

**THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S
ANNUAL TRIBAL BUDGET AND CONSULTATION REPORT
FISCAL YEAR 2007**

SECTION IV: CIO SPECIFIC ACTIVITIES

CDC: OMHD

Priority Number: 1 and 6 **Priority Title: Health Promotion and Disease Prevention and Increase Access to Programs and Grants**

Summary of Activity: The OMHD cooperative agreement with NIHB continues to strengthen the formal, collaborative relationship between NIHB and CDC and enables each organization to better implement their respective missions as they apply to AI/AN populations across the U.S. In FY 07 NIHB engaged ASTHO to increase and facilitate more effective working relationships between tribes and states regarding public health activities. NIHB worked with the CDC National Public Health Systems Performance Program to provide technical assistance and potential use of their instruments in tribal settings. NIHB is collaborating with NACCHO and ASTHO to explore how the accreditation model developed could be applied in tribal settings to eligible tribal accreditation applicants. NIHB completed a public health capacity survey to identify culturally appropriate approaches to reduce disease burden with findings to be shared in early 2008. 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 has connected with the CDC funded Tribal Epicenter Consortium to discuss collaborative efforts to enhance the public health systems capacity of Indian Country. NIHB will partner with CDC and the Summer Fellowship Program at Morehouse School of Medicine, Department of Community Health/Preventive Medicine, Master of Public Health Program in Atlanta to support six students and one resident advisor for Summer 2008.

Outcomes of Activity: Increased communications between CDC, Tribal Leaders, Area Health Directors, and the TCAC from FY 2006 levels resulting in increased tribal access to CDC resources. NIHB and TCAC work collaboratively to identify and define a process for AI/AN tribes to impact the CDC budget formulation annually. NIHB has assisted CDC to conduct TCAC meetings for tribal representatives and CDC staff to discuss collaborative and innovative approaches to address public health issues in Indian country.

CDC: OMHD

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: The Northwest Tribal Epidemiology Center (located at the Northwest Portland Area Indian Health Board), the Southern Plains Inter-Tribal Epidemiology Center (located at the Oklahoma City Area Inter-Tribal Health Board), and the California Tribal Epidemiology Collaborative, a partnership of the California Rural Indian Health Board, Inc. have established a Tribal EpiCenter Consortium (TECC). This interregional network will collaborate to build tribal epidemiologic and public health capacity and promote the standardization and culturally competent use of health data to improve the health of Native people. Over the next four years, this TECC intends to become a national network among the tribal EpiCenters in all areas of the United States. TECC is working to increase: 1) the integration of EpiCenters into the existing data collection systems and public health resources among their constituent tribes through analysis of the tribal capacity assessment; 2) the standardization of data analysis among the three regions to allow better

comparability of AI/AN health data across regions on a national level; 3) increase the capacity of EpiCenters to assist their constituents in using epidemiologic data to effect policy changes in their communities; and 4) and promote the sustainability of the EpiCenters by maintaining the personnel infrastructure at each EpiCenter consistently available.

Outcomes of Activity: 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.

CDC: NCCDPHP/DDT/NDWP

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Project Title - Environmental Adaptations to Promote Health and Prevent Diabetes in American Indian and Alaska Native Communities

In FY 2005, CDC released an 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.

Outcomes of Activity: Preliminary Results/Accomplishments: Eight cooperative agreements were awarded, at approximately \$100,000 each, during 2006-2008 to two urban Indian populations (Tulsa Indian Health, Oklahoma; United American Indian Involvement, Los Angeles), one tribal college (Salish Kootenai, Montana), and five rural reservation tribes: Lummi (Washington), Southern Ute (Colorado), Hopi (Arizona), Ho-Chunk Nation (Nebraska), and Stockbridge-Munsee Community (Wisconsin).

CDC: NCCDPHP/DDT/NDWP

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Project Title -The Eagle Books: CDC collaborated with the Tribal Leaders Diabetes Committee, as well as an indigenous author and indigenous artists, to develop “The Eagle Books,” a series of four books that teach children about diabetes prevention and healthy living.

Outcomes of Activity: 2007 accomplishments include: (1) about 2 million books were distributed to over 700 AI/AN health and school organizations; (2) Animation of three of the four books in the series was completed, with the completion of the last book is scheduled for FY 2008; (3) A safe children’s website, the “Eagle’s Nest,” was established on the DDT website.

CDC: NCCDPHP/DDT/NDEP

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: In February 2005, the National Diabetes Education Program within the Division of Diabetes Translation began a cooperative agreement titled “National Program to Promote Diabetes Education Strategies in Minority Communities: The National Diabetes Education Program.”

Outcomes of Activity: In FY 07, AAIP has continued to partner with other stakeholders to reach AI/AN communities to implement effective diabetes education strategies to increase awareness of the seriousness of diabetes, promote better diabetes self-management behaviors, improve health care providers understanding and approach to care, and reduce disparities in health.

CDC: NCCDPHP/DACH/REACH US

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Under REACH US, CDC will be awarding 6 entities targeting the elimination of health disparities in American Indian/Alaska Native communities; all six will be fully engaged in intervention activities. Two of these entities will function as Centers of Excellence in Eliminating Disparities (CEED) and will serve as resource centers on effective interventions in addition to working in their “home” communities. Four entities are funded as Action Communities; they will implement and evaluate successful approaches with specific communities to impact AI/AN populations.

Outcomes of Activity: Six grantees were awarded funds and include: Oklahoma State Department of Public Health, University of Colorado at Denver and Health Sciences Center, the Choctaw Nation of Oklahoma, the Eastern Band of Cherokee Indians, the Inter-Tribal Council of Michigan, and the Northern Arapaho Tribe.

CDC: NCCDPHP/DACH/Steps to a Healthier US (Steps)

Priority Number: 1 Priority Title: Health Promotion Activities

Summary of Activity: 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.

Outcomes of Activity: Steps to a Healthier Cherokee Nation 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.

Priority Number: 1 Priority Title: Health Promotion Activities

Summary of Activity: The Steps to a Healthier Anishinaabe Program is building healthier tribal communities in a large intervention area—covering 38 of the 83 counties in Michigan—by working with schools, health care providers, work sites, and community leaders.

Outcomes of Activity: The Steps to a Healthier Anishinaabe Program: 1) is encouraging healthy behaviors by promoting community-wide programs, including the statewide Tribe to Tribe Walking Challenge; 2) is working on providing regional training to health care providers on a systems approach to treating tobacco dependence; 3) is planning to implement clinical guidelines on tobacco dependence based on the University of Michigan’s Kick the Habit or the American Lung Association’s Freedom from Smoking curriculum; 4) is working with a combination of tribal and public schools to conduct the Michigan Healthy School Action Tool; and 5) is partnering with Tribal work sites to help improve employee health.

Priority Number: 1 Priority Title: Health Promotion Activities

Summary of Activity: 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.

Outcomes of Activity: The Steps to a Healthier Southeast Alaska: 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.

CDC: NCCDPHP/DHDSP/WISEWOMAN

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: WISEWOMAN (Well-Integrated Screening and Evaluation for Women across the Nation) provides low-income, under- or un-insured 40- to 64-year old women with the knowledge, skills, and opportunities to improve diet, physical activity, and other lifestyle behaviors to prevent and control cardiovascular and other chronic diseases.

Outcomes of Activity: Across the nation, WISEWOMAN has screened over 63,000 women. At the Southcentral Foundation site, 1786 women have been screened. Of those women screened, the five-year cardiovascular disease risk reduction percentage has been estimated at 7.9%, and the ten-year risk reduction percentage is 4.8%. Through the SEARHC sites, 1921 women have been screened, and the five-year risk reduction percentage has been estimated at 6.7%

CDC: NCCDPHP

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: In 2007, the University of Washington Prevention Research Center worked on completing the development of Cardiovascular Disease Curriculum Modules for American Indian and Alaska Native Youth. These curriculum modules present a culturally appropriate grade 7-12 supplemental health education curriculum focusing on cardiovascular health. The University of Washington Prevention Research Center has been developing, testing, evaluating, and fine-tuning this curriculum.

Outcomes of Activity: These Cardiovascular Disease Curriculum Modules will be used in classrooms to help improve the long-term health of American Indian and Alaska Native youth.

CDC: NCCDPHP

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Title: Study of maternal morbidity during delivery hospitalizations among AI/AN women. Initiated 2005. DRH developed a partnership with the Indian Health Service (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.

Outcomes of Activity: The article, “Maternal morbidity during delivery hospitalizations in American Indian and Alaska Native women,” was published in the Indian Health Service Provider in February 2007. Next Steps: Now that it has been established that IHS clinical data can be used to obtain relevant information on maternal morbidity at delivery, DRH will conduct an expanded analysis that will include the entire IHS.

CDC: NCCDPHP/DRH

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Title: Secretary’s Initiative Department of Health and Human Services,

Closing the health disparities gap: Sudden Infant Death Syndrome and Infant Mortality Initiative, American Indian and Alaska Native Projects. Project Initiated 2005. This initiative provides 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.

Outcomes of Activity: Over the three year project life, 7 TECs have established functional MCH epidemiology units that have each initiated tribal infant mortality surveillance. A brief project summary is being prepared for dissemination.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Title: Sudden, Unexplained Infant Death Investigation (SUIDI) Training for AI/AN Communities. Initiated 2005. CDC is collaborating 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

Outcomes of Activity: On Sept. 18, 2007 a one-day training session was conducted on SUIDI at the National Indian Programs Training Center in Albuquerque, NM and attended by 36 law enforcement officers from AZ, CO, UT and NM. Next Steps: CDC will work with its AI/AN partners to identify other AI/AN organizations or groups so that future leaders within Indian Nations can be trained and educated on how to conduct death scene investigations of SUID deaths using the SUIDI Reporting Form and other training materials.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Pregnancy outcomes in Alaska Native smokeless tobacco users began January 2006. 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 pre-eclampsia and on infant complications.

Outcomes of Activity: Over the next 12 months, we will complete data collection, and begin data analysis. After data are analyzed, we will report findings back to the Yukon Kuskokwim Health Corporation.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Title: Alaska STD/HIV assessment and support or intervention began 2006. (DRH/DSTD). In 2006, the Alaska Native Tribal Health Consortium (ANTHC) requested technical assistance from the Indian Health Service National STD Program, (staff of 2 CDC assignees) to assess their STD/HIV services in urban and rural areas. A subsequent visit occurred in January 2007 to the rural areas of Kotzebue, Dillingham, and Sitka. DRH is partnering with the Alaska Native Tribal Health Consortium, three corporations, the Alaska Department of Health and various community based organizations.

Outcomes of Activity: A final report with findings and recommendations was submitted to the ANTHC. A request for technical assistance and financial support to implement some of the recommendations was made by ANTHC to our office. We provided additional funding to ANTHC and are providing technical assistance.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: School based STD screening guidelines and projects began in 2006 by DRH/DSTD. In 2006, the Indian Health Service National STD Program (staff of 2 CDC assignees)

formed an advisory committee to review existing guidelines for school-based STD screening to determine whether they fit the unique needs of Indian Country. The committee determined tailored guidelines would better serve these unique needs, so the guidelines were appropriately modified and finalized in early 2007.

Outcomes of Activity: The tailored guidelines for school-based STD screening have been developed, published, and disseminated. Next Steps: Obtaining IRB approval from the Navajo Nation and implement screening in those sites. Work is ongoing with Project Red Talon in Portland, OR to implement sites in the Pacific NW. Develop peer training curriculum to complement screening efforts.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Title: Integrating HIV prevention into reproductive health services for AI/AN was initially started 2006. DRH successfully competed for Minority AIDS Initiative funds from the Department of Health and Human Services Office of HIV/AIDS Policy. The project was to fund one Regional Training Center for Family Planning to adapt training and technical assistance tools developed under Cooperative Agreement # 04073 for providers of AI/AN.

Outcomes of Activity: The aforementioned award to JSI was made Sept. 30, 2007. Next Steps include a first site visit now planned to take place in Nov. 2007.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Title: South Dakota Tribal (SDT) Pregnancy Risk Assessment Monitoring System (PRAMS) Project. Initiated 2006. In this project, CDC provides technical assistance including development of a model protocol for data collection, assistance with question design, survey instrument development, software programming and installation, onsite training using the data entry software and survey tracking software, and interviewer training. CDC also provides ongoing consultation regarding sampling, human subjects protections, and data collection procedures.

Outcomes of Activity:

Next Steps: Completion of data collection in March 2008. Convening the steering committee and tribal oversight committee in November 2008 to finalize the analysis plan. Once the plan is finalized and approved and the data collection complete, the project will analyze and publish findings and reports on topics that have been identified as priorities for the tribal communities. The SDT PRAMS staff will also present their study results and methodologies at national conferences.

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Title: Planning a reproductive health/maternal child health (RH/MCH) training for Tribal Epidemiology Center (TEC) staff. Initially started Dec. 2006. In response to a training need voiced by TEC staff at the 2006 MCH EPI Conference, discussions were initiated with the organizers of the Oregon Health Sciences University in Portland (OHSU), OR to add a RH/MCH epidemiology course to their 2007 Summer Institute for American Indian/Alaska Native (AI/AN) health professionals.

Outcomes of Activity: Next Steps include continuing the ongoing confirmation of dates and faculty with OHSU to offer the course in Summer 2008.

Priority Number: 1 & 8 Priority Title: Health Promotion and Disease Prevention and Tribal Consultation

Summary of Activity: Title: Response to syphilis outbreak on the Tohono O'odham Indian

Reservation. Began May 2007. The state of AZ made an official request of CDC for a Rapid Response. A site visit was made to conduct an initial assessment. As a result of this assessment CDC deployed a series of Public Health Advisors to Indian Health Service (IHS) and the tribe. A presentation was made before the reservation public school board on school-based STD screening. **Outcomes of Activity:** To date, assessments have been made, technical assistance provided, financial support for interventions acquired and training provided. Next steps will include the coordinating and support of training for Community Health workers and Public Health Nurses and the implementation of routine school-based screening.

Priority Number: 1 & 8 Priority Title: Health Promotion and Disease Prevention and Tribal Consultation

Summary of Activity: Title: STD, HIV, Sexual Violence among AI/AN Women living in the Great Lakes Region. Began August 2007.

Outcomes of Activity: Initial conference call conducted were discussions held on the top challenges and concerns and the potential areas for collaboration. Next steps include planning a face-to-face meeting, continuing to identify interested partners, and focusing in on top priorities.

CDC: NCCDPHP/DASH

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: Red Talon STD Prevention Project with Northwest Portland Area Indian Health Board: Red Talon mission is to reduce the prevalence of STDs among American Indians and Alaska Natives in the Pacific Northwest by uniting to share wisdom, data, and resources, identify and address common priorities, and develop strategies to eliminate STD-related disparities.

Outcomes of Activity: NA (Project was just recently funded; a Progress Report will be provided in summer 2008).

CDC: NCCDPHP/OSH/American Indian Adult Tobacco Survey

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: The American Indian Adult Tobacco Survey (AI ATS) was developed with 5 tribal support centers as a culturally appropriate survey tool for American Indian tribes to utilize to better understand commercial tobacco use patterns in their communities. Eleven tribes fielded the survey successfully in 2006 and shared their results with their communities.

Outcomes of Activity: In 2007 various American Indian tribes have opted to present the results of their survey fielding at national meetings and some have also worked together with states to continue to use this survey in additional settings. An AI ATS Implementation Manual and Interviewer Training Manual are also being updated and finalized for posting on the web.

CDC: NCCDPHP/OSH/ Tribal Support Centers for Tobacco Programs

Priority Number: 1 Priority Title: Health Promotion and Disease Prevention

Summary of Activity: The Office on Smoking and Health continued the funding of seven cooperative agreements with tribes and/or tribal organizations in the area of commercial tobacco prevention and control. Four cooperative agreement grantees are funded for Capacity Building and include: Cherokee Nation, Tahlequah, OK; Black Hills Center for American Indian Health, Southeast Navajo Tobacco Education and Prevention Program, Winslow, AZ; Indigenous Peoples Task Force, Minneapolis, MN; and California Rural Indian Health Board, Sacramento, CA.

Outcomes of Activity: Capacity Cooperative Agreements have led to engagement and endorsement

of the programs as evidenced by tribal resolutions, additional funding by tribes, and tribal representation at national tobacco meetings, fielding the American Indian Adult Tobacco Surveys, and increased partnerships between tribes and states.

CDC: NCCDPHP/OSH/Tribal Tobacco Prevention Network

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: OSH funds the Northwest Portland Indian Health Board who houses the National Tribal Tobacco Prevention Network (NTTPN). NTTPN is one of 6 National Networks, and is the lead organization for the Network, which consists of individuals and tribal organizations from across the nation. The National Network serves as a national resource for all tribes and tribal organizations in the area of commercial tobacco prevention and control.

Outcomes of Activity: Tribal engagement and endorsement of the programs and initiatives as evidenced by attendance at annual Leadership Conferences and regional trainings (more than 1,000 participants), the leadership role taken in developing Promising Practices in Indian Country, and providing venues in which Muscogee (Creek) Nation Tobacco Prevention Program conducts trainings for Second Wind facilitators.

CDC: NCPDCID

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Project to address sanitation services and infectious disease risk. Through collaboration with tribal health organizations, AIP determined that residents of villages that lack 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.

Outcomes of Activity: These data were used to successfully support ANTHC environmental health initiatives aimed at improving water and sewer service in rural Alaska.

CDC: NCPDCID

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Implemented a coordinated response to emergence of replacement pneumococcal disease in Alaska Native infants. During FY2008, AIP expects to enact a plan that was developed with Tribal partners (ANTHC and YKHC) to introduce a new pneumococcal vaccine, called PCV13, which includes the most common replacement types, in communities where disease rates are highest.

Outcomes of Activity: This plan will include careful safety monitoring, evaluations of disease transmission and serious infection rates; it is hoped that these efforts will stop this ongoing disease outbreak

CDC: NCZVEP

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Public Health Activities and Accomplishments with the American Indian and Alaska Native Population, 2007. The projects are ongoing collaborative efforts between the Indian Health Service, Alaska Native Consortium, the CDC Arctic Investigation Program, and other agencies or CDC divisions to address the objectives of the studies of infectious disease morbidity.

Outcomes of Activity: The study findings will provide health information to assist in developing prevention strategies and reducing health disparities among AI/AN populations in the areas of infectious diseases.

CDC: NCZVEP

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Collaborated with IHS and the Artic Investigations Program (AIP), and the Alaska Native Tribal Consortium (ANTHC) to investigate the possible relationship of infectious disease hospitalizations and the incorporation of water treatment improvements in homes within Alaska communities.

Outcomes of Activity: Ongoing discussion and initiation of projects to describe and monitor health disparities, and to help improve the health status, of AI/AN people.

CDC: NIOSH

Priority Number: 1 **Priority Title: Healthy Promotion and Disease Prevention**

Summary of Activity: Conducted a case control intervention with Navajo farmers to assess the effectiveness of best management practices and pesticide safety application procedures on farm yield, safety behaviors, and environmental effects.

Outcomes of Activity: We have developed preliminary recommendations about "model farms" and "model farmers" based on the preliminary outcomes of the study. These recommendations can be used to disseminate best practices to neighboring farmers on the Navajo Nation and to other culturally differentiated groups where health disparities may be common.

CDC: OCPHP

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Public Health Law Program

1) Assisted in catalyzing establishment of the CDC "Tribal Public Health Law Workgroup" with OMHD 2) Collaborating with OMHD in studying public health-related provisions in Tribal codes 3) Co-convening and co-sponsoring the "Tribal Forum on Legal Foundations for Public Health Practice in Indian Country" 4) Fostering development of action options for public health legal preparedness in Indian Country 5) Incorporating Tribal concerns in legal working meetings 6) Presenting on public health legal preparedness in Indian Country.

Public Health Systems Performance Program

1. NPHPSP - during the past year we have promoted and supported the use of the NPHPSP instruments in tribal settings through discussions and technical assistance to tribal health departments and through national connections with IHS and NIHB.
2. Accreditation - We have been holding discussions with NIHB, NACCHO, and ASTHO to explore how the accreditation model would be applied in tribal settings.

Outcomes of Activity: Have begun to build relationships with tribal nations and NIHB to address public health legal issues.

CDC: NCIPC

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Project 3: Suicide Prevention Program Evaluation

Activities: NCIPC is funding The Native American Rehabilitation Association (NARA) in Portland, Oregon for a period of three years. NARA will be collaborating with nine federally recognized AI

communities in Oregon to assess whether the range of suicide prevention activities implemented in these communities will enhance protective factors and/or reduce risk factors for suicidal behavior among AI youth

Outcomes of Activity: Reduce injuries and deaths among AI/AN populations by providing enhanced evaluation on suicide prevention programs.

CDC: NCBDDD

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: In collaboration with Black Hills State University, Little Wound School on the Pine Ridge Reservation agreed to participate in the pilot testing of a school-based curriculum for students in grades 5-8 (FY) 2007. Implementation of the surveillance component of the project occurred as well as the tracking system for linking affected individuals with appropriate community services.

Outcomes of Activity: The Black Hills State University project ended August 31, 2007. For the University of South Dakota project, the project will continue implementation of all project components including continued surveillance, linking affected individuals to services, and conducting a community-level program for women at risk at three tribal sites to reduce alcohol-exposed pregnancies.

CDC: CCID/NCIRD/ISD

Priority Number: 1 **Priority Title: Health Promotion and Disease Prevention**

Summary of Activity: Vaccine for Children (VFC) Program helps to ensure that AI/AN children benefit fully from services and that the immunization coverage/utilization is accurately monitored. Based on state population estimate surveys, CDC estimates that AI/AN children make up 2.45% of the VFC eligible population 0-18 years of age. AI/AN children receive VFC services through both IHS and non-IHS providers and facilities. In FY 2007, the VFC program provided approximately \$69 million for purchasing vaccines for AI/AN children in this age group. Coverage and utilization data for AI/AN populations are monitored through the IHS immunization registry, the National Immunization Survey, and state immunization registries. CDC is working with IHS staff and state immunization registries to develop software to allow the electronic exchange of immunization data between IHS, Tribal, and Urban Indian Health (I/T/U) facilities and state immunization registries. The software is currently operational in 7 states, with further expansion expected. Also, in FY 2007 CCID/NCIRD/ISD immunization services (VFC/317) programs implemented guidance to state awardees requiring tribal engagement/partnerships.

Outcomes of Activity: The inclusion of immunization data from I/T/U facilities into state immunization registries is improving patient care for this population, and allows for more complete information on immunization coverage at the state level to monitor potential disparities, and conserve resources. NCIRD project officers are working more closely with the 35 reservation states to facilitate more effective state engagement of tribes and increase the number of AI/AN children being fully immunized.

CDC: COTPER

Priority Number: 4 **Priority Title: Emergency Preparedness**

Summary of Activity: The Division of State and Local Readiness (DSLRL) has met with the TCAC on a quarterly basis over the past year to inform them about public health emergency preparedness (PHEP) activities. DSLRL consulted with TCAC to develop language placed in Funding Opportunity

Announcement (FOA) to hold states more accountable as to how they engage tribes within their state. Beginning this fiscal year, CDC required more explicit documentation in states' applications for PHEP/ Pandemic Influenza cooperative agreement funds. A letter from either the individual tribes within a state's boundaries or the tribal health board (or similar coalition) representing those tribes was necessary. The letter needed to specify that the tribes or their legitimate representatives was engaged in the planning, and that they are in substantial agreement with the plan and the methodology for distributing Cooperative Agreement resources to, and assuring the accountability for related activities, local health departments, and tribes. In addition, DSLR plans to host a face-to-face meeting with TCAC members and project officers from each state to identify issues of concern and next steps. **Outcomes of Activity:** In FY07, states used federal funding totaling \$3.6 million from the Public Health Emergency Preparedness program to support tribal organizations' preparedness planning and activities. These funds have translated to improved preparedness among the tribes. CDC analysis of states' reports regarding tribal engagement indicate that a greater proportion of tribes will be receiving direct funding from the states under the PHEP Cooperative Agreement. Ongoing CDC guidance to states will include specific remedial actions to be taken to engage tribes, where needed, as well as the sharing of promising practices and success stories.

CDC: OMHD

Priority Number: 4 **Priority Title:** Emergency Preparedness

Summary of Activity: CDC included a tribal scenario in two of its FY 2007 pandemic influenza preparedness internal functional exercises. The CDC Tribal Pandemic Influenza Preparedness Work Group (see Workgroups section below) and the United South and Eastern Tribes Tribal Epidemiology Center assisted in planning and preparation for both events. Another CDC work group (Tribal Public Health Law Work Group; described below) is addressing tribal legal emergency preparedness. This topic was included in presentations and discussions of the Tribal Forum on Legal Foundations for Public Health Practice in Indian Country (see Tribal Summits section below).

Outcomes of Activity: An after action improvement plan has been developed to help improve CDC's response coordination and technical assistance capacity for pandemic influenza-related situations involving tribal lands/people. Recommendations to be put forth from the Tribal Forum will assist tribal leaders in being legally prepared for public health emergency response.

CDC: NCPDCID

Priority Number: 4 **Priority Title:** Emergency Preparedness

Summary of Activity: Assessing the threat of avian influenza among Alaska subsistence hunters - Increased concern about the spread of avian influence to the US through migratory waterfowl has led to a major effort to test migratory birds which 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.

Outcomes of Activity: This study should prove very helpful for counseling families on the risk of avian influenza and the best practices to avoid illness

CDC: NCHM

Priority Number: 4 **Priority Title:** Emergency Preparedness

Summary of Activity: As part of the overall Department of Health and Human Services (HHS) strategy for preparing for the next pandemic flu, NCHM facilitated two Crisis and Emergency Risk Communications (CERC) trainings specifically for Tribal communities.

Outcomes of Activity: CDC held one Crisis and Emergency Risk Communications (CERC)/Pandemic Flu training course for tribal audiences on April 9-11, 2007 in Phoenix for over 70 tribal participants. A second CERC course was held in San Antonio, TX on Oct. 29-31 with over 100 tribal attendees. It is expected that additional courses will be held in 2008 and Train the Trainer activities will be begun.

CDC: OMHD

Priority Number: 6	Priority Title: Increase Tribal Access to HHS Programs and Grants
<p>Summary of Activity: 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.</p>	
<p>Outcomes of Activity: In FY 2007, CDC funded 68 cooperative agreements to 48 tribal partners (tribal governments, tribal health boards, tribal organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) across 19 states and the District of Columbia. Total funds allocated through competitively awarded grants and cooperative agreements approached \$22.0 million (\$21,948,174). Compared to FY 2006, total funding in this category decreased by about \$81,170.00; the number of awardees decreased by two and the total number of awards decreased by one. In addition to grants and cooperative agreements awarded to tribal partners, CDC also allocated more than \$9.5 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 \$6.9 million), (2) federal intra-agency agreements (about \$1.9 million), and (3) indirect allocations (\$70.7 million). The indirect category primarily represents resources devoted to immunizing AI/AN children through the Vaccines for Children (VFC) program. If indirect funds are included, CDC estimates its total FY 2007 resource allocation for AI/AN programs to be approximately \$111 million, 20 percent of which goes directly to tribal partners and 92 percent overall is expended outside of HHS. The total figure (\$111,041,808.00) represents an 18 percent increase over AI/AN allocations in FY 2006. If indirect funds are not included, CDC estimates its total FY 2007 allocation for AI/AN programs to be approximately \$40 million, 54 percent of which goes directly to tribal partners and 78 percent overall is expended outside of HHS. The total figure (\$40,323,327.00) represents a 4.0 percent decrease over AI/AN allocations in FY 2006.</p>	

CDC: NCCDPHP/DCPC/NPCR

Priority Number: 6 **Priority Title: Increase Tribal Access to HHS Programs and Grants**

Summary of Activity: The National Program of Cancer Registries (NCPR), administered by the Centers for Disease Control and Prevention, Division of Cancer Prevention and Control (DCPC), supports population-based central cancer registries in 48 states, the District of Columbia, and the U.S. territories.

Outcomes of Activity: In 2006, AI cancer cases diagnosed from 1995 to 2004 for the NPCR and SEER registries were linked with administrative records from the Indian Health Service. As a result, the total number of AI/AN cancer cases in NCPR and SEER registries increased by 21.1% (range

2.8% to 64.2%), in an effort to avert or reduce racial misclassification in the registries

Priority Number: 6 **Priority Title: Increase Tribal Access to HHS Programs and Grants**
Summary of Activity: Technical assistance was provided to various tribal personnel to better equip them with skills and understanding of cancer burden among AI/AN population. Forty-eight central cancer registries, received \$37 million in cooperative agreement funds under NPCR. Additionally, the NCCCCP awarded approximately \$21.6 million in cooperative agreements, expanding the funding to all 50 states, the District of Columbia, 7 tribes/tribal organizations, and 7 U.S. territories.
Outcomes of Activity: These activities are expected to result in capacity building for various cancer surveillance activities and improve overall functionality and capability of personnel involved in cancer surveillance and cancer control activities. This year's awards represents an increase of seven newly funded programs from FY07. Overall, (NCCCCP) grantees have formally released 56 comprehensive cancer control plans, which include all 50 states, the District of Columbia, and 5 tribes. The plans serve as a guide to assist organizations in the implementation of comprehensive cancer control strategies for the next 3 to 5 years.

CDC: NCPDCID

Priority Number: 6 **Priority Title: Increase Tribal Access to HHS Programs and Grants**
Summary of Activity: Management of the Alaska Area Specimen Bank is housed in the AIP building and 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 revise policies and procedures related to the bank with the goal of ensuring 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. AIP participates in quarterly meetings with a committee of: 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.
Outcomes of Activity: The resulting management structure provides a model for shared management and governance of this unique and valuable specimen repository.

CDC: NCPDCID

Priority Number: 6 **Priority Title: Increase Tribal Access to HHS Programs and Grants**
Summary of Project: The Arctic Investigations Program (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.
Outcomes of Activity: AIP conducts disease surveillance in Alaska for selected bacterial and viral infections; conducts public health research to determine risk factors for disease, to evaluate prevention strategies and to improve laboratory diagnosis.

TRIBAL DELEGATION MEETINGS

CDC: OMHD

Purpose of Summit: CDC/ATSDR Tribal Consultation Advisory Committee (TCAC)
Federal Attendees: CDC staff (Office of the **Tribal Attendees:** TCAC members, additional

Director, Financial Management Office, Procurement and Grants Office, National Center Directors, Division Directors, Branch Chiefs, Project Officers and Program Coordinators, and other CDC staff interested and/or working with AI/ANs.

tribal leaders, Executive Directors of tribal health boards and tribal organizations, Program Directors of funded CDC programs

Dates of Summit: October 9, 2006; November 2-3, 2006; January 30-31, 2007; July 11-12, 2007

Location of Summits: Denver, CO; Atlanta, GA; Albuquerque, NM; and Suquamish Nation, OR.

Brief Summary of Summit: CDC has been implementing the CDC/ATSDR Tribal Consultation Policy (TCP) on an ongoing basis. The TCAC was established at the NIHB 2006 Consumers Conference and held three formal meetings in FY07 to increase the connectivity and knowledge between CDC and tribal leaders. The TCAC submitted recommendations to the CDC Director and ATSDR Administrator to inform them of and to address critical public health issues in Indian country. TCAC members are appointed by their regional health board or tribal consortia/tribal organization to bring their respective tribal public issues to CDC and to learn about CDC's programs relevant to their AI/AN populations. The TCAC worked closely with CDC to plan the first Biannual Consultation Session which will be held early in FY 2008 at CDC. The TCAC recommendations and an inventory of CDC response to them can be found on the CDC website. More information about the TCP and the TCAC is posted and available on both the NIHB and CDC OMHD websites.

Follow-up Actions: The CDC Director designated the Center Leadership Council as the responsible unit to assist OD and OMHD to respond to TCAC recommendations. CDC held an AI/AN-specific public engagement meeting at the 2006 NIHB Conference to gain initial input on goals management process and Goal Team objectives. The Coordinating Office of Terrorism Preparedness and Emergency Response/DSLRL Public Health Emergency Preparedness (PHEP) and CCID/NCIRD/ISD immunization services (VFC/317) programs implemented guidance to state awardees requiring tribal engagement/partnerships. The Procurements and Grants Office (PGO) revised the Funding Opportunity Announcement (FOA) checklists and templates to ensure tribal involvement. The PGO and Grants Governance Committee are working on FOA template revisions to hold state awardees more accountable for working with tribes. PGO Technical Information Management Section (TIMS) established standardized tribal eligibility in new FOA templates (non-research and research). The Executive Committee on Grants and Administrative Policy (EGAP) at HHS may utilize same tribal eligibility language across HHS. The PGO initiated a website with CDC FOA information, provides staff availability for FOA TA at regional and tribal meetings, and will develop a database of expert and experienced individuals to serve as objective review panel members. Individual units (e.g., DCPC, OSH, DDT) provide annual Project Officer training that is open to other staff. The Office of Workforce and Career Development (OWCD) has overall responsibility for project officer training/orientation and discussions are underway with OWCD to ensure that training on tribal relationships, TCP, etc. is included.

Next Steps: CDC will continue to fully implement the HHS and agency TCP and be responsive to the TCAC recommendations.

Current Status of Outstanding Issues: The CDC TCAC and Biannual Consultation Sessions will be held in FY 2008 to enhance tribal access to CDC and ATSDR programs to benchmark steps toward effective tribal consultation.

CDC: NCCDPHP/DCPC

Subject of Meeting: Development of FOA

Federal Attendees: CDC staff (DCDC and OD/OSI); National Indian Women's Health Resource Center (CDC grantee)

Date of Meeting: June, 2006

Brief Summary of Meeting: Explained purpose of new comprehensive cancer FOA and requested input from participants for changes and/or continuation priorities.

Follow-up Actions: distributed summary of input and responded to questions needing follow up and clarification not available on the call.

Next Steps: FOA posted January 2007 including input from consultation.

Current Status of Outstanding Issues: Applications were received, objective panel reviews completed, and funded were awarded to an increased number of tribes and tribal organizations.

Tribe: Tribes currently funded in NBCCEDP and CCC

Tribal Attendees: Program Directors of funded NBCCEDP and CC programs

Location of Meeting: Conference call

CDC: NCCDPHP/DDT

Subject of Meeting: Tribal Leaders Diabetes Committee (TLDC)

Federal Attendees: Lemyra DeBruyn, PhD, CDC, Indian Health Service attendees, NIH attendees

Date of Meetings: June 20-21, 2007, February 14-15, 2007

Brief Summary of Meeting: Native Diabetes Wellness Program, Division of Diabetes Translation presented to TLDC on ongoing projects, including the Eagle Books.

Follow-up Actions: NDWP will attend all quarterly meetings, as invited, as speaker or participant for formal tribal consultation

Current Status of Outstanding Issues: Consultation on new NDWP FOA

Tribe: Tribal leader representatives of 12 Indian Health Service Areas and tribal organizations

Tribal Attendees: tribal leader representatives of 12 Indian Health Service Areas and tribal organizations

Location of Meeting: Washington, DC and Nashville, TN

CDC: NCCDPHP/OSH

Subject of Meeting: Results from evaluation of Second Wind and efforts to increase AI/AN participation in state Quit Lines.

Federal Attendees: Office on Smoking and Health staff

Date of Summit: April 5, 2007

Brief Summary of Summit: On April 5, 2007, OSH convened a meeting of the American Indian/Alaskan Native (AI/AN) Cessation Expert Panel Meeting as a follow-up to an effort designed to more fully understand approaches, measures, and tools for promoting tobacco cessation efforts among this population. Lessons learned and next steps were also addressed.

Follow-up Actions: Since the meeting, there have been numerous follow-up calls with panel

Tribal Attendees: Muscogee (Creek) Nation; Cherokee Nation; Aberdeen Area Tribal Chairmen's Health Board; California Rural Indian Health Board; Intertribal Council of Michigan; Big Pine Band of Pauite.

Location of Summit: CDC – Global Communications Building, Atlanta, GA

members regarding OSH's roles in next steps. Meetings with panel members were also held at the National Conference on Tobacco on Health in November 2007.

Next Steps: Meetings with panel members at the American Public Health Association Conference.

Current Status of Outstanding Issues: OSH is working collaboratively with the panel members.

WORKGROUPS/TASKFORCE MEETINGS

CDC: OMHD

Workgroup/Taskforce Name: CDC Tribal Pandemic Influenza Preparedness Work Group

Members: Chaired by CDC Senior Tribal Liaison for Science and Public Health (OMHD); other participating CDC units include the Coordinating Office for Terrorism Preparedness and Emergency Response, the Coordinating Center for Health Information and Services, the National Center for Preparedness, Detection, and Control of Infectious Diseases, the National Center for Health Marketing, the Office of Enterprise Communications, the National Center for Immunization and Respiratory Diseases.

Meeting Date(s): Multiple

Where was meeting? Teleconferences

Frequency of Meetings: Monthly Quarterly Semi-Annually Annually

Summary of Yearly Activities: During FY 2007, this work group provided subject matter expertise to the CDC Influenza Coordination Unit (ICU) and its functional area teams; developed an inventory of communication channels with tribes, tribal organizations, and tribal stakeholders to assist National Center for Health Marketing (NCHM) and the Office of Enterprise Communications (OEC) in making pandemic flu preparedness information available to AI/AN communities; assisted OEC and NCHM in soliciting tribal participation in the 2nd CDC-sponsored CERC (Crisis and Emergency Risk Communications) training event for tribes; initiated a project to develop tribally-focused video public service announcements for tribal audiences; and assisted in the planning, implementation, and after action improvement activities of CDC's internal functional exercise on pandemic influenza surge capacity.

CDC: OMHD

Workgroup/Taskforce Name: CDC Tribal Public Health Law Work Group

Members: Chaired by CDC Senior Tribal Liaison for Science and Public Health (OMHD); other participating CDC units include the Public Health Law Program, the Arctic Investigations Program/National Center for Preparedness, Detection, and Control of Infectious Diseases, the National Center for Chronic Disease Prevention and Health Promotion, the National Center for HIV, Hepatitis, STD, and TB Prevention, and the National Center for Environmental Health. External partners include participants from tribal epidemiology centers, tribal government, the Northwest Portland Area Health Board, state health departments, and OGC/HHS.

Meeting Date(s): Multiple

Where was meeting? Teleconferences

Frequency of Meetings: Monthly Quarterly Semi-Annually Annually

Summary of Yearly Activities: This work group was established in FY 2006 in response to tribal leaders' requests and focused on two primary endeavors: 1) a systematic review of tribal health codes to assess the status of public health law within those codes, and 2) the planning and successful completion of the summit described below, the *Tribal Forum on Legal Foundations for Public Health Practice in Indian Country*. A manuscript describing the findings of the tribal health codes assessment has been prepared and will be submitted for both publication in a scholarly journal and broad distribution to tribal leaders and stakeholders. The work group is now focusing on compiling a

proceedings document from the Forum and developing strategies to address Forum recommendations.

CDC: NCCDPHP/DDT

Workgroup/Taskforce Name: National Diabetes Education Program American Indian/Alaskan Native Work Group

Members: Kelly Moore, MD (Chair), Gale Marshall (Vice-Chair), Ronny Bell, PhD, MS, Kansas Dubray, MD, Carolee Dodge Francis, EdD, Tom John, Josephine Malemute, RN, Sam McCracken, Janine Rourke, RN, BSN, CDE, Tihtiyas “Dee” Sabattus, Lorraine Valdez, BSN-RN, MPA, CDE, Margaret Knight, Jennifer Bennett, Noelle Edwards, MPH. **Ad Hoc Members:** Lorelei DeCora, Ralph Forquera, Yvette Roubideaux, MD, MPH

Meeting Date(s): May 16-17, 2007

Where was meeting? Ft. Lauderdale, FL

Frequency of Meetings: Monthly Quarterly Semi-Annually Annually

Summary of Yearly Activities: In FY 07, the AI/AN Work Group (including the Association of American Indian Physicians), has continued to promote and distribute materials previously developed by the work group, including a campaign focused on increasing physical activity in youth called “Move It!” as well as a campaign for adults at risk for diabetes.

CDC: NCCDPHP/OSH

Workgroup/Taskforce/Agency Tribal Technical Advisory Group Name: Advisory Committee for Promising Practices in Indian Country	
Members: National Native Tobacco Prevention Network; Linda Burhansstipanov, PhD (Cherokee), Janis Weber, Ph.D.(Lumbee); Lori New Breast (Blackfeet); Cynthia Tainpeah (Muscogee Creek) Nation; CDC-Office on Smoking and Health	
Meeting Date(s): August 30-31, 2007	Where was meeting? Northwest Portland Area Indian Health Board, Portland, OR
Frequency of Meetings: Semi-Annually for face to face; Monthly for conference calls	
Summary of Yearly Activities: The work group is collecting information on native-developed and implemented programs/policies/initiatives and their effectiveness in the area of commercial tobacco prevention and control efforts in Indian Country for inclusion in Promising Practices in Indian Country.	

CDC: NCCDPHP/OSH

Workgroup/Taskforce/Agency Tribal Technical Advisory Group Name: OSH Tribal Support Center Monthly Technical Assistance Conference Calls	
Members: CDC-OSH staff and Tribal Support Center program managers	
Meeting Date(s):	Where was meeting? Phone
Frequency of Meetings: Monthly	
Summary of Yearly Activities: This year, OSH has supported our tribal support center staff members with technical assistance on a poster (CRIHB), basic health communication needs (all TSCS), and working on a Health Communication Training that will be held in Albuquerque, NM early next year.	

CDC: NCPDCID

Workgroup/Taskforce Name: Alaska Tribal Consortium/ State/CDC Immunization Committee

Members: Alaska Native Tribal Health Consortium (ANTHC) immunization program, State of

Alaska Immunization Program, Public Health Nursing and CDC/AIP

Meeting Date(s): Various

Where was meeting? Anchorage, Alaska

Frequency of Meetings: X Bi Monthly Quarterly Semi-Annually Annually

Summary of Yearly Activities: To address vaccine preventable diseases and immunization issues of importance to Alaska Natives.

CDC: NCPDCID

Workgroup/Taskforce Group Name: Alaska Area Institutional Review Board

Members: Anonymous panel of ten members

Meeting Date(s): Various

Where was meeting? Anchorage

Frequency of Meetings: X Monthly Quarterly Semi-Annually Annually

Summary of Yearly Activities: monthly to provide ethics review for ongoing research among Alaska Natives.

TRIBAL SUMMITS

CDC: OMHD

Purpose of Summit: Tribal Forum on Legal Foundations for Public Health Practice in Indian Country.	
Federal Attendees: CDC, IHS, and OGC staff from Albuquerque, Anchorage, Atlanta, Rockville/Washington D.C., and Chicago	Tribal Attendees: Participants from tribal governments, Tribal EpiCenters, tribal health boards, Alaska Native health corporations, and the National Indian Health Board (over one half of the 41 participants were from tribal governments or organizations).
State Attendees: Representatives from state health departments in AK, AZ, MN, and NM.	
Date of Summit: May 17-18, 2007	Location of Summit: Anchorage, AK
Brief Summary of Summit: The Forum was sponsored by the Alaska Native Tribal Health Consortium and CDC's Public Health Law Program, Arctic Investigations Program, and Office of Minority Health and Health Disparities. It brought together 41 tribal, state, and federal public health professionals and consultant legal experts to discuss the current status of public health legal preparedness in Indian country, to identify gaps in public health legal foundations, and to develop an initial plan of action to address these gaps.	
Follow-up Actions: Outcomes will include a set of recommendations to address the legal gaps in Indian Country related to public health emergency preparedness, data sharing for public health purposes, conduct of public health research among tribes and plans for a model Tribal Public Health Code. There will be suggested action steps for tribal entities, CDC, IHS, state public health agencies, and others.	
Next Steps: Retain the engagement of stakeholders who attended the conference to address follow-up actions noted above.	
Current Status of Outstanding Issues: Work has begun on a forum proceedings document that we anticipate completing in the winter of 2007/2008.	

CDC: NCCDPHP/DCPC

Purpose of Summit: The goal of the meeting was to develop partnerships between Indian communities and other organizations for increasing colorectal cancer education, screening and

treatment in Indian country.

Federal Attendees: Division of Cancer Staff

Tribal Attendees: DCPC funded tribes/ tribal organizations and non-funded tribal entities

Date of Summit: May 2007

Location of Summit:

Brief Summary of Summit: CCCB and the prevent Cancer Foundation hosted a national Tribal-State meeting in May 2007. The objectives were to identify and prioritize community strategies for increasing colorectal cancer education, screening and treatment among American Indians and Alaska Natives; identify potential policy changes within the Indian Health Services, tribal and urban programs that will increase colorectal cancer education, screening, treatment, and develop action plans for increasing education, screening and treatment among local, state and national AI/AN populations.

Follow-up Actions: A toolkit entitled “Preventing Colorectal Cancer” was published to help legislators understand the steps necessary to reduce the incidence of colorectal cancer. This toolkit includes a policy brief, talking points, sample state legislation, and a resource guide for policymakers.

Next Steps: Commitment has been made to strengthen partnerships between Indian communities and other organizations for increasing colorectal cancer education, screening and treatment in Indian country.

CDC: NCCDPHP/DCPC

Purpose of Summit: The goal of the summit was to promote the Cherokee Nation CCC Plan and its implementation, and increase awareness of cancer disparities amongst the community and its leaders, health professionals and all other entities interested in improving cancer disparities in Cherokee Nation.

Federal Attendees: Division of Cancer Staff

Tribal Attendees: Cherokee Nation

Date of Summit: October 2006

Location of Summit: Oklahoma

Brief Summary of Summit: The release of the Cherokee Nation Comprehensive Cancer Control (CCC) Plan at the Summit greatly increased the credibility and awareness of the Cherokee Nation CCC Plan, its goals, and cancer disparities in Cherokee Nation.

Follow-up Actions: The impact of the Cancer Summit on Cherokee Nation CCC Plan and its related activities continues. The coalition has continued to expand to include partners from Cherokee Nation and the state.

Next Steps: Cherokee Nation Health Services has committed financial resources for the next Cancer Summit to be convened in March 2008.

Current Status of Outstanding Issues: The Summit is helping to meet Cherokee Nation GPRA goals through raising awareness amongst providers on cancer screening, with a heightened focus on colorectal cancer and disparities in Cherokee Nation.

CDC: NCCDPHP/DDT

Purpose of Summit: National Indian Health Board Consumer Conference

Federal Attendees: Lemyra DeBruyn, PhD

Tribal Attendees: from all over US

Date of Summit: September 25-28, 2007

Location of Summit: Portland, OR

Brief Summary of Summit: CDC presented on Eagle Books and the Diabetes Education in Tribal Schools curriculum; attended sessions and met with Tribal leaders

Follow-up Actions: CDC will follow up on consultation received per Eagle Books and NDWP FOA.

Next Steps: same as above; attend meeting in 2008

Current Status of Outstanding Issues: revising Eagle Books from 2 to 3 for new efforts; revising FOA to be released in FY 2008

CDC: NCCDPHP/OSH

Purpose of Summit: National Native Leadership Institute on Tobacco	
Federal Attendees: CDC-OSH staff, Indian Health Service staff	Tribal Attendees: More than 175 tribal leaders and members representing over 40 tribes
Date of Summit: April 9 – 12, 2007	Location of Summit: Albuquerque, NM
Brief Summary of Summit: Several concurrent three hour workshops provided in-depth education in culturally appropriate strategies and methods for providing health education/promotion/interventions for AI/AN populations in the area of commercial tobacco prevention and control.	
Follow-up Actions: Regional trainings, annual leadership conferences	
Next Steps: Retain the engagement of stakeholders who attended the conference	
Current Status of Outstanding Issues: Outstanding issues are being addressed in a collaborative manner using culturally appropriate, participatory methods involving the National Native Tobacco Prevention Network, OSH staff, Tribal Support Center staff, native advocates and gatekeepers of native communities, and all other stakeholders.	

SUCCESSFUL TRIBAL PROJECTS/PROGRAMS

CDC: NCCDPHP

Project Title: Second Wind

Summary of Project: (Include highlights): 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 (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): 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.

Project Title: Promising Practices for Comprehensive Tobacco Control in Indian Country

Summary of Project: (Include highlights)

Promising Practices for Comprehensive Tobacco Control in Indian Country will provide culturally competent programs/toolkits/curricula and policy initiatives developed and implemented by natives among AI/AN populations that have proven successful in the area of commercial tobacco control and prevention.

Summary of Tribal Plan to continue project/program: CDC-Office on Smoking and Health, the National Native Network for Tobacco Prevention, and the Tribal Support Centers for Tobacco Programs are working collaboratively on this project.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): Programs/toolkits/curricula and policy initiatives included in Promising Practices will be both culturally competent and shown to be effective using accepted scientific methodology.

Project Title: Alaska Native Adult Tobacco Survey

Summary of Project: (Include highlights)

Acknowledging the high prevalence of tobacco use among most Alaska Native groups, CDC/OSH developed the Alaska Native Adult Tobacco Survey (ANATS) in a cooperative agreement with the Alaska Native Tribal Health Consortium (ANTHC).

Summary of Tribal Plan to continue project/program:

CDC and ANTHC have received requests from other Alaska Native organizations for the survey and have indicated they are interested in fielding the survey with additional Alaska Native villages and corporations.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): This is an excellent examples of how CDC's expertise is being used by a specific community to conduct their own survey and accommodate their unique circumstances.

CDC: NCCDPHP

Project Title: Alaska Native Adult Tobacco Survey

Summary of Project: (Include highlights): Acknowledging the high prevalence of tobacco use among most Alaska Native groups, CDC/OSH developed the Alaska Native Adult Tobacco Survey (ANATS) in a cooperative agreement with the Alaska Native Tribal Health Consortium (ANTHC). The AN ATS has been designed to obtain comprehensive information on participating Alaska Natives' tobacco behaviors, knowledge, attitudes, and opinions in a relevant cultural context.

Summary of Tribal Plan to continue project/program: CDC and ANTHC have received requests from other Alaska Native organizations for the survey and have indicated they are interested in fielding the survey with additional Alaska Native villages and corporations.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): This is an excellent examples of how CDC's expertise is being used by a specific community to conduct their own survey and accommodate their unique circumstances.

CDC: NCHHSTP/DSTDP

Project Title: Project Red Talon Northwest Portland Area Indian Health Board

Summary of Project: (Include highlights): Project Red Talon provides the tribes of Idaho, Oregon and Washington (total of 43 tribes) STD education, training, and technical assistance. Project Red Talon provides STD training and technical assistance to over 200 tribal medical providers, health professionals, and community health advocates. The Project has developed working relationships with State and County Health Departments to improve tribal access to STD available services and to improve clinic-based reporting.

Summary of Tribal Plan to continue project/program: Project Red Talon has submitted to DSTDP an Action Plan to continue working with activities described above.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): Project Red Talon focuses on developing STD Prevention

awareness within the tribes they serve and has strengthened the communication and working relationship between the Tribes, State/County Health Departments, IHS, and CDC.

Project Title: The Navajo Nation STD Screening Project

Summary of Project: (Include highlights): The Navajo Nation (NN) STD Screening Project institutionalizes STD screening in NN Detention Centers and NN Behavioral Health Outpatient Facilities; provides STD, including HIV, screening in those facilities; and provides culturally competent training and technical assistance to programs to increase the skill-level of the tribes and partners in areas such as surveillance, health education, and other relevant topics.

Summary of Tribal Plan to continue project/program:

The Navajo Nation Division of Health/Community Health Resources (CHR) Outreach Program has developed a sustainability plan to continue the project after CDC no longer funds the Program.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?): The Navajo Nation STD Screening Project has strengthened the communication and working relationship between the Navajo Nation, the New Mexico and Arizona States STD Prevention Program, IHS, and CDC.

CIO NAME: NCIPC

Project Title: Prevention of Motor Vehicle Injuries

Summary of Project: (Include highlights)

Summary of Project: (Include highlights) CDC's National Center for Injury Prevention and Control (NCIPC) has funded four tribes (Ho-Chunk Nation, White Mountain Apache Tribe, Tohono O'odham Nation and San Carlos Apache Tribe) to develop, implement, and evaluate tailored, community-based interventions with demonstrated effectiveness to reduce motor vehicle-related injuries among AI/AN populations.

Summary of Tribal Plan to continue project/program:

Each participating tribe will continue to implement the program to reduce injury and deaths due to motor vehicles and increase seat belt and booster seat use.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?):

Unintentional injuries are the third leading cause of death among AI/AN populations of all ages combined, with motor vehicle crashes accounting for about half of those deaths.

Project Title: Reduction of AI/AN Injury Disparities

Summary of Project: (Include highlights) Since 1985, CDC and IHS have had an interagency agreement aimed at reducing the injury disparities among AI/AN populations. IHS details one Injury Prevention Specialist to CDC's NCIPC to work on injury epidemiology, to conduct special studies with IHS and tribes, and to provide training and technical assistance.

Summary of Tribal Plan to continue project/program:

IHS will continue to provide an Injury Prevention Specialist to CDC to support the tribes and provide them with technical assistance.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?):

Through the NCIPC will continue to focus on reducing injury disparities among AI/AN populations by providing technical assistance to IHS and tribes in injury epidemiology, training, and building capacity in injury prevention.

Project Title: Suicide Prevention Program Evaluation

Summary of Project: This project will reduce injuries and deaths among AI/AN populations by providing enhanced evaluation on suicide prevention programs.

Summary of Tribal Plan to continue project/program:

Each participating community in Oregon to implement prevention activities to reduce suicidal behavior among AI youth.

Agency Opinion (Rationale for selecting project/program and why does your Agency consider this project/program to be a success?):

Reduce injuries and deaths among AI/AN populations by providing enhanced evaluation on suicide prevention programs.

LIST OF ACRONYMS

AAIP	Association of American Indian Physicians
AI ATS	American Indian Adult Tobacco Survey
AIP	Arctic Investigations Program
ANATS	Alaska Native Adult Tobacco Survey
ANTHC	Alaska Native Tribal Health Consortium
ASTHO	Association of State and Territorial Health Officials
CCC	Comprehensive Cancer Control
CEED	Centers of Excellence in Eliminating Disparities
CERC	Crisis and Emergency Risk Communications
CHR	Community Health Resources
COTPER	Coordinating Office for Terrorism Preparedness & Emergency Response
CRIHB	California Rural Indian Health Board
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
DETS	Diabetes Education in Tribal Schools
DHDSP	Division of Heart Disease and Stroke Prevention
DRH	Division of Reproductive Health
DSLRL	Division of State and Local Readiness
DST	Direct Service Tribes
DSTDTP	Division of Sexually Transmitted Diseases Prevention
EGAP	Executive Committee on Grants and Administrative Policy
FOA	Funding Opportunity Announcement
I/T/U	IHS, Tribal, and Urban Indian Health
ICU	Influenza Coordination Unit
ISD	Immunization Services Division
NACCHO	National Association of County and City Health Officials
NARA	Native American Rehabilitation Association
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
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
NTTPN	National Tribal Tobacco Prevention Network
OCPHP	Office of Chief of Public Health Practice
OHSU	Oregon Health Sciences University in Portland
OMHD	Office of Minority Health and Health Disparities
OSH	Office of Smoking and Health
OWCD	The Office of Workforce and Career Development
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
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
WISEWOMAN	Well-Integrated Screening and Evaluation for Women across the Nation
YKHC	Yukon-Kuskokwim Health Corporation