

## 1. Highlights of Division Specific Accomplishments/Activities

### **Outbreak Response for Prevention of Rocky Mountain Spotted Fever on Tribal Lands (NCEZID/DVBD/RZB)**

Rocky Mountain Spotted Fever (RMSF) is a serious and potentially fatal disease that emerged on Arizona tribal lands as early as 2003. Over 250 human cases and 18 deaths have been reported from tribal lands in Arizona since 2003. The incidence of RMSF in eastern Arizona is over 70 times the national rate. The highest rates occur in children, and RMSF cases of all ages are ten times more likely to die in Arizona than in other parts of the country. Cases who recover from a severe infection may be permanently disabled. RMSF is a tickborne disease transmitted in Arizona by the brown dog tick (*Rhipicephalus sanguineus*), which thrives in areas where dog control is lacking. Unlike other U.S. ticks which may transmit RMSF (and are usually found in wooded areas), brown dog ticks are usually found in homes and yards and feed almost exclusively on dogs. Tribal lands in Arizona are the only known areas of the U.S. where epidemic transmission of RMSF from the brown dog tick is occurring, although the tick has also been linked to outbreaks in Mexico. Preventing RMSF and ticks bites is a very important goal for Arizona tribal communities, in order to save and improve the lives of tribal residents. Reducing ticks in the community directly translates to reduced RMSF cases in humans. During FY 2012, the Rickettsial Zoonoses Branch (OID/NCEZID) responded to requests for assistance from several tribes (Tohono O'odham Nation, Gila River Indian Community, Hopi Tribe, Navajo Nation, San Carlos Apache Tribe) related to RMSF assessment and prevention activities, as follows: 1) In November 2011, in response to the first human case of RMSF identified in a resident of the Tohono O'odham Nation, the tribe requested a CDC Epi-Aid #2012-011m to conduct a canine seroprevalence survey to identify RMSF risk throughout the reservation. The Epi-Aid identified widespread exposure among dogs on the reservation (overall rate 28.6%), and recommended broad prevention measures to control RMSF throughout the reservation. 2) In March 2012, in follow-up to a prior year's Epi-Aid, Gila River Indian community requested assistance from the Rickettsial Zoonoses Branch to assess ongoing rates of canine seroprevalence on their reservation. This was not conducted as an Epi-Aid. Overall seropositivity was low (<5%), but evidence of recent RMSF transmission was noted, suggesting that additional prevention measures were needed to reduce human risk. 3) In June 2012, following the identification of a fatal RMSF in a Hopi tribal member who lived off-reservation, the Rickettsial Zoonoses Branch was invited to participate in Epi-Aid # 2012-047. This investigation identified the presence of RMSF exposure among reservation dogs (12.5%), but was not able to conclusively identify a source for the patient's infection. 4) In July 2012, in response to concerns about RMSF on nearby tribal lands, the Navajo Nation requested assistance to evaluate its risk status through a systematic canine serosurvey spanning the reservation (Epi-Aid 2012-058); 16% of dogs were found to be positive. Funding – In kind (estimated \$127,000 in staff time, travel, supplies)

### **Rocky Mountain Spotted Fever (RMSF) Rodeo: A Demonstration Prevention Project on the San Carlos Apache Reservation, 2012 (NCEZID/DVBD/RZB, NCEH/DEEHS/EHSB)**

The RMSF Rodeo was developed as a pilot demonstration project and carried out in a single community. The RMSF Rodeo was a collaborative project involving CDC/NCEZID, CDC/NCEH, IHS, USDA, the San Carlos Apache Tribe, the state of Arizona, and private donors

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(Bayer, Petsmart Charities). The project received San Carlos Apache tribal approval in February 2012. The tribe selected Peridot Heights (~600-home community) to receive the intervention, largely due to the high number of RMSF cases that had been reported from this community in recent years. Utilizing field teams composed of federal, state, and tribal staff members, the project delivered appropriately timed and integrated pet care and tick control techniques to every participating home in Peridot Heights., including the following key activities: 1) placing a new eight-month tick collar (the first such collar available in the U.S. and donated pre-marketing for the project by Bayer) on every dog; 2) treating every house in the project area once a month for four months with a tick-killing pesticide product; 3) creating a dog licensing and traditional collaring program to track dogs in the neighborhood; 4) providing free stakes and tethers to encourage owners to reduce pet dog roaming; 5) providing free spay-neuter services to promote dog population control. The project commenced in April 2012 and ran through August 2012, concluding with an evaluation of tick counts and knowledge in the RMSF Rodeo community, compared to parts of the reservation that received usual tribal RMSF prevention efforts. The project was highly successful, with 99% of eligible homes participating. Tick infestation counts dropped dramatically in the RMSF Rodeo neighborhood; at registration, only 66% of dogs were tick-free, but by August 2012, 99% of dogs were tick-free. In contrast, only 63% of dogs outside the RMSF Rodeo area had ticks during the August evaluation. Funding – In kind (Estimated \$386,000 in staff time, travel, supplies, plus \$78,000 in donated products/services)

## **2. Division Specific Activities**

### **OFFICE OF THE DIRECTOR (OD)**

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

##### **CDC/ATSDR Tribal Support (OSTLTS/OD)**

CDC/ATSDR Tribal Support is the primary link between CDC, ATSDR, and tribal governments. CDC/ATSDR's Tribal Support activities focus on fulfilling CDC's supportive role in ensuring that AI/AN communities receive public health services that keep them safe and healthy. The Associate Director for Tribal Support serves as CDC/ATSDR's principal advisor to, and main liaison with, policy-level officials. The Tribal Support Unit also coordinates CDC programs and policies that benefit or affect AI/AN and serves as the subject matter expert on all CDC/ATSDR native efforts, including fulfillment of high-level speaking engagements, representing CDC/ATSDR on interagency committees, OPDIV internal capacity building, tribal technical assistance, etc. Funding – No specific award for this activity

##### **Secretary's Intradepartmental Council on Native American Affairs (ICNAA) (OSTLTS/OD)**

The Tribal Support Unit participated in, and provided administrative support to, ICNAA on behalf of CDC. Funding – \$10,143

##### **AI/AN Native Health Advisory Council (HRAC) (OSTLTS/OD)**

The Tribal Support Unit provided funds to support HRAC activities, including meeting support and travel of tribal leaders. The HRAC provides input on research priorities. Funding – \$16,700

**The American Indian, Alaska Native and Native Hawaiian Coalition (AIANNHC) (OSTLTS/OD)**

The Tribal Support Unit provided funds to support travel scholarships for native students to attend the annual meetings of the AIANNHC held in conjunction with the annual meeting of the American Public Health Association (APHA). Funding – \$5,000

**Tribal Winnable Battles Success Stories Compendium (OSTLTS/OD)**

The Tribal Support Unit partnered with a consultant and NCCDPHP to develop tribal Winnable Battles success stories. One story resulted in the St. Regis Mohawk Tribe's Centering Pregnancy Program receiving a national award from the National Indian Health Board for its work supporting and educating pregnant women. Project is ongoing. Funding – \$25,000 through a cooperative agreement with the National Public Health Information Coalition

**Tribal Grant Writing Trainings – University of Washington/Suquamish Tribe (OSTLTS/OD)**

The Tribal Support Unit is partnering with the University of Washington School of Nursing and the Suquamish Tribe (Washington) on the development of grant writing trainings targeting tribes. Funding – No specific award for this activity

**Tribal and State Health Collaborative Roundtable (OSTLTS/OD)**

Tribal and state meeting took place to identify best and promising practices and successful collaborative relationships. Discourse led to two primers on engagement. The roundtable included Centers for Medicare and Medicaid Services (CMS) and members of its Tribal Technical Advisory Group in addition to members of the CDC Tribal Advisory Committee (TAC). Funding – \$150, 000

**“Knowing Tribal Health” Primer (OSTLTS/OD)**

The Tribal Support Unit partnered with Association of State and Territorial Health Officers (ASTHO) to develop the "Knowing Tribal Health" primer, which provides guidance to state/local health officials on successfully partnering with tribal governments. Funding – No specific award for this activity, work product from Tribal and State Health Collaborative Roundtable

**Capacity Building Assistance to Improve Health in Tribal Populations (OSTLTS/OD)**

- **Reducing Rates of Childhood Obesity in Alaska Native/American Indian Populations:** The Tribal Support Unit awarded funds to the Southcentral Foundation (SCF) to assist in reducing childhood obesity among Alaska Native and American Indian youth in Alaska. SCF's capacity building assistance will support a breastfeeding education class for pregnant women; a support group for women after childbirth; lactation education courses and certification for three health educators; revisions to the InJoy curriculum so that it is culturally relevant and teaches breastfeeding basics; the Snuggle Time weekly support group, through which participants share their struggles and joys with one another, a behavioral health consultant, and a certified lactation educator; and the Physical Activity Club for Kids, an after-school program for overweight and

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obese children, led by two Alaska Native clinical exercise specialists. Funding – \$300,000

- **Strengthening the Capacity of Tribal Health Departments to Implement HIV Prevention:** The Tribal Support Unit awarded a cooperative agreement to the National Native American AIDS Prevention Center (NNAAPC) for capacity building and technical assistance to five tribal health departments. Funding will support strengthening organizational infrastructure and programmatic skills, providing culturally responsive HIV counseling, testing, and referral services, and applying a link-to-care protocol based upon the Antiretroviral Treatment Access Studies model. Funded tribes include the Confederated Tribes of the Colville Reservation (Washington), Fort Peck Assiniboine and Sioux Tribes (Montana), Shoshone Bannock Tribes (Idaho), Standing Rock Sioux Tribe (North and South Dakota), and White Earth Reservation (Minnesota). NNAAPC also received a supplement from NCHHSTP for STD prevention in urban Indian populations in Denver, CO, and Billings, MT. Funding – \$288,400 (additional \$200,000 supplement from NCHHSTP)

**Accreditation Support Initiative (OSTLTS/DPHPI/HDSDB)**

Accreditation support to prepare for national accreditation through the Public Health Accreditation Board (PHAB). Partners: The Association of State and Territorial Health Officials (ASTHO), the National Network of Public Health Institutes (NNPHI), and the National Association of County and City Health Officials (NACCHO). Tribal grantees:

- **Yellowhawk Tribal Health Center (Oregon)** – Yellowhawk Tribal Health Center completed a departmental strategic plan and integrated it into the Tribal Health Improvement Plan. They also evaluated public health laws and developed a guide to assist staff and providers in understanding their roles and responsibilities in enforcement.
- **InterTribal Council of Arizona, Inc.** – InterTribal Council of Arizona, Inc. increased awareness about public health accreditation and the application process among tribes in Arizona, Utah, and Nevada; developed a tribal-specific accreditation readiness tool for conducting a community health assessment; and increased opportunities for tribal public health systems in Arizona to communicate and coordinate public health accreditation.

Total funding – \$65,000 through a cooperative agreement with NACCHO

**Comprehensive Legal Review - San Carlos Apache (OSTLTS/OD/PHLO)**

The Public Health Law Office (PHLO) conducted a comprehensive legal review and provided resources to the San Carlos Apache Tribe on infectious disease issues. Funding – No specific award for this activity

**Comprehensive Legal Review - Umatilla Nation (OSTLTS/OD/PHLO)**

PHLO conducted a comprehensive legal review and provided guidance and suggestions on five legal issues—disease reporting, prescription drug monitoring, authority to be a mental health provider, child abuse and neglect reporting, and the legal doctrines applicable to limiting services offered in a mixed community to only tribe or nation members—to the Confederated Tribes of the Umatilla Indian Reservation. Funding – No specific award for this activity

**Public Health Law and Science – A Seminar for Tribal Judges (OSTLTS/OD/PHLO)**

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PHLO conducted a seminar about infectious diseases and the law for tribal judges in Arizona. This seminar is part of a series of judicial training sessions funded by CDC's Office of Public Health Preparedness and Response (OPHPR) and implemented by the University of Pittsburgh. Funding – \$35,000 for seminar through cooperative agreement with ASTHO, sub-award to University of Pittsburgh

**Legal Foundations for Traditional Hunting and Fishing Rights (OSTLTS/OD/PHLO)**

PHLO provided direct technical assistance to Toiyabe Indian Health Project, Inc. (California) in the form of a memorandum on the legal theories behind Native American tribes and nations exercising their traditional hunting and fishing rights in off-reservation locations. Funding – No specific award for this activity

**ASTHO: Leadership Focus Area-Tribal Organizations Capacity Building (OSTLTS/OD/PSB)**

ASTHO, through subcontracts, supported tribal leadership capacity building by partnering with the National Indian Health Board (NIHB) and Northwest Portland Area Indian Health Board (NPAIHB). NIHB and NPAIHB provided national leadership and program activities that address the following CDC priorities: Tribal Epi Centers: Expanding collaboration among Tribal Epi Centers; Healthy People 2020: Identifying and monitoring data for tribal-related Healthy People 2020 Objectives; Accreditation: Activities related to supporting and launching a national accreditation program; Surveillance: Analyzing and disseminating tribal data; Tribal, Federal & State Relations: Cultivating collaborative relationships; and Winnable Battles: Coordination of tribal public health initiatives. Activities were carried out in FY 2012 with funds from FY 2011. Funding – \$585,000 (FY 2011)

**National Network of Public Health – Leadership to Provide Technical Assistance for the Tribal Public Health Institute Feasibility Study (OSTLTS/OD/PSB)**

NNPHI will provide ongoing technical assistance to Red Star Innovations as it conducts the feasibility study to support the development of a Tribal Public Health Institute (TPHI). Red Star Innovations initiated the feasibility study in May 2012. Funding – \$39,998

**Public Health Foundation (PHF) – Core Capacity Building (OSTLTS/OD/PSB)**

PHF explored how it can better develop, deliver, and disseminate existing program management (PM) and quality improvement (QI) products and services for use by tribal health departments. PHF adapted PM and QI resources to enhance their applicability within tribal health departments. Funding - \$59,189

**Public Health Foundation (PHF) – Minority Student Outreach Pilot Project (OSTLTS/OD/PSB)**

PHF's project was to help increase the number of minority public health professionals working in STLT health departments. They have conducted research and learned about tribal health leadership and the unique challenges that must be addressed in order to best serve tribal communities. Funding - \$25,631

**Association of State and Territorial Health Officials (ASTHO) – Development and Implementation of Native Diabetes Wellness Program Traditional Foods Project Technical Assistance Protocol (OSTLTS/OD/PSB)**

This project addressed the following priorities: Increasing diabetes prevention behaviors through sustained community member access to local traditional healthy foods and physical activity; enhancing and improving community and environmental strategies to prevent diabetes through sustained access to opportunities for physical activity in culturally relevant ways and in safe areas; and integrating physical activity with accessing local traditional healthy foods. This work is integrated with all of the Native Diabetes Wellness Program’s efforts to address diabetes-related health disparities in Indian Country. Funding – \$200,000

**Public Health Associate Program (PHAP) (OSTLTS/OD/FSO)**

PHAP is a competitive, two-year, paid CDC fellowship. A PHAP associate is assigned to a state, tribal, local, or territorial public health agency and works alongside local public health professionals. After completing the program, PHAP graduates are qualified for future jobs with federal, state, tribal, local, and territorial public health agencies, and are uniquely prepared to pursue an advanced degree in public health. Three associates are currently working at host sites in Indian Country: Shoalwater Bay Tribal Health Department and Wellness Center in Tokeland, Washington; Eastern Band of Cherokee Indians Health and Medical Division in Cherokee, North Carolina; and California Tribal Epidemiology Center in Sacramento, California. Funding – Direct assistance

**OFFICE OF SURVEILLANCE, EPIDEMIOLOGY AND LABORATORY SERVICES  
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**Epi-Aid in Alaska: Yukon-Kuskokwim Health Corporation (Epi-Aid 2012-080)  
(OSELS/SEPDPO/DAS/EISB, NCEZID/DPEI/AIP)**

Community-acquired methicillin-resistant *Staphylococcus aureus* and methicillin-sensitive *S. aureus* infections are common to Southwest Alaska and have been associated with traditional steam baths. There is little evidence about the knowledge, attitudes, and perceptions of skin infections in Alaska Native people in Southwest Alaska. This information will help guide urgent actions needed to reduce transmission. The Yukon-Kuskokwim Health Corporation will use this information to identify and tailor appropriate evidence-based interventions to reduce the spread of infection in the specific communities. Funding – No specific award for this activity

**Epi-Aid in Arizona: San Carlos Apache Reservation (Epi-Aid 2012-066)  
(OSELS/SEPDPO/DAS/EISB, NCEZID/DVBD/RZB)**

The San Carlos Apache Tribe in eastern Arizona reported their first human cases of Rocky Mountain Spotted Fever (RMSF) in 2006, and cases have been reported every year since. RMSF has reached epidemic status on the reservation, and two fatal cases were reported in March 2012. In August 2012, the EIS conducted an Epi-Aid at the San Carlos Apache Reservation in Arizona to evaluate an RMSF prevention program. Funding – No specific award for this activity

**Epi-Aid in Arizona, New Mexico, Colorado, and Utah: Navajo Nation (Epi-Aid 2012-058)  
(OSELS/SEPDPO/DAS/EISB, NCEZID/DVBD/RZB)**

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In June 2012, the EIS conducted an Epi-Aid in Arizona, New Mexico, Colorado, and Utah to assess the risk for RMSF among the Navajo Nation. Although human cases have not been previously reported from the Navajo reservation, a published report in 2010 described seroprevalence rates to spotted fever rickettsiae among dogs as >50% on the nearby Hopi reservation, suggesting possible human risk on the reservation. Funding – No specific award for this activity

**Epi-Aid in South Dakota: Oglala Sioux and Cheyenne River Sioux Tribes (Epi-Aid 2012-051) (OSELS/SEPDPO/DAS/EISB, NCHHSTP/DSTDP/ESB)**

The rates of gonorrhea and chlamydia among American Indians in South Dakota are disproportionately high and steadily increasing. In June 2012, the EIS conducted an Epi-Aid with the Oglala Sioux and Cheyenne River Sioux Tribes in South Dakota to 1) characterize the increases in chlamydia and gonorrhea among American Indians with respect to demographics and geography; 2) determine if increases in cases could be attributed to increased screening, changes in test technology, or other factors; and 3) identify opportunities for prevention and control. Funding – No specific award for this activity

**Epi-Aid in Arizona: Hopi Reservation (Epi-Aid 2012-047) (OSELS/SEPDPO/DAS/EISB, NCEZID/DVBD/RZB)**

In May 2012, the EIS conducted an Epi-Aid to assess the risk for RMSF on an Arizona Hopi reservation after a fatal case occurred in a Hopi tribal member. Funding – No specific award for this activity

**Clinical Characteristics and Survival of HIV-Positive American Indians (OSELS/SEPDPO/DAS/EFAB, NCHHSTP)**

This project examined the medical records of 460 HIV-positive American Indians receiving care at an urban IHS facility that incorporates an HIV center of excellence to conduct a survival analysis and examine clinical outcomes amongst this cohort. Persons from a multitude of tribes are included in this study because patients from a very wide geographic area, encompassing many states, access care at the HIV center of excellence. American Indians living with HIV are seldom included in HIV/AIDS studies or clinical trials and little reported data is available on the clinical characteristics and course of illness in this population. Collaborators included: IHS, CDC, and the Arizona Department of Health Services. Funding – No specific award for this activity

**OFFICE OF INFECTIOUS DISEASES (OID)**

**National Center for Emerging and Zoonotic Infectious Diseases (NCEZID)**

**CDC/IHS American Indian and Alaska Native Health Analyses Collaborations (NCEZID)**

Ongoing epidemiologic/analytical collaborative projects with the IHS, Alaska Native Tribal Health Consortium (ANTHC), CDC Arctic Investigations Program (AIP), and other agencies and CDC divisions to detect and describe disease burden and health disparities for overall and specific infectious diseases among the American Indian and Alaska Native (AI/AN) population. Analyses provide information for developing prevention strategies, vaccination policies, and

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reducing health disparities related to infectious diseases. Findings increase awareness of specific infectious diseases, and highlight disease, person, and geographic target areas to further investigate health disparities. For example, the identification of lower respiratory tract infections disparities among Alaska Native children led to more in-depth respiratory studies and educational efforts to reduce disease among young children in Alaska.

**Infectious Diseases:** 1) Analysis of overall and specific infectious disease hospitalizations among the AI/AN population using IHS data to provide recent infectious disease hospitalization rates, high-risk diseases and high-risk areas to focus further study and prevention measures for the reduction of infectious diseases in the AI/AN population. The findings were presented at the World Society of Pediatric Infectious Diseases Conference. 2) Analyzed the occurrence of overall and specific infectious disease hospitalizations among the Alaska Native (AN) population using IHS data. This analysis provides recent infectious disease hospitalization rates, high-risk diseases and high-risk areas to focus further study and prevention measures for the reduction of infectious diseases in AN communities. The findings were presented at the International Congress on Circumpolar Health and a paper will be published.

**Molluscum Contagiosum:** Case/control study was analyzed to describe the epidemiology and risk factors that contribute to the high incidence of molluscum contagiosum among children in two specific AI/AN communities. This work will help target outreach and education activities with the long term goal of reducing disease incidence in these communities. Presentation of a description of molluscum contagiosum cases in the communities was given at the Native Health Research Conference. Analysis and presentation of risk factors is in progress.

**Prion disease:** Ongoing analysis of mortality data for AI/ANs with prion disease as a cause of death. Current available data is used to determine the occurrence of the disease among this population, including in chronic wasting disease endemic areas.

**IHS/NDI Linkage Project:** Committee member, and investigator on studies analyzing deaths among AI/AN infants and infectious diseases among all AI/AN deaths. Design and analysis is proceeding for both studies. These studies use newly created death dataset with IHS AI/AN race-corrected data which allow for more accurate calculation of death rates among AI/ANs. Health disparities will be examined by comparing death rates for AI/ANs with those for non-Hispanic whites. These studies are slated for publication.

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

**Dog bite injuries:** Analysis of AI/AN hospitalizations and outpatient visits for dog bite injuries with focus on affect related to tick-borne diseases and rabies. Dog bites were found to be a significant public health threat among AI/AN children living in the Alaska, Southwest and Northern Plains West regions, which indicate that enhanced animal control and education efforts should reduce dog bite injuries and emerging infectious diseases. Paper was accepted for publication.

**Tickborne diseases:** 1) Analysis of RMSF among AI/ANs using IHS inpatient and outpatient visit data. The incidence and high risk areas for RMSF were determined. The findings were published. 2) Analysis of ehrlichiosis among AI/ANs using IHS inpatient and outpatient visit

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data. In this first analysis of ehrlichiosis among AI/ANs, incidence was estimated to describe trends and high risk areas. The findings were published.

**Neurologic diseases:** 1) Analysis of Parkinson disease-associated IHS inpatient and outpatient patient-based data to describe prevalence among the AI/AN population. Published paper on the Parkinson disease and presentation of Parkinson disease given at the Annual American Academy of Neurology. 2) Analyzed ALS-associated IHS inpatient and outpatient patient-based data to describe occurrence of ALS among AI/ANs. Paper on ALS analysis is in press.

**Respiratory diseases:** 1) Collaborated on an analysis of lower respiratory tract infection hospitalizations among AI/AN children to describe risk factors. Paper was published. Also, specific findings regarding Alaska Native children were presented at the International Congress on Circumpolar Health, and an extended abstract will be published. 2) Assisted in analysis of bronchiectasis outpatient visits among AN children, along with analysis of data for indigenous children in Australia and New Zealand. Paper submitted for publication.

**Gastroenteritis:** Published analysis of the occurrence of gastroenteritis hospitalizations among AI/ANs prior to and after the introduction of the rotavirus vaccine to describe the effect of the vaccine on hospitalizations. The findings underscored the importance of rotavirus vaccine among this population.

Consultation and requests for specific IHS inpatient/outpatient visit analysis for specific diseases are conducted as appropriate. Funding – \$40,000 through IAA with IHS

**Arctic Investigations Program (AIP) (NCEZID/DPEI/AIP)**

AIP's program mission is the prevention of infectious disease in people of the Arctic and subarctic, with particular emphasis on indigenous people's health. AIP coordinates disease surveillance and operates one of only two Laboratory Response Network labs in Alaska.

**Sanitation services and infectious disease risk in rural Alaska:** AIP assessed increased infectious disease risk due to lack of in-home sanitation services. These studies have been used to advocate for increased funding for water and sanitation services in Alaska.

**Response to emergence of replacement pneumococcal disease in Alaska Native infants:** AIP supported introduction of a new pneumococcal vaccine, PCV 13, in southwest Alaska. Usage results clarified that it provides protection for up to 75% of serious pneumococcal illnesses. Since routine use of this vaccine began in 2010, rates of serious pneumococcal infections have decreased in rural Alaska Native children.

**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 five times more common in the region than for the general US childhood population. CDC's Division of Preparedness and Emerging Infections (DPEI), along with two Alaska Native tribal health organizations, is conducting a cost-effectiveness study of caries prevention strategies. AIP is also working to establish a caries surveillance system using electronic health records in collaboration with a tribal health organization in southwest Alaska.

**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 has been addressing the increased influenza mortality among AI/AN people by leading a five-state investigation into risk

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factors for deaths. The study data have been collected and are undergoing analysis. Results to be released in 2013.

**Skin and soft tissue infections in rural Alaska:** In 2012, The Yukon Kuskokwim Health Corporation, a tribal health organization in southwest Alaska, requested CDC assistance through an Epi-Aid mechanism to improve prevention and control of skin and soft tissue infections caused by methicillin-resistant *Staphylococcus aureus*. AIP responded with a three-week field investigation in the villages with the highest rates of infection. An intervention plan will be developed and implemented in 2013.

**Joint Alaska Immunization Committee:** Quarterly meetings in Anchorage focused on harmonization of statewide immunization policy, vaccine handling procedures, data sharing, and education of immunization program staff and the public. Attendees included: ANTHC immunization program, State of Alaska Immunization Program, Public Health Nursing, and AIP (NCEZID).

Funding – \$3.1 million

**National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**

**Alaska Native Tribal Health Consortium (NCHHSTP/DVH)**

These funds are used to improve efforts to prevent hepatitis A and B through vaccination in Alaska Natives and to study interventions to reduce mortality and morbidity from chronic hepatitis B and C in this population. Funding – \$369,661

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

- Colorado State University – Fort Collins – American Indian/Native American awardee, Funding – \$401,787
- The National Native American AIDS Prevention Center (NNAAPC), Funding – \$401,787
- Great Plains Tribal Chairmen's Health Board (Aberdeen Area Tribal Chairmen's Health Board), Funding – \$351,938

**Comprehensive HIV Prevention Programs for Health Departments (NCHHSTP/DHAP)**

NCHHSTP indirectly funded American Indian/Alaska Native awardee through health departments. Funding – \$2,549,980

**Human Immunodeficiency Virus (HIV) Prevention Projects for Community-Based Organizations (NCHHSTP/DHAP)**

Indigenous People's Task Force, Funding – \$306,306

**OFFICE OF NONCOMMUNICABLE DISEASES, INJURY AND ENVIRONMENTAL HEALTH (ONDIEH)**

**National Center for Environmental Health (NCEH)/Agency for Toxic Substances and Disease Registry (ATSDR)**

**Working Effectively with Tribal Governments Training Course (NCEH/ATSDR/OD/OTA)**

Hosted a “Working Effectively with Tribal Governments” training course for employees on August 22-23, 2012. The purpose of the course was to provide an overview of American Indian/Alaska Native (AI/AN) history to provide context for the complex environmental public health (EPH) issues that tribes face in the present day. Funding – \$9,000 through a cooperative agreement with APHA

**National Tribal Environmental Health (NTEH) Think Tank (NCEH/ATSDR/OD/OTA)**

The primary purpose is to 1) characterize the priority environmental public health (EPH) issues facing tribal communities, 2) determine which NCEH/ATSDR divisions and branches are best suited to address these issues, and 3) offer actionable recommendations for NCEH/ATSDR leadership on how best to collaborate and engage with tribes on the selected issues. Key partners include the Great Lakes Inter-Tribal Epidemiology Center; Navajo Epidemiology Center; Alaska Wilderness League; Great Lakes Inter-Tribal Epidemiology Center; Pechanga Band of Luiseno Indians; Shoshone Bannock Tribe; Oglala Sioux Tribe; Great Plains Tribal Chairmen’s Health Board; Menominee Nation; Ho-Chunk Nation; Navajo Nation; Tohono O’odham Nation; Woman is the First Environment Collaborative; Poarch Band of Creek Indians; Native American Health Center. Funding – \$100,000 through a cooperative agreement with APHA

**A Prospective Birth Cohort Study Involving Environmental Uranium Exposure in the Navajo Nation (ATSDR/DTHHS/EEB, NCEH/DLS/IRATB)**

The purpose of this study is to evaluate environmental uranium exposure by recruiting Navajo mothers, assessing their uranium exposure at key developmental milestones, and following the children post-birth to assess any associations with birth defects or developmental delays. Extensive uranium mining and milling have occurred in the Navajo Nation during the last half century. While there have been many studies of environmental and occupational exposure to uranium and associated renal effects in the adult population, there have been very few studies of other adverse health effects. There is limited epidemiologic and toxicological information indicating that uranium may pose a risk to the developing fetus. Applied public health objectives of the study are to provide health education to help mitigate uranium exposure, to increase prenatal care utilization among Navajo mothers, and to deliver earlier assessment and referral for identified developmental delays. Funding – \$2,000,000 through the University of New Mexico

**National Center for Environmental Health (NCEH)**

**Bisphenol A and Speciated Biomonitoring in a Native American Community / Association of BPA, Arsenic levels, and Diabetes among persons living in the Cheyenne River Sioux Tribe (NCEH/DEHHE/HSB, NCEH/DLS/IRATB)**

The goal of this study—conducted in collaboration with the Cheyenne River Sioux Tribe (CRST)—is to determine Bisphenol A (BPA) and speciated arsenic concentrations in a Native American population and potentially associated health effects. BPA and arsenic exposure may be associated with adverse health effects such as diabetes, hyperlipidemia and obesity. Genetics

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may play a role in this association. Biomonitoring results of urine BPA and speciated arsenic levels were found to be similar to the NHANES US population. Further data analysis is underway for associations of biomonitoring results and diabetes status. The Division of Laboratory Sciences (DLS), Inorganic and Radiation Analytical Toxicology Branch (IRATB), Inorganic and Radiation Analytical Toxicology, Organic Analytical Toxicology, and Clinical Chemistry Laboratories provided supplies and conducted urine analysis for the study. Funding – No specific award for this activity

**Addressing Asthma from a Public Health Perspective, Washington State Asthma Program (NCEH/DEHHE/APRHB)**

The Washington State Department of Health (WDOH) is collaborating with the Port Gamble S’Klallam Tribe to develop and test a model tribal asthma home visit program, which may then be replicated by other tribes around the state. This population experiences significant disparities in their overall burden of asthma and related risk factors. Asthma home visits, combining home environmental assessment, trigger reduction, and self-management education, are an evidence-based strategy for improving asthma health outcomes. They are also well suited to tribal health care delivery systems, which make extensive use of community health workers. The goals of this project are to reduce asthma-related health disparities in tribal communities, as measured by emergency department visits, hospitalizations, symptom days, and missed school/work; build skills and capacity within Washington tribes to address asthma; and develop an effective, replicable, and sustainable model for a tribal asthma home visit program. The tribal asthma home visit project has generated interest and spread to other tribes in Washington. Both the Suquamish and Lower Elwha Tribes have contacted WDOH about starting their own asthma home visit programs. Both tribes plan to integrate the visits into their current home visit programs. In March 2011, WDOH staff provided a combination of asthma educator and master home environmentalist training to Suquamish staff. Funding – \$98,920 through a cooperative agreement with WDOH

**Addressing Asthma from a Public Health Perspective, Minnesota Asthma Program (NCEH/DEHHE/APRHB)**

This intervention is intended to ensure that American Indians with asthma, their families, and other caregivers are well-informed and engaged in appropriate asthma self-management, including written asthma action plans and assessment of environmental triggers of asthma. RETA stands for “reducing environmental triggers of asthma,” and the program is referred to as Tribal-RETA (Reducing Environmental Triggers for Asthma). This project will occur in the White Earth Nation reservation. The Minnesota Department of Health program staff will work with White Earth Health Clinic staff to connect with public health nurses and environmental staff serving White Earth tribal members and will discuss potential partnerships to implement the Tribal RETA program. The evaluation of the Tribal-RETA interventions will determine whether it is feasible to expand the established asthma home visit program to elders with asthma. It will also determine the contribution of the Tribal-RETA program to improvements in asthma outcome measures for the tribal population. Funding – \$108,330 (including \$34,882 funded to the contractor for the project: White Earth Health Clinic) through a cooperative agreement with Minnesota Department of Health

**Nicotine Exposure and Metabolism in Alaska Native Adults Research Study (NCEH/DLS/ERATB)**

The Division of Laboratory Sciences (DLS) Emergency Response and Air Toxicants Branch provided in-kind laboratory analysis via agreement with the Alaska Native Medical Center (ANMC)/IHS on a cross-sectional study to generate information on nicotine and carcinogen exposure in underserved Alaska Natives. DLS completed chemical analysis of Alaskan iq'mik, a native smokeless tobacco mixture that combines tobacco and fungus/plant ash, and performed measurements in urine for cotinine (a nicotine byproduct). Select findings were published in FY 2012. Funding – In kind, laboratory analysis through a grant with IHS

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

**National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (NCCDPHP/DCPC)**

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

**National Comprehensive Cancer Control Program (CCC) (NCCDPHP/DCPC)**

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

- The Northern Plains Comprehensive Cancer Control Program (NPCCCP) was established in July 2005. NPCCCP has initiated, facilitated, and assisted in several projects. It has leveraged numerous partnerships at various governmental, university, medical, and local organizational levels and work continuously to foster these partnerships while identifying new ones. NPCCCP is currently in the planning stages for the revision of a Cancer Plan. NPCCCP works very closely with the Northern Plains Tribal Cancer Data Improvement Initiative and assists in conducting data collection, analysis, and surveillance activities. Funding – \$342,810
- With the support of Fon du Lac (FDL) Wiidookaage Cancer Team members, FDL Human Services Department (HSD) staff, FDL Tribal Leadership, FDL community members, and several external cancer partners continued to expand implementation of the Fond du Lac Band of Lake Superior Chippewa Wiidookaage Cancer Plan 2007-2012. The program maintained contact and mutually beneficial interaction with the 39 cancer partners from tribal, local, state, and national cancer-related agencies and piloted the National American Cancer Society's revised "Circle of Life" program during fall 2010.

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The revisions were based, in part, on Fond du Lac's model, "Circle of Life Plus," adding all screenable cancers, supportive resources information and cancer prevention information to the previously breast and cervical cancer-focused program. The new "Circle of Life" will be introduced nationwide in 2011 to interested tribal programs. Fond du Lac Band of Lake Superior Chippewa Wiidookaage Cancer Plan 2007-2012. Funding – \$261,346

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

**Colorectal Cancer Control Program (CRCCP) (NCCDPHP/DCPC)**

The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50 years and older from about 64% to 80% in the funded states by 2014. The program provides population-based approaches to increase colorectal cancer screening rates among the U.S. population 50 years of age and older through policy and health systems change, outreach, case management, and limited provision of direct screening services. Funded programs include: Arctic Slope Native Association Unlimited, Funding – \$362,205; Alaska Native Tribal Health Consortium, Funding – \$750,000; South Puget Intertribal Planning Agency, Funding – \$650,000; Southcentral Foundation, Funding – \$740,520

**Tribal BRFSS Project (NCCDPHP/DCPC)**

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

**Enhancing Cancer Prevention and Control Programs for American Indian/Alaskan Native Women (NCCDPHP/DCPC)**

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

**EARLY ACT AI/AN Project - "Walking Together: Making A Path Toward Healing"  
(NCCDPHP/DCPC)**

The purpose of this IAA is to support the Phoenix Indian Medical Center Oncology Program in identifying and describing the impediments to care faced physically, psychologically, and spiritually by young AI/AN women diagnosed with breast cancer under the age of 45, from their own viewpoints. Through focus groups, the patients' understanding of the barriers they faced in getting care, as well as their viewpoints regarding services available or unavailable to them, will be studied. The information gathered will be used to develop recommendations for targeted interventions that will address common concerns in these patients' breast cancer journeys. Funding – \$112,347 through an IAA with IHS, Phoenix Indian Medical Center

**Tribal Tobacco Control Program to Reduce Tobacco Use Among American Indians and Alaska Natives (NCCDPHP/OSH)**

The Nez Pierce Tribal Commercial Tobacco Abuse Prevention Program implements evidence-based strategies to reduce tobacco abuse among tribal members. Program staff members partner with the Idaho Tobacco Control Program, Project Filter for training activities, developing culturally appropriate messaging, and strategies for encouraging tribal members to use the Quit Line and other cessation services. The Nez Perce Program has met several milestones, including establishing a tobacco control coalition with representation from the Tribal Community Health Center, Diabetes Program, Tribal Police, Tribal Housing Authority and the Nez Perce Tribal Executive Committee. In addition the program is educating several tribal agencies on the health benefits of strengthening and enforcing their existing smoke-free workplace policy. The program partnered with the school district to enforce their closed campus policy at the high school to discourage students from leaving campus to purchase and smoke cigarettes. Also, the program has implemented the American Indian Adult Tobacco Survey successfully. Funding – \$200,000

**Black Hills American Indian Health Center (NCCDPHP/OSH)**

The Black Hills American Indian Health Center is collaborating with the Navajo Nation Division of Health and the Navajo Indian Health Service to modify the Navajo Nation Youth Risk and Resiliency Survey. The Center collaborates with the Navajo Epidemiology Center (Navajo Nation Division of Health) for program evaluation services. The Center specializes in supporting decision making on significant health and social issues by providing evaluation services, with a recent emphasis on tobacco prevention and control. Funding – \$250,000

**Cherokee Nation Tobacco Program (NCCDPHP/OSH)**

Partners with schools, communities, worksites, and health care settings within the Cherokee Nation tribal jurisdictional area to implement policy, systems, and environment change. The program goal is to make Cherokee Nation citizens healthier by making the healthy choice the easy choice for all tribal citizens. The program partners with the Oklahoma State Health Department to administer the Youth Tobacco Survey in schools located inside of Cherokee Nation jurisdiction and provides technical assistance to 112 elementary, middle and high schools implementing 24/7 school tobacco-free policies in the 14-county Tribal Jurisdictional Service Area. It also collaborated with the tribal health care system to implement the clinical practice guidelines for tobacco dependency and document interventions on the electronic medical records, among other public health activities. Funding – \$200,000

**Great Plains Tribal Chairmen's Health Board (NCCDPHP/OSH)**

The Great Plains Tribal Chairmen's Health Board collaborates with 18 tribes located in four states to implement culturally appropriate interventions to reduce commercial tobacco use. The project conducted several public health surveys and established a broad-based community coalition to facilitate communications, information sharing, and action plan development in tribal communities, among other public health activities. Funding – \$232,670

**Inter-Tribal Council of Michigan (ITCM) (NCCDPHP/OSH)**

The ITCM partners with seven Michigan tribes to reduce commercial tobacco use by building the capacity of the tribes to maintain a surveillance system, educate tribal members about the health impact of tobacco use, incorporate a physician reminder system in the existing medical assessments, implement the American Indian Adult Tobacco Survey, and strengthen and enforce existing smoke-free policies. The program, in collaboration with the Michigan Public Health Institute Evaluation team and the seven funded Michigan tribes, developed a tobacco control surveillance and monitoring system, among other public health activities. Funding – \$232,670

**Muscogee Creek Tobacco Program (NCCDPHP/OSH)**

The Muscogee Creek Tobacco Program is focused on reducing commercial tobacco abuse among tribal members, engaging tribal elders, leaders, and communities in activities that will encourage tribal members who use tobacco products to quit, and collaborating with partners to eliminate youth access to tobacco products through various strategies. They have partnered with multiple state and local partners on their multi-dimensional activities. Funding – \$250,000

**National Network for Commercial Tobacco Use (NCCDPHP/OSH)**

The National Network for Commercial Tobacco Abuse Prevention (National Native Network) Program is designed to build the capacity of tribal tobacco control programs. This goal is achieved by recruiting individuals and organizations to facilitate learning and information sharing across and within Indian Country. Funding – \$400,000

**SouthEast Alaska Regional Health Consortium (SEARHC) (NCCDPHP/OSH)**

SEARHC is a non-profit, Native-administered health consortium that represents the health care needs of Tlingit, Haida, Tsimshian and other Native and rural-dwelling people of Southeast Alaska. In collaboration with the State of Alaska Tobacco Prevention and Control Program, SEARHC brought forward a resolution in support of a statewide smoke-free workplace law at the 2011 Alaska Federation of Natives (AFN) Convention to support healthy lifestyle. The resolution was passed by delegates of the convention and solidifies tribal leader support for smoke-free workplaces. Funding – \$250,000

**Tanana Chiefs (NCCDPHP/OSH)**

The grantee described sustained efforts to promote smoke-free facilities for the Tanana Chiefs Conference (TCC) in the spring of 2012. The patient and sustained work, as well as the strong example of statewide Alaska Federation of Natives tribal leaders who passed a resolution of support for statewide smoke-free workplaces, resulted in the TCC Full Board of Directors

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supporting the TCC tobacco-free policy. This will provide a foundation for working with tribal leaders in the villages to promote health effects of smoke-free air. Funding – \$250,000

**Tribal Tobacco Control Program to Reduce Community Tobacco Use among American Indians and Alaska Natives (NCCDPHP/OSH)**

The Nez Perce Tribal Commercial Tobacco Abuse Prevention Program implements evidence-based strategies to reduce tobacco abuse among tribal members, including administering the American Indian Adult Tobacco Survey. The Nez Perce Program has met several milestones, employing partnership with various tribal departments on their public health approaches. Funding – \$200,000

**WISEWOMAN (NCCDPHP/DHDSP)**

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

**WISEWOMAN (NCCDPHP/DHDSP)**

The Southeast Alaska Regional Health Consortium (SEARHC) provides services to AI/AN women representing 18 tribes in Southeast Alaska. Funding – \$581,427

**Support for Maternal and Child Health Epidemiologist (NCCDPHP/DRH)**

DRH provided support for a lead maternal and child health epidemiologist assigned to the Northwest Tribal Epidemiology Center. Epidemiologist provides consultation, technical assistance, surveillance, and analysis of epidemiologic information. Funding – \$100,000 through NPAIHB

**Partial support for Public Health Advisor (NCCDPHP/DRH)**

DRH provided partial support for a public health advisor assigned to the IHS, Division of Epidemiology and Disease Prevention; working in maternal and child health, reproductive health, and STD prevention. Funding – \$60,586 through IAA with IHS

**Food is Good Medicine (NCCDPHP/DDT)**

"Food is Good Medicine" offers a model that embraces traditional foodways, physical activity, and community empowerment. Featuring the local traditional staple food, tanoak acorn, the "Got Acorns" Campaign was developed and launched to promote the health benefits of traditional foods and foodways. Young adults participating in the Leadership Program were empowered to explore their identity, interview elders and youth significant in their lives, and create digital stories that will be shared at community events. Funding – \$100,000 through United Indian Health Services

**Tohono O'odham Food, Fitness & Wellness Initiative (NCCDPHP/DDT)**

The Tohono O'odham Food, Fitness, and Wellness Initiative increases knowledge of and access to traditional foods, while engaging the Indian-Oasis Baboquivari Unified School District

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(IOBUSD) and tribal legislation in policy change to improve school health environments. Through strengthened partnerships with IOBUSD and Head Start, traditional foods were offered in meals and snacks at least weekly during the school year (2010-2011). Trainings and educational workshops were offered to teachers and cooks. Y.O.U.T.H members continue to demonstrate leadership and innovative approaches to education, youth engagement, and other Tohono O’odham Community Action (TOCA) endeavors. Funding – \$100,000

**The Native Gardens Project: An Indigenous Permaculture Approach to the Prevention and Treatment of Diabetes (NCCDPHP/DDT)**

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

**Siletz Healthy Traditions Project (NCCDPHP/DDT)**

The Confederated Tribes of Siletz Indians' (CTSI) “Siletz Healthy Traditional Project” promotes health and prevention of diabetes through traditional foods and sustainable ecological approaches in the Siletz Indian community, engaging the local communities in identifying and sharing healthy traditional ways of eating, physical activity, communicating healthy messages and supporting efforts for diabetes prevention and wellness. The program emphasizes traditional foods education, growing, harvesting, and preserving of locally grown/caught foods, engagement of community leadership to facilitate food behavior changes, and preserving wisdom through collection of traditional stories. Participation in the program is expected to increase as more tribal members learn about the Healthy Traditions project and what resources are available to them. The Steering Committee is currently working on developing healthy policies for CTSI and suggestions to be included in the 2015-2025 Comprehensive Plan. Funding – \$100,000

**WISEFAMILIES through Customary and Traditional Living (NCCDPHP/DDT)**

WISEFamilies Traditional Foods program supports community-driven programs that help people adopt healthy lifestyles. The program builds on traditional ways of eating, being active, and communicating by storytelling. All activities are developed with the goal to prevent chronic illness. Prior to the CDC Traditional Knowledge program, tribal members have expressed concern that the “old ways” of gathering and preparing traditional foods were being lost. The Wrangell program has impacted 85% of Alaska Native families in the community and the media exposure has included near weekly newspaper articles and numerous stories on the local radio station. Members of the Local Community Advisory Board have commented on how

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instrumental this program has been for invigorating the community's awareness of traditional foods and the importance it plays in health and culture. Funding – \$100,000 through SEARHC

**Uniting To Create Traditional and Health Environments (NCCDPHP/DDT)**

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

**Wiconi Unki Tawapi - Healing Our Live (NCCDPHP/DDT)**

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

**Traditional Living Challenge in Contemporary Times: Indigenous Knowledge for Community Wellness (NCCDPHP/DDT)**

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

**Old Ways for Today's Health: Red Lake Traditional Foods Project (NCCDPHP/DDT)**

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

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during the first six months of Year 2, there has clearly been an increase in community members being physically active. Funding – \$100,000

**Empowering Ramah Navajos to Eat Healthy (ERNEH) (NCCDPHP/DDT)**

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

**Return to a Healthy Past (NCCDPHP/DDT)**

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

**Listen to the Elders Project (NCCDPHP/DDT)**

The Nooksack Indian Tribe’s Listen to the Elders Project involves gardening and planting, distributing garden-related materials, increasing community knowledge, awareness and use of traditional foods, and increasing physical activities, such canoeing and hunting. Funding – \$100,000

**Indian Health Care Resource Center of Tulsa: Strengthening Traditional Ties (NCCDPHP/DDT)**

The program encourages American Indian families to eat nutritious diets and adopt healthy active lifestyles. Families participate in school-based health, nutrition, and physical education programs, including summertime wellness camps and a theatrical production. The program also engages in policy advocacy, and educational programs that emphasize healthy lifestyle choices within the context of traditional cultural practices, such as expanding existing and creating new

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neighborhood and school-based gardening projects. "Building Community" established gardening partnerships with two local elementary schools, summer camp programs featuring the Coordinated Approach To Child Health curriculum, and worked with state policy makers in Oklahoma on healthy food initiatives to address the problem of food deserts. Funding – \$100,000

**Aleut Diet Program (NCCDPHP/DDT)**

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

**Catawba Lifestyle and Gardening Project (NCCDPHP/DDT)**

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

**Cherokee Nation - Health Nation (NCCDPHP/DDT)**

The "Cherokee Nation – Health Nation" project incorporates a variety of activities, including community and school gardens, traditional foods gathering trips, traditional Cherokee foods cultivation, gathering, preparation, and preservation, traditional Cherokee foods education, and incorporation of the traditional Cherokee games Stickball and marbles into community and school activities. Over 55,000 members of the Cherokee Nation and their families benefited from the initiative's focus on nutrition, fitness, personal responsibility, and a renewed awareness of their shared heritage. Youth activities focused on summer camp activities, organized sports and traditional games. Adult fitness activities were year-round and centered on recreation center classes, league sports walking clubs, and community races. Traditional games such as stickball

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and marbles saw an exponential increase from the year before. Nutrition classes, healthy cooking classes, community garden classes, and recipe exchanges (all with a focus on traditional Cherokee foods) were offered in all 14 of the counties within the Cherokee Nation jurisdiction. Funding – \$100,000

**Healthy Roots for Health Futures (NCCDPHP/DDT)**

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

**Coordinated School Health (CSH) (NCCDPHP/DASH)**

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

**Strategic Alliance for Health (NCCDPHP/DCH)**

Sault Ste. Marie Strategic Alliance for Health Program builds community capacity to implement policy, systems, environmental, and organizational changes to address chronic diseases and their associated risk factors. Sault Ste. Marie's primary focus is on the Native American/tribal community, with an emphasis on leveraging partnerships between Sault Tribal partners and non-tribal partners. Sault Ste. Marie utilizes culturally-specific approaches that promote physical activity and healthy eating, reduce tobacco use and exposure, and foster improved and increased access to quality healthcare to reduce complications from and incidence of cardiovascular disease, diabetes, and obesity. The Strategic Alliance for Health Action Institute, held in May 2012 in Chicago, IL, provided an opportunity for states and Strategic Alliance for Health communities to come together to learn best practices on implementing policy, systems, and environmental change strategies. Sault Ste. Marie leaders met with NCCDPHP to discuss the initiative and other projects. In addition, a Sault Ste. Marie representative presented "Facilitating Adoption of a Smoke-Free Housing Policy for a Tribal Housing Authority Implementation

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Guide” to the Action Institute participants. Five participants attended the meeting. Funding – \$400,000

**Communities Putting Prevention to Work (CPPW) (NCCDPHP/DCH)**

- The Great Lakes Inter-Tribal Council (Wisconsin) received almost \$1 million to bring tobacco prevention and control activities to five tribes. Funding – \$990,599 (two-year award)
- The Pueblo of Jemez Health and Human Services Department (New Mexico) received \$859,101 to promote increased physical activity, encourage healthy food choices, and support the local growers market. Successes include district-wide wellness physical activity policy that requires children in the after-school programs be offered 45 minutes of physical activity on a daily basis and a snack that consists of fresh, unprocessed, organic food, such as fruits and vegetables, whole grains and legumes, raw nuts and seeds, or fresh sprouts. Since August 2010, approximately 27 students benefit daily from this policy. Funding – \$859,101 (two-year award)
- The Cherokee Nation Health Service Group (Oklahoma) received \$2,108,856 to fight obesity and tobacco use with farm-to-school programs, physical education, and tobacco cessation programs. Successes include launching the new community-based campaign, the Cherokee Challenge, to encourage individuals and families to eat healthy and exercise throughout the year. The campaign has impacted 109,843 members of the Cherokee Nation. A \$1,000,000 supplement was also awarded for a mentorship component, enabling the Cherokee Nation Health Service Group to build capacity and mentor tribes and communities in schools, communities, worksites and health care settings to implement high-impact, population-wide strategies for obesity and tobacco. Funding – \$3,108,856 (\$2,108,856 two-year award; \$1,000,000 mentorship supplement).
- The annual meeting was a training to strengthen and expand agency capacity to achieve program goals to reduce obesity and tobacco use, network with peers, and accelerate successes by building peer-to-peer consultation. Participants included: Cherokee Nation representatives, CDC, contractors, and technical assistance providers. The Healthy Communities meeting increased knowledge of strategies and resources to assist in development and implementation that increase access to healthy food and physical activity, and reduce secondhand smoke exposure. The meeting was designed and facilitated by Cherokee Nation and participants included tribal leaders, tribal health administrators and program managers, allied health professionals, and health educators.

**National Center on Birth Defects and Developmental Disabilities (NCBDDD)**

**Project CHOICES Pilot Implementation and Evaluation for American Indian and Alaska Native (AI/AN) Women (NCBDDD/DBDDD)**

CDC’s CHOICES project is an effective behavioral approach for preventing alcohol-exposed pregnancy (AEP), targeting both alcohol use and effective contraception. In 2010, CDC and IHS entered into a three-year interagency agreement to adapt and implement CHOICES in American Indian communities. This project will reach out to American Indian women of reproductive age of the Oglala Sioux Tribe in South Dakota. Funding – \$150,000 through an IAA with IHS

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**Paralysis Resource Center (PRC) (NCBDDD/DHDD)**

The mission of the PRC is to promote the health and well-being of people living with paralysis by providing comprehensive information, resources and referral services. The PRC's Multicultural Outreach Program, located at the University of New Mexico through the PRC – UNM Cooperative Agreement, has expanded its activities on the Navajo Nation to target Native American communities throughout the country. Funding – \$50,000 through the Christopher and Dana Reeve Foundation

**Limb Loss Public Health Practice and Information Resource Center (NCBDDD/DHDD)**

Development of culturally appropriate peer support programs for the Plains Indians tribal community focused on limb loss, enhancing quality of life for amputees and their families, improving patient care, and preventing limb loss. Funding – \$5,000 through the Amputee Coalition

**North Dakota Disability and Health Program (NCBDDD/DHDD)**

The North Dakota Disability and Health Program collaborative and tribal focused activities (e.g. meetings, workshops, health education materials purchases for tribes). Funding – \$15,175 through Minot State University

**Montana Disability and Health Program (NCBDDD/DHDD)**

Ongoing partnership and outreach efforts with Montana's Tribes (e.g. disability activities, nutrition education and service delivery improvement in group homes serving adults with intellectual and developmental disabilities, and supporting Accessibility Ambassadors to improve access to community health centers and rural health). Funding – \$30,000 through the Montana Department of Health

**Alaska Disability and Health Program (NCBDDD/DHDD)**

The Alaska Native Tribal Health Consortium (ANTHC) supports the State of Alaska, Department of Health and Social Services, Division of Public Health, Section of Women's, Children's, and Family Health (Title V). The collaboration is an opportunity to promote health, prevent chronic disease, improve emergency preparedness, and increase the quality of life among Alaskans with disabilities. Funding – No specific award for this activity

**National Center for Injury Prevention and Control (NCIPC)**

**Colorado Injury Control Research Center (CICRC) (NCIPC/ERPO)**

The CICRC is located in the Public Health Services (PHS) Region VIII. PHS Region VIII includes Colorado, Wyoming, Montana, South Dakota, Utah and North Dakota. In the region, 24% of the population is American Indian. A seed project to enhance injury surveillance of traumatic injuries is managed by the University of North Dakota. This project collects data from American Indian individuals, in the Aberdeen Area, who have visited an IHS emergency room, were hospitalized, or died as the result of a traumatic injury. Funding – \$216,000

**Effective strategies to Reduce Motor Vehicle Injuries among AI/AN (NCIPC/DUIP)**

This program is to design/tailor, implement and evaluate Native American community-based interventions with demonstrated effectiveness for preventing motor vehicle injuries within the

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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 eight grantees at approximately \$70,000 per grantee. The eight funded tribes are the Colorado River Indian Tribe, Southeast Alaska Regional Health Consortium, California Rural Indian Health Board, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation, Rosebud Sioux Tribe, Caddo Nation of Oklahoma, Oglala Sioux Tribe Department of Public Safety, and Hopi Tribe through the Office of Health Services (AZ). The period of performance is September 2010 through September 2014. Funding – \$560,000

**Tribal Epidemiology Centers (TECs) Injury Meeting Support (NCIPC/DVP)**

NCIPC participates in the TECs quarterly injury-related meetings sharing subject matter expertise. Funding – No specific award for this activity

**3. Tribal Delegation Meetings**

CDC/ATSDR will employ a process to ensure meaningful and timely input by CDC/ATSDR and Indian Tribes in the development of policies that have tribal implications. Upon identification of an event (policy, funding/budget development, and program services, functions, and activities) significantly affecting Indian Tribe(s), CDC/ATSDR or the impacted Indian Tribe(s) can initiate consultation regarding the event through communication methods as outlined in the HHS Tribal Consultation Policy.

**Tohono O’odham Nation Consultation**

During the 2012 Annual Tribal Budget and Policy Consultation, CDC/ATSDR (represented by the OSTLTS Director and the Associate Director for Tribal Support) met with a delegation from the Tohono O’odham Nation to discuss a number of local public health issues and CDC items.

**4. Affordable Care Act Activities specific to Tribes**

**National Public Health Improvement Initiative (OSTLTS/DPHPI)**

Continuation funding is being provided for the National Public Health Improvement Initiative (NPHII). Funding is supporting increased efficiencies of program and service operations, effectiveness of programs and services, and readiness for voluntary national accreditation by the Public Health Accreditation Board. The awardee’s action plan outlines planned activities and milestones that will be achieved with this funding. Total funding – \$2,590,692

- Alaska Native Tribal Health Consortium (ANTHC) focused on developing an internal quality/performance improvement environment, formed a multi-sector, cross-jurisdictional partnership coalition; disseminating and facilitating the use of public health data among regional tribal health organizations and communities; promoting the implementation of evidence-based strategies, policies, and laws; completing assessments using the National Public Health Performance Standards Program assessment tool and the Public Health Accreditation Board (PHAB) self-assessment; and soliciting subject matter

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experts in key areas to ensure the most recent information for public health practice is embodied in their assessment, analysis, and strategic planning process. ANTHC was able to decrease redundancies and increase efficiencies by simplifying and streamlining the pharmacy process access for Tobacco Cessation Program client information that is needed prior to dispensing tobacco cessation medication to clients. This project was included in a poster session at the 2011 APHA Annual Meeting and Exposition in Washington, D.C. They also implemented a new electronic health record system to ensure availability of reliable data needed to assess, implement, and evaluate process improvement efforts. Funding – \$250,000

- The Mille Lacs Band of Ojibwe (MLBO) efforts focused on contracting with an outside software management agency and a well-respected Native American public health institution for epidemiology training; advancing accreditation process to improve overall care of its patients; accessing a software system to chart patients' data and enable an ongoing dialogue between health professionals regarding patient care; contracting with Lac du Flambeau, a sister tribe, to learn methodologies for analyzing data and converting it to an epidemiology study; and researching and applying for alternative funding sources to sustain public health programs in the future. Funding – \$247,032
- Montana Wyoming Tribal Leaders Council (MWTLC) efforts for this project focused on systematically increasing performance management capacity of tribal health departments and ensuring access to needed resources by using the National Public Health Performance Standards Program assessment to evaluate the quality and performance of its Tribal health department/Tribal partners' public health services and the Mobilizing for Action through Planning and Partnerships (MAPP) tool to encourage and implement strategic planning for tribal health departments. MWTLC is also building its tribal health departments' capacity towards public health accreditation readiness. Funding – \$250,000
- Navajo Nation (NN) efforts focused on continuing to build and strengthen its public health infrastructure by implementing key components of the NN Strategic Plan; addressing identified deficiency areas in preparation for Public Health Accreditation Board accreditation; developing a NN-wide community health assessment; developing a quality improvement initiative to address the effectiveness of key services; developing cross-jurisdictional partnerships with at least one local health department in each of the three states (i.e., New Mexico, Arizona, and Utah) where Navajo residents are located; and identifying and implementing traditional healing best practices in behavioral health related to alcohol, HIV, or diabetes. Funding – \$250,000
- Northwest Portland Area Indian Health Board (NPAIHB) focused on augmenting efforts to establish and implement a Northwest Tribal Public Health Accreditation Performance Management Office; hiring a biostatistician to expand efforts of the Performance Improvement Manager; supporting the creation of a framework for quality improvement (QI) education and outreach; implementing a technical assistance and outreach schedule based on assessment outcomes; continuing to serve as a resource and referral for Northwest tribes for QI trainings, resources, and tools; implementing a strategic plan for public health infrastructure development; implementing a strategic training initiative; and providing two QI trainings at the NPAIHB in Portland, Oregon for the 43 federally recognized tribes that are members of the board. Funding – \$249,998

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- Gila River Indian Community efforts focused on consolidating three major entities that provide prevention and treatment health care services under a new health authority to improve the delivery of services and improve performance measures; developing an organizational structure to increase quality and accountability; establishing a roadmap for an integrated health care system; supporting a stable, well-trained workforce; and increasing efficiencies in both prevention and treatment. Funding – \$250,000
- Cherokee Nation efforts focused on continuing to expand and improve the Nation’s current tribal public health infrastructure; working towards achieving accreditation for the Nation’s tribal public health system through the Public Health Accreditation Board (PHAB); implementing the Mobilizing for Action through Planning and Partnerships tools in efforts to plan and meet PHAB's accreditation prerequisites and standards; conducting assessments; developing a strategic plan; developing a Cherokee Nation Tribal Community Health Improvement Plan based on the Forces of Change Assessment, among other public health efforts. Cherokee Nation is on track to apply for and achieve PHAB accreditation by December 2012. Funding – \$843,662
- Southeast Alaska Regional Health Consortium (SEARHC) efforts focused on increasing its capacity to improve the effectiveness of its organizations, practices, partnerships, program resources, and systems; developing a consortium-wide emergency preparedness plan; and engaging with a lean management consulting company to improve referral process and knowledge regarding quality improvement tools. SEARHC did not apply for Year 3 funding. Funding – \$250,000

**Racial and Ethnic Approaches to Community Health (REACH) US (NCCDPHP/DCH)**

Various subactivities. Total funding – \$1,644,977

- Reduce the rate of infant mortality among American Indians on the Wind River Indian Reservation through community-based approaches that will serve as a model for other tribes and communities. The Northern Arapaho Tribe of the Wind River Indian Reservation (WRIR) Action Community (AC) Infant Mortality Prevention Program (IMPP) plans to reduce the rate of infant mortality among American Indians on the WRIR through community-based approaches. These approaches include increasing community awareness and commitment to eliminating infant mortality disparities through coordinated and multi-organizational action; increasing the number of Northern Arapaho and Eastern Shoshone women initiating early, and sustaining, prenatal care; ultimately achieving measurable improvements in infant mortality rates. This will be done through community organization, education, inter-agency coordination and partnership, systems development and modification, and increasing access to health services. For grant Year 5, an important aspect of the Community Action Plan (CAP) will be to convene and organize all partners to consider how to sustain the momentum the IMPP has created around the healthy priority while expanding the breadth and the depth of their programmatic efforts. Funding – \$398,807
- The Cherokee Choices Program of the Eastern Band of Cherokee Indians works to change social norms, engage formal and informal leaders, and engage communities to reduce the risk for type 2 diabetes and cardiovascular disease in rural western North Carolina. Funding – \$415,390

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- The Choctaw Nation of Oklahoma (CNO) Action Community (AC) Lifetime Legacy Program (LLP) plans to decrease heart attack and stroke risk in the CNO population through education, awareness, and community-based active living and healthy eating policy and environmental change efforts. Their overarching goal reads: “There is a directive from the Great Law of the Six Nations Iroquois Confederacy that says, ‘In our every deliberation we must consider the impact of our decision on the next seven generations.’ This is especially pertinent when implementing a project such as this one. What is initiated now, with and through our community coalitions will, indeed, have an impact on the health of our people for generations. The overall goal of this project is to improve the health status of tribal members by providing education about CVD, healthy eating habits and exercise options. And by providing the community with healthy activities, policy change, education on healthier lifestyles, exposure to cooking healthy and environmental changes. As a result of this project many people within the tribe will be informed, in a positive way to promote and maintain healthier lifestyles. Our tribe is supportive of this effort, our community coalitions are supportive of the effort and our tribal agencies are supportive of the effort. We continue to move forward in creating healthier Native people.” Funding – \$415,390
- For Year 5, Inter-Tribal Council of Michigan (ITCM) REACH will continue to implement community-based intervention activities to reduce cardiovascular and diabetes related disparities that are culturally tailored to each of the three original tribal communities, while providing overall technical assistance to the tribes and disseminating results of the culturally tailored interventions among consortium partners. The project addresses the social determinants of health using four key strategies: 1) consciousness raising, 2) community development, 3) health promotion, and 4) policy/systems/environmental change. This will be accomplished through refining Community Action Plans (CAP) and hosting technical assistance and information sharing meetings with partner programs, agencies, and tribal leadership. Although ITCM’s goals and objectives continue to encompass the entire socio-ecological model approach, the primary focus will be on policy, systems, and environmental changes in community, school, work place, and health care settings, and include policies to increase access to quality services, identifying resources for improving the built environment, and increasing translation and dissemination efforts. Funding – \$415,390

**Community Transformation Grants (CTG) (NCCDPHP/DCH)**

Total funding – \$2,910,502

- The Southeast Alaska Regional Health Consortium is receiving \$499,588 to serve an estimated population of 72,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, and quality clinical and other preventative services. Funding – \$499,588
- The Great Lakes Inter-Tribal Council, Inc. is receiving a \$499,982 planning award to build capacity to support healthy lifestyles among an estimated tribal population of over 8,000 within the state of Wisconsin. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, social and emotional wellness, and healthy and safe physical environments. Funding – \$499,982

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- The Sault Ste. Marie Tribe of Chippewa Indians is receiving \$500,000 to serve an estimated tribal population of over 176,000 within the state of Michigan. Work will target tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments. Funding – \$500,000
- The Toiyabe Indian Health Project is receiving a \$500,000 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 3,000 within the state of California. Work will target tobacco-free living, active living and healthy eating, quality clinical and preventive services, social and emotional wellness, and healthy and safe physical environments. Funding – \$500,000
- The Confederated Tribes of the Chehalis Reservation is receiving a \$498,663 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 1,500 within the state of Washington. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive services. Funding – \$498,663
- The Sophie Trettevick Indian Health Center is receiving a \$218,929 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 2,200 within the state of Washington. Work will target tobacco-free living, active living and healthy eating, and quality clinical and other preventive service. Funding – \$218,929
- The Yukon-Kushokwin Health Corporation is receiving a \$193,340 planning award to build capacity to support healthy lifestyles among an estimated tribal population of 25,000 within the state of Alaska. Work will focus on expanding efforts in tobacco-free living, active living and healthy eating, quality clinical and other preventive services, and healthy and safe physical environments. Funding – \$193,340
- In December 2011, the CTG Action Institute was held to form networks, discuss opportunities and resources for Community Transformation Grants, learn how to design implementation plans, and learn how to implement and sustain the programs.

## **5. Agency Tribal Advisory Committee**

CDC/ATSDR held two formal Tribal Advisory Committee (TAC) meetings during FY 2012 along with regularly scheduled conference calls. The TAC meeting was held January 31–February 1, 2012 in Atlanta, Georgia and August 28 – 29, 2012 at the Mohegan Tribe in Uncasville, Connecticut. The Tribal Support Unit (OSTLTS/OD) collaborated with the TAC co-chairs and membership to develop substantive agendas. TAC members provide an area report to inform and discuss public health issues affecting their tribe and other tribes in their area (based on the IHS areas), and CDC provides a progress report on actions taken in response to TAC recommendations. The meetings focused on resource allocations and budget priorities, healthcare reform, public health preparedness and emergency response, epidemiology and disease surveillance, chronic disease prevention, social determinants of health, and environmental public health in Indian Country. The summer meeting also involved site visits to the Mohegan and Mashantucket Pequot Tribes, allowing participants to learn about the history, culture, public health needs, and governance of those communities.

In 2012, the two Tribal Consultation Sessions were focused on CDC’s Winnable Battles and HHS priorities. Discussions regarding smoking; physical activity, obesity, and nutrition; teen

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pregnancy; HIV/AIDS; healthcare-associated infections; and motor vehicle safety were held. Prescription drug abuse, Community Transformation Grants, environmental public health, and the Native Diabetes Wellness Initiative were also on the agenda and resulted in valuable exchange of information and discussion. 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. Consultations have provided opportunities for meaningful dialogue between tribal leadership and CDC leadership, resulting in new initiatives, programs, and collaborations to address public health needs while maintaining CDC's commitment to uphold the tenets of tribal Consultation and to have a positive impact on the health of AI/AN people.

## **6. Agency Tribal Consultation Policy**

The CDC/ATSDR Tribal Consultation Policy was revised in 2012. This document establishes policy and guidance regarding consultation between the CDC/ATSDR and Indian Tribes.

CDC/ATSDR will honor the sovereignty of Indian Tribal governments, respect the inherent rights of Indian Tribal self-governance, continue to work on a government-to-government basis, and uphold the federal trust responsibility to Indian Tribes.

The government-to-government relationship between the U.S. and Federally recognized Indian Tribes dictates that the principal focus for consultation by CDC is with Indian Tribes, individually or collectively. Consultation parties include:

- Indian Tribes represented by the Tribal President, Tribal Chair, or Tribal Governor, or an elected or appointed Tribal Leader, or their authorized representative(s)
- CDC Director, ATSDR Administrator, CDC Associate Director for Tribal Support, or their designee(s)

CDC/ATSDR may confer with and solicit advice and recommendations at times from Indian organizations. The government does not participate in government-to-government consultation with these entities; rather the government confers with these organizations in the interests of Indian Tribes and AIAN. Government-to-government consultation at CDC will occur as outlined in the HHS Tribal Consultation Policy.

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AC	Action Community
AEP	Alcohol-exposed pregnancy
AFN	Alaska Federation of Natives
AI/AN	American Indian/Alaska Native
AIANNHC	American Indian, Alaska Native and Native Hawaiian Coalition
AIDS	Acquired Immunodeficiency Syndrome
AIP	Arctic Investigations Program
ALS	Amyotrophic lateral sclerosis
ANMC	Alaska Native Medical Center
ANTHC	Alaska Native Tribal Health Consortium
APHA	American Public Health Association
APRHB	Air Pollution and Respiratory Health Branch
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
BPA	Bisphenol A
BRFSS	Behavioral Risk Factor Surveillance System
CAP	Community Action Plan
CBA	Capacity Building Assistance
CCC	Comprehensive Cancer Control
CCPP	Catawba Cultural Preservation Project
CDC	Centers for Disease Control and Prevention
CICRC	Colorado Injury Control Research Center
CMS	Centers for Medicare and Medicaid Services

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CNO	Choctaw Nation of Oklahoma
CPPW	Communities Putting People to Work
CRCCP	Colorectal Cancer Control Program
CRST	Cheyenne River Sioux Tribe
CSH	Coordinated School Health
CTG	Community Transformation Grant
CTSI	Confederated Tribes of Siletz Indians
CVD	Cardiovascular Disease
DAS	Division of Applied Sciences
DASH	Division of Adolescent and School Health
DBDDD	Division of Birth Defects and Developmental Disabilities
DCH	Division of Community Health (Proposed)
DCPC	Division of Cancer Prevention and Control
DDT	Division of Diabetes Translation
DEEHS	Division of Emergency and Environmental Health Services
DEHHE	Division of Environmental Hazards and Health Effects
DHAP	Division of HIV/AIDS Prevention
DHDD	Division of Human Development and Disability
DHDSP	Division of Heart Disease and Stroke Prevention
DLS	Division of Laboratory Sciences
DPEI	Division of Preparedness and Emerging Infections
DPHPI	Division of Public Health Performance Improvement
DRH	Division of Reproductive Health
DSTDP	Division of STD Prevention

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DTHHS	Division of Toxicology and Human Health Sciences
DUIP	Division of Unintentional Injury Prevention
DVBD	Division of Vector Borne Diseases
DVH	Division of Viral Hepatitis
DVP	Division of Violence Prevention
EEB	Environmental Epidemiology Branch
EFAB	EIS Field Assignments Branch
EHSB	Environmental Health Services Branch
EIS	Epidemic Intelligence Service
EISB	Epidemic Intelligence Service Branch
EPA	Environmental Protection Agency
EPH	Environmental Public Health
ERNEH	Empowering Ramah Navajos to Eat Healthy
ERPO	Extramural Research Program Office
ESB	Epidemiology and Statistics Branch
FDL	Fond du Lac
FY	Fiscal Year
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HRAC	Health Research Advisory Council
HSB	Health Studies Branch
HSD	Human Services Department
HTAC	Health Traditions Advisory Council
IAA	Intra-Agency Agreement

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ICNAA	Intradepartmental Council on Native American Affairs
IHS	Indian Health Service
IMPP	Infant Mortality Prevention Program
IOBUSD	Indian-Oasis Baboquivari Unified School District
IRATB	Inorganic and Radiation Analytical Toxicology Branch
ITCM	Inter-Tribal Council of Michigan
LCMV	Lymphocytic choriomeningitis virus
LLP	Lifetime Legacy Plan
MAPP	Mobilizing for Action through Planning and Partnerships
MLBO	Mille Lacs Band of Ojibwe
MWTLC	Montana Wyoming Tribal Leaders Council
NACCHO	National Association of City and County Health Officials
NACR	Native American Cancer Research Corporation
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCBDDD	National Center on Birth Defects and Developmental Disabilities
NCCCP	National Comprehensive Cancer Control Program
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCEH	National Center for Environmental Health
NCEZID	National Center for Emerging and Zoonotic Infectious Diseases
NCHHSTP	National Center for HIV, Hepatitis, STD and Tuberculosis Prevention
NCIPC	National Center for Injury Prevention and Control
NCRCCP	National Colorectal Cancer Control Program
NHANES	National Health and Nutrition Examination Survey
NIHB	National Indian Health Board

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NN	Navajo Nation
NNAAPC	National Native American AIDS Prevention Center
NNPHI	National Network of Public Health Institutes
NPAIHB	Northwest Portland Area Indian Health Board
NPCCCP	Northern Plains Comprehensive Cancer Control Program
NPHII	National Public Health Improvement Initiative
NTEH	National Tribal Environmental Health
OD	Office of the Director
OID	Office of Infectious Diseases
ONDIEH	Office of Noncommunicable Diseases, Injury and Environmental Health
OPDIV	Operating Division (of HHS)
OPHPR	Office of Public Health Preparedness and Response
OSELS	Office of Surveillance, Epidemiology and Laboratory Services
OSH	Office on Smoking and Health
OSTLTS	Office for State, Tribal, Local and Territorial Support
OTA	Office of Tribal Affairs (NCEH/ATSDR)
PCV	Pneumococcal Conjugate Vaccine
PHAB	Public Health Accreditation Board
PHAP	Public Health Associate Program
PHF	Public Health Foundation
PHLO	Public Health Law Office
PHS	Public Health Service
PM	Program Management
PRC	Paralysis Research Center

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PSB	Partnership Support Branch
QI	Quality Improvement
REACH US	Racial and Ethnic Approaches to Community Health
RETA	Reducing Environmental Triggers for Asthma
RMSF	Rocky Mountain Spotted Fever
RTHP	Return to a Healthy Past
RZB	Rickettsial Zoonoses Branch
SCF	Southcentral Foundation
SEARHC	Southeast Alaska Regional Health Consortium
SEPDPO	Scientific Education and Professional Development Program Office
SSM	Sault Ste. Marie Tribe of Chippewa Indians
STD	Sexually Transmitted Infection / Sexually Transmitted Disease
TAC	Tribal Advisory Committee
TCC	Tanana Chiefs Conference
TEC	Tribal Epidemiology Center
TOCA	Tohono O’odham Community Action
UNM	University of New Mexico
USDA	US Department of Agriculture
WDOH	Washington State Department of Health
WISEWOMAN	Well-Integrated Screening/Evaluation for Women across the Nation
WRIR	Wind River Indian Reservation
Y.O.U.T.H.	Young O’odham United Through Health (Y.O.U.T.H.)
YRBS	Youth Risk Behavior Survey