve AI/AN people and might be negatively affected if excluded from the consultation process. In cases where the government-to-government relationship does not exist, as with programs in urban areas established to serve AI/ANs, state-recognized tribal groups, and other AI/AN organizations, HHS policy dictates that consultation take place to the extent that there is not a conflict-of-interest in stated federal statutes or authorizing language. However, if CDC wants to include organizations that do not represent a specific federally recognized tribal government on advisory committees or work groups, then Federal Advisory Committee Act (FACA) requirements must be followed.

This tribal consultation policy does not waive any tribal governmental rights, including treaty rights, sovereign immunities or jurisdiction; and nothing in the policy creates a right of action against CDC or HHS for failure to comply with the policy. Nothing in this policy waives the government's deliberative process privilege.

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Acronym List

AAIHS	Albuquerque Area Indian Health Service
AATCHB	Aberdeen Area Tribal Chairmen's Health Board
AC	Action Community
ACMT	American College of Medical Toxicology
AI/AN	American Indian/Alaska Native
AIDS	Acquired Immunodeficiency Syndrome
AIP	Arctic Investigations Program
ANTHC	Alaska Native Tribal Health Consortium
ANTHC	Alaska Native Tribal Health Consortium
APHA	American Public Health Association
ASTHO	Association of State and Territorial Health Officers
ATSDR	Agency for Toxic Substances and Disease Registries
AZDHS	Arizona Department of Health Services
BIE	Bureau of Indian Education
CAB	Capacity Building Assistance
CAP	Community Action Plan
CBO	Community-Based Organization
CCPP	Catawba Cultural Preservation Project
CDC	Centers for Disease Control and Prevention
CHS	Coordinated School Health
CNO	Choctaw Nation of Oklahoma
CPG	Community Planning Group
CPPW	Communities Putting People to Work
CRCCP	Colorectal Cancer Control Program
CRCS	Comprehensive Risk Counseling and Services
CSPS	Comprehensive STD Prevention Services
CTR	Counseling, Testing and Referral
CTSI	Confederated Tribes of Siletz Indians
DASH	Division of Adolescent and School Health
DETS	Diabetes Education in Tribal Schools
DOE	Department of Energy
DOEH	Department of Occupational and Environmental Health
DOH	Department of Health
DSNS	Division of Strategic National Stockpile
DVBD	Division of Vector Born Diseases
EBI	Evidence-based Behavioral Intervention
EH	Environmental Health
EIS	Epidemiologic Intelligence Officer
EJ	Environmental Justice
EMS	Emergency Medical Services
EPA	Environmental Protection Agency
ERNEH	Empowering Ramah Navajos to Eat Healthy
FACA	Federal Advisory Committee Acct

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FDL	Fond du Lac
GYT	Get Yourself Talking
HD	Health Departments
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HRAC	Health Research Advisory Council
HTAC	Health Traditions Advisory Council
HUD	Housing & Urban Development
IAA	Inter Agency Agreement
IH	Industrial Hygiene
IHS	Indian Health Service
IMMP	Infant Mortality Prevention Program
IOBUSD	Indian-Oasis Baboquivari Unified School District
IPA	Intergovernmental Personnel Agreement
IPP	Infertility Prevention Projects
ITU	Indian, Tribal and Urban
LCMV	Lymphocytic choriomeningitis virus
LLP	Lifetime Legacy Plan
MAPPS	Media, Access, Pint of Purchase/Promotion, Price and Social Support Svc
MCH	Maternal and child health
MDHFS	Minneapolis Department of Health & Family Support
N/A	Not Applicable
NACCHO	National Association of City and County Health Officials
NACCHO	National Association of City and County Health Officials
NACR	Native American Cancer Research Corporation
NAIHS	Navajo Area Indian Health Service
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCCCP	National Comprehensive Cancer Control Program
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV, Hepatitis, STD and Tuberculosis Prevention
NCHS	National Center for Health Statistics
NCIPC	National Center for Injury Prevention and Control
NCIRD	National Center for Immunization and Respiratory Diseases
NCRCCP	National Colorectal Cancer Control Program
NDEP	National Diabetes Education Program
NDI	National Death Index
NDOH	Navajo Division of Health
NDWP	Native Diabetes Wellness Program
NHANES	National Health and Nutrition Examination Survey
NIHB	National Indian Health Board
NIOSH	National Institute for Occupational Safety and Health
NMDOH	New Mexico Department of Health

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NNEPA	Navajo Nation Environmental Protection Agency
NNHHRB	Navajo Nation Human Health and Review Board
NPCCCP	Northern Plains Comprehensive Cancer Control Program
NPCR	The National Program of Cancer Registries
NPHII	National Public Health Infrastructure Initiative
NPHSP	National Public Health Performance Standards Program
NPIRS	National Patient Information and Reporting System
NTEC	Northwest Tribal Epidemiology Center
NTEH	National Tribal Environmental Health Think Tank
NTTPN	National Tribal Tobacco Prevention Network
OID	Office of infectious Diseases
OMHD	Office of Minority Health and Health Disparities
ONDIEH	Office of Non-communicable Diseases, Injury and Environmental Health
OPDIV	Operating Divisions (of HHS)
OSH	Occupational Safety and Health
OST	Oglala Sioux Tribe
OSTLTS	Office for State, Tribal, Local and Territorial Support
OTA	Office of Tribal Affairs
PCV	Pneumococcal Conjugate Vaccine
PCV	Pneumococcal conjugate vaccine
PGO	Program and Grants Office
PH	Public Health
PHHS	Preventive Health and Health Services
PHLP	Public Health Law Program
PHPS	Public Health Prevention Services
PPMNS	Planned Parenthood of Minnesota, North Dakota and South Dakota
PRAMS	Pregnancy Risk Assessment Monitoring System
QTEM	Quarterly Tribal Epidemiology Meeting
REACH US	Racial and Ethnic Approaches to Community Health
RMSP	Rocky Mountain Spotted Fever
RTHP	Return to a Healthy Past
SAH	Strategic Alliance for Health
SCF	Southcentral Foundation
SEARHC	Southeast Alaska Regional Health Consortium
SEARHC	Southeast Alaska Regional Health Consortium
SEER	Surveillance, Epidemiology, and End Results
SEIOB	Surveillance, Epidemiology, and Outbreak Investigations Branch
SEM	Socio-Ecological Model
SIP	Special Interest Project
SKC	Salish Kootenia College
SOH	Seeds of Hope
SPIEC	Southern Plains Inter Tribal Epicenter
SSM	Sault Ste Marie Tribe of Chippewa Indians
STAFFDIV	Staff Divisions
STAND	Students Against Negative Decisions

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STD	Sexually Transmitted Infection
STD	Sexually Transmitted Disease
SWAT	Students Working Against Tobacco
TAC	Tribal Advisory Committee
TB	Tuberculosis
TCP	Tribal Consultation Policy
TCU	Tribal Colleges and Universities
TEC	Tribal Epidemiology Centers
TECC	Tribal Epi Center Consortium
TJSA	Tribal Jurisdictional Service Area
TON	Tohono O’odham Nation
UNM	University of New Mexico
USDA	US Department of Agriculture
WISEWOMAN	Well-Integrated Screening/Evaluation for Women across the Nation
WRIR	Wind River Indian Reservation
YRBS	Youth Risk Behavior Survey
YST	Yankton Sioux Tribe