



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
SECRETARY'S TRIBAL ADVISORY COMMITTEE
STAC Reports for May 2024**

**Centers for Disease Control and Prevention (CDC)/
Agency for Toxic Substances and Disease Registry (ATSDR)
STAC Report: Developments Covering November 2023 – April 2024**

1. CDC/ATSDR Leadership Updates:

On February 1, 2024, Captain (CAPT) Damion Killsback began his service as the Director of CDC's Office of Tribal Affairs and Strategic Alliances (OTASA). CAPT Killsback's previous leadership roles include serving as the Deputy Director of OTASA, Chief Executive Officer for the Northern Cheyenne Service Unit in the Indian Health Service, Acting Director for the Division of Policy and Data at the HHS Office of Minority Health (OMH), and Senior Advisor for Tribal Affairs at OMH. He received his doctorate in pharmacy from the University of Montana and his master's degree in public health from American Public University. A proud member of the Northern Cheyenne Nation, CAPT Killsback serves as CDC's lead tribal liaison to ensure that AI/AN communities receive public health services that keep them safe and healthy.

The OTASA Deputy Director position was open from April 02 – April 12 and CDC/ATSDR is currently reviewing applications.

2. CDC/ATSDR Tribal Advisory Committee (TAC) Vacancies:

As of April 2024, only 2 of 17 TAC member delegate seats are currently vacant. CDC is actively recruiting to fill the remaining delegate vacancies in the Nashville and Portland areas along with nine alternate seats. More information on the CDC/ATSDR TAC roster and nomination process can be found on the CDC/ATSDR TAC website: [CDC/ATSDR Tribal Advisory Committee | CDC](#)

3. Major Accomplishments/Programmatic Updates

- a. *Essentials for Childhood: Preventing Adverse Childhood Experiences (ACEs) through Data to Action (EfC: PACE D2A)*: Funded recipients will build or improve ACEs and Positive Childhood Experience (PCEs) data collection infrastructure and capacity; implement and sustain ACEs prevention strategies, focusing on health equity; and conduct ongoing data-to-action activities to inform changes to their existing prevention strategies or select additional strategies. Funded recipients will use data to inform the implementation of evidence-based prevention strategies and approaches to ensure safe, stable, nurturing relationships and environments for all children. Chickasaw Nation is a recipient and has worked to increase state-level collection of ACEs and PCEs data from the Youth Risk Behavior Survey (YRBS) through partnership with the Oklahoma State Department of Health. They collected Social Determinants of Health data, including through innovative use of the

- Chickasaw Nation Department of Health electronic health record. In February, Dr. Mandy Cohen visited Chickasaw Nation, and the Essentials for Childhood team presented to Dr. Cohen on their future activities.
- b. *Domestic Violence Prevention Enhancement and Leadership Through Alliances (DELTA): Achieving Health Equity through Addressing Disparities (AHEAD)*: CDC funds 13 state domestic violence coalitions to implement intimate partner violence prevention strategies at the state and community levels. Some of these state coalitions work with tribal communities to create population-specific plans and outcomes for this work. The Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) will build upon its efforts under the previous iteration of DELTA (DELTA Impact) by working with the Alaska Native community to implement the Boys Run I Toowú Klatseen (ITK) Program in Southeast Alaska. ITK, an innovative 10-week, 20-session after school program for 3rd-5th graders. This program addresses the disparate rates of violence in the Alaska Native population, drawing on Southeast Alaska Native cultural strengths, and building participants' healthy relationships and social emotional skills to create communities of respect. ANDVSA submitted its Community Action Plan for DELTA AHEAD in March 2024, outlining efforts to adapt and strengthen the ITK curriculum based on feedback from community partners. Their initial efforts focus on helping the Coordinated Community Response (CCR) Teams, located in Sitka (CCR Team #1) and Juneau and Wrangell (CCR Team #2), align their curriculum adaptations (formative and process evaluation) through activities such as conducting interviews and focus groups to facilitate data-to-action activities and develop recommendations for finalizing their curriculum adaptations. Local sites will continue to implement the existing program and are conducting internal program evaluation (e.g., youth/coach surveys and session tracking) while the CCR Teams work to enhance the curriculum.
- c. *Preventing Adverse Childhood Experiences through Data Capacity*: Wabanaki Public Health and Wellness (WPHW) received funding to build surveillance capacity for ACEs and PCEs by tribes/tribal organizations. The purpose of this funding is to conduct a pilot project to build capacity among tribes/tribal organizations to assess, collect, and analyze ACEs and PCEs surveillance data within their communities and to begin to use that data to plan for the implementation of ACEs prevention/PCEs promotion strategies. The primary focus of this funding opportunity is building surveillance capacity for ACEs and PCEs by tribes/tribal organizations. WPHW is using funds to conduct mixed methods ACEs and PCEs surveillance among youth in their communities, collecting quantitative data via the Waponahki Youth Health Needs Assessment survey and qualitative data via focus groups with youth. CDC has been providing technical assistance related to conducting sensitive surveillance with youth populations, including questions about mental health.
- d. *Building Capacity of Tribal Coalitions to Prevent Violence*: CDC is funding the National Network of Public Health Institutes (NNPHI) to increase awareness and capacity of tribal coalitions to plan, implement, and evaluate sexual violence prevention from September 30, 2023, to July 31, 2024. NNPHI partnered with a tribally-led implementation partner – the Alliance of Tribal Coalitions to End Violence (ATCEV) – on this project, to ensure CDC funding reaches tribal communities. In January 2024, ATCEV completed a landscape needs assessment

- exploring the needs of tribal sexual assault coalitions to apply for and provide Rape Prevention and Education (RPE) programming. In March 2024, NNPHI, in partnership with ATCEV, led the coordination of the RPE Tribal Immersion Training. NNPHI is also planning to strategically disseminate online training on indigenous determinants of health to build the capacity of the tribal public health workforce including the tribal sexual assault coalitions. NNPHI's efforts aim to increase the number of Tribal Coalitions funded by CDC as well as inform future support for tribal communities to conduct violence prevention work.
- e. *Rape Prevention and Education: Assessing Coalition Capacity to Advance Primary Prevention*: This program builds and enhances the primary prevention capacity of State, Territorial, and Tribal Sexual Assault Coalitions ("Coalition(s)") in preparation for sexual violence prevention strategy implementation focused on advancing health equity. It builds on and complements work funded through the program *Rape Prevention and Education: Using the Best Available Evidence for Sexual Violence Prevention*. Furthermore, this work will help build the foundation for Coalitions to enhance, expand, and strengthen primary sexual violence prevention efforts. The coalitions receiving funding under this Notice of Funding Opportunity (NOFO) include Minnesota Indian Women's Sexual Assault Coalition and First Nations Women's Alliance Executive Director.
 - f. *National Sexual Violence Technical Assistance Resource Center for Prevention of Sexual Violence: Building Capacity of Tribal Coalitions to Prevent Violence Supplement*: CDC is funding the National Sexual Violence Resource Center (NSVRC) to provide technical assistance and enhance its digital resource library to support tribal communities to prevent sexual violence. NSVRC has been identifying materials and designing an expansion to its website to include a section with tools and resources related to preventing violence in tribal communities. These resources will support violence prevention planning and implementation by tribal sexual assault coalitions with a focus on preventing sexual violence in tribal communities. In addition, NSVRC is identifying capacity-building activities in partnership with tribal sexual assault coalitions and raising awareness about the availability of RPE funding. Tribal sexual assault coalitions have been added to NSVRC's listserv to receive resources and communications. NSVRC is collaborating closely with NNPHI, and the Minnesota Indian Women's Sexual Assault Coalition to ensure alignment of resources and activities.
 - g. *Healthy Native Babies Project*: CDC is leading efforts to update and disseminate materials for the Healthy Native Babies Project (HNBP) which aims to reduce the risks of sleep-related deaths among infants in AI/AN populations. CDC supports the Cherokee Nation, Rosebud Sioux Tribe, and Albuquerque Area Indian Health Board to engage tribes, tribal leaders, and tribal organizations in reviewing existing HNBP safe infant sleep materials, informing updates and developing culturally appropriate materials for use by AI/AN populations.
 - h. *Cooperative Agreement for Hear Her Campaign*: The award period for this campaign is from September 2023 to July 2024. It aims to provide support for the development of more culturally appropriate resources and continued capacity building for tribes, tribal serving organizations, and Urban Indian Organizations to implement the Hear Her campaign and improve maternal health outcomes. In collaboration with HHS'

- Office of Minority Health, CDC’s Hear Her Campaign finalized educational resources in four American Indian languages and finalized a new testimonial video featuring personal stories from an American Indian and her support person. These new resources will be posted to the CDC website after it relaunches in May 2024. CDC also partners with the National Indian Health Board (NIHB) to build capacity for tribes, tribal-serving organizations, and Urban Indian Organizations to implement the Hear Her campaign. NIHB has entered into agreements with six grantees to implement the campaign locally and is hosting webinars to build capacity for tribal maternal mortality prevention work.
- i. *CDC’s Division of Human Development and Disability State and National Disability Programs (2021-2026)*: CDC currently funds [10 State Disability and Health Programs](#) under the cooperative agreement CDC-RFA-DD21-2103: *Improving the Health of People with Mobility Limitations and Intellectual/Developmental Disabilities through State-based Public Health Programs*. The overall goal of this funding opportunity is to reduce health disparities experienced by adults with intellectual and developmental disabilities and adults with mobility limitations in the United States. As part of this cooperative agreement, disability and health programs are implementing Living Well in the Community (LWIC), a program that includes a series of workshops to improve health and wellness. Recipients in Montana, Oregon, and Utah are implementing LWIC in communities with significant tribal populations.
 - j. *Exploring the Feasibility of Tribally led Maternal Mortality Review Committees*: CDC’s Division of Reproductive Health implemented the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) initiative, which provides funding to convene Maternal Mortality Review Committees (MMRCs). MMRCs are multidisciplinary committees that comprehensively review deaths that occurred during or within a year of pregnancy (pregnancy-associated deaths) and develop recommendations to prevent future deaths. ERASE MM jurisdictions are currently funded at the state or local level. There are currently no tribally led MMRCs, and few state-based MMRCs have tribal representation. CDC is engaging with tribes and tribal serving organizations in formative work to incorporate perspectives and build capacity in current approaches and potential long-term funding opportunities to better serve tribal communities and people.
 - k. *CDC-RFA-PS22-2210: “Mass Mailing of HIV Self-Tests to Persons Disproportionately Affected by HIV in the U.S.”* Through a cooperative agreement with Emory University, CDC funded the Together TakeMeHome HIV self-test distribution program. People over 17 years of age who reside in the US can order up to two HIV self-tests every 90 days, at no cost, for their use or give to a friend. In the first 12 months of distributing HIV self-tests (3/14/2023-3/13/2024), the program has received 6,527 orders, representing 12,242 HIV self-tests mailed to people who identify as American Indian or Alaska Native.
 - l. *Chickasaw Nation 6|18 Project*: Chickasaw Nation has enrolled 20 participants in the pilot implementation of Self-Monitoring Blood Pressure as the 6|18 intervention of focus. Chickasaw Nation staff reported working through early provider concerns about liability if they can access self-monitoring blood pressure values.

4. Recent Funding Opportunities

- a. *Drug-Free Communities (DFC) Support Program (CE-24-0050)*: Tribal governments and organizations were eligible to apply for this grant from February 15, 2024 – April 17, 2024. This NOFO is a part of HHS’ NOFO 100 pilot, a program that aims to simplify the NOFO application process for applicants, especially those belonging to underrepresented communities. The purpose of this NOFO is to support the efforts of community coalitions that work to prevent and reduce substance use among youth. Please refer to the [grants.gov](https://www.grants.gov) listing for the most up-to-date information on this NOFO.
- b. *Enhancing Capacity for Sexual Violence Prevention among Tribal Sexual Assault Coalitions*: The purpose of this NOFO is to prevent sexual violence perpetration and victimization by increasing protective factors and decreasing risk factors. This new four-year Rape Prevention and Education NOFO was released in February 2024, providing funding to state, territorial, and tribal sexual assault coalitions to prevent sexual violence. The application deadline was April 16, 2024, and awards are expected to be made in June 2024. Please refer to the [grants.gov](https://www.grants.gov) listing for the most up-to-date information on this NOFO.
- c. *Tribal Alcohol-Impaired Driving Prevention Program*: CDC developed a project plan to supplement CDC-RFA-TO-23-0001 (Strengthening Public Health Systems and Services in Indian Country). The Tribal Alcohol-Impaired Driving Prevention Program aims to reduce injuries and deaths caused by alcohol-impaired driving in the AI/AN community by providing direct funding to implement interventions. CDC currently funds one tribal organization at \$125,000 per year for five years.
- d. *Tribal Suicide Prevention*: CDC developed a project plan to supplement CDC-RFA-TO-23-0001 (Strengthening Public Health Systems and Services in Indian Country). The Tribal Suicide Prevention Program funds four recipients (one tribe, and three tribal organizations) to develop and implement culturally driven initiatives to reduce suicide among AI/AN people. This is a five-year supplement plan that will end in 2028.
- e. *Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health (PW-24-0080)*: From January 31, 2024 – April 1, 2024, Native American tribal governments and organizations were eligible to apply for a new CDC Cooperative Agreement. The NOFO announced a capacity-building assistance (CBA) program. This program increases knowledge, skills, and ability to deliver essential public health services, improves organizational and systems capacity and capability to address prioritized equity-based public health priorities, and strengthens the nation's public health infrastructure and performance. CBA is defined as activities that strengthen and maintain the infrastructure and resources necessary to sustain or improve system, organizational, community, or individual processes and competencies. Please refer to the [grants.gov](https://www.grants.gov) listing for the most up-to-date information on this NOFO.
- f. *School-Based Interventions to Promote Equity and Improve Health, Academic Achievement, and Well-Being of Students (CDC-RFA-DP-23-0002) (2023-2029)*: CDC funded, a 5-year cooperative agreement to protect and improve the health and well-being of school-age children and adolescents in underserved and disproportionately affected communities. Recipients will establish key partnerships to

- support school health programs, promote dissemination and implementation of CDC school health guidelines, tools, and resources through Professional Development and Technical Assistance. Recipients will use action-planning strategies to implement physical activity, school nutrition, and school health services to address chronic health conditions in schools, mental health, school health policies, practices, and programs within state and local education agencies, schools, and out-of-school time settings. Funded tribes include the Cherokee Nation of Oklahoma. The Menominee Tribe is the priority local educational agency working with the Wisconsin Department of Public Instruction which receives the funding.
- g. *Demonstration Projects to Research and Evaluate Strategies Aligned with CDC's What Works in Schools (WWIS) Approach (DP24-138)*: The purpose of this NOFO is to build the WWIS evidence base for innovative, school-based or school-linked strategies that promote the health of youth across multiple health domains while also supporting translation and dissemination of the research findings. Strategies may include programs, policies, or practices that seek to improve sexual and reproductive health as well as improve mental and behavioral health in a manner that also addresses health equity among youth in local education agencies and schools serving rural or AI/AN adolescents. Additionally, strategies may also seek to reduce suicidality, substance use, and experiences of violence among school-aged adolescents. Please refer to the [grants.gov](https://www.grants.gov) listing for the most up-to-date information on this NOFO.
 - h. *National Center for Immunization and Respiratory Diseases IHS Assignees—Support for Tribal Communities*: CDC Indian Health Service (IHS) National Immunization Program assignees have been promoting the Bridge Access for COVID-19 vaccines among IHS sites. Staff created IHS site guidance documents, provided weekly updates to site and area coordinators, and provided technical assistance to IHS sites. Assignees meet with CDC Bridge leads weekly to discuss barriers to implementation that IHS sites face. The bulk of COVID-19 implementation in the Vaccine for Children (VFC) programs occurred between sites and their state VFC programs. Assignees have supported the implementation by hosting educational webinars with clinicians and pharmacists and sharing vaccine recommendations. Staff have also presented at three webinars about the importance of COVID-19, RSV, and Flu vaccination in patients with high-risk factors for complications from infection. The audiences included IHS public health nurses, community health workers, and providers.
 - i. *CDC Electronic Case Reporting (eCR) Tribal Projects*: The Salt River Pima – Maricopa Indian Community in Arizona is now directly receiving electronic case reports for their reportable conditions. The tribe received their first report on February 23, 2024. They are the second tribe to connect to the eCR infrastructure and begin receiving these reports. These case reports allow the tribe's public health department to quickly reach out to affected community members, improving awareness of the spread of disease in the community.

5. Engagement, Meetings, and Site Visits

- a. *Good Health and Wellness in Indian Country (CDC-RFA-DP19-1903) Recipient Gathering*: On April 24-25, the Healthy Tribes program will hold the 2024 Good

- Health and Wellness in Indian Country (GHWIC) Annual Gathering in Albuquerque, New Mexico. The gathering brings together over two hundred GHWIC recipients and CDC staff to share best practices and promising practices, promote networking, and draw inspiration from one another. The theme of the gathering is “Ascending to a Healthier Future: Fostering Habits through Tradition and Community.”
- b. 2024 HHS Annual Tribal Budget Consultation: On April 9 -10, CDC/ATSDR participated in the HHS Annual Tribal Budget Consultation. The consultation provides a forum for tribes to collectively share their views and priorities with HHS officials on national health and human services funding and policy priorities. This year's recommendations will inform the department’s FY 2026 budget request. Andi Lipstein Fristedt, Deputy Director for Policy, Communications, and Legislative Affairs/Chief Strategy Officer and Dr. Leslie Ann Dauphin, Director of the National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce represented CDC/ATSDR at the Tribal Budget Consultation. They provided a holistic budget overview, sat on the public health priorities panel, and participated in the Deputy Secretary’s Roundtable.
 - c. Healthy Tribes Good Health and Wellness in Indian Country Digital Storytelling Workshops: On March 19-21, 2024, the Healthy Tribes program supported a GHWIC Digital Storytelling Workshop for recipients to use culturally responsive and Indigenous evaluation approaches from a community-focused perspective. This method is used to demonstrate impact beyond numbers and text, which is often the standard measure for program evaluation, and recognizes traditional storytelling that is deeply rooted in AI/AN histories. The goal of these workshops is to benefit the GHWIC network by developing and promoting personal stories, success stories, and the meaning behind their work.
 - d. Alaska Native Tribal Health Consortium (ANTHC) Brown Bag Lunch Presentation / Alaska Native Tribal Health System Viral Hepatitis Updates: On March 13-14, 2024, CDC’s Division of Viral Hepatitis organized a brown bag for ANTHC to share the work they’ve done around Hepatitis A and Hepatitis B vaccination and Hepatitis C screening and linkage to care among Native American and Alaska Native populations in Alaska. The presentation, “Alaska Native Tribal Health System Viral Hepatitis Updates and All About Our 50 Year CDC Collaboration” was attended by 115 participants. After the session, CDC programs had the opportunity to meet with ANTHC to share their work on AI/AN tribes and tribal organizations and identify collaboration opportunities.
 - e. Empowered Rural Health Webinar: CDC participated in a rural health webinar on March 8, 2024. This webinar was a collaboration between Tanana Chiefs Conference (TCC) and CDC’s Office of Rural Health. The webinar took a deep dive into rural health practices in Alaska and the discussion highlighted the unique solutions enacted by TCC to overcome barriers to timely access to care in rural Alaska and how CDC continues to support rural health initiatives and efforts across the US.
 - f. Rape Prevention and Education Tribal Immersion Training: On March 6-7, 2024, the Alliance of Tribal Coalitions to End Violence, in collaboration with the National

- Network for Public Health Institutes and the National Sexual Violence Resource Center, coordinated the Rape Prevention and Education: Enhancing Capacity for Sexual Violence Prevention among Tribal Sexual Assault Coalitions Immersion Training (now referred to as Immersion Training) at CDC. The Immersion Training was attended by 40 Tribal Coalition leaders and staff representing 16 of the 20 Tribal Sexual Assault Coalitions (80%) operating in Indian Country and Alaska, as recognized, and funded by the Office of Violence Against Women under the Grants to Tribal Coalition program.
- g. Survey of Food Safety Practices in Jails and Prisons: On March 5, 2024, CDC issued a Dear Tribal Leader Letter with an anonymous survey to better understand food service resources, training needs, and challenges related to food safety practices in tribal jail facilities. CDC's Division of Foodborne, Waterborne, and Environmental Diseases recently began an initiative to improve food safety in jails and prisons throughout the United States. The survey is meant to inform the development of tailored tools and resources for these facilities. Tribal leaders were encouraged to share the survey with administrators at tribal jail facilities before the closing date of March 30, 2024.
 - h. Director Cohen's Visit to the Chickasaw Nation: On February 29, 2024, CDC Director Dr. Mandy Cohen visited the Chickasaw Nation and met with tribal leaders. During her visit, Dr. Cohen toured the Inchokma mobile medical unit. Inchokma means "Feel Well, Be Well" and this mobile care setting allows medical professionals to meet AI/AN patients where they are. This custom-built 40-foot mobile medical unit is equipped with two clinic rooms, testing and laboratory space, medical-grade vaccine cold storage, a bathroom, a wheelchair lift, an X-ray unit, and a workstation; allowing basic prevention and primary care services to be offered throughout the Chickasaw Nation. Please read more about this visit from the Chickasaw Nation's Press Release, [LINK](#).
 - i. Engaging Tribal Harm Reduction Organizations for the National Survey of Syringe Services Programs: In February 2024, CDC's Division of Viral Hepatitis (DVH) collaborated with the Office of Tribal Affairs and Strategic Alliances (OTASA) to promote the DVH-funded survey through OTASA's communication outlets to increase representation of tribal syringe services programs, and those serving tribal lands.
 - j. CDC/ATSDR's Tribal Advisory Committee (TAC) at the 27th Biannual Conference: The meeting took place February 21-22, 2024, at the CDC Headquarters in Atlanta, GA. The meeting serves as a vital platform for tribal representatives and CDC/ATSDR senior leadership to engage in discussions regarding public health matters in Indian Country. The primary objectives include exchanging information, identifying pressing public health needs, and collaboratively devising strategies to address these challenges. It is important to note that the CDC/ATSDR TAC's role is supportive and complementary to other government-to-government consultation activities. The committee ensures that CDC/ATSDR remains responsive to tribal concerns, fostering a proactive approach to addressing public health impacts on

Indian Country. The next TAC meeting is scheduled for August 7-8, 2024, in Canyonville, Oregon. You can now register with this [LINK](#).

- k. *HHS Tribal Consultation on the Draft HHS Tribal and Tribal Epidemiology Center Data Access Policy*: Dr. Leslie Ann Dauphin, Director of the National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce, and Dr. Jennifer Layden, Director of the Office of Public Health Data, Surveillance, and Technology, participated in the February 6, 2024, consultation on behalf of CDC. Drs. Dauphin and Layden engaged in conversation with tribal leaders related to the draft data policy.
- l. *CDC Environmental Health Nexus Webinar: Using Social Determinants of Health to Transform Historical Trauma into Generational Clarity*: On Wednesday, January 10, 2024, CDC hosted an Environmental Health Nexus webinar. This webinar series brought together subject matter experts from CDC and partner organizations to discuss environmental health topics that serve to inform public health professionals and the general public. JanMarie Olmstead, a Policy Analyst for the American Indian Health Commission served as the featured presenter. JanMarie used a historical and cultural context as a trauma-informed approach on a path to healing through Seven Generation Strategies, acknowledgment of intergenerational core strengths, and self-determination. Attendees discussed the historical experience of AI/AN Nations, learned about the relationship to intergenerational trauma, and much more.
- m. *Vaxelis for AI/AN Infants Tribal Listening Session*: On January 9, 2024, CDC held a tribal listening session on Vaxelis for AI/AN infants. The listening session allowed CDC to learn from AI/AN tribes and tribal organizations about their perspective on potential updates to the preferential recommendation language for Haemophilus influenzae type B vaccines for AI/AN infants, including the hexavalent combination vaccine for the Advisory Committee on Immunization Practices (ACIP). Input and recommendations were provided by several tribal serving organization members; this information will be shared with the ACIP to include for consideration as they make recommendations on the use of Vaxelis in AI/AN infants.
- n. *Grants Governance Board Listening Session*: On December 6, 2023, CDC held a tribal listening session on the priorities of the CDC Grants Governance Board. The goal for this session was to request input and feedback from AI/AN tribes and tribal-serving organizations on priorities for a newly established CDC Grants Governance Board (the Board). The purpose of the Board is to reduce the administrative burden on grants and cooperative agreement recipients by recommending solutions that can be spread and scaled agency-wide. Approximately 90 individuals attended the event. In late February, the Board used this feedback, as well as input from other partners and CDC staff, to develop priorities. Tribal Funding Models are one of the priorities to address the specific concerns of AI/AN award recipients.
- o. *Health Information Management Systems Society (HIMSS) 2024 Annual Conference (Orlando, FL)*: Representatives of CDC's Office of Public Health Data, Surveillance, and Technology shared information about CDC's recent tribal engagements and

planning with tribal members at the Tribal Health Symposium. They were also invited guests at the Tribal Health Roundtable.

6. Publications

- a. *American Indian and Alaska Native violence prevention efforts: a systematic review, 1980 to 2018*: CDC co-authored an article in *Injury Epidemiology*, published on March 19, 2024. This systematic review identified violence prevention programs, policies, and practices implemented in AI/AN communities between January 1980 and June 2018, across 6 different violence types. Violence types included child abuse and neglect, elder abuse, intimate partner violence, sexual violence, youth violence, and suicide prevention. Findings indicate there is a need to develop and evaluate violence prevention programs, policies, and practices for AI/AN populations. For full methodologies, results, and discussion please refer to the [full article](#).
- b. *Trends in Severe Obesity Among Children Aged 2 to 4 Years in WIC: 2010 to 2020* : In January of 2024 CDC's Division of Nutrition, Physical Activity, and Obesity (DNPAO) released an article in the Journal of the American Academy of Pediatrics that examined severe obesity in children aged 2 to 4 years enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) from 2010 to 2020 using data from state and territorial WIC agencies. The article reported that AI/AN and Hispanic children had the highest prevalence of severe obesity among children aged 2 to 4 years enrolled in the WIC Program during the selected time frame. For the methodologies, detailed results, and discussion please refer to the [full article](#). Additional data on obesity among AI/AN children and adults is included in DNPAO's Data, Trends, and Maps including obesity in AI/AN children in the WIC program in 2020 by state: [DNPAO Data, Trends and Maps: Explore by Topic | CDC](#)
- c. *Melanoma Incidence Rates Among Non-Hispanic American Indian/Alaska Native Individuals, 1999-2019*: In December 2023 CDC's Division of Cancer Prevention and Control along with the American Indian Cancer Foundation collaborated on a cross-sectional study of over 2,000 non-Hispanic AI/AN individuals with cutaneous melanoma. The results of this study suggest that rates of melanoma are increasing among certain AI/AN populations, particularly for women, people over the age of 40, and those diagnosed with regional/distant stage tumors. This study also found that incidence rates for melanoma varied considerably by geographic region and according to certain county attributes. Future studies might also help identify risk factors among non-Hispanic AI/AN people.
- d. *Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022*: In November 2023, CDC's *Morbidity and Mortality Weekly Report (MMWR)* published an article analyzing the rise of U.S. congenital syphilis cases. The article reports, "No testing or untimely testing resulted in the highest percentage of missed opportunities for prevention among non-Hispanic American Indian or Alaska Native (47.4%), non-Hispanic Native Hawaiian or other Pacific Islander (61.0%), and

- non-Hispanic White (40.8%) birth parents.”. For the methodologies, detailed results, and discussion please refer to the [full article](#).
- e. *One Health assessment of persistent organic chemicals and Per- and Polyfluorinated Substances (PFAS) for consumption of restored anadromous fish*: ATSDR provided technical assistance to assess the safety of human health in connection to six species of anadromous fish in the Penobscot River for subsistence fishing. This project evaluated the average concentration of persistent organic chemicals in anadromous fish, compared calculated dose to existing advisories, and made recommendations to assist the Penobscot Nation in reducing the risk to tribal members and provided information on the sustainability of a traditional Penobscot subsistence diet. Partners included: Penobscot Indian Nation and the Environmental Protection Agency (EPA) Region 1. For the methodologies, detailed results, and discussion please refer to the [full article](#).
 - f. *Implications for Coding Race and Ethnicity for American Indian and Alaska Native High School Students in a National Survey*. *Journal of Health Care for the Poor and Underserved*. 2022;33(3):1245-1257. This publication examines the impact of racial/ethnic coding strategies on the estimated prevalence of risk behaviors among AI/AN high school students. Data from the National Youth Risk Behavior Survey (2017 and 2019) were analyzed (N=28,422). Racial/ethnic data were coded to identify “Multiracial/ethnic AI/AN students” and “AI/AN alone students.” The prevalence of persistent feelings of sadness or hopelessness, suicidality, and violence victimization were compared across the coding schemes and with non-Hispanic White students. Results. Of students who self-identified as AI/AN, one in six (18%) were AI/AN alone. The prevalence of many health risk behaviors was significantly higher among AI/AN students than non-Hispanic/Latino White students. The precision of the risk behavior prevalence estimates, however, varied considerably.
 - g. *HIV and HCV Infection and Related Behaviors Among Persons Who Use Drugs—6 U.S. Syringe Services Programs, 2021–2022*: In December 2023, CDC’s HIV program published this HIV Special Surveillance Report which described HIV and HCV-related risk and prevention behaviors among clients of syringe services and their associates who use drugs that could be injected either through injection or non-injection routes from the Injection Drug Use Surveillance Project. All outcomes were reported by race/ethnicity, including among AI/AN participants who were 6% of the sample. For additional information please refer to the [full report](#).
 - h. *HIV Infection Risk, Prevention, and Testing Behaviors Among Persons Who Inject Drugs*: In February 2024, CDC’s HIV program published the HIV Surveillance Special Report which described HIV infection, risk, and testing behaviors among persons who inject drugs. The data was collected through a respondent driven sampling method as a part of the [National HIV Behavioral Surveillance \(NHBS\) | Surveillance Systems | Statistics Center | HIV | CDC](#). All outcomes were reported by race/ethnicity, including among AI/AN participants who were 1% of the sample. For additional information please refer to the [full report](#).

- i. Youth Risk Behavior Surveillance System (YRBSS): The YRBSS is a collection of surveys that track grades 9 through 12 student behaviors that may lead to poor health outcomes. For the first time, the 2023 YRBSS included a supplementary sample of AI/AN high school students. The supplementary sample oversampled public high schools with high concentrations of AI/AN students. The supplemental survey data will be merged with the national YRBSS data. These data will help public health decision makers at the national, state, tribal, and local level create awareness of the unique public health needs of AI/AN students, and influence how resources are allocated for prevention and education programs. Target release date is Fall 2024.
- j. Violence Against American Indian and Alaska Native People Factsheet: CDC updated the Violence Against American Indian/Alaska Native People factsheet in January 2024. The factsheet features data on homicide from the National Violent Death Reporting System and the National Vital Statistics System, data on intimate partner and sexual violence from the National Intimate Partner and Sexual Violence Survey. The updated factsheet also includes examples from the Rape Prevention and Education Program and the Domestic Violence Prevention Enhancement and Leadership Through Alliances program in the Division of Violence Prevention.

7. **Technical Assistance**

- a. Division of Injury Prevention Tribal Partners Meeting: The National Center for Injury Prevention and Control's (NCIPC) Division of Injury Prevention, in partnership with the National Network of Public Health Institutes (NNPHI) and Seven Directions Indigenous Public Health Institute, hosted recipients from the Tribal Overdose Prevention Program, Tribal Alcohol-Impaired Driving Prevention Program, Tribal Suicide Prevention Program, and Elder Falls Prevention on March 12-14 in Atlanta. There were over 100 attendees, including tribal partners, facilitators from NNPHI and Seven Directions Indigenous Public Health Institute, and NCIPC technical monitors and evaluation officers. The meeting focused on connecting and relationship building.
- b. Respiratory Virus Recommendations and Prevention: On March 1, 2024, CDC released updated recommendations for how people can protect themselves and their communities from respiratory viruses, including COVID-19. The new guidance brings a unified approach to addressing risks from a range of common respiratory viral illnesses, such as COVID-19, flu, and respiratory syncytial virus (RSV). The Preventing RSV in American Indian and Alaska Native Infants and Young Children collaborative initiative aims to work with CDC's federal partners (such as, the Administration for Children and Families) that are currently providing services to AI/AN pregnant people and young children. CDC will leverage these partnerships to better equip their staff to help their clients understand and access the new RSV prevention products. CDC is currently working with IHS to begin developing targeted education and communication resources for these new RSV products.

- c. Youth Risk Behavior Surveillance System (YRBSS): CDC provides technical assistance to tribes and tribal organizations for YRBSS activities. This technical assistance includes guidance on designing questionnaires; scientific sampling of schools and students; obtaining approval for the survey among key partners such as tribal government, schools, and parents; administering the survey to protect student privacy and ensure quality data; and analyzing and disseminating findings. Tribes participating in the YRBSS have access to peers through quarterly meetings, access to YRBSS administration training and follow-up assistance, and online resources related to all aspects of conducting the survey.
- d. Assistant Secretary for Preparedness and Response (ASPR)/Strategic National Stockpile (SNS) Milestone Committee: The HHS workgroup including staff from CDC developed a tribal access page which was published on March 22, 2024. This page is entitled “The Tribal Pathways for Accessing Emergency Medical Countermeasures” which is based on Executive Order 14000, “Tribal nations have several avenues to access stockpiled medical countermeasures, and they may use multiple pathways simultaneously, ensuring a comprehensive response to emergencies.
- e. Missing Person Case Investigation Review Team Request: On January 30, 2024, the Navajo Missing and Murdered Dine Relatives Coalition contacted CDC requesting guidelines or resources on the creation of review teams to discuss and provide recommendations for missing person cases. CDC worked with the Department of Justice to provide a collection of resources on February 13, 2024.

Acronym List

ACEs	Adverse Childhood Experiences
ACIP	Advisory Committee on Immunization Practices
AHEAD	Achieving Health Equity through Addressing Disparities
AI/AN	American Indian/Alaska Native
ANDVSA	Alaska Network on Domestic Violence and Sexual Assault
ASPR	Assistant Secretary for Preparedness and Response
ATCPEV	Alliance of Tribal Coalitions to End Violence
ATSDR	Agency for Toxic Substances and Disease Registry
CBA	Capacity-Building Assistance
CCR	Coordinated Community Response
CDC	Centers for Disease Control and Prevention
DELTA	Domestic Violence Prevention Enhancement and Leadership Through Alliances
DFC	Drug-Free Communities
DNPAO	Division of Nutrition, Physical Activity, and Obesity
DVH	Division of Viral Hepatitis
eCR	Electronic Case Reporting
EPA	Environmental Protection Agency

ERASE MM	Enhancing Reviews and Surveillance to Eliminate Maternal Mortality
GHWIC	Good Health and Wellness in Indian Country
HHS	Department of Health and Human Services
HIMSS	Health Information Management Systems Society
HIV	Human Immunodeficiency Virus
HNBP	Healthy Native Babies Project
IHS	Indian Health Service
ITK	I Toowú Klatseen
LWIC	Living Well in the Community
MMRC	Maternal Mortality Review Committees
MMWR	Morbidity and Mortality Weekly Report
NCIPC	National Center for Injury Prevention and Control
NIHB	National Indian Health Board
NNPHI	National Network of Public Health Institutes
NOFO	Notice of Funding Opportunity
NSVRC	National Sexual Violence Resource Center
OMH	Office of Minority Health
OTASA	Office of Tribal Affairs and Strategic Alliances
PCEs	Positive Childhood Experiences
PFAS	Per- and Polyfluorinated Substances
RMTEC	Rocky Mountain Tribal Epidemiology Center
RPE	Rape Prevention and Education
RSV	Respiratory Syncytial Virus
SNS	Strategic National Stockpile
TAC	Tribal Advisory Committee
TCC	Tanana Chiefs Conference
VFC	Vaccine for Children
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WPHW	Wabanaki Public Health and Wellness
WWIS	What Works in Schools
YRBS	Youth Risk Behavior Survey
YRBSS	Youth Risk Behavior Surveillance System