

Division of Injury Prevention Funding for Tribes: Updates and Plans for Future Funding

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DIP Tribal Support

- + **Tribal Support and Evaluation Teams' Values**
- + Respect tribal sovereignty
- + Recognize tribes and Tribal Epidemiology Centers as public health authorities
- + Recognize the centrality of Indigenous knowledge and culture in prevention
- + Promote meaningful collaboration between CDC and tribal partners
- + Incorporate an Indigenous evaluation approach in tribal programming at the federal and community levels

Tribal Overdose Prevention Initiatives

NCIPC is funding tribal overdose prevention initiatives through three supplements

- + **Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Overdose Supplement**
 - + \$2M annually
 - + 10 Tribal Epidemiology Centers
- + **Tribal Overdose Prevention Program (TOPP)**
 - + \$11.2M annually
 - + 16 recipients (5 tribes and 11 tribal organizations)
- + **Strengthening Public Health Systems and Services Through National Partnerships**
 - + Opioid Overdose Prevention in Tribes (NNPHI)
 - + Opioid Overdose Prevention Conf. Track (NIHB)
 - + Urban AIAN Overdose Needs Assessment (NCUIH)

NCIPC Tribal Overdose Prevention Recipients

Tribal Overdose Prevention Program

- + Alaska Native Tribal Health Consortium*
- + Albuquerque Area Indian Health Board*
- + Great Lakes Inter-Tribal Council*
- + Inter-Tribal Council of Arizona*
- + Northwest Portland Area Indian Health Board*
- + Rocky Mountain Tribal Leaders Council*
- + Southern Plains Tribal Health Board Foundation*
- + United South and Eastern Tribes*
- + California Rural Indian Health Board
- + Chickasaw Nation
- + Colusa Indian Community Council
- + Eastern Band of Cherokee Indians
- + Forest County Potawatomi Community
- + Turtle Mountain Band of Chippewa Indians
- + Wabanaki Health and Wellness
- + White Earth Band of Chippewa Indians

*Indicates a partner funded through both TOPP and TECPHI.

TECPHI Overdose Supplement

- + Alaska Native Tribal Health Consortium*
- + Albuquerque Area Indian Health Board*
- + Great Lakes Inter-Tribal Council*
- + Great Plains Tribal Chairmen's Health Board
- + Inter-Tribal Council of Arizona*
- + Northwest Portland Area Indian Health Board*
- + Rocky Mountain Tribal Leaders Council*
- + Seattle Indian Health Board
- + Southern Plains Tribal Health Board Foundation*
- + United South and Eastern Tribes*

Other DIP Funding

- Three additional programs funded in DIP
- Evaluation Team providing Indigenous Evaluation support

+ **Tribal Suicide Prevention**

- + \$1M annually
- + 4 recipients

+ **Tribal Alcohol-Impaired Driving Prevention Program**

- + \$125K annually
- + 1 recipient

+ **Elder Falls Prevention**

- + \$538K annually
- + 2 recipients



Indigenous Evaluation

- Context
- Progress Updates
- Looking Ahead

Indigenous Evaluation— Context



SEVEN DIRECTIONS
A CENTER FOR INDIGENOUS PUBLIC HEALTH

DECEMBER 01, 2022

White House Releases First-
of-a-Kind Indigenous
Knowledge Guidance for
Federal Agencies

+ **Indigenous Knowledge**

- *Global reclamation of Indigenous knowledge systems*

+ **Tribal Sovereignty**

- *Power of self-determination and governance*

Indigenous Evaluation— Progress Updates



IE Implementation at the Tribal Partner Level

October – December 2023

- Kickoff calls with tribal partners across DIP programs

January 2024

- Seven Directions Virtual Training for all DIP-funded tribal partners

March 20204

- In-person training sessions at DIP Tribal Partner Meeting in Atlanta

Ongoing Technical Assistance (TA)

- Monthly from DIP Evaluation Officers with access to Seven Directions for a range of group- and individual-level TA

Indigenous Evaluation—

Progress Updates Cont.

IE Implementation at the DIP Organizational Level

- Building capacity internally across DIP branches and teams
- Learning from current tribal partners about IE uptake and implementation from year-to-year
- Designing future tribal funding opportunities to further integrate IE and incorporate lessons learned
- Increasing responsiveness to tribal input
- Developing TA tools and supports WITH tribal partners
- Developing presentations and publishing papers WITH (not about) our tribal partners to advance tribal injury prevention at the federal and tribal levels

Indigenous Evaluation—

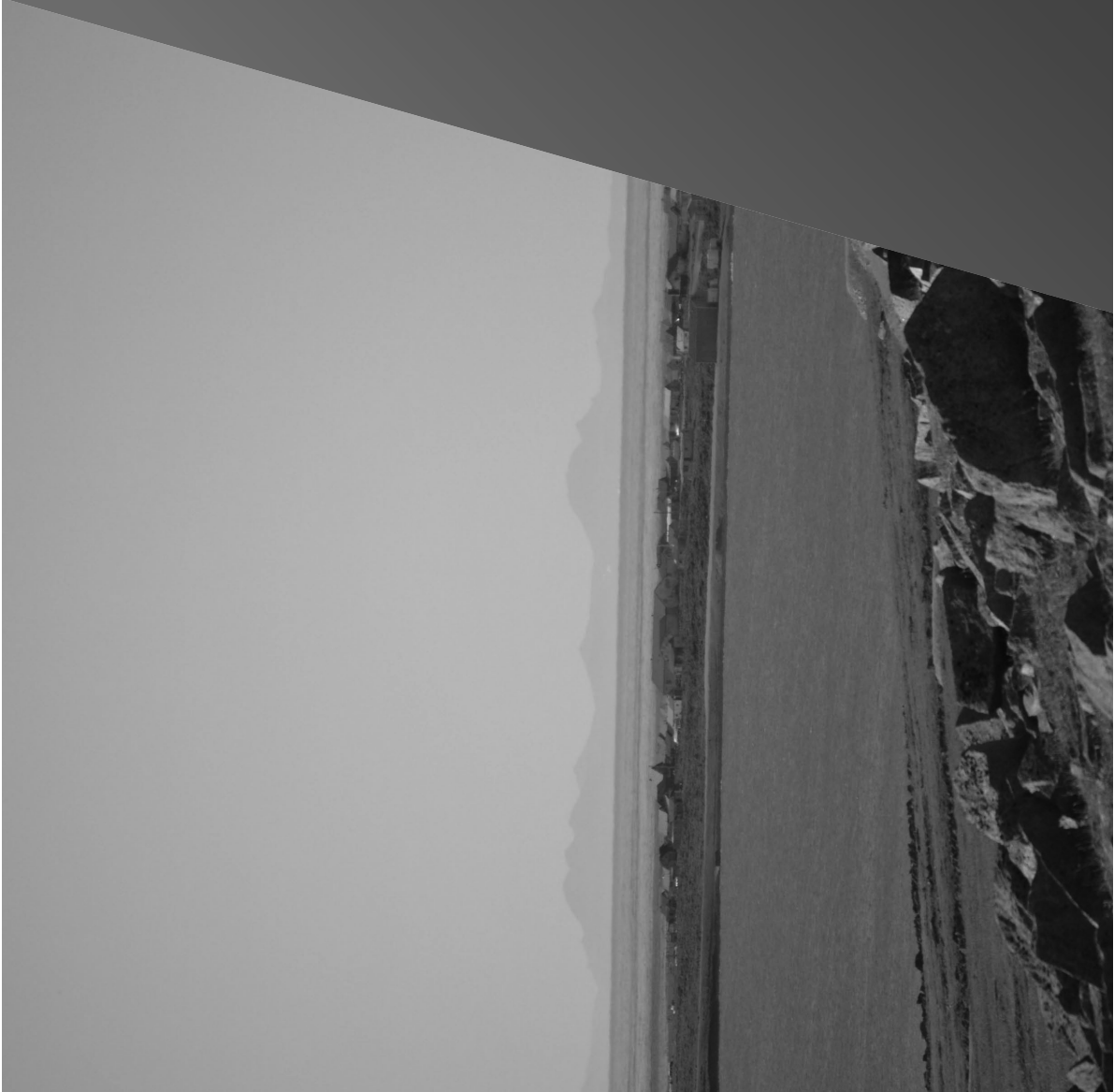
Looking Ahead

DIP Tribal Injury Prevention Programs Indigenous Evaluation Year 2

- + **Continued IE implementation-focused TA for tribal partners**
 - Monthly calls, site visits, peer-to-peer engagements
- + **Tracking DIP lessons learned from:**
 - Tribal partners' feedback at the March in-person meeting
 - Tribal partners' revised workplans (required)
 - Tribal partner-developed performance measures (voluntary)
 - Ongoing engagement with partners
 - Ongoing internal engagement with teams across DIP

Looking Ahead

- **Planning for the future**
- **Listening sessions & tribal consultation**



Barriers to Applying for CDC Funding

- + **Burden of applying for federal funding**
- + **Limits to overhead/indirect costs**
- + **Limited time and capacity for program planning and evaluation**
- + **Reporting burden**

- + **Are there other barriers we are missing?**

Questions

- What recommendations do you have for reducing the barriers to funding tribes?
- What types of questions should we be asking to learn more about preventing injury and overdose in tribal communities?
- What advice do you have for conducting successful listening sessions and Tribal consultation?
- Do you have initial thoughts/suggestions for next steps in the injury/overdose prevention portfolio?
- What are your thoughts on the use of the PHIC's Tribal Umbrella versus an injury-specific cooperative agreement for tribal recipients?

Thank you!

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

