1. Highlights of Division Specific Accomplishments/Activities

CDC/ATSDR is proud to share the accomplishments, collaborations and funding opportunities represented below in efforts with Indian Country.

National Indian Health Board (NIHB): Strengthening Existing National Organizations Serving Racial & Ethic Populations (OSTLTS)

The purpose of the Cooperative Agreement between CDC's Office for State, Local, Tribal and Territorial Support and the National Indian Health Board (NIHB) is to improve the health of the underserved American Indians and Alaska Natives (AI/ANs) by strengthening efforts to build public health capacity throughout Indian country and foster culturally appropriate public health care services that focus on partnership building, health advocacy, promotion, education, and prevention. At the center of these public health initiatives is the strong, collaborative relationship between NIHB and CDC, which is vital to successfully achieving critical health outcomes for the American Indian and Alaska native (AI/AN) populations throughout the United States.

Working together since May 2006, NIHB and CDC have been able to provide Tribes with technical assistance with a variety of health issues as well as continuing to promote and engage all parties in the Tribal consultation process with CDC. During FY10, NIHB will be coordinating the evaluation of the program processes, activities, and progress to examine whether goals and objectives have been met and to what extent.

NIHB continues to demonstrate progress towards achieving the long term goals of supporting collaboration between CDC and tribes nationwide, strengthening public health connectivity, identifying and developing culturally appropriate approaches to reduce disease burden, and strengthening AI/AN public health systems capacity. Throughout FY10, NIHB engaged with ASTHO to facilitate more effective working relationships between tribes and states regarding public health activities. They are currently working with NACCHO and ASTHO to explore how the accreditation model developed can be applied in settings to eligible accreditation applicants. NIHB actively participated and provided analytic and policy support for TCAC members for both CDC's Tribal Consultation Advisory Committee (TCAC) meetings, Atlanta, Georgia (January 2010) and Rocky Boy, Montana (July 2010). NIHB through their established infrastructure in area Tribal Health Boards has played a significant role in increasing tribal access to CDC and its resources.

The NIHB agreement provides a venue to increase collaboration among public health partners at national, region, state, tribal and local levels; ensure that AI/AN communities are equally protected from infectious, occupational, environmental and terrorist threats; and influence the public health workforce pipeline to ensure that more Native students enter public health schools and related careers.

Tribal Epi Center Consortium (TECC) (OSTLTS)

The Northwest Tribal Epidemiology Center (NTEC), the Southern Plains Inter-Tribal Epidemiology Center, and the California Tribal Epidemiology Center have established a

Tribal Epi Center Consortium (TECC). This interregional network is collaborating to strengthen tribal Epidemiologic and public health capacity and to promote the standardization and culturally component use of health data to improve the health of Native people. The TECC has engaged tribal advisory boards, national and regional organizations serving AI/ANs, academic institutions, and state health departments. TECC implements on-going Public Health Surveys; survey results are utilized to inform on-going health initiatives in each region. TECC is assisting state and federal agencies to recognize the diversity among individual tribes and regions of Indian country, both in terms of health characteristics of the population and the manner in which health services are delivered. They continue to assist tribes to participate in state federal surveillance activities, utilizing health data to bring about positive changes in health of their communities, and have increased collaboration among Epi Centers in different regions to maximize the expertise and scarce resources that exist to serve the public health needs of the tribes.

Health Research Advisory Council (HRAC) (OSTLTS)

The Office for State, Local, Tribal and Territorial Support provides funding to support Health Research Advisory Council (HRAC) activities of the AI/AN Health Research Group. The purpose of this Inter-Agency Agreement (IAA) is to collaborate with HHS, OMH and other OPDIVs to support research on the health needs of American Indians and Alaska Natives and to gather tribal input on the research needs and priorities of the tribes. Inputs provided by the tribal representatives are used as an important source of information in the developing and coordinating of research portfolios. Principal goals are to establish a group of tribal leaders to provide input on the health research priorities and needs of AI/ANs. The group serves three distinct functions: 1) Obtain input from tribal leaders on health research priorities and needs for their communities; 2) Provides a forum through which Operating Divisions (OPDIV) and Staff Divisions (STAFFDIV) representatives can better communication and coordinate the work their respective organizations are doing in AI/AN health research; and 3) Provide a conduit for disseminating information to tribes about research findings from studies focusing on the health of AI/AN populations.

During HHS 12th Annual National Tribal Budget Formulation and Consultation Session held March 3-4, 2010, HRAC highlighted the following concerns: 1) Continued support for the National Children Study – HRAC proposed a parallel study that directly targeted additional counties and American Indian/Alaska Native (AI/AN) populations, which complements the current NCS sample; 2) Health Disparities – Research should focus on: data quality and accuracy to address under-representation of American Indians and Alaska Natives in population health data, the lack of access to health care services or AI/ANs in both rural and urban settings, lack of incorporation of traditional health care practices and traditional diets, the efficacy of health promotion/disease prevention activities, and lack of health insurance coverage for AI/ANs and; 3) Suicide and Suicide Related Behavior – suicide prevention research needs to be framed to address and understand the issue of suicide from an Indigenous perspective, looking for cultural strengths and commonalities. HRAC will continue to collaborate with CDC, various HHS operating and staff divisions to improve research activities affecting Indian Country.

National Public Health Improvement Initiative (OSTLTS)

The Centers for Disease Control and Prevention is funding 75 state, tribal, local and territorial health departments or their bona fide agents to implement projects totaling $42.5 million to systematically increase their performance management capacity and improve their ability to meet national public health standards. The following 8 tribes were funded: Alaska Native Tribal Health Consortium; Cherokee Nation; Gila River Indian Community Mille Lacs Band of Ojibwe; Montana-Wyoming Tribal Leaders Council; The Navajo Nation Tribal Government; Northwest Portland Area Indian Health Board and SouthEast Alaska Regional Health Consortium

Strategic Alliance for Health (NCCPPHP)

The Cherokee Nation Community Health Promotion Program and the Cherokee County Community of Excellence Tobacco Coalition partnered to successfully promote the adoption of a 24/7 tobacco free ordinance for seven city parks. Both entities promote healthy communities for a healthier Oklahoma and are invested in reducing secondhand smoke through policy change. The partners leveraged resources and engaged stakeholders to conduct outreach and to increase awareness about the health effects of tobacco. The strategy focused on communicating the need for tobacco control policies and explaining how policies help make the healthy choice the easy choice. Youth leaders representing local school-sponsored Students Working Against Tobacco Teams (SWAT) presented the ordinance to the city government and advocated for its adoption. The city council adopted the ordinance in May 2010. The City of Tahlequah is the fourth city in Oklahoma to adopt a policy requiring all city parks and recreation facilities to be tobacco free at all times. The ordinance has the potential to impact the City of Tahlequah residents (16,080 population) and many citizens of Cherokee County (45,000 population).

REACH (NCCPPHP)

The Hannahville Indian community planned and hosted a Native Health Summit in April 2009. The Summit featured Native spiritual leaders, health care providers, and traditional medicinal people sharing wisdom about Native health and wellness, with an emphasis on heart health and diabetes. The Health Summit provided attendees with information on traditional use of tobacco for natives, and speakers discussed the Mind, Body, Spirit connection as it relates to the prevention of chronic disease.

Communities Putting People to Work (CPPW) - (NCCPPHP)
Increased Physical Activity

The Cherokee Nation is launching a new community-based campaign, The Cherokee Challenge. It is designed to encourage tribal members to improve their health through improved nutrition, increased physical activity, and decreased commercial tobacco use. As part of the campaign, the Cherokee Nation will sponsor a series of races and walks over the coming months that challenge participants to race with Principal Chief Chad Smith or walk with First Lady Bobbie Smith. "This part of the challenge started when I was asked to be a guest runner in the Tulsa Run. This high-profile event fits with our

commitment to be a healthy and happy people," says Principal Chief Chad Smith. The Cherokee Nation also will offer activities and training tips for everyone who wants to participate. "The initiative works hand in hand with our existing program activities. It is a way for us to encourage people to make good choices relating to their health and have fun working together in reaching that goal," says Smith.

Tobacco-CPPW (NCCPPHP)

As the program director of the Wisconsin Native American Tobacco Network and a former smoker, Teresa K. Barber has witnessed firsthand how smoking has devastated American Indian communities. "I have seen how smoking exacerbates the conditions of high blood pressure, heart disease, cancer, and chronic obstructive pulmonary disease," says Barber. The five tribes of the Great Lakes Inter-Tribal Council are determined to slow the negative consequences of tobacco use among their communities. "Commercial tobacco use is a product of historical trauma for American Indians," says Barber, and therefore, "We see value in using cultural strengths to educate against commercial tobacco use to counter the effects of years of oppression." Increasing the availability of traditional tobacco, which is used by American Indians for religious and ceremonial purposes, will create communitywide respect for and educate people about its sacred role. "By educating the community, we are hopeful that the future will be brighter for younger generations," says Barber.

Nutrition-CPPW (NCCPPHP)

Obesity and diabetes are relatively new problems in the Pueblo of Jemez. With the support of the CPPW initiative and a passionate leadership team, the community is ready to reverse this trend and is committed to developing long-term solutions to obesity. The schools serving Jemez children, the summer recreation program, the Jemez Senior Center, and Community Wellness and Public Health Programs have formed a team to ensure healthy food choices and increased physical activity in all populations of the Pueblo. Families and farmers are encouraged to grow extra vegetables in their gardens for use in schools and the Senior Center and Jemez Pueblo is also encouraging the creation of new community gardens. The community encourages residents to revert "Back to the Old Ways," a campaign that signifies how past community members ate healthy foods and worked hard in the fields.

Funding to Reduce Tobacco Use Awarded to Tribal Support Centers (NCCDPHP)

The purpose of the Tribal Support Centers program is to reduce commercial tobacco use among American Indian and Alaska Native tribal members; eliminate exposure to secondhand smoke; promote commercial tobacco cessation; and prevent youth initiation of commercial tobacco use. A total of 8 tribal programs successfully competed for funding to implement evidence-based activities that are organized according to MPOWER, a set of policy interventions and strategies to reduce tobacco use, exposure to secondhand smoke and prevent youth initiation. The tribal programs were selected for a 5-year cooperative agreement for an annual total of $1,865,340. As a group, they represent 88 tribal communities with more than 860,000 enrolled members, and are located within 12 states. The funded tribal programs are: Inter-Tribal Council of Michigan; Tanana Chiefs Conference, AK; Southeast Alaska Regional Health

Consortium; Nez Pierce Tribe, ID; Muscogee Creek Tribe, OK; Black Hills Center for American Indian; Health – Navajo Nation, AZ; Great Plains Tribal Chairmen, SD and Cherokee Nation, OK

Preventive Health and Health Services (PHHS) Block Grant (NDDCPHP)

The PHHS block grant provides flexible funding to allow states, territories, and tribes to tailor prevention and health promotion programs to their particular public health needs. Two American Indian tribes receive PHHS funding. The Kickapoo Tribe in Kansas uses PHHS funding to increase physical activity among children and youth ages 5-21. It developed an after school program at the Boys & Girls Club to promote physical activity through the use of sports, games, and cultural teachings. The Santee Sioux Indian Tribe in Nebraska uses PHHS grant funding to support the only emergency medical services available to tribe members.

Addressing Motor Vehicle Injuries among American Indians and Alaska Natives through Programs and Research (NCPIC)

NCIPC funded pilot programs from 2004-2009 in four Tribal communities to tailor, implement, and evaluate evidence-based interventions that take into account local cultures in an effort to prevent motor vehicle-related injury and death. The four piloted programs were successful at increasing seat belt use, increasing child safety seat use, and decreasing alcohol-impaired driving, as seen in the sample of accomplishments below:

The Tohono O'odham Nation (TON) strengthened their seat belt use law in 2005. To support the new law, the TON Motor Vehicle Injury Prevention Program staff and Securing Tohono O'odham People Coalition members focused on increasing seat belt use on the Reservation with a comprehensive media campaign and work with Tribal Police to enforce the new law. They found that driver seat belt use increased 47% and passenger seat belt use increased 62% from 2005 to 2008.

The Ho-Chunk Nation Motor Vehicle Prevention Program partnered with local County police departments and implemented a comprehensive media campaign; conducted targeted education and training for police officers; hosted communitywide educational events; enhanced police enforcement; and conducted child safety seat clinics and checks. From 2005 to 2008, driver seat belt use increased 38%, passenger seat belt use increased 94%, and child safety seat use increased 65%.

The White Mountain Apache Tribe Motor Vehicle Injury Prevention Program focused on increasing seat belt use and decreasing alcohol-impaired driving by conducting DUI sobriety checkpoints, enhanced police enforcement, and a comprehensive media campaign. They found that driver seat belt use increased from 13% to 54% and passenger seat belt use increased from 10% to 32% from 2004 to 2008.

The San Carlos Apache Tribe Motor Vehicle Injury Prevention Program focused on reducing alcohol-impaired driving and increasing seat belt use among their tribal members through media campaigns, sobriety checkpoints, enhanced police enforcement, and local community events. Since 2004, DUI arrests increased 52%, driver seat belt use increased 46%, and motor vehicle crashes decreased 29%. In 2007, the San Carlos Tribal Council strengthened their seat belt and impaired driving laws.

The success of these pilot programs led to the next step of funding 8 additional tribes in FY 2010.

Public Health Surveillance Program Office, Office of Surveillance, Epidemiology, and Laboratory Services (OSELS) Data Sharing Agreement with the New Mexico Department of Health and the Navajo Area Indian Health Service

The new legal data sharing agreement between NMDOH and NAIHS made it possible for the new tribal epidemiologist to compile data requests from the NMDOH epidemiologists and New Mexico Health Policy Commission for record-level IHS hospitalization and emergency department data. The next step for the New Mexico Assessment Initiative Project in its work with their Navajo community is the full execution of the Albuquerque Area Indian Health Service (AAIHS) data sharing agreement, which will enable NMDOH to have access to all Navajo data within its jurisdiction. (The Navajo Nation in New Mexico is split into two IHS service areas: NAIHS and AAIHS.)

Navajo Nation Diarrheal Study, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)

Rates of infectious diarrhea among the Navajo Nation are high, likely due in part to poverty, limited access to healthcare, and geographic isolation. An additional challenge to this population is limited access to safe potable water; however, the association between water quality, water use patterns and gastroenteritis has to our knowledge never been studied. To address this gap, two hospitals were selected in the Navajo reservation to enroll patients that have been admitted or presented on an outpatient basis for acute infectious gastroenteritis. Hospital- or clinic-based controls presenting with non-infectious complaints are matched to cases based on service unit of residence and age strata. Cases patients and controls will be surveyed on household water use practices including water source, volume consumed, transport methods and handling practices, and personal and household hygiene practices using a standardized questionnaire. Stool samples are being collected from case patients and controls and shipped to CDC for identification of bacteria, parasites, and viruses. Additionally, water samples are being collected from the primary source of drinking water for case patients and controls using the single-pass ultrafiltration procedure developed by CDC. Water analyses include chlorine residual, *E. coli*, and a suite of waterborne pathogens (rotavirus, norovirus, *Campylobacter jejuni*, pathogenic *E. coli*, *Shigella*, *Cryptosporidium* spp., and *Giardia intestinalis*).

Interagency Agreement with IHS (NCIRD)

NCIRD has Interagency Agreements (IAA) that funds two FTEs that are placed with the Indian Health Service (IHS). Activities covered by the CDC/NCIRD and IHS IAA strengthen the partnership between IHS, CDC and tribes, ensure vaccine-related health insurance reforms are included in services provided at Indian, Tribal, and Urban (ITU) facilities, improve the quality of and access to care by providing access to vaccines to prevent disease, and ensure that information on federal immunization-related activities is available to all. Though we fund the salaries, IHS is responsible for their programmatic duties/activities. These activities include: immunization reporting, immunization software

development and training, immunization data exchange between the immunization module in the Resource and Patient Management System (RPMS) and state immunization registries, influenza surveillance, influenza vaccination of Healthcare Personnel (HCP) initiative, IHS immunization policy, management of vaccine shortages and evaluation of impact research (in consultation with tribes and in accordance with IHS and tribal policies), emergency response activities.

Division of STD Prevention Funding Changes to Capture AI/AN (NCHHSTP)

The Division of STD Prevention collaborates closely with several CDC-funded Infertility Prevention Projects (IPP) to increase STD screening among AI/AN in the projects' respective states. More recently, with the latest Comprehensive STD Prevention Services (CSPS) application requiring states to document how they have reached out to AI/AN, we have been engaged with new IPP partners.

National Institute for Occupational Safety and Health (NIOSH) Funds Three IA/AN Programs

NIOSH provides funding to three program through our Office of Extramural Programs (OEP) where the purpose of the award is to primarily or substantially benefit American Indian Alaska Natives: A training project grant (TPG) to the University of Oklahoma Health Science Center / College of Public Health; the Model Farmer Dissemination Project with the University of New Mexico Health Sciences Center and a Continuing Education Grant with the Alaska Marine Safety Education Association (AMSEA).

2. Division Specific Activities

National Public Health Performance Standards Program and Tribal Public Health (OSTLTS)

CDC OSTLTS provides technical assistance and training to tribal entities interested in the National Public Health Performance Standards Program (NPHPSP) assessment or utilizing assessment data for improvement planning. On September 1, 2010 one staff person provided presented on utilizing NPHPSP for community-based improvement at the Northern Plains Tribal Public Health Summit in Sioux Falls, SD. In addition, the program makes available assessment reports to tribes who have completed an NPHPSP assessment; two tribes completed an NPHPSP assessment in 2010.

Healthy People 2020 Public Health Infrastructure Workgroup (OSTLTS)

CDC OSTLTS co-leads the PHI topic area of Healthy People 2020 with HRSA. Of the 17 objectives in the PHI topic area, 8 objectives have a tribal-related component; there have been challenges in measuring similar objectives in the past through HP2010. CDC has convened a subgroup (with involvement of HHS, OMH, IHS and other representatives of the AI/AN community) to address AI/AN data collection issues related to this topic area and to ensure accurate and relevant data that will assist in measuring AI/AN public health objectives.

National Voluntary Accreditation and Tribal Health Departments (OSTLTS)

CDC OSTLTS is supporting the development and launch of a national voluntary accreditation program for public health departments. Tribal health departments are eligible to apply. The program will be launched in late 2011. While all development and testing activities relate to the overall program, during this past year three specific activities were focused exclusively on vetting and testing the accreditation standards, measures and process in tribal settings: a tribal "think tank" in December 2009, beta testing of the accreditation program in three tribal health departments (Navajo Nation, Cherokee Nation, and Keewenaw Bay Tribe) in summer 2010, and a Tribal Accreditation Work Group meeting in September 2010. National Native

HIV/AIDS Awareness Day-March 20, 2010 (NCHHSTP)

The Division of HIV/AIDS Prevention supports the National Native American AIDS Prevention Center in hosting this annual event for the past 5 years. The event highlights building awareness of HIV/AIDS among native communities, and advances strategies for increased testing and access to treatment.

Native American Community Health Center (NCHHSTP)

This project was funded to provide effective HIV prevention services to young (up to age 24) men of color who have sex with men (YMCSM) and young (up to age 24) transgender persons of color who are at high risk for HIV infection or transmission. Major activities include the following: implement one of nine adapted effective behavioral interventions with high risk individuals; implement one of the following Public Health Strategies for high risk individuals: Comprehensive Risk Counseling and Services (CRCS) or Counseling, Testing, and Referral (CTR) services; and/or implement a Demonstration Project (a locally developed, theory-based HIV prevention program).

The National Native American AIDS Prevention Center (NCHHSTP)

This project was funded to provide capacity building assistance (CBA) to HIV prevention planning groups, community-based organizations, health departments and other HIV prevention stakeholders. It focuses on the following goals: 1) Strengthening Organizational Infrastructure for HIV Prevention: Improve the capacity of Community Based Organizations (CBOs) to strengthen and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions for high-risk racial/ethnic minority individuals; and 2) Strengthening Interventions for HIV Prevention: Improve the capacity of CBOs and Health Departments to implement, improve, and evaluate HIV prevention interventions for high-risk racial/ethnic minority individuals of unknown serostatus, including pregnant women, and people of color who are living with HIV/AIDS and their partners

HIV Prevention-Aberdeen Area Tribal Chairmen's Health Board (NCHHSTP)

This project was funded 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 (Community Based Organization Monitoring and Evaluation Project).

HIV Prevention - Indigenous Peoples Task Force (NCHHSTP)

This project was funded 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.

Indian Health Service National Sexually Transmitted Disease Program (NCHHSTP)

Partnership between National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) and Indian Health Service (IHS) provides a mechanism to enhance collaboration in the area of STD prevention and control in AI/AN populations. The over arching goals of the IHS National STD Program are to: raise awareness of STDs among AI/AN as a priority health issue, support partnerships and collaborations with state STD programs, IHS, tribal, and urban Indian health programs (I/T/U), and other public health agencies, support improvement of I/T/U, state, and local STD programs for AI/AN, increase access to up-to-date STD training for clinicians and public health practitioners, and support and strengthen surveillance systems to monitor STD trends.

Native STAND—Students Against Negative Decisions (NCHHSTP)

One initiative is to raise awareness of STDs among AI/AN as a priority health issue. Native STAND—Students Against Negative Decisions —is a peer education curriculum for healthy decision making for Native youth. This innovative curriculum was developed by several collaborating entities, including the National Coalition of STD Directors (NCSD), Mercer University School of Medicine, CDC's Division of STD Prevention, and IHS's National STD Program. The curriculum was piloted at four Bureau of Indian Education residential schools during the 2009-2010 school year. The evaluation was led by Project Red Talon, the STD/HIV prevention project of the Northwest Portland Area Indian Health Board. The evaluation showed that Native STAND effectively educated and empowered Native high school students at the four pilot sites to help their peers address sensitive adolescent health issues. Native STAND is now being offered as one of Planned Parenthood of Minnesota, North Dakota, and South Dakota (PPMNS) programs for teens in Bemidji and Duluth, MN. The next steps are to work with the Northwest Portland Area Indian Health Board to implement a variation of Native STAND with a cohort of students at the local junior high school that will include training in media literacy and video production for participating youth.

Get Yourself Talking (GYT) STD Screening Campaign (NCHHSTP)

CDC and IHS collaborated to promote and expand the reach of the 2009 and 2010 Get Yourself Talking (GYT) STD screening campaign in Indian Country. Together, we worked to inform, guide, and disseminate GYT-related materials developed for Native communities and IHS, Tribal, and Urban Indian (I/T/U) health care providers. Collaborative partners worked with websites frequented by AI/AN to post GYT materials including the AI/AN-specific clinic locator widget (these websites were Native American

Times, Indian Country Today, and Indianz.com). The STD Widget 7-300 (specific to AI/AN) received the highest number of hits during the initial kick off month of the GYT campaign (April 2010) compared to all other widgets having received over 18,000 hits. In addition, informational briefings for Tribal Colleges and Universities (TCU) to provide details regarding GYT and screening event opportunities were held.

It's Your Game, Keep It Real Project (NCHHSTP)

It's Your Game, Keep It Real Project represents a collaboration between the University of Texas PRC, Indian Health Service, Alaskan Native Tribal Health Consortium, Northwest Portland Area Indian Health Board, Intertribal Council of Arizona, Oregon State Health University (OHSU) PRC, Bureau of Indian Education, and Tribal Boys and Girls Clubs collectively provides extensive experience in developing and testing sexual health programs for middle-school aged youth and in conducting youth-based research in AI/AN communities. 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).

National Chlamydia Coalition awarded the Region X IPP (NCHHSTP)

The National Chlamydia Coalition awarded the Region X IPP with funding to develop and implement protocols for the standard delivery of STD screening and presumptive treatment for I/T/U. The use of standing orders will improve adherence to national STD screening recommendations as well as patient and partner management. This policy also includes guidance on Expedited Partner Therapy (EPT), presumptive treatment in symptomatic patients, and vaccination for HPV and HBV. We serve on the advisory group for this project. To-date, sample policy and standing orders have been developed, pilot sites have been identified, and plans to begin the piloting are underway. Program tools will be tested in multiple sites in AZ, AK, CA, OR, and WA. Newly developed materials will be made widely available to providers across Indian Country following the pilot-phase to promote, strengthen, and routine STD screening activities among AI/AN.

Alaska Native Tribal Health Consortium-Viral Hepatitis Research Project (NCHHSTP)

Division of Viral Hepatitis currently collaborates with the Alaska Native Tribal Health Consortium to research the natural history and prevention of viral hepatitis among Alaska Natives. Goals include: evaluating the persistence of antibodies after hepatitis A vaccination among Alaska Natives who receive the primary vaccination series 9 years or more ago as infants (<2 years of age) and young children, evaluating the long term protection afforded by the plasma-derived and recombinant hepatitis B vaccines among Alaska Natives who received primary vaccine series 15 years or more ago, studying the natural history of chronic hepatitis B using an established registry or cohort of Alaska Natives and data from their medical records followed over time, and studying the natural history of chronic hepatitis C using an established registry or cohort of Alaska Natives and data from their medical records followed over time.

Investigation of Unregulated Drinking Water Exposures, Use, and Hauling Practices in Alaska Native Villages (NCEH)

The use of unregulated drinking water sources represents a potential public health risk for communities with drinking water sources not routinely treated or tested for biological or chemical contaminants. Though some rural Alaskan villages are being connected to regulated community water, many villages still rely on water hauling from unregulated water sources for their drinking water. This study investigated water quality and contamination of unregulated drinking water sources used by Alaskan villages in the Yukon-Kuskokwim Delta region which included rivers, wells, tundra ponds, and other surface water sources. The primary objectives of this study were: 1. To characterize water quality in various surface drinking water sources and other unregulated water sources in four rural Alaska villages; 2. To characterize drinking water quality in homes; 3. To evaluate household water source, use, storage and handling practices to assess public health risks and develop appropriate public health education messages; and 4. To determine if water hauling behaviors or water contamination risks vary between summer and winter seasons. Working with the Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program, and the local communities, the National Center for Environmental Health (NCEH) Health Studies Branch (HSB) identified unregulated drinking water sources near the selected villages. Households were visited by field teams in both the winter (March, 2010) and summer (August, 2010) seasons with a total of 270 households participating during winter sampling and 259 households participating during the summer sampling period. One adult in each household was interviewed in-person regarding drinking water source, use, hauling, and storage practices, piped water availability, and knowledge and beliefs regarding water safety. Households that hauled any drinking water from an external source also provided water samples for bacterial (total coliform and *E. coli*) and heavy metals analysis. Potential unregulated drinking water sources were also sampled and tested for a panel of inorganic chemicals, concentrations of persistent organic chemicals (e.g., PCBs, dioxins, chlorinated pesticides), and microbial contaminants (e.g. total coliform, *E. coli*, *Cryptosporidium*, *Giardia*, norovirus, enterovirus, and *Salmonella)*. The regulated water treatment facility in each village was also tested for all of the above contaminants for comparison. These results are still being analyzed and will help us identify public health issues and further develop important health messages to promote safe water use in Alaskan Native communities.

Navajo Nation Safe Water Use and Water Hauling Community Health Education Campaign (NCEH)

The National Center for Environmental Health (NCEH) Health Studies Branch (HSB) has also been involved in Navajo Nation-wide health education activities, in partnership with the Navajo Nation Environmental Protection Agency and Navajo Nation Division of Health. The community health educational campaign activities include crafting radio advertisements about safe drinking water and safe water hauling practices which incorporated appropriate Navajo cultural references and were presented in both the Navajo and English language. In addition, safe water informational brochures were created for distribution to the community. Environmental health booths are being established at Navajo Nation Fairs to provide safe water information in educational brochure and magnet giveaway format, hands-on exhibits such as microscopes to allow

people to visibly see organisms in unsafe water, and health personnel at the booths to answer health or safe water use and water hauling questions.

Navajo Nation Resource and Patient Management System Database (NCEH)

The National Center for Environmental Health (NCEH) Health Studies Branch (HSB) is investigating the utility of the Indian Health Service Water and Sanitation database as a means to investigate increased risks for contracting skin and respiratory infectious diseases for a household on the Navajo Nation when adequate water and sanitation are absent. As a continuation of the cross-sectional study performed in rural Native Alaskan villages, which demonstrated higher risks for contracting skin and respiratory infectious diseases when adequate water and sanitation are absent, this study is investigating the utility of the IHS Water and Sanitation database as a means to conduct a longitudinal study looking at the health endpoints in tribal locations outside of Alaska. The database will be used to locate areas throughout IHS where water or sewer service is insufficient, initially focusing on the Navajo Nation. Conducting a longitudinal study, as well as conducting the follow-up study outside of Alaska, will better assess the association between insufficient water and sanitation to infectious disease in tribal areas.

North Cheyenne Tribe Mercury Study (NCEH)

The Cheyenne River Sioux Tribe, in partnership with the University of New Mexico Community Environmental Health Program, its director Dr. Johnnye Lewis and Dr. Jeff Henderson of the Black Hills Center for American Indian Health, determined that exposure to mercury in the fresh water rivers, lakes, and dammed ponds on the reservation was a major environmental health concern. Tribal community concerns included immune function and autoimmune disease as potentially related outcomes. Although local waters had been posted with mercury fish consumption advisories for some time, no study of community health had been conducted. In 2010, the NCEH Division of Laboratory Sciences Inorganic and Radiation Analytical Toxicology Branch helped assess community exposure to mercury by analyzing 75 human blood samples for total mercury and an additional 8 samples for different species of mercury.

Navajo Metals Study (NCEH)

Access to safe drinking water on Navajo Nation is particularly costly and problematic due to the regional hydrogeology (water sources are limited, deep and highly mineralized). In addition, Navajo households tend to be geographically dispersed and many people live in remote, low density communities, limiting the feasibility of providing public utilities to homes. To help assess the extent of human exposure to potential drinking water contaminants, the NCEH Division of Laboratory Sciences Inorganic and Radiation Analytical Toxicology Branch analyzed the concentration of several relevant metals in samples from the Nevada Arsenic Study DLS measured arsenic, barium, beryllium, cadmium, cobalt, cesium, molybdenum, lead, platinum, antimony, thallium, tungsten and uranium in 26 human samples and provided urine arsenic speciation analytical laboratory results for 2 samples.

Tobacco National Networks (NCCDPHP)

The Office on Smoking and Health funds six networks including one that serves American Indian/Alaska Native (AI/AN) populations. The AI/AN National Network provides leadership, expertise and promotion of policy-related initiatives (including environmental and systems change) and increase utilization of proven or potentially promising practices when available or appropriate. The AI/AN Network participates as a member of the consortium of national networks that facilitates a process by which network participants will inform the tobacco prevention community about: the depth of industry targeting; the gaps in data used to describe the burden of tobacco; and strategies to implement proven or promising interventions in specific populations. The AI/AN Network will build capacity in tribal communities by recruiting individuals and organizations to facilitate learning and information sharing across and within network participants. Successes and lessons learned from this initiative includes the development of policies that restrict tobacco use, an increase in the participation of tobacco prevention efforts by underserved populations, and the development of population-specific tools that tribal communities can use in commercial tobacco prevention efforts.

American Indian/Alaska Native Adult Tobacco Survey Training (NCCDPHP)

CDC's Office on Smoking and Health and the National Native Commercial Tobacco Abuse Prevention Network are collaborating on a series of trainings tailored for tribes who wish to implement their own American Indian Adult Tobacco Survey (AI ATS). The training stresses the importance of tribal-specific surveillance in informing and improving comprehensive commercial tobacco prevention and control at the tribal health system level and provides the knowledge and tools that allow tribes to implement this surveillance system. Tribes served by the Inter-Tribal Council of Michigan and the Tribal Support Centers for Tobacco Programs are committed to working collaboratively on trainings that will be held at least twice per year. Ongoing technical assistance for tribes in the area of surveillance implementation and data analyses will also be provided.

Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in AI/AN Communities (NCCDPHP)

Towards the goals of: 1) supporting community "*use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities;"* and 2) engaging communities in identifying and sharing stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness, seventeen (17) cooperative agreements were awarded at approximately $100,000 each for 5 years, from 2008-2013, to four tribal corporations (Aleutian Pribilof Islands Association - AK, Southeast Alaska Regional Health Care Consortium, United Indian Health Services – CA, Confederated Tribes of Siletz Indians - OR), one urban Indian health program (Indian Health Care Resource Center of Tulsa), one tribal community action organization (Tohono O'odham Community Action), one tribal college (Salish Kootenai College), and ten (10) rural reservation communities (Eastern Band of Cherokee Indians - NC, Catawba Cultural Preservation Project - SC, Cherokee Nation - OK, Nooksack Indian Tribe - WA, Prairie Band Potawatomi Nation - KS, Santee Sioux Nation - NE, Sault Ste Marie Tribe

of Chippewa Indians - MI, Standing Rock Sioux Tribe – ND/SD, Red Lake Nation - MN, Ramah Band of Navajo - NM.)

The Eagle Books (NCCDPHP)

CDC collaborated with the Tribal Leaders Diabetes Committee, Indian Health Service, and indigenous authors/artists to develop The Eagle Books, a series of four books that teach children about diabetes prevention and healthy living. Over 2 million books have been distributed to over 1000 AI/AN health and school organizations. Eagle Books and animated DVDs of books are included in the K-4 lessons of the Diabetes Education in Tribal Schools (DETS) Curriculum. The next set of Eagle Books for middle school children are currently being developed and they will include chapter books, graphic novels and comics.

Diabetes Education in Tribal Schools Curriculum (NCCDPHP)

Since 2001, the National Institutes of Health, NIDDK, in partnership with the Tribal Leaders Diabetes Committee, CDC Native Diabetes Wellness Program, the Indian Health Service, and 8 tribal colleges and universities (TCUs), have developed the K-12 culturally based science *Health is Life in Balance Diabetes Education* in Tribal Schools curriculum lessons. The TCUs and university partners are providing teacher development training through August 2011. CDC NDWP plans to conduct an in-depth qualitative on site evaluation of the DETS Health is Life in Balance curriculum and original Eagle Books in 12 communities over three years, starting in 2011.

Intergovernmental Personnel Agreements (IPAs) for GIS Maps and External Evaluation for Grantees Activities and Eagle Books (NCCDPHP)

The Native Diabetes Wellness Program has two IPAs to: 1) develop GIS maps both for Eagle Book distribution and for use by the 17 *Traditional Foods and Sustainable Ecological Approaches to Health Promotion and Diabetes Prevention* grantees to map gathering, hunting, horticulture, cultivation, and garden activities; and 2) provide external evaluation assistance for the 17 Traditional Foods grantees local data collection strategies, analysis of aggregate data, and review of the new middle school Eagle Books for cultural appropriateness of the diabetes presentation messages.

National Breast and Cervical Cancer Early Detection Program (NBCCED)- Funding to Tribal Organizations (NCCDPHP)

In FY 2010, the NBCCEDP received $194.1 million which supports all 50 states, the District of Columbia, 5 U.S. territories, and 12 American Indian/Alaska Native tribes or tribal groups to provide clinical breast exams, mammograms, pelvic exams, and Pap tests to women in need, such as those who are uninsured, have low incomes, or have health insurance that does not pay for screening. The program also provides diagnostic follow-up for abnormal screening results and treatment referrals if cancer is diagnosed. Approximately 5% of women served are AI/AN women. Since its inception in 1991, the NBCCEDP has provided more than 8 million breast and cervical cancer screening exams to more than 3.3 million women. The Indian/Alaska Native tribes or tribal groups who receive funding are: Arctic Slope Native Association Limited, Cherokee Nation, Cheyenne River Sioux Tribe, Hopi Tribe, Kaw Nation of Oklahoma, Native American

Rehabilitation Association of the Northwest, Inc., Navajo Nation, Poarch Band of Creek Indians, South East Alaska Regional Health Consortium, South Puget Intertribal Planning Agency, Southcentral Foundation, Yukon-Kuskokwim Health Corporation

National Comprehensive Cancer Control Program (NCCCP)-Funding to Tribal Organizations (NCCDPHP)

In FY 2010, the NCCCP received $20.7 million to support 50 states, the District of Columbia, 7 tribes and tribal organizations, one territory, and 6 U.S. Affiliated Pacific Islands to develop and implement policy, 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 These activities are intended to reduce the burden of cancer through primary prevention (e.g. smoke-free policies), detecting cancers early when they are more treatable (e.g. cervical and colorectal cancer screening), increasing access to quality cancer treatment, and addressing cancer survivors' public health needs. In FY 2010, the Cherokee Nation tribal organization was one of 13 demonstration programs funded by the NCCCP to develop a focused policy agenda with a goal of implementing at least 3 policy or systems change interventions by the end of the 5-year project period.

Colorectal Cancer Control Program (CRCCP)-Funding to Tribal Organizations (NCCDPHP)

In FY 2010, The Colorectal Cancer Control Program (CRCCP) awarded $26.9 million to 25 states and 4 tribal organizations to increase population-wide colorectal cancer screening through removing barriers to screening and to provide colorectal cancer screening services to low-income men and women aged 50 to 64 years who are underinsured or uninsured for screening when no other insurance is available. Funding will also support diagnostic follow-up, patient navigation, data collection and tracking, public education and outreach, provider education, and evaluation. Four tribal organizations – the Alaska Native Tribal Health Consortium, the Arctic Slope Native Association, South Puget Intertribal Planning Agency, and the Southcentral Foundation – were funded as CRCCP sites after a competitive review process. These sites will work to address disparities among AI/AN men and women, who currently have the second highest incidence rates colorectal cancer in the U.S.

National Program of Cancer Registries Data Link with IHS to Ensure Accurate Reporting (NCCDPHP)

In 2010, the NPCR appropriation of $51 million supported central cancer registries in 45 states, the District of Columbia, Puerto Rico, and the U.S. Pacific Island jurisdictions. These data represent 96% of the U.S. population. The National Program of Cancer Registries provides data on cancer incidence for the U.S. population. In collaboration with NCI's SEER program, 100% of the U.S. population is covered. In order to accurately estimate the cancer burden in the American Indian/Alaska Native population, researchers must have access to cancer patient data that accurately identifies patient race. In recent years, some central cancer registries and geographic areas have reported the misclassification of American Indians/Alaska Natives, decreasing the accuracy and reliability of cancer incidence data. CDC took on this issue by linking data between the

IHS patient registration database and central cancer registry data, including a linkage in 2007 with all NPCR and SEER supported registries. CDC continued this work to improve data on race and reduce misclassification, working with 34 central cancer registries. This work is critical to informing researchers, policymakers, and communities about the burden of cancer.

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) funded Tribal Programs (NCCDPHP)

The WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program aims to reduce cardiovascular disease in low-income, uninsured, or underinsured women ages 40–64 through risk factor screening which includes blood pressure, cholesterol, glucose, height, weight, personal medical history, health behavior, and readiness to change. To be eligible, women must first be enrolled in CDC's National Breast and Cervical Cancer Early Detection Program. Culturally tailored lifestyle interventions targeting nutrition, physical activity, and smoking are promoted. The interventions vary across programs, but are all designed to promote lasting, healthy lifestyle changes. Between July 2008 and June 2010, the WISEWOMAN Program (Well-Integrated Screening and Evaluation for Women Across the Nation) screened 78,257 women nationally. American Indian/Alaskan Natives (AI/AN) represented 4.75% (3,714) of those screened, of which 65.4% (2,428) participated in a lifestyle intervention. WISEWOMAN funds two Tribal programs: Southeast Alaska Regional Health Consortium (SEARHC) with headquarters in Sitka, and the Southcentral Foundation (SCF) with headquarters in Anchorage. SEARHC is a non-profit, Native-administered health consortium established in 1975 to represent Tlingit, Haida, Tsimshian and other Native people in Southeast Alaska. Southcentral Foundation is an Alaska Native-owned healthcare organization serving the AI/AN population living in Anchorage, the Mat-Su Valley, and 60 rural villages in the Anchorage Service Unit. Between July 2008 and June 2010, SEARHC screened and provided risk reduction counseling to 1,677 women of which 76 % of participants were AI/AN. Between July 2008 and June 2010, the Southcentral Foundation WISEWOMAN program screened 1,187 women for cardiovascular disease risk factors of which 100% of participants were AI/AN.

WISEWOMAN funded State Programs Impacting AI/AN Populations (NCCDPHP)

The South Dakota WISEWOMAN Program has increased Native American Women participation from 16% to 18% in two years. The South Dakota WISEWOMAN Program screened 6,987 women between July 2008 and June 2010 of which 923 (13.2%) were Native American. The WISEWOMAN Program attributes this increase to outreach efforts among Native American Women at Indian Health Services (IHS) local community clinics and tribal health boards. The outreach efforts are conducted by a contracted representative from the Native American community. The representative worked with tribal governments to draft tribal resolutions to improve and promote health of Native American women. These resolutions increased awareness in the local Native American communities about the importance of cardiovascular disease risk factor screening and lifestyle interventions in traditional and non-traditional settings. The WISEWOMAN program in collaboration with their state tobacco program developed tobacco cessation materials specifically for their Native American population.

Strategic Alliance for Health (NCCDPHP)

The Strategic Alliance for Health (SAH) program seeks to build community capacity and improve health through sustainable, innovative, and evidence-based community health promotion and chronic disease prevention interventions that promote policy, systems, and environmental changes. Two American Indian tribes are funded as SAH communities: Cherokee Nation SAH program addresses chronic disease and associated risk factors, including obesity, diabetes, cardiovascular disease, physical inactivity, poor nutrition, tobacco use, and exposure to second-hand smoke. In FY 2010, the program successfully supported the adoption of a tobacco-free policy for outdoor public places in the City of Tahlequah, and is creating an Implementation Guide to describe the campaign's step-by-step process so other communities might replicate its success in the future. To reduce the incidence of and complications from cardiovascular disease, diabetes, and obesity in the Anishinaabe community, the Sault Ste. Marie Tribe of the Chippewa Indian SAH program develops culturally-specific approaches to promote physical activity and healthy eating, reduce tobacco use and exposure, and foster improved access to quality healthcare. The program emphasizes leveraging partnerships between Sault Tribal and non-Tribal partners. Strategies include: establishing non-motorized transportation infrastructure (bike lanes, sidewalks, and crosswalks), offering and promoting healthy food and beverage options at meetings, casinos, corner stores, farmer's markets, and community gardens, increasing physical activity in afterschool programs, and increasing tobacco and smoke-free tribal venues in parks and housing units. The program recently worked with their tribal Housing Authority to adopt a smoke-free housing policy and designate 17 units smoke-free, setting an important precedent and increasing awareness about the dangers of second-hand smoke. In addition, the program helped implement a tobacco-free policy for a public school district, impacting 700 students.

Racial and Ethnic Approaches to Community Health across the U.S. (REACH U.S) (NCCDPHP)

REACH U.S. is a cornerstone of CDC's efforts to eliminate racial and ethnic health disparities. The program utilizes coalition-led, community-based participatory approaches to implement and evaluate innovative programs that improve health in communities, health care settings, schools, and worksites. Six REACH projects focus on health disparities affecting American Indians:

REACH - Choctaw Nation of Oklahoma (NCCDPHP)

The Choctaw Nation of Oklahoma "Lifetime Legacy Program" focuses on cardiovascular disease as well as the intervening variables of childhood obesity, tobacco and methamphetamine abuse. After successfully building their capacity and infrastructure, Lifetime Legacy is coordinating presentations and trainings in the community to increase awareness and readiness for change. The program is working with tribal and county leaders to consider institutional and community policy changes to support access to healthy eating and increased physical activity.

REACH - Eastern Band of Cherokee Indians (NCCDPHP)

The Eastern Band of Cherokee Indians "Cherokee REACH Coalition" works to reduce the burden of Type II diabetes through the promotion of physical, emotional and cultural well being. Viewing poverty, racism, and inactive lifestyles as major contributors to health disparities related to diabetes, the Coalition engages community members and works with key formal and informal opinion leaders to shift social norms and create change among individuals, organizations, systems, and policies. Cherokee REACH has contributed to successful efforts to improve health-supportive nutrition and curriculum changes; the program is also involved in efforts to revive a culturally significant and historical trail to increase physical activity in the local community.

REACH - Inter-Tribal Council of Michigan (NCCDPHP)

To reduce cardiovascular and diabetes-related disparities, the Inter-tribal Council of Michigan "Reaching Toward a Healthier Anishinaabek" program supports tribal communities with development of culturally tailored, community-based interventions. The Hannahville, Saginaw Chippewa, and Bay Mills tribes have initiated a wide range of activities, for example: implementing a school-based diabetes education program, developing worksite wellness initiatives and programs, enhancing access to facilities and classes to increase physical activity opportunities, and working with local and federal partners to support walkable communities through the creation of local and regional trail systems. In addition, REACH tribal partners continue to work with local health systems to minimize barriers in access to health care.

REACH- Northern Arapaho Tribe (NCCDPHP)

The Northern Arapaho Tribe "Wind River Reservation Infant Mortality Prevention Project" works to increase awareness, strengthen inter-agency coordination and partnerships, and improve access to health care services. The project hopes to increase the number of Northern Arapaho and Eastern Shoshone women who initiate early prenatal care and sustain it throughout their pregnancies. Coalition members and the programs they represent have worked to address programmatic barriers to heath care and to make tribal policies more supportive of families. In addition, a *Families of Tradition* curriculum was designed to re-educate community parents on the positive values and beliefs of Native traditions that were silenced due to colonization. By understanding the history of their ancestors, participants are able to recognize multi-generational trauma, break unhealthy cycles, and start a new beginning.

Southern Plains REACH US (NCCDPHP)

The Oklahoma State Department of Health "Southern Plains REACH US" program works with tribal communities across Oklahoma, Texas, and Kansas to reduce the risk of diabetes and cardiovascular disease. As a Center for Excellence in the Elimination of Health Disparities, the project funds and supports tribal organizations as "legacy communities" to address nutrition, physical activity, and tobacco control. For example, tribal partners have worked with schools to create Coordinated Approach to Child Health [CATCH] programs, they are engaged in ongoing efforts to implement and enforce tribal, business or institutional policies regarding tobacco control and prevention, and they have awarded Healthy Business awards to three tribal or tribally related organizations.

Center for Excellence in the Elimination of Health Disparities (NCCDPHP)

As another Center for Excellence in the Elimination of Health Disparities, the University of Colorado at Denver develops community and clinically-based interventions to reduce cardiovascular disease risk among urban American Indians. Intervention activities include assessment, education, clinical management, and training. The project has revised the *Gift of the Health Heart* curriculum, and classes have begun in associated Indian health programs. Coalitions have received training on the *Fit Friendly* program, and member organizations are pursuing policy changes to provide a healthier work environment for their employees. The program is also establishing and networks with non-coalition partners to expand its reach, increase opportunities for collaboration, and identify potential sources of funding and training for coalition members.

South Dakota Tribal Pregnancy Risk Assessment Monitoring System (PRAMS) Project (NCBDDD)

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. In South Dakota from 2002 to 2004, American Indians made up 18.1% of births, but accounted for 34% of infant deaths. The South Dakota Tribal (SDT) PRAMS initiative is a unique PRAMS project collecting information exclusively from AI women (and mothers of AI infants) who recently gave birth to a live infant in SD, and Sioux County North Dakota. PRAMS is an ongoing, population-based risk factor surveillance system initiated and designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and in the child's early infancy among women who deliver live born infants. In this project, CDC provided technical assistance including development of a model protocol for data collection, assistance with question design, survey instrument development, and training on human subjects' protections and telephone interviewing. CDC also provided and installed data entry software and survey tracking software, conducted on-site training of staff on the software, and gave on-going technical assistance on the systems. The 3-year grant funding ended in April of 2009, and a no cost extension through April of 2010 was approved. Currently, CDC provides ongoing consultation regarding data analysis and data dissemination activities.

Secretary's Initiative - Department of Health and Human Services, Closing the Health Disparities gap: Sudden Infant Death Syndrome and Infant Mortality Initiative, AI/AN Projects (NCBDDD)

This initiative provided 1.5 million dollars annually in support of maternal and child health epidemiologists at 7 Tribal Epidemiology Centers (TEC) and supported infant mortality risk reduction projects. This program was modeled on the CDC Maternal Child Health (MCH)-epidemiology program that supports resident CDC epidemiologists in state health departments. Over the 3-year project life, 7 TECs established functional MCH epidemiology units that initiated tribal infant mortality surveillance. Each of the 3 project years and in the ensuing years, TEC sessions were held at the national annual MCH-epidemiology (MCH-Epi) conference. In February 2008, TEC MCH epidemiologists presented a summary of their accomplishments at CDC's Tribal

Consultation Advisory Committee Meeting. Although project funding ended, technical consultation continues to be provided to TECs to build epidemiologic capacity.

Improving Health and Educational Outcomes of Young People (NCCDPHP)

CDC's Division of Adolescent and School Health (DASH) supports state, territorial, and local agencies and tribal governments to help build and strengthen their capacity to improve child and adolescent health. As part of these efforts, three tribes were awarded cooperative agreements:

Cherokee Nation funded by DASH to provide HIV Prevention Education (NCCDPHP)

The Cherokee Nation Health Services Group and the Cherokee Nation Education Services Group collaborate with multiple community partners to improve the health of young people in the 14-county Cherokee Nation Tribal Jurisdictional Service Area in northeastern Oklahoma. The Cherokee Nation receives funding from CDC's Division of Adolescent and School Health to provide HIV prevention education. In 2009-2010, the Cherokee Nation coordinated with local drug prevention coalitions to link HIV prevention messages and activities; distributed model HIV prevention policies, recommendations, and guidelines to area schools; selected several science-based HIV/STD/Teen Pregnancy prevention curricula and worked with schools to help them implement one of these curricula; provided professional development to teachers, nurses, and counselors on dealing with the prevention of sexual risk behaviors; and collaborated with the Oklahoma State Department of Education to successfully conduct the School Health Profiles survey to obtain representative information about current school health policies and practices

Cherokee Nation funded to conduct the Youth Risk Behavior Survey (YRBS) (NCCDPHP)

The Cherokee Nation also 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. The Cherokee Nation conducted a YRBS in 2009 with technical assistance from CDC/DASH. To plan, promote, and disseminate results from the YRBS, the Cherokee Nation also collaborated with multiple community partners. In 2009, Cherokee Nation administered the YRBS in middle and high schools within the Tribal Jurisdictional Service Area to obtain data representative of students in grades 6-12. (Note, in 2009, the Cherokee Nation only obtained data representative of students in grades 6-8.) CDC/DASH also provided technical assistance during the planning phase for the 2011 administration of the YRBS.

Winnebago Tribe of Nebraska receives funding to conduct the Youth Risk Behavior Survey (NCCDPHP)

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 high school students through data collection and dissemination. The Winnebago Tribe obtained weighted YRBS data in 2009 (allowing for generalized results); tribal leaders are currently reviewing the YRBS data for program planning

purposes. CDC/DASH also provided technical assistance during the planning phase for the 2011 YRBS.

Nez Perce Students for Success Program (NCCDPHP)

The Nez Perce Tribal Government receives funding to plan and implement coordinated school health programs in local schools. The Nez Perce Students for Success Program is a collaborative effort between the Nez Perce Education Department, Nimiipuu Health, and four local school districts to support the development of coordinated school health Programs in four K-12 schools on the Nez Perce reservation. The Students for Success Program works to improve the health of children through planning and coordination of programs across and within agencies. From October 2009 – September, 2010 the Nez Perce Students for Success Program completed numerous activities, including developing and supporting school health councils; providing professional development, technical assistance, curriculum, policy and advocacy to support coordinated school health programs; delivering professional development, curriculum and technical assistance on standards and research-based quality physical education for all physical education teachers; providing technical assistance and information sessions to 100% of district-level school health council members on youth engagement and school connectedness research to improve student health programs; collaborating with the Idaho Department of Education on two joint projects and renewing their Memorandum of Agreement; and networking with five new tribal health and education agencies to promote CSH.

Pilot Study of the Association between Acute Gastroenteritis and Water Quality, Availability, and Handling Practices on the Navajo Nation (NCEZID)

This is a collaborative project with the National Center for Emerging and Zoonotic Infectious Diseases, the Indian Health Service, Johns Hopkins Center for American Indian Health, and the Navajo Nation. Epidemiologic data will be compiled and analyzed to evaluate associations between specific water use practices and presence of waterborne pathogens in drinking water with severe gastrointestinal illness.

Evaluation of Diarrheal Associated Admissions and Outpatient Clinic Visits- Children less than Five (NCIRD)

CDC is collaborating with the Indian Health Service to evaluate trends in diarrheal-associated admissions and outpatient clinic visits among children <5 years of age during fiscal-year 2004-2009. Data from this evaluation originates in the National Patient Information and Reporting System (NPIRS), the Indian Health Service national data repository. Additional components of the project include a validation of childhood vaccinations contained in NPIRS and a rotavirus vaccination effectiveness study in the Southwest and Alaska Areas.

Effective Strategies to Reduce Motor Vehicle Injuries among AI/AN (NCIPC)

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 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 at approximately $70,000 per grantee. The period of performance is 9/2010 through 9/2014.

Arctic Investigations Program (NCEZID)

Arctic Investigations Program's (AIP) 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. Activities include: Sanitation services and infectious disease risk in rural Alaska: AIP was assessing infectious disease risk due to lack of sanitation services. The study produced significant results and members involved in the study now have in-home water and sewer service for the first time. 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. 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 AIP investigation concluded that pediatric dental caries are approximately 5 times more common in the region than for the general US childhood population. Support for Alaska Native Health Research: AIP promotes research activities by Tribal health organizations and supports Alaska Native/American Indian health researchers. Responding to pandemic H1N1 influenza in AI/AN populations: AIP established a functional unit within the CDC Emergency Operations Center, along with the Senior Tribal Liaison in the CDC Office of Minority Health, to address the H1N1 influenza pandemic among AI/AN people.

Study of association between water quality, water use patterns and gastroenteritis in the Navajo Nation (NCEZID)

Rates of infectious diarrhea among Navajo Nation residents are high, likely due in part to poverty, limited access to healthcare, and geographic isolation. Since studies had not been conducted to establish the co-relation, CDC, NCEZID, Division of Foodborne, Waterborne, and Environmental Diseases is addressing this along with John Hopkins University Center for American Indian Health.

Tick-borne Disease Control (NCEZID)

CDC, NCEZID, Division of Vectorborne Diseases is **w**orking with the Wampanoag tribe in MA to evaluate exposure to tularemia and other tick-borne diseases. Work to date has included a serosurvey and exposure assessment of Tribal members.

Rocky Mountain Spotted Fever (RMSF) Control (NCEZID)

Extensive cases of RMSF and some deaths on three Indian reservations in Arizona have surfaced where previously RMSF had not occurred. The Rickettsial Zoonoses Branch is investigating causes for heightened case fatality rates.

CDC/IHS American Indian and Alaska Native Heath Study Collaborations (NCEZID)

Ongoing epidemiologic collaborative projects with the Indian Health Service (IHS), Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program (AIP), and other agencies/divisions and universities to describe disease burden and health disparities for overall and specific infectious diseases among American Indian and Alaska Native communities. Studies provide information for developing prevention strategies and reducing health disparities related to infectious diseases. Findings as a result of the studies have subsequently increased awareness of specific infectious diseases.

Division of High-Consequence Pathogens and Pathology Scientific Investigations and Analyses (NCEZID)

Selected examples include: ongoing monitoring and medical chart review of AI/AN CJD-reported cases; study of viral etiologies in respiratory hospitalizations among Alaska Native children; and conducting examination and analysis of Kawasaki syndrome (KS).

Dog Rabies Vaccination (NCEZID)

Ongoing collaborative investigation since October 2009 of public health risks associated with dogs in AI/AN communities. Investigation supports the fact that lower rabies vaccination coverage of domestic animals on reservations results in an increased risk for rabies exposure to humans.

The New Mexico Assessment Initiative (OSELS)

The New Mexico Assessment Initiative through Public Health Surveillance Program Office, Office of Surveillance, Epidemiology, and Laboratory Services hired a tribal epidemiologist during the 2009-2010 funding year to work directly with New Mexico's Navajo Nation community on community health assessment and data sharing issues.

Data Sharing Agreement - New Mexico Department of Health (NMDOH) and the Navajo Area Indian Health Service (NAIHS) (OSELS)

A legal data sharing agreement between the New Mexico Department of Health (NMDOH) and the Navajo Area Indian Health Service (NAIHS) was executed during the 2009-2010 funding year.

Alaska Native Tribal Health Consortium (ANTHC) (NCHHSTP)

Activities for 2010 include the following. DSTP initiated community-based participatory research to inform the development of youth-focus prevention materials and communication strategies and created an Alaska Native youth-focused website. DSTP secured funding to explore the use and acceptance of self-collected vaginal swabs among Alaska Natives, particularly among those residing in small remote communities and partnered with the John's Hopkins University's Iwantthekit.org program to facilitate a web-based testing requests in an effort to address perceived confidentially barriers to screening. In February 2010, DSTP made a follow-up site visit to assess the status of the assessment recommendations; while there we met with representatives from ANTHC, State of Alaska, CDC Arctic Investigations Program, Alaska State Medical Board, Alaska State Medical Board, Tribal Health Corporation Medical Directors, and the South Central Foundation. In April 2010, the IHS National STD Program encouraged Tribal and

Alaska State partners to explore the possibility and potential benefits of requesting an EPIAID from the Division of STD Prevention to address an apparent gonorrhea outbreak and ongoing elevated rates of Chlamydia among Alaska Natives. The State of Alaska's Division of Epidemiology and Disease Prevention submitted a request to CDC/DSTDP for assistance. An EPIAID began in June 2010 and was staffed by two EIS officers. It included collection of survey data from medical providers, public health personnel, and patients regarding their acceptance of EPT as a means of partner treatment. Preliminary data analysis suggests widespread interest and acceptance of EPT, which would assist in the management of patients and partners in rural and urban regions of Alaska. We will continue to collaborate with the state and ANTHC to promote the implementation of EPT protocols once the data analysis is complete. In August 2010, the Division of STD Prevention participated in the first Statewide Tribal STD/HIV Taskforce meeting in Anchorage.

New Mexico and Arizona Tribal SNS Planning (OPHPR)

The states of New Mexico and Arizona are jointly working with the Navajo Nation to develop a Navajo Nation Strategic National Stockpile plan. In coordination with Arizona Department of Health, planning also is underway for a Navajo Nation receipt, stage and store (RSS) site to receive and house SNS materiel in the event that product is deployed during a public health emergency. This planning includes an integration of three New Mexico Indian Health Service (IHS) hospitals for alternate care sites as part of Navajo RSS plan. Furthermore, in New Mexico, 20 of 22 tribal medical countermeasure plans were developed that integrate point-of-dispensing sites between the IHS and the tribes. These plans demonstrate an integration of tribal and various IHS partners for the City Readiness Initiative and anthrax response.

Alaska Native Tribal Health Consortium (OPHPR)

These funds will be used by the Alaska Native Tribal Health Consortium (ANTHC) to coordinate plans and planning processes between the State of Alaska federal preparedness partners and the Alaska Native health system; to support the participation of Native health system personnel in state and federal bioterrorism exercises; to ensure the optimal utilization of resources, such as the Alaska Federal Health Care Access Network, and for development of communication plans, and production of communication strategies and messages for Alaska Native populations throughout the state.

Arizona Tohono O'odham Nation (OPHPR)

Collaboration with the Office of Border Health and Office of Infectious Disease Epidemiology to develop, implement and enhance the border-wide (cross-border) joint syndromic surveillance program for the purpose of early detection of emerging infectious diseases and syndromes of public health concern, including zoonotic diseases, food-borne illnesses, and fever and rash syndromes to include the following areas of interest.

Wampanoag (Tribal Nation) (**OPHPR)**

These funds will be awarded to the Wampanoag Tribe of Gay Head, a federally recognized American Indian tribal nation based on the island of Martha's Vineyard. 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 throughout the island, and with its partners in state government.

Fond du Lac Band of Lake Superior Chippewa (OPHPR)

Local public health agencies and tribal governments in Minnesota will use public health preparedness funding to support seven areas of preparedness and response. These include leadership, assessment, planning, surveillance and monitoring, response and recovery, workforce readiness, and communication. The specific activities required to receive funding from the Minnesota Department of Health (MDH) are developed by a state and local partnership group representing all of Minnesota's local public health agencies. MDH works directly with tribal governments to develop their specific activities.

Montana Blackfeet Reservation (OPHPR)

The Department of Public Health and Human Services contracts with local and tribal health jurisdictions (LHJ) to conduct preparedness activities. Funded activities will continue to enhance local public health capacity to respond to emergent situations, through planning, assessment and development of critical capacities in the areas of 1) Planning and response, 2) Epidemiology and surveillance, 3) Health Alert Network (HAN)/Information technology, 4) Risk Communication, 5) Training and education and 6) Exercising current capabilities Funds that are not directly supporting staff are generally used to support other activities related to this agreement, including supporting and maintaining the HAN infrastructure and exercises.

Eastern Band of Cherokee Indians (OPHPR)

Eastern Band of Cherokee Indians (EBCI) is a state and federally recognized tribal government. North Carolina Division of Public Health (NCDPH) contracts with EBCI to support integration of tribal plans & plan revisions, regional response coordination, mutual aid & partnership building, & supplying elders and service providers with emergency preparedness kits.

Oklahoma City Area Tribal Health Board (OPHPR)

Oklahoma City Area Tribal Health Board (OCATHB) – Preparedness Planning and Intertribal Emergency Management Coalition (ITEMC) Support - Funding is provided to: Assist federally recognized tribes in preparedness planning as well as collaborate with CDC tribal liaison and Oklahoma State Department of Health (OSDH) in the development of pandemic influenza preparedness plans for twenty-five federally recognized tribes within Oklahoma; Provide technical assistance to the tribes as needed; Develop Continuity of Operations Plan (COOP) for the tribes; Maintain a preparedness matrix, which will be reviewed and approved by OSDH. The matrix must comply with National Incident Management System (NIMS) standards and participation in the ITEMC.

Confederated Tribes of Warm Springs Reservation of Oregon (OPHPR)

Contract for development of tribal public health preparedness leadership infrastructure. These funds will be used to assist the state and tribes to create a strategic plan for tribal

public health preparedness which will inform and focus future tribal preparedness activities and support. Includes identifying a Preparedness coordinator, developing a tribal capacity assessment for public health preparedness, assessment for Pandemic Influenza Planning, drafting and submitting an Emergency Support Function (ESF) 8 Health and Medical Emergency Response Plan, a Health Alert Network (HAN) administrator and related duties, identification of emergency response roles, documentation of Incident Command System (ICS) trainings taken, exercises and evaluation of exercises.

Wisconsin Bad River Tribe (OPHPR)

Development of tribal infrastructure capacity such as: preparedness measures for prevention, detection, reporting, investigation, control, recovery, and improvement will be used as the guiding framework to further develop emergency ready public health departments. The performance measures will be used by local and tribal jurisdictions as a mechanism to evaluate the jurisdiction's capacity and capability to respond to terrorism, pandemic influenza, and other public health emergencies. Assessment and improvement of capabilities will be documented through functional exercise, full-scale exercise, or real event with Homeland Security Exercise and Evaluation Program (HSEEP) compliant after action reports and improvement plans.

3. American Recovery and Reinvestment Act Activities

Communities Putting Prevention to Work (NCCDPHP)

The Communities Putting Prevention to Work (CPPW) program is focused on producing sustainable, positive, and improved health outcomes via the promotion of policy, systems, and environmental-level change. CCPW-funded communities address tobacco control and obesity prevention through the implementation of multiple evidence-based MAPPS strategies - Media, Access, Point of Purchase/Promotion, Price, and Social Support and Services. When combined, MAPPS strategies can have a profound influence on improving health behaviors by changing community environments. Three CCPW-funded programs work with primarily with American Indian communities.

The Cherokee Nation is located across 14 counties in northeastern Oklahoma; over 122,000 members reside within the Tribal Jurisdictional Service Area. CPPW funds Cherokee Nation for both obesity and tobacco prevention. To tackle obesity, the Cherokee Nation is developing local media strategies that promote healthy food and beverage choices, adopting procurement and purchasing policies to reduce the price of healthy foods, implementing menu labeling, limiting unhealthy food and beverage availability in schools, and implementing farm-to-school programs; additional strategies focus on adopting quality physical education/activity in schools, afterschool, and childcare settings, increasing safe, attractive, and accessible places for physical activity, reducing the cost of recreation services, and expanding activity groups in workplaces, community gathering places, parks, and neighborhoods. To decrease tobacco use, the Cherokee Nation is implementing 24/7 tobacco-free policies in various sectors of the community including Cherokee Nation gaming operations, developing product placement guidelines for Cherokee Nation businesses and voluntary product placement programs for other merchants, supporting the elimination of free samples of tobacco and price

discounts at Cherokee Nation businesses and events, and increasing access to cessation services for students and for patients of Cherokee Nation and area Indian Health Services.

The Great Lakes Inter-Tribal Council in north-central Wisconsin, funded by CCPW for tobacco prevention, is a consortium of 5 federally recognized American Indian tribes with a total tribal population of 9,371. Tobacco abuse prevention and control activities include: radio and television public service announcements, the development of an educational kit on traditional tobacco use, educational community gatherings, restriction of tobacco sales to minors, supporting 100% smoke-free workplaces (including casinos), posting warnings at retail outlets on reservations, encouraging retailers to place tobacco products out of sight, supporting the elimination of free tobacco product samples, encouraging tribes to use tobacco tax rebates for tobacco abuse prevention programs, supporting no rebates on tobacco sales to tribal members, hosting a Youth Retreat and Cultural Cessation Camp, and providing nicotine replacement therapies to tribal clinics.

The Pueblo of Jemez located in Sandoval County, New Mexico is a federally recognized tribe with approximately 3,400 members. CPPW funds the Jemez Pueblo for obesity prevention. Interventions focus on increasing the availability of healthy foods and decreasing the availability of unhealthy foods for children, and working with local growers to increase access to fresh fruits and vegetables. In addition, physical activity interventions are being developed to increase physical education classes for all grades and to expand physical activity opportunities for all members of the community.

4. Affordable Care Act Activities specific to Tribes (OSTLTS)

OSTLTS awarded eight tribal health departments/bona fide agents cooperative agreements for the National Public Health Improvement Initiative totaling $2.5M. (Alaska Native Tribal Health Consortium; Cherokee Nation; Gila River Indian Community; Mille Lacs Band of Ojibwe; Montana-Wyoming Tribal Leaders Council; Navajo Nation Tribal Government, The Northwest Portland Area Indian Health Board; and SouthEast Alaska Regional Health Consortium). These tribes are part of mix of health departments including 49 states, 9 local, 5 territorial, and 3 freely associated pacific islands all focused on strengthening the nation's public health infrastructure and systematically increase performance management capacity to effectively and efficiently meet public health goals.

5. Tribal Delegation Meetings

October 26, 2009, National Indian Health Board and NIOSH

Meeting with the National Indian Health Board (NIHB) Franklin and members of the National Indian Health Board met to introduce themselves and have an opportunity to share information about NIHB and to meet NIOSH staff and learn about NIOSH's efforts related to AI/AN tribes was held in Atlanta, GA. Discussions on what NIHB was doing under their cooperative agreement with OMHD occurred. Follow-up Actions included schedule a meeting with TCUs to discuss occupations related to OSH and how students' may participate in CDCs minority summer programs. NIOSH shared information with

educational partners from the TCUs to keep them aware of applicable internship opportunities.

December 1-3, 2009, EPA Region 5 Tribal Climate Change Symposium

The NCEH/ATSDR Tribal Liaison participated in the symposium, which was hosted by the Forest County Potawatomi Tribe in Wisconsin on and provided an overview regarding the environmental health effects of climate change and to convey current activities that NCEH is involved with. This meeting was an opportunity to conduct outreach about NCEH and ATSDR as well as the services of the NCEH/ATSDR Office of Tribal Affair

Quarterly Meetings of Joint Alaska Immunization Committee

Meeting attendees include ANTHC immunization program, State of Alaska Immunization Program, Public Health Nursing, Arctic Investigations Program. The meeting is held in Anchorage, AK. The intent of the meeting is to harmonize statewide immunization policy, vaccine handling procedures, data sharing and education of immunization program staff and the public

Quarterly Meetings: Alaska Area Specimen Bank Committee

Attendees include, ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, Southeast Alaska Regional Health Corporation, and the CDC/Arctic Investigations Program held at ANTHC, Anchorage, Alaska The purpose of the meeting has been to revise guidance for Specimen Bank and circulated for Tribal approval.

Quarterly Tribal Epidemiology Meetings (OSELS)

The first Quarterly Tribal Epidemiology Meeting (QTEM) for the 2009-2010 funding year was held on December 7, 2009 in Albuquerque, NM. The guest speaker was a former US Surgeon General with the IHS. There were 15 participants at this meeting, including five staff from Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC). During this meeting, it was decided that tribal youth tobacco would be the topic for the March QTEM. The second QTEM meeting was the 2009-2010 funding year was held on March 23, 2010 in Gallup, NM. There were 21 participants at this meeting from different Pueblos and the Navajo Nation. Unfortunately, however, no participants from AASTEC attended this meeting. The Tribal Epidemiologist continues working with the tribes to ensure the QTEM is addressing their data needs, and has committed to holding the meetings in different locations throughout the state. The third QTEM Meeting for the 2009-2010 funding year did not occur.

Monthly meeting of the Alaska Area Institutional Review Board

There are 9 representatives from health professionals and general public representatives, including one from AIP that attend this meeting on the 3rd Tuesday of each month at ANTHC, Anchorage, Alaska. The purpose of the meeting is to review of research projects, review and approval of new projects.

Quarterly Albuquerque Area Indian Health Board Executive Council Meetings

Albuquerque Area Indian Health Board Executive Council meetings were held during the 2009-2010 funding cycle at the time of New Mexico's continuation application/interim progress report submission in April, 2010. The Tribal Epidemiologist attended the December 18, 2009 Executive Council meetings where she provided an update of the work CHAP has been doing with communities and tribes. The Tribal Epidemiologist was unable to attend the March 9, 2010 Executive Council meeting due to a conflicting meeting with the NEC in Window Rock, AZ. She continues to attend and participate in the Executive Council meetings in Albuquerque as well as to submit her monthly work plan at the beginning of each month to NEC and AASTEC. These work plans are often incorporated into the meeting binders of tribal council voting members.

Tribal Epidemiology Centers focused on Injury-Related Issues NCIPC

Participants include staff representatives from the TECs and NCIPC. The meetings, which take place quarterly, involve discussions of current injury-related news and projects from the various organizations. This group was convened via conference calls rather than in-person meetings. There is no formal follow-up. Members keep each other informed about news via e-mail when applicable. Since the meetings are more for information sharing, there are no major meeting outcomes.

6. Tribal Engagements

Tribal engagements occurred each time PGO and Project Officers engaged in funding negotiations.

7. Agency Tribal Technical Advisory Group (OSTLTS)

CDC held two formal Tribal Consultation Advisory Committee (TCAC) meetings during FY 2010 along with regularly scheduled conference calls. The TCAC meeting was held January 26 to 28, 2010 in Atlanta GA and July 26 to 28, 2010 in Havre, Montana. The OD/Office for State, Tribal, Local and Territorial Support (OSTLTS)/Senior Tribal Liaisons worked in collaboration with the TCAC co-chairs and membership to develop substantive agendas. TCAC 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 TCAC recommendations.

Noted accomplishments include: created increased transparency about CDC budget so tribes can see resource allocations stratified by categorical areas of high priority to them; provided (at least annually) a technical assistance training by the Procurements and Grants Office to assist AI/AN stakeholders in competing for funding; established standardized language specifying tribal eligibility in all funding opportunity announcements; and monitored multiple programs such as those related to smoking, cancer, diabetes, and unintentional injuries to maintain and increase funding for Tribes as well as collect some AI/AN best practices.

The Tribal Consultation Session July 26 to 28, 2010 in Havre, Montana was hosted by the Ft. Belknap Indian Reservation and Chippewa-Cree Tribe of the Rocky Boy's Reservation of Montana. The meetings focused on resource allocations and budget

priorities, public health preparedness and emergency response, epidemiology and disease surveillance, environmental public health in Indian Country, and obesity. 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.

8. 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 January 2005.

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.