

CDC: FY 2008 Annual Tribal Budget and Consultation Report

1. Highlights of Accomplishments/Activities:

TRAINING, STRATEGIC PARTNERSHIPS, AND CAPACITY BUILDING

Tribal Access to CDC Resources:

AI/AN Resource Allocations, OMHD/OCPHP/OD and FMO/OCOO/OD; Tribal Consultation Sessions Priority: 3/Funding and Budget Issues; 6/Increased Access to HHS Resources

CDC strives to manage its fiscal and personnel resources in a manner that maximizes impact on the health and safety of American Indian/Alaska Native (AI/AN) people, accurately monitor CDC resources allocated to benefit AI/AN communities, and make this information readily available to tribal leaders. CDC is using a portfolio management approach to its resources devoted to AI/AN health issues. This approach improves how CDC tracks and displays its AI/AN resource commitments and enables CDC to more closely monitor funds distributed to state health departments via CDC grants and cooperative agreements to help ensure that AI/AN communities receive appropriate benefit from these funds.

In FY 2008, total funds allocated through competitively awarded grants and cooperative agreements to tribal partners (tribal governments, tribal health boards, tribal epidemiology centers, tribal health organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) approached \$23.0 million (\$22,839,514). Compared to FY 2007, total funding in this category increased by about \$891,340, or 4.1 percent. In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than \$10.6 million through grants/cooperative agreements awarded to state health departments and academic institutions for programs focusing on AI/AN public health issues. The remainder of CDC's AI/AN portfolio falls into three categories: (1) intramural resources (about \$6.8 million), (2) federal intra-agency agreements (about \$2.0 million), and (3) indirect allocations (about \$65.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. CDC estimates its total FY 2008 resource allocation for AI/AN programs to be approximately \$108 million. In FY 2008, 21 percent of these resources went directly to tribal partners, compared to 19.8 percent in FY 2007. The total figure (\$108,079,306.00) represents a 2.7 percent decrease compared to AI/AN allocations in FY 2007 – a decrease that is consistent with an overall reduction in VFC funds received by CDC in FY 2008. If VFC funds are not included, CDC estimates its total FY 2008 allocation for AI/AN programs to be approximately \$44 million, 52 percent of which goes directly to tribal partners and 76 percent overall is expended outside of HHS. The total figure (\$43,815,405.00) represents a 4.6 percent increase over non-VFC AI/AN allocations in FY 2007.

Strategic Partnerships and Capacity Building:

Cooperative Agreement with the National Indian Health Board, OMHD/OCPHP/OD; Tribal Consultation Sessions Priority: 6/Increased Access to HHS Resources; 7/Data and Research; 10/Health Promotion and Disease Prevention; 11/Tribal Consultation and Intergovernmental Relations

The CDC Office of Minority Health and Health Disparities (OMHD) cooperative agreement with NIHB continues to demonstrate progress towards achieving the long-term goals of supporting

collaboration between the CDC and tribes nation wide, strengthening public health connectivity, identifying and developing culturally appropriate approaches to reduce disease burden, and strengthening AI/AN public health systems capacity. NIHB has continued to reach out to local, state, and national public health partners to leverage resources and create opportunities for informed collaborations. They hosted the first Public Health Day on September 28, 2007 during their Annual Consumer Conference with over 300 people attending. Evaluations from this day were very detailed and provided direction for the development of the first NIHB Public Health Summit held in May 2008. NIHB engaged ASTHO to facilitate more effective working relationships between tribes and states regarding public health activities. They are working with NACCHO and ASTHO to explore how the accreditation model developed can be applied in tribal settings to eligible tribal accreditation applicants. NIHB staff solicited specific public health promotion examples from Area Health Boards for the NIHB publication, "What Every Tribe Should Know about Public Health". NIHB partnered with CDC and the Morehouse School of Medicine, Department of Community Health/Preventive Medicine, Master of Public Health Program in Atlanta to support six AI/AN students as participants in the 2008 Public Health Summer Fellows Program. NIHB helps to plan and facilitate CDC Tribal Consultation Advisory Committee (TCAC) meetings, and provides analytic and policy support for TCAC members. NIHB, through their established infrastructure of Area Tribal Health Boards, has played a significant role in increasing tribal access to CDC and its resources.

Tribal EpiCenter Coalition (TECC), OMHD/OCPHP/OD; Tribal Consultation Sessions
Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

The Northwest Tribal Epidemiology Center (NTEC), the Southern Plains Inter-Tribal Epidemiology Center, and the California Tribal Epidemiology Center have established a Tribal EpiCenter Consortium (TECC). This interregional network is collaborating to strengthen tribal epidemiologic and public health capacity and to promote the standardization and culturally competent use of health data to improve the health of Native people. The TECC has engaged tribal advisory boards, national and regional organizations serving AI/ANs, academic institutions, and state health departments. TECC implemented a Public Health Survey in the Portland, California, and Oklahoma IHS Areas and their constituent Tribes. Each EpiCenter received a data set covering responses from their region, as well as a data set with responses from all surveys received across the three regions. Analysis of data was used to confirm the need for expanded Injury Prevention (IP) activities. A toolkit which covers unintentional injury topics including motor vehicle, bicycle safety, home, elder and fire safety was made available in May 2008 and will be distributed to tribes in 2009. Each EpiCenter has also used the survey results to inform ongoing health initiatives in each region, such as collection of data on tobacco use in the Northwest, targeting tribes who indicated a high level of staff effort on tobacco prevention and education. Through the Data into Action project at NTEC, TECC staff have been gathering information about how Northwest Tribes are capturing and using health data. TECC is assisting state and federal agencies to recognize the diversity among individual tribes and regions of Indian Country, both in terms of the health characteristics of the population and the manner in which health services are delivered. They are assisting tribes to participate in state and federal surveillance activities, utilizing health data to bring about positive changes in the health of their communities, and have increased collaboration among EpiCenters in different regions to

maximize the expertise and scarce resources that exist to serve the public health needs of the tribes.

CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION

Cancer Prevention and Control:

National Breast and Cervical Cancer Early Detection Program, DCPC/NCCDPHP; Tribal Consultation Sessions Priority: 1/Access to Health Services; 10/Health Promotion and Disease Prevention

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) was established in response to Congress passing the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354). In the current FY the program was awarded approximately \$157 million to provide free or low-cost breast and cervical cancer screening and diagnosis to low-income, uninsured, and under-insured women in all 50 states, the District of Columbia, five U.S. territories, and 12 American Indian /Alaska Native tribes or tribal organizations. NBCCEDP targets low-income women with little or no health insurance. Racial and ethnic minority women comprise priority populations in the program which has helped to reduce disparities in cancer screening and health outcomes. To date more than 3.2 million women have been served and more than 7.8 million screening examinations have been provided. Over 35,000 breast cancers have been found, and 2,161 cases of invasive cervical cancer have been diagnosed through the national screening program. Since inception, approximately 52 percent of women screened through the program were of racial or ethnic minority groups, and 5% were AI/AN women. In fiscal years 2003-2007, AI/AN organizations provided 84,606 Pap tests and 44,786 mammograms to 52,582 unique women. A total of 241 breast cancers, 13 invasive cervical cancers, and 468 high-grade pre-cancerous cervical lesions were detected.

National Program of Cancer Registries, DCPC/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research

Cancer burden in AI/AN populations differ markedly by region, and the national cancer incidence data for AI/ANs have not been reliable due to racial misclassification. The misclassification of race decreases the accuracy of cancer incidence data for AI/ANs in some central cancer registries. In FY 2008, CDC staff addressed racial misclassification, a major barrier to accurate AI/AN cancer data, by conducting linkages, at low cost, between the IHS patient registration database and central cancer registries in all states. The effort to reduce racial misclassification by cancer registries were linked through cancer cases diagnosed from 1995 through 2004 from the NPCR and Surveillance, Epidemiology, and End Results (SEER) registries and administrative records from IHS database. As a result of the linkages between NPCR, SEER registries and administrative records from IHS, (which provides medical services to approximately 60% of the AI/AN population in the United States), the number of AI/AN cancer cases in NPCR and SEER registries increased by 21.1%. Also, CDC staff led efforts to publish “*Annual Report to the Nation on the Status of Cancer, 1975–2004, Featuring Cancer in American Indians and Alaska Natives*” in the October 2007, journal CANCER. The classification of race for AI/AN cases in cancer registries can be improved by linking records to the IHS and stratifying by Contract Health Service Delivery Area counties. Cancer in the AI/AN population is clarified further by describing incidence rates by geographic region. Improved

cancer surveillance data for AI/AN communities should aid in the planning, implementation, and evaluation of more effective cancer control and should reduce health disparities in this population.

American Indian/Alaska Native Educational Forum “Reverse Capacity Building: Sharing our Cultural Story,” DCDP/NCCDPP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

The Intercultural Cancer Council (ICC), one of ten National Partners for Comprehensive Cancer Control, requested assistance from the CCC AI/AN Advisory Group to plan the AI/AN Educational Forum. The forum provided an opportunity for invited members of the AI/AN community to educate participants on culturally appropriate ways of communication. Forum participants agreed to form ongoing and inclusionary collaborative bonds by broadening, enhancing, and creating the “communication process”; to increase an understanding of the differences in the AI/AN communities nationwide, and to reinforce that they are not a uniform group of people; to verify the importance of involving the AI/AN communities and their people early in the planning and implementation process, to reduce major health disparity risks; and to offer participants and appreciation of the AI/AN cultural differences. Approximately 70 participants attended the forum, including Comprehensive Cancer Control (CCC) tribal program directors; CCC program consultants assigned to the tribal programs, members of the CCC AI/AN Advisory Group, tribal community representatives from across the country, and CCC National Partners. The results of the meeting and next steps will be discussed at the upcoming National Partners Meeting October 29-31st in Chicago. This forum provided an excellent opportunity for Comprehensive Cancer Control National Partners to enhance their ongoing internal and external communication regarding their work with AI/AN populations; and to work together in an effort to reduce cancer risk in AI/AN communities.

Cross-Cutting Public Health Programs:

Racial and Ethnic Approaches to Community Health (REACH) US Program, DACH/NCCPP; Tribal Consultation Sessions Priority: 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention.

In 2007, CDC held an open competition through which REACH moved into a new phase that will build on the successes, strong demonstrated outcomes, and body of knowledge built by communities in the program’s initial phase. Forty new REACH U.S. communities were funded: 18 Centers of Excellence in the Elimination of Health Disparities (CEEDs) and 22 Action Communities. Effective strategies will be applied through innovative and non-traditional partnerships at the community level. Under the REACH US program, CDC awarded 6 entities (some tribal) targeting the elimination of health disparities in American Indian/Alaska Native communities; all six are fully engaged in intervention activities. Two of these entities (Oklahoma State Department of Public Health; University of Colorado at Denver and Health Sciences Center) are functioning as CEEDs and serving as resource centers on effective interventions in addition to working in their “home” communities. Four entities (the Choctaw Nation of Oklahoma; the Eastern Band of Cherokee Indians; the Inter-Tribal Council of Michigan; the Northern Arapaho Tribe) are funded as Action Communities; they are implementing and evaluating successful approaches with specific communities to impact AI/AN populations. All

of the REACH US communities are currently implementing activities. Below is a brief description of the individual projects:

Oklahoma State Department of Health (CEED): Oklahoma State Department of Health focuses on decreasing disparities in diabetes and cardiovascular disease mortality between American Indians and whites in the region. Data collection will include more community level data such as community needs assessments and benefits and drawback surveys. The program will also focus on individual interventions, training, and policy changes on risk behavior reduction including physical activity, nutrition, and commercial tobacco use reduction and cessation using accomplished, successful, tribal community programs and mentors as its foundation.

University of Colorado (CEED): University of Colorado will implement an evidence-based organizational change process with approximately 240 Special Diabetes Program for Indians (SDPI) members not currently involved in the competitively awarded demonstration projects, deliver intensive train-the-trainer workshops about organizational culture and effectiveness, as well as the importance of improving performance of health organizations to reduce disparities, and disseminate lessons learned in regard to organizational change to private sector, tribal, and government agencies concerned with diabetes prevention.

Choctaw Nation of Oklahoma (AC): The Community Action Plan was developed with input from each of the 10 County Coalitions within the Choctaw Nation of Oklahoma (CNO) with overarching guidance and support from the CNO Health Services and the Tribal Council. The intervention, Honoring the Gift of Heart Health, provides science-based cardiovascular health tools and training for Tribal communities using consistent information focused on American Indian populations. The curriculum is a culturally appropriate 10 session course on heart health education for AI/AN communities. The Choctaw Core Capacity staff has attended the Train the Trainers Course in preparation for this intervention. It was agreed that the intervention would be implemented in the CNO 10.5 counties at staggered time frames.

Eastern Band of Cherokee Indians (AC): The proposal has several interventions listed as goals with objectives. These include Implementation of Mentoring Program, Sustaining Collaboration with School Health Advisory Council, Developing Walkable Communities Initiative, Implement worksite and Community Wellness program, Maintenance of efficient administrative functions and increase grant revenue, and communicate program progress.

Intertribal Council of Michigan (AC): This project will implement the “Reaching toward Healthier Anishinaabe” which will reduce the burden of chronic disease specific to cardiovascular disease and diabetes among three federally recognized tribal communities in Michigan. Each tribe will select three interventions from a list of promising and evidenced based practices in addition to one required intervention for a total of four interventions. The interventions selected will encompass both diabetes and cardiovascular disease. Each of the tribes will develop a culturally tailored community action plan (CAP) to detail their interventions along a one year timeline. This model shifts the emphasis from an individual to a population based approach and utilizes academia, business, local communities and the media to create a health nation.

Northern Arapaho Tribe (AC): Specific activities that will be ongoing during Years 2-5 include: 1) maintaining an active program for identifying and conducting outreach to pregnant women; 2) providing support, assistance, and education to pregnant women throughout their pregnancies; 3) meeting monthly with new mothers to discuss infant care, SIDS prevention, breastfeeding, and injury prevention and provide support and referrals, as needed; 4) providing support for elders and traditional healers to organize and hold Talking Circles for pregnant women and new mothers to share information and experiences, within a cultural context and environment; 5) working with WRIR high schools to provide counseling and workshops on healthy pregnancy and infant well-being to teen-age women; 6) providing periodic training for IHS providers and staff and staff of other organizations on Tribal culture, traditions, history, and health beliefs and attitudes; 7) providing counseling to pregnant women and new mothers on health and income support programs for which they may be eligible and assisting them to enroll; and 8) maintaining and building community awareness and support through presentations to the Tribal Councils, community meetings, and the Annual Healthy Babies Conference.

Healthy Communities Program (formerly STEPS), DACH/NCCPHP; Tribal Consultation Sessions Priority: 10/ Health Promotion and Disease Prevention

The Steps to a Healthier Cherokee Nation is building healthier communities for American Indians by working with schools, health care providers, work sites, and tribal leaders in Cherokee, Adair, Mayes, Sequoyah, and Delaware counties. The community is: 1) promoting physical activity and healthy eating programs in communities; 2) working in health care settings to improve patient care and prevention activities related to tobacco use and chronic diseases such as obesity, diabetes, and asthma; 3) working with more than 20 schools to implement CDC's School Health Index (SHI) assessment and planning guide to improve programs related to physical activity, nutrition, asthma, and prevention of tobacco use; and 4) has provided technical assistance to local businesses and work sites that are interested in improving employee health.

The Steps to a Healthier Southeast Alaska is building healthier communities for over 12,000 Alaskan natives by working with schools, health care providers, work sites, and community leaders. The Steps Program targets the Tlingit, Haida, and Tsimpshian populations of all ages. The community 1) implemented the CDC's School Health Index assessment and planning guide to identify opportunities to improve physical activity, healthy food choices, and tobacco-free lifestyle programs for school students and staff; 2) developed Employee Wellness Coalitions in Sitka and Juneau that consist of 10 Sitka businesses and in 4 Juneau businesses; 3) through the Southeast Alaska Regional Health Consortium (SEARHC), a non-profit tribal health care organization, is establishing an inventory of current SEARHC primary prevention programs to be made available for community members; and 4) provided an educational kiosk to the Mt. Edgecombe Hospital outpatient clinic. Under the Healthy Communities Program (formerly Steps Program), CDC recently awarded 12 communities to be supported as Strategic Alliance for Health communities under a new cooperative agreement that began in FY 2008. Two tribal communities were selected under this program. Two of the 12 communities that were awarded funds are tribal entities: The Sault Ste. Marie Tribe of Chippewa Indians and the Cherokee Nation. These communities will develop models and strategies for how local communities can take action to address chronic disease, with a focus on physical activity, nutrition, tobacco use, obesity, diabetes, and heart disease. Communities will develop effective strategies for taking

action in schools, worksites, health care, community planning, and community organizations and will create Action Guides that give other communities a step-by-step process for replicating effective strategies. These as well as other tools for community action will be universally available via the internet and will be disseminated widely.

Diabetes:

Health Promotion and Diabetes Prevention Projects for AI/AN Communities: Adaptations of Practical Community Environmental Indicators (American Indian Awardees 2005-2008), NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In FY2005, CDC released a Funding Opportunity Announcement (FOA) to tribes and tribal organizations for 3-year cooperative agreements to establish simple, practical, environmental interventions that help to prevent diabetes and promote health in communities. The grant cycle was complete in September, 2008. Eight cooperative agreements were awarded at approximately \$100,000 each for three years, from 2006-2008. The programs were: Indian Health Care Resource Center of Tulsa, OK; United American Indian Involvement, Los Angeles, CA; one tribal college (Salish Kootenai, MT), and five rural reservation tribes: Lummi (WA), Southern Ute (CO), Hopi (AZ), Winnebago Tribe/Ho-Chunk (NB), and Stockbridge-Munsee (WI). Grantees presented program results through special topic sessions and poster presentations at the Division of Diabetes Translation (DDT) conference in 2008. At the final grantee meeting in August, 2008, in Albuquerque, the grantees shared their outcomes and shared indicators were identified. With the completion of the project in September, 2008, a number of programs are working to share their outcomes on a broader basis. Six grantees will work together to develop peer-reviewed papers for special edition of *Journal of Health Disparities Research and Practice*, University of Nevada Las Vegas. Three grantees and an external evaluator presented their results at the annual National Indian Education Conference in October 2008. All grantees will be on an email list serve with CDC staff for networking and notification of funding opportunities that may be helpful in sustaining some of their work

Using Traditional Foods and Sustainable Ecological Approaches for Health Promotion and Diabetes Prevention in AI/AN Communities, NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In FY2008, CDC released an FOA to tribes and tribal organizations for 5-year cooperative agreements to 1) support community use of traditional foods and sustainable ecological approaches for diabetes prevention and health promotion in American Indian and Alaska Native communities; and 2) engage communities in identifying and sharing the stories of healthy traditional ways of eating, being active, and communicating health information and support for diabetes prevention and wellness. Eleven cooperative agreements were awarded at approximately \$91,000 each for 5 years, from 2008-2013, to two tribal corporations (Aleutian Pribilof Islands Association, Southeast Alaska Regional Health Care Consortium), one urban Indian health program (Indian Health Care Resource Center of Tulsa), one tribal college (Salish Kootenai College), and seven (7) rural reservation communities (Catawba Cultural Preservation Project, Cherokee Nation, Nooksack Indian Tribe, Prairie Band Potawatomi Nation, Santee Sioux Nation, Sault Ste Marie Tribe of Chippewa Indians, Standing Rock Sioux Tribe.) CDC

received 75 Letters of Intent and 60 grant applications received and reviewed, July 2008. The total award made to the 11 newly funded grantees was one million dollars total in Year 1 of 5-year grant cycle. Unfunded proposals retained for 1 year in the event funds become available. The Native Diabetes Wellness Program (NDWP) is working with Program Grants Office (PGO) to determine if names of unfunded applicants can be shared with respective state DPCPs to enhance state and tribal collaboration. The program is building a group mail list of State and Tribal organizations to distribute notice of private and public grant funding opportunities. First grantee meeting confirmed for 1/21 through 1/22/09, in Albuquerque, NM. Hotel contract secured and signed. Next grantee conference call scheduled for 11/20/08, with solicitation of input from grantees to determine agenda items. Technical assistance will be provided by NDWP to grantees regarding evaluation tools and strategies. New NDWP staff will attend Project Officer of the Future training in 2009. Initial meeting with grantees and evaluators planned in Albuquerque, January 2009. Subsequent meetings will include grantee training opportunities (i.e., Management Information Systems, GIS mapping, Storytelling, Talking Circles, Eagle Book Community Outreach Campaign opportunities, and other relevant training topics suggested by grantees). Grantee site visits planned in late Spring/early Summer 2009.

The Eagle Books and Eagle Book Community Outreach Campaign,

NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In 2001, CDC collaborated with the Tribal Leaders Diabetes Committee, Indian Health service, and indigenous author/artists to develop The Eagle Books, a series of four books that teach children about diabetes prevention and healthy living. Over 2 million books distributed to over 1000 AI/AN health and school organizations. The original art work is on display at the Smithsonian National Museum of the American Indian in Washington, DC (books 1 and 3) and New York City (books 2 and 4) from October 3, 2008 to January 4, 2009. Eagle Books and animated DVDs of books are included in the K-4 lessons of the Diabetes Education in Tribal Schools (DETS) Curriculum (see next entry). The Eagle Book Community Outreach Campaign launches in the Keweenaw Bay Indian Community and Keweenaw Bay Ojibwa Community College, October 25-30, 2008. From 2009-2013, Westat staff through task order will oversee the outreach campaign in 4 or 5 AI/AN communities each year. Westat personnel are developing the next set of Eagle Books for “tweens;” will include chapter books and new characters that join the original characters to address a larger range of challenges to health and safety. An Eagle Books Talking Circle curriculum is being developed through Westat with Lorelei DeCora, Ho-Chunk Nation; the educational material will feature new animal characters, Bear and Grandmother Turtle.

Diabetes Education in Tribal Schools Curriculum, NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

Since 2001, the National Institutes of Health, NIDDK, in partnership with the Tribal Leaders Diabetes Committee, CDC Native Diabetes Wellness Program, the Indian Health Service, and 8 tribal colleges and universities, have developed the K-12 science and culturally based *Health is Life in Balance* Diabetes Education in Tribal Schools curriculum. All partners worked with school sites throughout the United States to test the curriculum in three evaluation phases. CDC

assisted with evaluation format and scientific oversight for the project. The Eagle Books are included as part of the K-4 lessons plans. The curriculum is to be “rolled out” in November 2008 at the Smithsonian National Museum of the American Indian in Washington, DC. The roll out occurs simultaneously with the Eagle Book art exhibit at the same locale. In FY 2009, all partners will provide teacher development training and evaluation of the DETS curriculum throughout Indian Country in all states that have AI/AN populations.

Native Diabetes Wellness Program Tribal/State Relationship Building Initiative,
NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In 2008, NDWP launched this new initiative to encourage and support working relationships between state DPCPs and the respective tribal nations in each State. In August 08, at the DDT/State DPCP conference held at the CDC, an initial presentation was made by the CDC Tribal Liaison and NDWP to announce this new initiative. Initiative has support from CDC’s Tribal Council Advisory Committee (TCAC) and the Tribal Leaders Diabetes Committee (TLDC). Partnerships include all state DPCPs with an initial emphasis on “model” DPCPs demonstrating innovation in their relationships with tribal partners and tribal nations. State-based programs have received guidance to seek opportunities for tribal consultation with tribes in their states. NDWP is in the process of printing thousands of American Indian/Alaska Native Culture Cards, initially developed by SAMHSA, to be distributed to state DPCPs and tribal nations. SAMHSA is seeking HHS clearance for the culture card. NDWP will present at the New Mexico Diabetes Advisory Council (DAC) meeting in December 2008 and work with New Mexico to facilitate outreach to tribal entities within the state. State DPCPs will be encouraged to participate as partners in Eagle Book Community Outreach campaign in their respective states. Utah DPCP is on board for an Eagle Book outreach campaign in 2009. NDWP will work closely with PDB State Project Officers to collaborate in tribal/state relationship initiative.

Intergovernmental Personnel Agreements (IPAs) for GIS Maps and External Evaluation for New Grantees Activities, NDWP/DDT/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

The Native Diabetes Wellness Program has two IPAs to: 1) develop GIS maps for Eagle Book distribution, Talking Circles conducted, and traditional food use – gathering, hunting, horticulture, cultivation – for 11 new *Traditional Foods and Sustainable Ecological Approaches to Health Promotion and Diabetes Prevention* grantees; and 2) provide external evaluation assistance for shared data elements for 11 new grantees, as above; provide evaluation technical assistance to local evaluators of each program; and review new Eagle Books for “cultural voice” and cultural relevance of diabetes presentation narrative.

Tobacco Programs:

American Indian Adult Tobacco Survey Training, OSH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

CDC-Office on Smoking and Health and the National Native Commercial Tobacco Abuse Prevention Network are collaborating on a series of trainings tailored for tribes who wish to

implement their own American Indian Adult Tobacco Survey (AI ATS). The training stresses the importance of tribal-specific surveillance in informing and improving comprehensive commercial tobacco prevention and control at the tribal health system level and provides the knowledge and tools that allow tribes to implement this surveillance system. Tribes served by the Inter-Tribal Council of Michigan, the Aberdeen Area Tribal Chairmen's Health Board, Muscogee (Creek) Nation and the Tribal Support Centers for Tobacco Programs are committed to work collaboratively on these trainings that will be held at least twice per year. Ongoing technical assistance for tribes in the area of surveillance implementation and data analysis will also be provided.

Second Wind: First Breath, OSH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

Findings from the initial AI Adult Tobacco Survey suggest that commercial tobacco abuse prevalence rates are significantly higher among AI women of child-bearing age when compared to all other populations in the U.S. This finding is associated with disparate rates of infant mortality and morbidity found in AI populations. Muscogee (Creek) Nation Tobacco Prevention Program tailored a version of *Second Wind* for pregnant and post-partum AI women - *Second Wind: First Breath* incorporates native concepts such as the Medicine Wheel and Talking Circles. Evaluation of this curriculum is currently underway and it is anticipated that success rates will be similar to those of *Second Wind*. Muscogee (Creek Nation) is solidly endorsing *Second Wind: First Breath* on a national level, providing additional funding to the Creek Nation Tobacco Prevention Program for nationwide facilities trainings, printing of the curriculum and providing CD's to newly trained facilitators. *Second Wind: First Breath* was adapted from an evidence-based intervention and we expect similar success outcomes.

Heart Disease and Stroke Prevention:

WISEWOMAN funded Tribal Programs, DHDSP/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

The WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) Program aims to reduce cardiovascular disease in low-income, uninsured, or underinsured women ages 40–64 through risk factor screening which includes blood pressure, cholesterol, glucose, height, weight, personal medical history, health behavior, and readiness to change. Culturally tailored lifestyle interventions targeting nutrition, physical activity, and smoking are also available. The interventions vary across programs, but are all designed to promote lasting, healthy lifestyle changes. WISEWOMAN has two Tribal programs: Southeast Alaska Regional Health Consortium (SEARHC) with headquarters in Sitka, and the South Central Foundation (SCF) with headquarters in Anchorage. SEARHC is a non-profit, Native-administered health consortium established in 1975 to represent Tlingit, Haida, Tsimshian and other Native people in Southeast Alaska. Southcentral Foundation is an Alaska Native-owned healthcare organization serving the AI/AN population living in Anchorage, the Mat-Su Valley, and 60 rural villages in the Anchorage Service Unit. Since 2001, SEARHC has screened and provided risk reduction counseling to more than 4,000 women, and over 76% of its participants are AI/AN. The program also identified 36% of women with previously unidentified CVD risk factors. SEARHC's five-year cardiovascular disease risk reduction percentage has been estimated at

8.4%. Since 2000, the South Central Foundation WISEWOMAN program has screened 3,035 women for cardiovascular disease risk factors and 100% of participants are AI/AN. The 1-year follow-up data for SCF shows statistically significant improvement in participants' total cholesterol levels, systolic blood pressure, and CHD risk. South Central Foundation's five-year cardiovascular disease risk reduction percentage has been estimated at 9.9%.

WISEWOMAN funded State Programs, DHDSP/NCCDPHP; Tribal Consultation Sessions
Priority: 10/Health Promotion and Disease Prevention

The South Dakota WISEWOMAN program works with health care providers and lifestyle interventionists to serve American Indian populations throughout the state. They work with clinics located on or near the nine reservation areas in the state so that eligible American Indian women can receive cardiovascular disease risk factor screening and lifestyle interventions. They also collaborate with their state tobacco program, which developed tobacco cessation materials specifically for their American Indian population. The Minnesota WISEWOMAN program, *SAGEplus*, is in the process of expanding to a reservation clinic. The Nebraska program offers services at two health care provider settings that see a large number of American Indian clients: Winnebago Tribe of Nebraska and Carl T. Curtis Health Center. The South Dakota WISEWOMAN program received a health disparities outreach grant to focus on health literacy among Native American women throughout the state. This initiative will be spearheaded by a Native American health disparities outreach coordinator. *SAGEplus* is partnering with the medical director at an American Indian clinic and the Minnesota Department of Health's to identify contacts and strategies to facilitate expansion.

Blackfeet Reservation Media Campaign, DHDSP/NCCDPHP; Tribal Consultation Sessions
Priority: 10/Health Promotion and Disease Prevention

The Montana Department of Public Health and Human Services Cardiovascular Health Program developed culturally appropriate public education awareness campaign to increase awareness of heart attack signs/symptoms and the need to call 9-1-1 on the Blackfeet Reservation. Following development of the campaign, the Cardiovascular Health program began a 20 week public education media campaign on the reservation. The campaign included paid cable television/print/radio ads, a movie theater advertisement, outdoor banner, and distribution of American Indian education materials and promotional items at community gatherings. Pre and post telephone surveys indicated a statistically significant increase in residents' awareness of 3 or more signs and symptoms of heart attack.

Cardiovascular Health Examination Survey, DHDSP/NCCDPHP; Tribal Consultation Sessions
Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

In 1999-2003 American Indians (AIs) and Blacks had the highest age-adjusted mortality rates for ischemic heart disease and stroke in Oklahoma. Oklahoma is the latest state to participate in the State Cardiovascular Health Examination Survey. The project will enhance the scientific capacity of the state to collect data on blood pressure, blood cholesterol levels, and other relevant information. Developing and implementing a state cardiovascular health exam survey allows data comparisons between priority populations, like American Indians, and the general public.

The program is partnering with 2 IHS Clinics and local health departments to develop the survey and ensure that NHANES and BRFSS protocols are used for data collection. The survey includes measurements of blood pressure, lipid and lipoprotein cholesterol; anthropometrics; risk factors; and disease history. The study sample is representative of Oklahoma's population with oversampling of American Indians and Blacks. The survey consists of phone interviews and physical and laboratory measurements. All labs participate in CDC/NHLBI Lipid Standardization Program. No state-level examination data are available that allow states to monitor progress towards Healthy People 2010 goals for blood pressure and cholesterol, or to inform state decision-makers about local burden. This data will be useful for decision-makers to guide resource allocation for blood pressure and cholesterol interventions and for a Best Practices Guide for state programs. The findings will be used to develop culturally specific prevention activities to reduce heart disease and stroke in Oklahoma. Data collection is ongoing through 2009.

Maternal and Child Health:

Tribal Health Behavior/Maternal Child Health Surveys, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

DRH has provided technical assistance in the design, implementation and analysis of Behavioral Risk Factor Surveys, Maternal and Child Health Surveys, and related population-based surveys for more than 30 AI populations throughout the United States. The topics addressed in these surveys include tobacco use, alcohol use, diet/weight, physical activity, diabetes, cardiovascular health, injury issues, maternal/child health, and use of health services, among others. Data are collected in face-to-face interviews conducted by local community members. DRH works with Tribes and other AI organizations to develop questionnaires, design the sampling field approach for the surveys, train interviewers, develop data entry programs, analyze the information collected in the surveys, and produce reports on the survey results. DRH works with the tribal/organizational staff to determine how to utilize the results. Key partners included multiple American Indian tribes and organizations, Indian Health Service. Results have been used to provide input into health programs and interventions and to document the current health situation in order to obtain resources to address health problems. In FY 2008, DRH provided assistance for analysis and interpretation to the Lower Elwha Klallam tribe in Washington State for a health survey DRH help design and implement in FY 2007. A similar survey was carried out 10 years earlier, so the 2007 survey identified trends in the indicators measured over the previous 10 years. DRH also began assistance to advise the Navajo Tribe in developing and implementing a large behavioral health survey. DRH continues to provide assistance to tribes as requested to design and implement population-based health surveys. DRH is also moving towards building capacity within tribal organizations so that they are better able to carry out their own surveys.

Special Supplement to the Maternal and Child Health Journal, "Research for MCH practice in AI/AN Communities," DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

This journal is composed of studies addressing AI/AN maternal and child health (MCH). The articles in this supplement report disparities and offer direction for research to improve MCH

outcomes. They include a broad spectrum of articles ranging from analysis of existing data sets to primary research spanning pregnancy, motherhood and child rearing through adolescence. Key partners are many, including but not limited to: Members of the Editorial advisory board, Committee on Native American Child Health, American Academy of Pediatrics, Native American Prevention Research Center, University of Oklahoma College of Public Health, Bette Keltner, BS, MS, PhD, Dean of the School of Nursing and Health Studies, Georgetown University, George Brennen MD, Chris Carey MD, Director, Obstetrics and Gynecology, Denver Health Medical Center, Everett R. Rhoades, the Editors, as well as multiple contributors from the U.S. and Canada. The Special supplement; “Research for MCH practice in American Indian and Alaska Native Communities” was published September 2008. It will be disseminated to partners and to all tribal health chairpersons in the U.S.

Promoting the use of PRAMS information to benefit American Indian mothers and infants, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

A smaller proportion of AI women participate in PRAMS than other groups of women. PRAMS is a surveillance system designed to capture information on maternal attitudes and experiences, before, during, and shortly after pregnancy. PRAMS provides data for use in the improvement of the health of mothers and infants.) DRH has undertaken the following measures to bring attention to this problem and to mobilize effective state and tribal response to the problem. A descriptive analysis of low PRAMS response rates among AI women and a meeting of PRAMS states and tribal representatives to examine the issues of low response and identify measures to improve PRAMS response rates among AI women. Partners are PRAMS states with greater than or equal to 5 percent AI or AN and tribes residing in those states: AK, MN, MT, NE, NM, ND, OK, OR, UT and WA, South Dakota Tribal PRAMS project, the DRH PRAMS Team, and the CDC Office of Minority Health. The manuscript, “How can PRAMS survey response rates be improved among American Indian women? Data from 10 states”, was published in September 2008 as part of a special supplement of the Maternal and Child Health Journal dedicated to AI/AN. The meeting between PRAMS states and tribal representatives was held as part of the annual PRAMS national meeting and a special session dedicated to tribal PRAMS will be held at the PRAMS annual meeting in December. Next steps will include consulting with affected states on state-specific measures to increase state and tribal collaboration; facilitating the sharing of relevant information among states and tribes; and conducting analysis of existing PRAMS AI data to determine whether they may be used despite potential bias due to low response rates.

Study of Maternal Morbidity during Delivery Hospitalizations among AI/AN Women, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

DRH developed a partnership with IHS, which provides health services for 40% of AI/AN in the U.S. to determine whether IHS clinical data could be used to provide needed information on the health status of AI/AN mothers and infants. DRH’s first collaboration using IHS clinical data was this pilot study that used data from 5 IHS hospitals to examine maternal morbidity during delivery hospitalizations. The findings revealed elevated levels of gestational diabetes, pregnancy induced hypertension and hemorrhage. The article, “Maternal morbidity during

delivery hospitalizations in American Indian and Alaska Native women”, was published in the Indian Health Service Provider in February 2008. As a next step, DRH will conduct a nationwide analysis of maternal morbidity among AI/AN women delivering at IHS facilities.

Secretary’s Initiative, Closing the Health Disparities Gap: Sudden Infant Death Syndrome and Infant Mortality Initiative, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

This initiative provided 1.5 million dollars annually in support of maternal and child health epidemiologists at 7 Tribal Epidemiology Centers (TEC) and multiple infant mortality risk reduction projects. The TEC maternal and child health (MCH)-epidemiology program was modeled on the CDC MCH-epidemiology program that supports resident CDC epidemiologists in state health departments. Key partners included Judith Thierry, IHS Maternal and Child Health Coordinator, Pelagie Snedrud, CDC Office of Minority Health, Howard Goldberg, Associate Director for Global Health, DRH, and MCH epidemiologists at the IHS Tribal Epidemiology Centers. Over the three year project life, 7 TECs established functional MCH epidemiology units that initiated tribal infant mortality surveillance and their interventions and outreach involved more than 33 tribal communities. Each of the three years, TEC MCH-epidemiology sessions were held at the national annual MCH-epidemiology conference. A special session at the 2007 national annual MCH-EPI conference highlighted their work: “Building MCH Epi Capacity through Data Collection and Partnerships: Urban Indian and Tribal Epidemiology Centers’ Experience.” In addition, in February 2008, TEC MCH epidemiologists presented a summary of their accomplishments at CDC’s Tribal Consultation Advisory Committee Meeting. The project funding ended this year.

Sudden, Unexplained Infant Death Investigation Training for AI/AN Communities, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 0/Health Promotion and Disease Prevention

CDC collaborated with several AI/AN partners to identify training needs for professionals and community leaders who are involved with the investigation of sudden, unexplained infant deaths (SUID) and are working with AI/AN populations. In addition to assessing training needs, CDC worked with AI/AN partners to integrate the CDC SUIDI training curriculum and materials for training activities targeted to the AI/AN community. Key partners included IHS, FBI, Indian Health Board, Bureau of Indian Affairs, Navajo Nations Dept. of Public Health and Safety Director, Representatives from Tribal Nations. The Navajo officers in attendance at the Sept. 18, 2007 one-day training session on SUIDI at the National Indian Program Training Center in Albuquerque, NM, returned to the Navajo and Pueblo Tribes and trained 75 other officers and first responders in sudden, unexpected infant death investigations. The Northwestern SUIDI Training Academy was held May 12-15, 2008 in Seattle, WA. Eleven teams attended and a couple of the teams included Indian Nations representatives from the Northwest U.S. and Alaska. Process and impact analysis and evaluation on the provided training is currently underway.

South Dakota Tribal Pregnancy Risk Assessment Monitoring System (PRAMS) Project, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research;10/Health Promotion and Disease Prevention

The Yankton Sioux Tribe (YST) and the Aberdeen Area Tribal Chairmen's Health Board (AATCHB) identified maternal and child health as the highest health priority in response to persistently high rates of infant mortality. In SD from 2002 to 2004, American Indians made up 18.1% of births, but accounted for 34% of infant deaths. The South Dakota Tribal (SDT) PRAMS initiative is a unique PRAMS project collecting information exclusively from AI women (and mothers of AI infants) who recently gave birth to a live infant in SD, and Sioux County North Dakota. PRAMS is an ongoing, population-based risk factor surveillance system initiated and designed to identify and monitor selected maternal experiences and behaviors that occur before and during pregnancy and in the child's early infancy among women who deliver live born infants. In this project, CDC provided technical assistance including development of a model protocol for data collection, assistance with question design, survey instrument development, and training on human subjects protections and telephone interviewing. CDC also provided and installed data entry software and survey tracking software, conducted on-site training of staff on the software, and gave on-going technical assistance on the systems. CDC provides ongoing consultation regarding sampling, human subjects protections, data collection procedures, and data analysis, and recently sent the project a final cleaned and weighted dataset. A few of the key partners are: Healthy Start Program; State and local Women, Infants and Children (WIC) programs; South Dakota Department Of Health (DOH); IHS; Native Woman's Health Center; University of SD School of Medicine; March of Dimes; and the Tribal Oversight Committee with representatives from all 9 South Dakota tribes.

To date outcomes include the fully developed Tribal PRAMS protocol, telephone interviewer manual and field staff training manual, relationships forged with the SD DOH, Healthy Start Program and Women Infants and Children (WIC) programs, all of which are actively engaged in data collection. The SD Tribal PRAMS Coordinator has been invited to speak and provide consultation to other PRAMS states who wish to improve response rates among their American Indian Populations. Data collection was completed in June of 2006. Project response rates met the PRAMS threshold of 70%, and the project is in the process of evaluating the alternate methodologies used to reach tribal women. The project produced tribal reports using vital statistics data. Six tribes were visited in spring of 2008 for community meetings to present these reports and discuss tribal priorities. This input was combined with that of the Steering Committee and the Tribal Oversight Committee to develop an analysis plan. The SD Tribal PRAMS staff is in the early stages of analyzing the data and creating surveillances reports for each tribe, as well as a general surveillance report. They will present their study results and methodologies at the PRAMS National Meeting in December of 2008 and a CDC DRH seminar in 2009. They have begun the process of applying for additional funding to do the following: conduct further data analyses; convert the Steering Committee and Tribal Oversight Committee into a State Task Force on AI maternal and child health; build capacity of local partners to analyze, disseminate, and use the PRAMS data; and identify a priority topic for which an intervention can be developed and piloted in several sites.

Pregnancy outcomes in Alaska Native smokeless tobacco users, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research;10/Health Promotion and Disease Prevention

The primary objective of this study is to explore the potential effects of maternal smokeless tobacco use on pregnancy outcomes. The secondary objectives are to explore the effects of maternal smokeless tobacco use on glucose tolerance, complications of labor and delivery, maternal hospital length of stay and readmission, fetal growth, severity of preeclampsia and on infant complications. We will explore the effects of smokeless tobacco use on pregnancy outcomes using a case-cohort study of Alaska Native women from the Yukon-Kuskokwim Delta region. Medical records were reviewed for deliveries occurring from 1997 through 2005 for four case groups of women: women with placental abruption, women with preterm delivery, women with gestational hypertension, and women with preeclampsia. For comparison, a subcohort representing 10% of the population of all deliveries was randomly selected from the pool of deliveries to women from the same geographic area and over the same time span. Key partners are: Yukon Kuskokwim Health Corporation, Alaska Native Tribal Health Consortium, Alaska Native Medical Center, South Central Foundation, Mayo Clinic, and Providence Hospital. Data collection is now complete and analysis is underway. Over the next 12 months, we will complete analysis and begin drafting manuscripts. After data are analyzed, we will report findings back to the Yukon Kuskokwim Health Corporation.

Response to a cluster of infant and fetal deaths among Oglala Sioux Tribal members, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

The Oglala Sioux Tribe (OST) is one of the largest American Indian tribes in the US. During the first 6 months of 2008, there was a reported increase in the number of infant deaths compared to the previous year on the Pine Ridge Reservation. The OST made an official request to DRH for assistance. In response to this request, a site visit was made on August 4-15, 2008 to conduct an initial assessment. Vital records data, obituaries, autopsy reports, clinical charts, Infant Mortality Review forms, and Healthy Start Program files were reviewed to provide a detailed description of the circumstances surrounding each case. Several of the reported cases of infant death had been misclassified, and were actually miscarriages (<20 weeks gestation) and fetal losses (stillbirths, ≥ 20 weeks gestation). Key maternal and child health partners include; City Match, Association of Maternal and Child Health Programs (AMCHP), and Council of State and Territorial Epidemiologist (CSTE). To date, assessments have been made. As a result of this assessment, a presentation was made before the members of the OST Health Administration to clarify definitions of fetal and infant deaths, report our findings, and identify potential surveillance and programmatic resources. Next steps include ongoing connections with the CDC Division of Reproductive Health and specifically, the Maternal Child Health Epidemiology Program, connecting OST Health Administration staff with key maternal and child health partners; performing additional analyses in order to describe factors associated with the fetal and infant losses; conducting training on effective death scene investigations and Fetal and Infant Mortality Reviews (FIMRs); enhancing surveillance for fetal and infant deaths.

Reproductive Health/Maternal Child Health Epidemiology Training, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research;10/Health Promotion and Disease Prevention

In response to a training need originally voiced by Tribal Epidemiology Center (TEC) staff at the 2006 MCH EPI Conference, discussions were initiated with the organizers of the Summer Institute for American Indian/Alaska Native (AI/AN) health professionals in Portland, OR. In June 2008, DRH staff delivered a modified version of DRH's Reproductive Health (RH) Epidemiology course to health care professionals working with AI/AN. Key partners included Oregon Health Sciences University, Northwest Portland Area Indian Health Board. RH/MCH Epi course delivered at Summer Institute, Summer 2008.

Adolescent and School Health:

The Bureau of Indian Education/Youth Risk Behavior Survey (BIE/YRBS) (2008),
DASH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research.

On an ongoing basis, DASH's Surveillance and Evaluation Research Branch provides technical assistance to the BIE to conduct the YRBS. The BIE/YRBS is conducted every 3 years to collect data on students in Bureau-funded schools. In addition, the Navajo Nation (working with the Indian Health Service) has conducted the YRBS among middle school and high school students attending public and private schools on the Navajo Reservation. The age groups served by this surveillance program are students in grades 6-8 and 9-12. This surveillance activity is designed to: Determine the prevalence of health-risk behaviors among students; Assess trends in these behaviors; and Examine the co-occurrence of health-risk behaviors. The YRBS collects data on health risk behaviors among young people so that health and education agencies can more effectively target and improve programs. In 2005, the most recent prior year in which YRBS was conducted by the Bureau of Indian Affairs (BIA) and the Navajo Nation, participation included 8,391 students in 69 public high schools funded by BIA; 7,833 students in 129 public middle schools funded by BIA; 13,383 students in 46 public high schools on the Navajo Nation; and 10,347 students in 92 public middle schools on the Navajo Nation. The BIE and Navajo surveys were last conducted in 2005; both are being conducted again in Fall 2008.

Improving Health and Educational Outcomes of Young People, 2008-2013,

DASH/NCCDPHP; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/ Health Promotion and Disease Prevention

Note: Three tribes were awarded cooperative agreements through this FOA.

The Cherokee Nation Health Services Group and the Cherokee Nation Education Services Group are collaborating with multiple community partners to improve the health of young people in the 14-county Cherokee Nation Tribal Jurisdictional Service Area in northeastern Oklahoma. The Cherokee Nation receives funding from CDC's Division of Adolescent and School Health to provide HIV prevention education and conduct the Youth Risk Behavior Survey (YRBS).

The Winnebago Tribe of Nebraska receives funding from CDC's Division of Adolescent and School Health to conduct the Youth Risk Behavior Survey (YRBS). The goal of this program is to advance the knowledge of critical health related behaviors among high school students through data collection and dissemination.

The Nez Perce Tribal Government receives funding from CDC's Division of Adolescent and School Health to plan and implement coordinated school health programs in local schools. The Nez Perce Coordinated School Health Program, called the Students for Success Program, is a

collaborative effort between the Nez Perce Education Department, Nimiipuu Health, and four local school districts to support the development of Coordinated School Health Programs in four K-12 schools on the Nez Perce reservation. The Students for Success Program works to improve the health of children through planning and coordination of programs across and within agencies. These 2008-2013 tribal programs are just under way and are in a start-up mode—began March 2008. Programs are conducting inventories and developing work plans; therefore, information regarding accomplishments, new activities, and next steps is not yet available.

Improving the Health, Education, and Well-Being of Young People Through Coordinated School Health Programs, DASH/NCCDPHP; Tribal Consultation Sessions Priority: 10/ Health Promotion and Disease Prevention; 7/Data and Research; 8/Eliminating Health Disparities

The following examples illustrate activities conducted through the last 5-year cycle of funding (2003 - ending February 2008) that supported coordinated school health through state and local education agencies and included a youth component for impacting or supporting AI/AN American youth:

Montana Office of Public Instruction provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The YRBS collects data on health risk behaviors among young people so that health and education agencies can more effectively target and improve programs. Montana has produced two special YRBS reports summarizing the health behaviors of American Indian students attending schools on reservations and in urban schools. These results will guide Montana's development of a long-term, comprehensive approach to improving health and reducing risk behaviors among its American Indian youth. In a second activity, the Montana Office of Public Instruction collaborated with Tribal Health and the Indian Health Service, presenting school-specific data from the YRBS Website and information on how to use the data to develop appropriate program interventions in their school communities to address the needs of Indian youth. Much of the data regarding suicide, alcohol, and other drug use (especially methamphetamines), tobacco use, sexual activity, nutritional and physical activity behaviors will affect the work that is currently under way in Indian country to bring about healthier lifestyles. The Montana Indian Educators Association also requested a presentation on YRBS data specific to Indian youth, their challenges, and possible program planning ideas.

South Dakota Department of Public Instruction promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). For the Fruit and Vegetable Pilot Project, South Dakota supported a special evaluation project with students attending elementary schools on the Pine Ridge Indian Reservation to determine best practices for increasing fruit and vegetable consumption. This study indicated that culturally appropriate educational intervention is a potential tool for increasing fruit and vegetables intake and nutrition knowledge among American Indian children.

Milwaukee Public Schools provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). For the Reaching American Indian Students through a Teen After-school HIV Prevention and Native Dance Program, the Milwaukee Public Schools (MPS) WE INDIANS Program (Wisconsin Education for Indians, New Day in Awareness of Native Studies) collaborates with the HoChunk Nation of the Milwaukee area to build ethnic pride and

academic achievement in Milwaukee's American Indian students grades 5-12. For the past 3 years, the MPS HIV Project Director has provided training and technical assistance on the implementation of the evidence-based curricula *Making Proud Choices* and *Reducing the Risk* to staff of the WE INDIANS Program. As a result, the curricula are delivered, three to four times a year, to an annual total of 70-80 American Indian middle and high school students. During the 2006-2007 school year, the after-school WE INDIANS Program engaged and motivated students by combining a new reading initiative with the evidence-based curricula and an original HoChunk creation story. With the assistance of a professional dance teacher and a traditional dancer, the students translated what they learned into original dance movements.

Alaska Department of Education & Early Development provided HIV prevention education and conducted the Youth Risk Behavior Survey (YRBS). The funded programs were developed and delivered in collaboration with the Alaska Department of Health and Social Services. Alaska provides the "Making Proud Choices" HIV prevention curriculum that is used for adolescents in Department of Juvenile Justice facilities across the state. The program reaches many Alaska Native adolescents, as they make up a large percentage of the incarcerated youth in the state.

Maine Department of Education promoted coordinated school health, provided HIV prevention education, and conducted the Youth Risk Behavior Survey (YRBS). Maine worked with the Wabanaki Mental Health Association to deliver evidence-based HIV education (modified for this population) to at least 30 Native American youth at three rurally isolated reservations. Wabanaki provides culturally-sensitive psychological and social services to a Native American population from four counties in Maine.

INFECTIOUS DISEASES

Infectious Diseases in Alaska Natives:

Arctic Investigations Program, Division of Emerging Infections and Surveillance Systems, NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention

The Arctic Investigations Program (AIP) is a CDC infectious disease field research station located on the campus of the Alaska Native Medical Center in Anchorage, Alaska. The 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 in Alaska for selected bacterial and viral infections and conducts public health research to determine risk factors for disease, to evaluate prevention strategies and to improve laboratory diagnosis. AIP operates one of only two Laboratory Response Network labs in Alaska and is involved in preparedness and response to public health threats in Alaska. The program provides leadership and expertise in public health concerns of peoples of the circumpolar north through international collaborations and surveillance. The AIP works closely with the Alaska Native Tribal Health Consortium (ANTHC) and other Tribal health organizations in Alaska to improve infectious disease prevention activities by providing health data, laboratory expertise, focused investigations and interventions.

Sanitation services and infectious disease risk in rural Alaska, AIP/DESS/NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention

Nearly one out of three rural Alaska villages lack in-home running water and flush toilets. Recently, funding for sanitation construction has been threatened due to a lack of evidence supporting a health benefit for these programs. AIP and collaborators with tribal health organizations report that residents of villages lacking in-home water and sewer service were more likely to be hospitalized with skin infections and respiratory infections than those with modern sanitation services. For example, hospitalization rates for infants with pneumonia from villages lacking modern sanitation services are approximately 10 times higher than the general U.S. population. Findings were published in the *Am J. Public Health*, Nov 1, 2008. Two new projects were begun in FY2008: 1. Economic evaluation of the excess hospitalizations associated with lack of running water. 2. Long-term study of health indicators in communities that will receive in-home water and sewer service for the first time. The next step is to complete the new projects described above. These data will be used to support the value of ANTHC environmental health initiatives aimed at improving water and sewer service in rural Alaska.

Response to the emergence of replacement pneumococcal disease in Alaska Native infants, AIP/DEISS/NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention

Historically, rates of pneumococcal infections (meningitis, pneumonia, blood stream infections) among Alaska Native children were among the highest in the world. A vaccine introduced in 2001, PCV7, reduced preventable disease by 95% in Alaska. Since 2004, investigations by AIP have shown that disease rates among Alaska Native children have increased and approach the levels seen before use of PCV7. This is due to emergence of bacterial types not covered by the vaccine, indicating a limitation in the usefulness of the current vaccine. During FY2008, AIP developed a plan with Tribal partners (ANTHC and the Yukon-Kuskokwim Health Corporation, YKHC) to introduce a new pneumococcal vaccine, called PCV13, in communities where disease rates are highest. This vaccine includes the most common replacement types and could prevent 75% of cases. This plan includes careful safety monitoring, evaluations of disease transmission and serious infection rates. The plan is to introduce the vaccine in FY09 with the goal of stopping this ongoing disease threat. Next steps will include: Obtain appropriate approvals for vaccine introduction plan and begin using new vaccine while monitoring use, safety and effectiveness. Results to be reported to local health authorities and leadership, as well as interested public health authorities.

Response to high rates of pediatric dental caries among Alaska Native children, AIP/DEISS/CPDCID; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention

Dental caries among Alaska Native children represents a substantial and long-standing health disparity. For example, an assessment from 2004 showed that 87% Alaska Native third-graders had evidence of caries compared with 55% of Caucasian Alaskans of the same age. In August 2008, AIP was asked by the Yukon Kuskokwim Health Corporation (YKHC) in western Alaska

to conduct a public health investigation to determine the prevalence of pediatric dental caries, risk factors for caries and to identify feasible plans to address the problem. Key partners include: YKHC and ANTHC dental programs, Alaska Division of Health, Indian Health Service, CDC's National Center for Chronic Disease Prevention and Health Promotion, Division of Oral Health. The investigation will begin October 25 and will include oral health exams on children in five communities, a behavioral health evaluation, and an evaluation of available data sources. We hope this will yield an improved understanding of the root causes of caries in this region and to a workable long-term strategy for improving pediatric oral health.

Management of the Alaska Area Specimen Bank, AIP/DEISS/NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research; 8/Eliminating Health Disparities; 10/Health Promotion and Disease Prevention; ;11/Tribal Consultation and Intergovernmental Relations

The specimen bank, located in the AIP building, houses nearly 500,000 specimens that are residual from health research done in the past half century in Alaska. AIP has joined with Tribal health leadership throughout Alaska to create policies and procedures related to the bank to ensure that this valuable collection is used to maximize health benefit for Alaska Native people while protecting individual privacy, respecting Tribal health priorities and informing the Alaska Native people of this resource. The new policy and procedure provides a model for shared management and governance of this unique and valuable specimen repository. AIP co-chairs quarterly meetings with a committee of representatives from ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, and Southeast Alaska Regional Health Corporation. The revised policy is now under review by the 9 Tribal health organizations whose people have contributed to the specimen bank. AIP is collaborating with Southcentral Foundation to assess attitudes and desired uses for the specimen bank among Alaska Natives, as well as a catalog of specimen bank activities since its inception. These data will guide future uses of specimen bank materials and public education about the repository.

Support for Alaska Native Health Research, AIP/DEISS/NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research

AIP promotes research activities by Tribal health organizations and supports Alaska Native/American Indian health researchers. Ongoing efforts include joint CDC/Tribal health research projects and technical support to Tribal health research activities such as the ANTHC Hepatitis Program, the Alaska Native Tribal Epi Center and the Southcentral Foundation research program. This support includes medical and epidemiologic consultation, laboratory and specimen handling, database and statistical support, grant submission, access to other CDC resources, membership on the Alaska Area IRB (ethics board), training students and researchers through seminars, internships and conferences. In addition to our core infectious disease activities, in FY08 AIP helped Tribal research activities related to tobacco control, stroke management, diabetes care, cancer screening, sexually transmitted diseases, pharmacy services and environmental health. AIP is a co-sponsor of the Alaska Native Health Research Conference to be held March 19-20, 2009 in Anchorage. We are supporting an American Indian Emerging Leaders Fellow in FY09 to develop a policy document and research agenda for assessing and

responding to climate change in rural Alaska communities. We are also sponsoring an Alaska Native Pharmacy Resident to research trends in antibiotic prescribing and antibiotic resistance in Alaska.

Assessing the threat of avian influenza among Alaska subsistence hunters,
AIP/DEISS/NCPDCID; Tribal Consultation Sessions Priority: 7/Data and Research;
9/Emergency Preparedness; 10/Health Promotion and Disease Prevention

Increased concern about the potential spread of highly pathogenic avian influenza to Alaska through migratory waterfowl has led to testing migratory waterfowl for avian influenza viruses. Waterfowl are a major source of food for rural Alaska Native families. Currently, no evidence exists regarding the potential risk of contracting avian influenza associated with these practices. In FY2008, AIP partnered with YKHC to recruit rural families to participate in research about waterfowl hunting, cleaning and cooking methods. Over 900 participants were recruited. Blood samples from participants are being tested for evidence of past exposure to avian influenza viruses. The next step will be to complete laboratory testing. Once analysis is completed, the findings and recommendations will be shared with participants, communities and Tribal leadership. We hope these data will be helpful for counseling families on the risk of avian influenza and the best practices to avoid exposure.

STDS and HIV/AIDS:

Red Talon Project (ended in April 2008), DASH/NCCDPHP; Tribal Consultation Sessions Priority: 8/Eliminating Health Disparities; 10/ Health Promotion and Disease Prevention

The goal of the Red Talon project was to enhance the capacity of tribal health educators, program managers, and clinicians to provide STD prevention services to the Northwest Tribes through the development, production, and dissemination of tribe-appropriate educational materials. Partnerships included the National Coalition of STD Directors (NCSD) and Northwest Portland Area Indian Health Board. With financial support from CDC, these partners implemented a program designed to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest. The 43 federally recognized tribes in Idaho, Oregon, and Washington were served by this project. From October 2007 to April 2008, Project Red Talon's Webpage received more than 1,600 site visits. An article detailing Project Red Talon provided NCSD with updated STD data for the AI/AN population, which was incorporated into a comprehensive NCSD booklet of national and state fact sheets, published in late 2007. In addition, Project Red Talon responded to more than 125 phone or e-mail requests for resources, information, or technical assistance from tribes and partnering agencies throughout the United States. Most of the requests were for support for school-based STD screening activities and updated STD data. Project Red Talon identified 8 tribes and one tribal boarding school who were interested in hosting a school-based Chlamydia screening event. Project Red Talon made 10 tribal visits to facilitate screening planning and/or to support local STD/HIV program development; approximately 200 young people were screened for Chlamydia at Acoma, Navajo, and Chemawa schools. In response to tribal requests, Project Red Talon provided timely information, native-specific outreach materials, educational resources, promotional materials, and a continually updated STD/HIV website. Promotional materials produced included fliers, posters, t-shirts, teen 'zines, and postcards. Although the funded project has concluded, at the

request of the NW tribes, Project Red Talon has continued to host the Red Talon STD/HIV Coalition.

Integrating HIV Prevention into Reproductive Health Services for AI/AN, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

For a second year, DRH successfully competed for Minority AIDS Initiative (MAI) funds from the Department of Health and Human Services Office of HIV/AIDS Policy. Funding for the second year project will expand on the first year's project. In year one, JSI Research & Training (Denver, CO) (a Regional Training Center for Family Planning) was funded to adapt training and technical assistance tools developed under Cooperative Agreement # 04073 for providers of AI/AN. In year two of the project, the Center for Health Training (Oakland, CA) will disseminate the adapted toolkit by providing regional trainings and enhanced technical assistance in several sites. Main accomplishment this year was the adaptation of the HIV Integration Toolkit for use by clinics serving AI/AN population. The adapted toolkit will be disseminated through a series of regional trainings and intensive technical assistance in two clinical settings.

Support for STD Prevention Efforts in Alaska, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

On behalf of the American Native Tribal Health Consortium (ANTHC), CDC and the Indian Health Service (IHS) National STD Program conducted an STD/HIV assessment of urban and rural Alaska 2006 and 2007. Based on findings and recommendation from the final report, CDC awarded end-of-year funds to the IHS National STD Program to implement some of the report's key recommendations, including focus groups among Alaska Native youth to inform a social marketing campaign and an enhanced STD screening initiative. ANTHC completed focus groups with Alaska native youth and is using the information gathered to inform a social marketing campaign. ANTHC and the IHS National STD Program are in discussions with the State of Alaska and CDC to implement an enhanced STD screening project using self-collected specimens.

School Based STD Screening, DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In 2007, CDC and the IHS National STD Program issued guidelines for school-based STD screening in Indian Country. STD screening projects have been initiated in several schools serving AI/AN students. The IHS National STD Program collaborated with Project Red Talon to implement screening in the Pacific Northwest at one Bureau of Indian Affairs (BIA) boarding school and at several reservation-based schools. On the Navajo Nation, IRB approval was obtained, preliminary training of screening team members was conducted, and consents were collected. Key partners in this initiative are the Northwest Portland Area Indian Health Board/Project Red Talon; participating schools, tribes, and health care facilities; and corporate partners Beckton Dickson and GenProbe. Accomplishment is the implementation of school-based STD screening in schools serving AI/AN. Screening on the Navajo Nation should begin late 2008 or early 2009.

Response to Syphilis Outbreak on the Tohono O’odham Indian Reservation,
DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease
Prevention

The Tohono O’odham Nation (TON) is a large reservation southwest of Tucson, AZ. In 2007 TON had a marked increase in syphilis cases over previous years. A CDC Rapid Response team was deployed, followed by a series of Public Health Advisors. A STD core work group was formed. CDC and the IHS National STD Program provided funding to IHS to support many of the identified interventions and is currently funding TON to enhance STD prevention efforts. Key partners in this initiative include TON, IHS (Tucson and Phoenix Area Offices, the Sells Service Unit), the AZ Department of Public Health Services (including Pima and Maricopa Counties). The workgroup developed a matrix to guide response efforts. Some of resulting efforts include: clinical interventions, partner services training, school-based STD screening, community-based outreach and screening, enhanced surveillance and sharing of data. Ongoing efforts will include continuing to work with tribe, IHS, and AZ to enhance STD prevention and control efforts.

STD, HIV, Sexual Violence Among AI/AN Women Living in the Great Lakes Region,
DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease
Prevention

AI/AN women have the highest rates of sexual violence in the US. AI/AN have the second highest rates of STDs (after blacks) and high rates of HIV. There is a relationship between 1) risky sexual behavior following sexual assault and 2) STDs that result from sexual assault. An initial conference call was conducted with representatives from diverse groups working on this issue (e.g., tribal, community based organizations (CBO) state, regional, federal) to identify the most pressing challenges and to identify strategies to work together to address them. From that experience, the IHS National STD Program provided funding to the IHS Bemidji Area Office (BAO) who is in turn working with the Great Lakes Inter-Tribal Epi Center (GLITEC) to provide mini-grants to one tribe or tribal organization in each of the three state (e.g., MI, MN, WI) served by BAO and GLITEC. Key partners included BAO, GLITEC, participating tribes and tribal organizations. The main accomplishment was the provision of funds to BAO and GLITEC to provide mini-grants. Next steps will include providing technical assistance to BAO and GLITEC as they issue mini-grants to tribes and tribal organizations.

Addressing STDs among Alaska Natives and Inuit/First Nations/Métis of Canada,
DRH/NCCDPHP; Tribal Consultation Sessions Priority: 10/Health Promotion and Disease
Prevention

CDC and the IHS National STD Program was invited to attend an Inuit Women’s Sexual Health Conference in Inuvik, Northwest Territories, Canada in Feb. 2008. During this meeting, many similarities in STD epidemiology, risk behaviors, and cultural issues were noted between Alaska Natives and Canada’s northern peoples (mostly Inuit, but also First Nations and Métis). As a result, the IHS National STD Program began a conversation with Canadian public health

officials about potential areas for collaboration. A bi-national meeting was held in Anchorage, AK in April 2008 to share knowledge, identify gaps, and identify opportunities to collaborate. Key partners: Alaska Native Tribal Health Consortium, the State of Alaska Department of Health, Health Canada, Public Health Agency of Canada. Final meeting report published. Core workgroup formed and collaborating on several initiatives. A follow-up meeting is being planned in Canada.

Other Infectious Diseases:

Infectious Diseases among AI/AN Populations, NCZVED; Tribal Consultation Sessions
Priority: 7/Data and Research

Activities include various ongoing epidemiologic collaborative projects between the Indian Health Service, the Alaska Native Tribal Health Consortium, the CDC Arctic Investigations Program, other agencies/divisions and universities to describe and address disease burden and health disparities for overall and specific infectious diseases among the American Indian and Alaska Native population. The findings from the studies provide information to assist in developing prevention strategies and reducing health disparities among the American Indian and Alaska Native population in the area of infectious diseases. The findings also increase awareness of specific infectious diseases, and initiate disease and geographic target areas to further investigate and address health disparities. Studies results are disseminated through presentations, reports and publications in peer-review journals. Ongoing collaborations continue.

Rickettsial Disease among American Indians in the Southwest, NCZVED; Tribal Consultation Sessions Priority: 7/Data and Research; 10/Health Promotion and Disease Prevention

Rickettsial disease among American Indians in the Southwest. Ongoing investigation and education efforts of rickettsial disease in collaboration with the Indian Health Service among areas in the Southwest. Implemented education programs to increase awareness of Rocky Mountain spotted fever among the American Indian population. Addressed and initiated prevention efforts to reduce the occurrence of rickettsial disease.

BIRTH DEFECTS AND DEVELOPMENTAL DISABILITIES

State-Based Fetal Alcohol Spectrum Disorders Prevention Program, DBDDD/NCBDDD;
Tribal Consultation Sessions Priority: 10/Health Promotion and Disease Prevention

In 2003, the University of South Dakota (in collaboration with the North Dakota Fetal Alcohol Syndrome Center), was funded as a bona fide agent for the South Dakota Department of Health for a five-year, cooperative agreement as one of seven state-based fetal alcohol spectrum disorders (FASD) prevention programs. The purposes of these programs were to: (1) develop, implement, and evaluate population-based and targeted programs for FASD prevention, including the identification of high-prevalence geographic areas or selected subpopulations of childbearing-aged women at high risk for an alcohol-exposed pregnancy; (2) establish or enhance prenatal and preconceptional intervention programs to serve these populations; and (3) establish or use existing systems for monitoring the impact of prevention programs. Through this project, American Indian communities in Standing Rock, Turtle Mountain, and Pine Ridge

participated in the development of a media campaign to promote a community-based intervention for women of childbearing age to either reduce their drinking or to improve family planning. In addition, project staff developed and implemented a FAS surveillance system serving both North and South Dakota. Implementation of these surveillance and intervention components of the overall project continued in fiscal year (FY) 2008. The University of South Dakota received a funded extension of \$250,000 for FY09. During this extension, intervention follow-up activities will occur along with data cleaning and data analysis activities. Project staff will continue to provide FASD materials to all women in the intervention and other interested individuals. Evaluation of the intervention program will also occur in the final project year. Continuation of surveillance activities will focus on abstraction of identified clinic charts to identify FAS.

2. Tribal Delegation Meetings

(1) CDC Office of the Director and National Centers/Division: CDC: OEC; OCPHP and OMHD; FMO; COTPER and DSLR; NCHM; NCCDPHP - DDT/NDWP, DCPC, and OSH; COTPER; NCIPC; NCHHSTP; NCEH; and ATSDR

Subject(s) of Meeting: Tribal Consultation

Tribe(s): Tohono O'odham Nation

Federal Attendees: Donna Garland, Stephanie Bailey, Walter Williams, Mike Snesrud, Bill Nichols, Rob Curlee, Rosemarie Henson, Wayne Giles, Sharon Sharpe, Vicky D'Alfonso, Dawn Satterfield, Cherryll Ranger, Barbara Park, Ileana Arias, Rodney Hammond, David Wallace, Susan True, Wanda King, Kevin Fenton, Hazel Dean, Dogan Eroglu, D'Angela Green, Tim Hack, and Steve Inesera

Tribal Attendees: 8 Tribal leader from the Tohono O'odham Tribal Council

Date/Location of Meeting: January 22, 23, 2008, Atlanta, Ga..

Brief Summary of Meeting: consultation with CDC relative to : budget allocations, communication, marketing, public health capacity, environmental public health, STEP, diabetes, cancer, tobacco, STD & HIV infection, and public health emergency preparedness activities.

Follow-up Actions: Individual programs talked directly with TON leadership to address specific issues. Increased understanding was established and program access was increased. Discussions will be continued at upcoming CDC Biannual Consultation Sessions. TON will continue to be active participants with CDC and will host 2nd Biannual Consultation Session on November 20.

(2) Branch/Division: CDC:NCCDPHP/DDT/NDWP

Subject(s) of Meeting: CDC's Native Diabetes Wellness Program (NDWP)

Tribe(s): Tribal Consultation Advisory Committee (CDC TCAC)

Federal Attendees: Dawn Satterfield, RN, PhD, (CDC); Veronica Davison, MA (CDC)

Tribal Attendees: Tribal leader representatives of 12 IHS Areas and tribal organizations.

Date/Location of 2008 Meetings: Jan.22 and Feb.26 (Atlanta), and April 1 (Rapid City, SD)

Brief Summary of Meeting: consultation on NDWP activities: Eagle Books, new traditional foods Funding Opportunity for AI/AN communities, "Traditions of Gratitude" posters.

Follow-up Actions: NDWP will attend all TCAC biannual meetings and regional meetings, depending on travel funds and staffing availability.

Current Status of Outstanding Issues: none outstanding; will seek tribal consultation on Eagle Book Community Outreach campaign plans and approaching Pixar for possible animation of Eagle Books.

3. Workgroups/Task Force Meetings:

(1) Indian Health Service Colorectal Cancer Screening Task Force

Meeting Date(s)/Location(s): August 5, 2008, Albuquerque, NM

Frequency of Meetings: Not determined at this time

Summary of FY 2008 Activities: DCPC staff organized the first meeting of a recently formed Indian Health Service Colorectal Cancer Screening Task Force. A goal of the task force is to develop a strategic plan to increase CRC screening throughout Indian country. This meeting was attended by IHS and CDC personnel

(2) Joint Alaska Immunization Committee

Members: ANTHC immunization program, State of Alaska Immunization Program, Public Health Nursing, Arctic Investigations Program

Meeting Date(s)/Location(s): Anchorage, Alaska

Frequency of Meetings: Quarterly

Summary of FY 2008 Activities: Harmonization of statewide immunization policy, vaccine handling procedures, data sharing and education of immunization program staff and the public.

(3) Alaska Area Specimen Bank Committee

Members: ANTHC, Aleutian Pribilof Islands Association, Norton Sound Health Corporation, Bristol Bay Health Corp, Manilaaq Health Corporation, Southcentral Foundation, Arctic Slope Native Association, Yukon Kuskokwim Health Corporation, Southeast Alaska Regional Health Corporation, CDC/Arctic Investigations Program.

Meeting Date(s)/Location(s): ANTHC, Anchorage, Alaska

Frequency of Meetings: Quarterly

Summary of FY 2008 Activities: Completed revised guidance for Specimen Bank and circulated for Tribal approval. Ongoing monitoring of Specimen Bank activities.

(4) Alaska Area Institutional Review Board

Members: 9 representatives from Health professionals and general public representatives, including one from AIP.

Meeting Date(s)/Location(s): ANTHC, Anchorage, Alaska

Frequency of Meetings: 3rd Tuesday of each month.

Summary of FY 2008 Activities: Ongoing review of research projects, review and approval of new projects.

4. Tribal Summits:

(1) Injury Prevention Symposium

Purpose: Opportunity to learn about the epidemiology of injuries as a public health problem as well as recommended effective programs and strategies to address the problem in Indian Country

Federal Attendees: NCIPC Director, Deputy Director, Division Directors and staff (12)

Tribal Attendees: Staff from Northwest Portland Tribal EpiCenter, California Tribal EpiCenter, Southern Plains Tribal Epi Center, Albuquerque Area Tribal EpiCenter, Navajo Tribal EpiCenter, Northern Plains Tribal EpiCenter, and four tribal Injury Prevention Programs (16)

Date of Summit: February 29, 2008 in Atlanta, GA at the NCIPC

Brief Summary of Summit: Director provided an overview of the National Center and its programs, projects, and activities. She shared numerous resources and links for more information and expressed desire and willingness to increase collaborative efforts with the EpiCenters and tribes. Division Directors talked more specifically about programs administered both with tribes directly and states. Provided additional resources and facilitated an interactive dialogue between CDC and tribal staff.

Follow-up actions: Host another injury symposium and market to broader group of Epicenters and tribes in conjunction with another scheduled meeting.

Next Steps: Continue to have every month conference calls between NCIPC staff and Epicenters to share resources and information, network, and identify common initiatives to impact injury disparities with AI/AN populations.

Outstanding Issue: Need to increase tribal access to injury prevention resources and expertise.

5. Successful Tribal Projects/Programs:

(1) Impacting Colon Cancer in Cherokee Nation: Ga-Du-Gi Spirit in Cherokee Nation

Summary of Project/Highlights: Through the spirit of Ga-Du-Gi in Cherokee Nation (essentially a village, or a community working together for a common cause or goal), Cherokee Nation community leaders, health care professionals and partners rallied together to prevent colorectal cancer in the 14 counties of the tribal jurisdictional service area. Multi-component activities were used to increase colon cancer awareness, screening, and access to care for American Indians living in Cherokee Nation, and included awareness campaigns, proclamations, screenings, increased Tribal appropriations for Contract Health Services, educating and hiring additional health care providers, and receiving funding awards from the Prevent Cancer Foundation through their Dialogue for Action Campaign. Screening rates were seen to increase from 27.7 % in 2005 to 37.5 % in 2007. Before inclusion of these activities, epidemiological data from 1997-2001 showed that only 1% of colorectal cancer patients were being diagnosed at the earliest stages. Recent epidemiological data for the years 1997-2004 shows a 4% increase in the number of patients being diagnosed at the earliest stage.

Summary of Tribal Plan to continue project/program: Cherokee Nation solidly endorses this communal spirit and coordinated approach to addressing colorectal cancer. Plans are to continue the partnerships and together garnering all resources to combat the burden of colon cancer in the 14 county tribal jurisdictions.

Agency Opinion: This is an excellent example of application of the concept of comprehensive cancer control, whereby there is an integrated and coordinated approach in pooling and using a community's resources to address the burden of cancer.

(2) Second Wind

Summary of Project: *Second Wind*, developed by the Muscogee (Creek) Nation Tobacco Prevention Program is an adaptation of the American Cancer Society's cessation curriculum, *Fresh Start*. *Second Wind* incorporates native concepts such as the Medicine Wheel and Talking Circles. Preliminary findings suggest that, among more traditional tribes, more than 50% of participants who complete the *Second Wind* cessation program have sustained their freedom from tobacco misuse at one year post-program.

Summary of Tribal Plan to continue project/program: Muscogee (Creek Nation) is solidly endorsing *Second Wind* on a national level, providing additional funding to the Creek Nation

Tobacco Prevention Program for nationwide facilities trainings, printing of the curriculum and providing CD's to newly trained facilitators.

Agency Opinion: Both empirical and anecdotal findings suggest that, among more traditional tribes, more than 50% of participants who complete the *Second Wind* cessation program remain quit one year post-program.

(3) *Resource Guide for Quit-Lines*

Summary of Project: The California Rural Indian Health Board (CRIHB) developed the *Resource Guide for Quit-Lines* in an effort to increase participation by AI/AN callers to state quit lines. In collaboration with the California State Quit Line, CRIHB staff uses this culturally appropriate curriculum to train quit-line counselors in native methods of communication; differences between the sacred use of tobacco and abuse of commercial tobacco; and strategies to engage native callers. Findings suggest that the increase of AI/AN callers to the California quit-line since adoption of the *Resource Guide for Quit Lines* curriculum is statistically significant. As a result, CRIHB marketed the guide on a national scale to include states and contractors serving AI/AN populations. Currently, CRIHB trains counselors at both Free and Clear and the National Jewish Medical and Research Center (the quit line contractors serving states with the highest AI/AN populations) using the *Resource Guide for Quit-Lines*

Summary of Tribal Plan to continue project/program: The 40 tribes which form the CRIHB consortium solidly endorse *Resource Guide for Quit Lines* and provide CRIHB with the authority to place it in the national arena. CDC Office on Smoking and Health, the National Native Commercial Tobacco Abuse Prevention Network, and the Tribal Support Centers for Tobacco Programs are working collaboratively with CRIHB on this project.

Agency Opinion: This is an excellent example of melding cultural appropriateness and *Best Practices*.

(4) *Healthy Nation, Cherokee Nation*

Summary of Project: The Cherokee Nation Tribal Support Center for Tobacco Programs efforts led to the enactment and enforcement of the most comprehensive commercial tobacco policies in Indian Country. All Cherokee Nation facilities, with the exception of gaming establishments, are commercial tobacco free. The policy includes all forms of commercial tobacco. As a result, the Cherokee Nation was recently honored by being named the 2008 Exemplary Tribal Organization for Comprehensive Cancer Control Implementation by C-Change, a national cancer organization.

Agency Opinion: Using *Best Practices* along with culturally appropriate strategies and methods, this policy is an excellent example of community in action.

6. CDC/ATSDR Tribal Consultation Policy (attached)

7. CDC/ATSDR Tribal Consultation Advisory Committee (TCAC) (Summary below; roster of members attached)

CDC held four formal TCAC meetings during FY08 along with monthly conference calls. The TCAC meeting were held: January 8-10 in Oklahoma City (hosted by OK Area Indian Health Board), OK; February 26-28 in Atlanta, GA; April 1-4 in Rapid City, SD (hosted by Pine Ridge Reservation and the Aberdeen Area Tribal Chairman's Health Board); and July 29-30 in Hollywood, FL (hosted with Seminole Tribe). The OD/Office of the Chief of Public Health Practice/OMHD and Senior Tribal Liaisons worked in collaboration with the TCAC Co-Chairs,

TCAC membership, and NIHB to develop meaningful meeting agendas. Once agendas were developed, OMHD engaged appropriate Offices, National Centers and their Divisions, and key CDC leadership, managers, and staff with programmatic expertise to attend and participate in dialogue with TCAC. At each meeting, TCAC members provided an update and highlighted public health issues affecting their tribes and other tribes in their area in order to inform each other and the CDC. From these discussions priority issues emerged that allowed and directed more focused discussions and helped to assist the TCAC in the development of their recommendations to CDC to address these critical public health issues.

The TCAC and NIHB worked closely with CDC to plan the first Biannual Consultation Session held on February 28, 2008 at CDC. The session created the first large scale opportunity for formal government-to-government consultation between Tribal leaders from across the country and CDC senior leadership about budget allocations, public health infrastructure and capacity, public health emergency preparedness, and environmental health issues. These meetings reflect CDC's understanding of the special legal and political relationship it holds with sovereign Tribal nations, CDC's commitment to uphold the tenets of Tribal consultation, and its commitment to work with Tribal leaders, communities, and organizations to eliminate AI/AN health disparities and positively impact the health of AI/AN people wherever they may reside. The 2nd Consultation Session will be held on November 20th in Tucson, AZ. CDC remains committed to fully implement the HHS and agency TCP and be responsive to the TCAC recommendations. CDC executive leadership reviews the input and formulates actions to assure tribes and AI/AN populations benefit and improve their health through stronger and informed partnerships. CDC OMHD is tracking the progress of recommendations and follow-up actions and reports to TCAC primary and alternate members during subsequent meetings. Information about the TCP, cumulative TCAC meeting minutes, recommendations and an inventory of CDC response to recommendations is posted and available on both the NIHB and CDC OMHD websites.

Attachments:

- 1. CDC/ATSDR Tribal Consultation Policy**
- 2. CDC/ATSDR Tribal Consultation Advisory Committee – Charter and Roster of Members**
- 3. List of Acronyms used in this report**

LIST OF ACRONYMS

AATCHB	Aberdeen Area Tribal Chairmen’s Health Board
AAIP	Association of American Indian Physicians
AC	Action Communities
AI/AN	American Indian/Alaska Native
AI ATS	American Indian Adult Tobacco Survey
AIDS	Acquired Immunodeficiency Syndrome
AIP	Arctic Investigations Program
AMCHP	Association of Maternal and Child Health Programs
ANATS	Alaska Native Adult Tobacco Survey
ANTHC	Alaska Native Tribal Health Consortium
ASTHO	Association of State and Territorial Health Officials
BAO	Bemidji Area Office
BIA	Bureau of Indian Affairs
BIE	Bureau of Indian Education
BRFSS	Behavioral Risk Factor Surveillance System
CAP	Community Action Plan
CBO	Community-Based Organization
CCC	Comprehensive Cancer Control
CDC	Centers for Disease Control and Prevention
CEED	Centers of Excellence in Eliminating Disparities
CERC	Crisis and Emergency Risk Communications
CHD	Coronary artery disease
CHR	Community Health Resources
CNO	Choctaw Nation of Oklahoma
COTPER	Coordinating Office for Terrorism Preparedness & Emergency Response
CRIHB	California Rural Indian Health Board
CSTE	Council of State and Territorial Epidemiologists
CVD	Cardiovascular disease
DAC	Diabetes Advisory Council (New Mexico)
DACH	Division of Adult and Community Health
DASH	Division of Adolescent and School Health
DCPC	Division of Cancer Prevention and Control
DDT	Division of Diabetes Translation
DEISS	Division of Emerging Infections and Surveillance Services
DETS	Diabetes Education in Tribal Schools
DHDSP	Division of Heart Disease and Stroke Prevention
DOH	Department of Health
DRH	Division of Reproductive Health
DSLRL	Division of State and Local Readiness
DST	Direct Service Tribes
DSTDP	Division of Sexually Transmitted Diseases Prevention
EGAP	Executive Committee on Grants and Administrative Policy
FASD	Fetal Alcohol Spectrum Disorders
FIMRs	Fetal and Infant Mortality Reviews

FMO	Financial Management Office
FOA	Funding Opportunity Announcement
FY	Fiscal year
GIS	Geographic Information Systems
GLITEC	Great Lakes Inter-Tribal Epidemiology Center
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
ICC	Intercultural Cancer Council
IHS	Indian Health Service
I/T/U	IHS, Tribal, and Urban Indian Health
ICU	Influenza Coordination Unit
IRB	Institutional Review Board
ISD	Immunization Services Division
MAI	Minority AIDS Initiative
MCH	Maternal and child health
MPS	Milwaukee Public Schools
NACCHO	National Association of County and City Health Officials
NARA	Native American Rehabilitation Association
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NCAI	National Congress of American Indians
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
NCHM	National Center for Health Marketing
NCIPC	National Center for Injury Prevention and Control
NCIRD	National Center for Immunization and Respiratory Diseases
NCPDCID	National Center for Preparedness, Detection, and Control of Infectious Diseases
NCZVEP	National Center for Zoonotic, Vector-Borne, and Enteric Diseases
NDEP	National Diabetes Education Program
NDWP	Native Diabetes Wellness Program
NHANES	National Health and Nutrition Examination Survey
NHLBI	National Heart, Lung, and Blood Institute
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases
NIHB	National Indian Health Board
NIOSH	National Institute for Occupational Safety and Health
NN	Navajo Nation
NPCR	The National Program of Cancer Registries
NPHSP	National Public Health Performance Standards Program
NTEC	Northwest Tribal Epidemiology Center
NTTPN	National Tribal Tobacco Prevention Network
OCOO	Office of the Chief Operating Officer
OCPHP	Office of Chief of Public Health Practice
OD	Office of the Director
OST	Oglala Sioux Tribe
OHSU	Oregon Health Sciences University in Portland

OMHD	Office of Minority Health and Health Disparities
OSH	Office on Smoking and Health
OWCD	The Office of Workforce and Career Development
PCV	Pneumococcal conjugate vaccine
PGO	Program and Grants Office
PHEP	Public Health Emergency Preparedness
PRAMS	Pregnancy Risk Assessment Monitoring System
REACH US	Racial and Ethnic Approaches to Community Health
RH/MCH	Reproductive Health/Maternal Child Health
SEARHC	Southeast Alaska Regional Health Consortium
SEER	Surveillance, Epidemiology, and End Results
SHI	School Health Index
SIDS	Sudden Infant Death Syndrome
STD	Sexually transmitted disease
Steps	Steps to a Healthier US
SUID	Sudden, Unexplained Infant Deaths
SUIDI	Sudden, Unexplained Infant Death Investigation
TCAC	Tribal Consultation Advisory Committee
TCP	Tribal Consultation Policy
TEC	Tribal Epidemiology Centers
TECC	Tribal EpiCenter Consortium
TIMS	Technical Information Management Section
TLDC	Tribal Leaders Diabetes Committee
VFC	Vaccines for Children
WE INDIANS	Wisconsin Education for Indians, New Day in Awareness of Native Studies
WIC	Women, Infants, and Children Program
WISEWOMAN	Well-Integrated Screening/Evaluation for Women across the Nation
WRIR	Wind River Indian Reservation
YRBS	Youth Risk Behavior Survey
YST	Yankton Sioux Tribe
YKHC	Yukon-Kuskokwim Health Corporation