



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
SECRETARY'S TRIBAL ADVISORY COMMITTEE

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Centers for Disease Control and Prevention (CDC)/  
Agency for Toxic Substances and Disease Registry (ATSDR)  
Operating Division Briefing  
March 2023 – September 2023

**CDC/ATSDR Leadership Updates:**

President Biden appointed Dr. Mandy Cohen as the 20th Director of CDC and the 10th Administrator of ATSDR. Dr. Cohen officially began her duties on July 9, 2023.

On January 23 2023, Dr. Seh (Shay) Welch (Blackfeet) began serving as the Acting Director of OTASA. Dr. Welch's detail concluded on September 9, 2023. The position for permanent Director was to be advertised as SES but was changed to Title 42, requiring a positive education requirement of MD/OD or PhD in allied health science (Nursing, biology, pharmacy...). The position announcement for the permanent Director of OTASA closed on July 31, 2023.

**CDC/ATSDR Tribal Advisory Committee Vacancies:**

12 of 17 Indian Health Service areas and National At-Large Tribal Member delegate seats are currently vacant. We are actively recruiting to fill delegate vacancies in the Alaska area, Bemidji area, Billings area, California area, Nashville area, Oklahoma area, Portland area, Tucson area, and (4) National At-Large Tribal Member positions.

**Major Accomplishments and Funding**

*American Indian and Alaska Native (AI/AN) Worker Safety and Health Strategic Plan:* CDC'S National Institute for Occupational Safety and Health (NIOSH) published the American Indian and Alaska Native Worker Safety and Health Strategic Plan on March 10, 2023. This 10-year strategic plan outlines the research, information, and actions needed to help prevent occupational injuries, illnesses, and fatalities among AI/AN workers. It is organized into four areas of focus: research, practice, policy, and capacity building. The plan will serve as a guide for the nation to develop worker safety and health research and outreach activities in tribal communities.

*Supporting Tribal Public Health Capacity in Coronavirus Preparedness and Response (CDC-RFA-OT20-2004):* Beginning in 2020, this mechanism provided \$152.8 million in emergency coronavirus disease 2019 (COVID-19) response funds to 346 federally recognized tribal nations and organizations. As of January 2023, a total of 91 recipients were actively completing public health response activities spanning strategy areas such as Countermeasures & Mitigation, Emergency Operations, Communications, Surveillance & Epidemiology, Health Information

Technology, Lab Capacity, and Recovery. This funding program officially closed on June 9, 2023.

*Tribal Public Health Capacity Building and Quality Improvement Umbrella Cooperative Agreement (CDC-RFA-OT18-1803)*: In May 2023, as part of Year five funding for the Tribal Capacity Building grant initiative, a total of 25 AI/AN Tribal Nations and/or regional AI/AN tribally designated organizations were awarded \$20M. The recipients work on activities to enhance the quality and performance of the tribal public health system, including infrastructure, workforce, data and information systems, programs and services, resources and communication, and partnerships. The ultimate goals are to increase the capacity of Indian Country to identify, respond to, and mitigate public health threats, improving the health, safety, and well-being of AI/AN communities.

*CDC-RFA-TO-23-0001: Strengthening Public Health Systems and Services in Indian Country*: This cooperative agreement will fund up to 25 federally recognized AI/AN tribes and regional AI/AN tribally designated organizations to help improve public health outcomes and lessen health inequities in Indian Country. The average one-year award amount per recipient is \$200,000 (subject to availability), an increase from \$22,000 in the previous iteration (OT18-1803). The budget period is for 12 months, August 31 - August 31, and the period of performance will be five years, beginning August 31, 2023 – August 30, 2028. The funding opportunity will use a two-part strategy. Strategy 1 will support strengthening tribal public health systems and services. Applicants selected for strategy 1 will be eligible for funding under strategy 2. Strategy 2 is subject to available funds and agency priorities and will be aimed at CDCs program priorities and meet health system needs in Indian Country. Under strategy 2, CDC will publish and compete center, institute, or office project plans according to the Department of Health and Human Services (HHS) Region, Indian Health Services (IHS) Area, and/or entity type. The anticipated award date is August 30, 2023.

*Racial and Ethnic Approaches to Community Health (REACH) Program Supplemental Funding*: Pima County, AZ was awarded \$443,194 for supplemental work. This initiative began in September 2022 and will go through September 29, 2023. Implementation focused on improving flu vaccination coverage rates and COVID-19 vaccination coverage rates among adults in racial and ethnic groups experiencing disparities in vaccination coverage. The intended outcome is to improve vaccination availability, accessibility, and confidence. Activities of the project include conducting a needs assessment to identify drivers of COVID-19 and influenza vaccine hesitancy, influential messengers, and community-acceptable approaches. These approaches will include training community level spokespersons/trusted messengers, providing/supporting mobile vaccine clinics, and convening a REACH Community Advisory Board comprised of tribal and Mexican-American community leaders in neighborhoods disproportionately affected by COVID-19 and influenza. Outcomes include creating messaging that is clear and that addresses the specific needs of Native American residents in Pima County and establishing Community Action Groups in tribal census tracts. This project has demonstrated that it is necessary to continue needs assessments to determine barriers to vaccine acceptance for AI/AN populations.

*Strengthening Vaccine Confidence through Communication, Education, and Outreach (CDC-RFA-OT18-1803)- Northwest Portland Area Indian Health Board (NPAIHB):* NPAIHB was funded under the *Strengthening Vaccine Confidence through Communication, Education, and Outreach* cooperative agreement. This funding concluded in August 2023 with project years from August 31, 2021-August 30, 2023. The budget for the project was \$150,000/year, with a \$200,000 supplement. Funding supported the Native Boost project to work with tribal leaders, parents, local immunization organizations, and other key partners to strengthen, expand and support tribal public health programs and services to reach immunization-hesitant community members. NPAIHB launched a website, which includes information about Native Boost, resources, and upcoming events. This website will be continually updated: <https://www.npaihb.org/native-boost/>. Additional resources created include several PSAs, parent and provider guides to improve vaccine confidence, and posting relevant information on NPAIHB's social media pages.

*Strengthening Vaccine Confidence through Communication, Education, and Outreach (CDC-RFA-OT18-1803)-Southern Plains Tribal Health Board (SPTHB):* SPTHB was funded under a \$200,000 supplement of the *Strengthening Vaccine Confidence through Communication, Education, and Outreach* cooperative agreement. The project period is from August 31, 2022, through August 30, 2023. SPTHB has partnered with tribal healthcare facilities and organizations to identify appropriate messaging to strengthen patient-provider relationships and communication around vaccine hesitancy. They engaged two tribal partners to collaborate on this project, the first being the Perkins Family Clinic (Iowa Tribe of Oklahoma) and the second being the Indian Health Care Resource Center (Tulsa, OK). Both are pilot sites for focus groups. The first focus group was held with the Perkins Family Clinic which had 12 participants. Evaluations are being conducted to identify appropriate messaging to strengthen the patient/provider relationship and increase vaccine confidence. Additionally, SPTHB is working to create PSAs that will air on clinic televisions in waiting rooms.

*Tribal Epidemiology Center Public Health Infrastructure (TECPHI) Overdose Supplement:* CDC's Division of Injury Prevention (DIP) developed and published a supplement to the National Center for Chronic Disease Prevention and Health Promotion's (NCCDPHP) TECPHI cooperative agreement. The supplement is intended to improve the availability of fatal and non-fatal overdose data for AI/AN people by strengthening epidemiologic surveillance and public health data infrastructure to address issues of data quality, completeness, accuracy, and timeliness. A total of \$2.0M will be awarded to 10 tribal epidemiology centers through this supplement beginning on September 30, 2023.

*Urban AI/AN Overdose Needs Assessment:* DIP developed a project plan to supplement CDC-RFA-OT-18-1802 (*Strengthening Public Health Systems and Services through National Partnerships to Improve and Protect the Nation's Health*). The supplement is designed to learn more about the current landscape of drug overdose prevention efforts in urban AI/AN communities and protective factors related to preventing overdose that are unique to this

population. This project will identify current overdose prevention initiatives in Urban Indian Organizations (UIOs), identify specific needs of UIOs related to preventing drug overdose, and identify unique protective factors within urban AI/AN communities related to preventing overdose. The overall goal is to ultimately build the capacity of UIOs to address drug overdose among their service population by enhancing cultural protective factors. DIP plans to fund one recipient with an expected award date of September 30, 2023.

*Tribal Overdose Prevention:* DIP developed a project plan to supplement CDC-RFA-TO-23-0001 (*Strengthening Public Health Systems and Services in Indian Country*). The Tribal Overdose Prevention program is designed for tribal communities to heal from the overdose epidemic by developing a comprehensive, culturally based approach to preventing overdose, including polysubstance use. DIP plans to fund between 15 and 20 recipients for a total of approximately \$13.5M through this project. Expected award date is September 30, 2023.

*Tribal Alcohol Impaired Driving (23-001):* DIP 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 is intended to reduce injury and death due to alcohol-impaired driving in the AI/AN population by directly funding recipients to implement interventions to address alcohol-impaired driving. DIP expects to fund between five and eight recipients up to \$125,000 per tribe per year with an expected award date of September 30, 2023.

*Tribal Suicide Prevention (23-0001):* DIP 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 is intended to identify/create, implement, evaluate, and improve holistic community-based interventions that increase tribal-specific protective factors and reduce risk factors for suicide in a culturally-centered way. DIP plans to fund four recipients up to \$250,000 each. Expected award date is September 30, 2023.

*Preventing Adverse Childhood Experiences through Building Data Capacity:* DVP developed a project plan to for supplemental funding under CDC-RFA-TO-23-0001 (*Strengthening Public Health Systems and Services in Indian Country*). This project will pilot building capacity among tribal entities to assess, collect, and analyze adverse and positive childhood experiences (ACEs and PCEs) surveillance data to plan for implementation of ACEs prevention/PCEs promotion strategies. DVP plans to fund one recipient at \$200,000. The expected award date is September 30, 2023.

*Preventing Adverse Childhood Experiences through Data to Action:* DVP developed a project plan to for supplemental funding under CDC-RFA-TO-23-0001 (*Strengthening Public Health Systems and Services in Indian Country*). This project will pilot capacity-building among tribes and tribal organizations to assess, collect, and analyze adverse and positive childhood experiences (ACEs and PCEs) surveillance data to plan for implementation of ACEs prevention/PCEs promotion strategies. DVP plans to fund one recipient at \$350,000 with an expected award date of September 30, 2023.

*Tribal Older Adult Fall Prevention (23-0001)*: DIP developed a project plan to supplement CDC-RFA-TO-23-0001 (*Strengthening Public Health Systems and Services in Indian Country*). The Tribal Older Adult Fall Prevention Program is intended to reduce falls, fall injuries, and fall deaths in the AI/AN population by directly funding recipients to implement Stopping Elderly Accidents, Deaths and Injuries (STEADI)-based interventions into clinical systems, enhance community fall prevention activities, and link clinical to community. DIP expects to fund two recipients up to \$350,000 per tribe per year with an expected award date of September 30, 2023.

*Building Capacity for Surveillance and Prevention of Adverse Childhood Experiences (ACEs)*: CDC's Division of Violence Prevention (DVP) is in its third and final year of this pilot project to build capacity among tribes and tribal organizations to assess, collect, and analyze ACEs, and positive childhood experiences (PCEs) data within their communities; and to use these data to identify and plan for ACE prevention and PCE promotion strategies. The final year of funding runs through August 20, 2023. The recipients were continuations from previous years: Wabanaki Public Health and Wellness (\$150,000 annually) and Cherokee Nation (\$180,000 annually). Outcomes will include increased capacity for ACEs surveillance systems to better understand the burden of ACEs in Indian Country and plan for prevention efforts.

*Formative Study on Geographic and Demographic Diversity within Indian Country*: The National Center for Injury Prevention and Control (NCIPC) is funding a formative research study to take place in sites that reflect geographic and demographic diversity within Indian Country (e.g., one urban and one rural tribal community in the Pacific Northwest and one urban and one rural tribal community in the Great Lakes). \$1.37 million has been awarded to a Native 8(a) small business. The project has completed community engagement, data sharing agreements, and data collection for three of four community sites. This is a three-year research study with a contract period from September 23, 2020 to December 31, 2023.

*Culturally Tailored Adverse Childhood Experiences (ACEs) Resource Basket*: DVP awarded funding to the National Indian Health Board (NIHB) for continuation of their *Culturally Tailored Adverse Childhood Experiences Resource Basket* project for a fifth (final) year. The fifth project period ends on July 31, 2023. \$100,000 was provided to NIHB through the OT18-1802 *Strengthening Public Health Systems and Services Through National Partnerships to Improve Protect the Nation's Health* cooperative agreement for the fifth year of the cooperative agreement. The recipient requested a no-cost extension for a sixth year, which DVP granted, to allow the recipient to complete all project activities by July 31, 2024. The purpose of the project is to identify resources that can help prevent ACEs in tribal communities and build tribal capacity to prevent ACEs. Materials are publicly available to all in Indian Country. As a result of this project, the intention is to have additional resources available to help tribes build capacity to prevent ACEs, and leverage PCEs specific to tribal culture.

*Chickasaw Nation's Strategy 3: 6|18 Project*: Chickasaw Nation will fully pilot their selected 6|18 intervention, self-measured blood pressure by August 2023. This intervention will be piloted within Chickasaw Nation pharmacy's hypertension clinic. This clinic is part of a tribal

health care system that serves Chickasaw Nation patients. The desired outcome is improved blood pressure monitoring from the patient's home.

*Project Firstline:* For FY23, the National Council of Urban Indian Health (NCUIH) and NIHB are funded under the cooperative agreement *Improving Clinical and Public Health Outcomes through National Partnerships to Prevent and Control Emerging and Re-Emerging Infectious Disease Threats (CDC-RFA-CK20-2003)* at \$1.5 million and \$850,000, respectively. Project Firstline is a nationwide project to provide frontline healthcare workers with infection and prevention control education. In collaboration with Project Firstline and CDC's Division of Healthcare Quality Promotion (DHQP), NCUIH and NIHB deliver culturally and linguistically tailored trainings and educational resources to Native American populations. Both organizations have convened meetings and webinars and adapted materials focused on building foundational knowledge about where germs are found in healthcare (reservoirs), recognizing infection risks in healthcare, and taking action to stop the spread of germs.

*CDC's Viral Hepatitis Program Harm Reduction Activities:* The Viral Hepatitis Program is working to build better relationships with harm reduction groups in tribal communities. Unfortunately, during the pilot year (FY22), the program was only able to get a few responses to the survey from the Syringe Services Programs (SSPs) operating in tribal areas. The program is proactively reaching out to tribal organizations to solicit help from SSPs that serve tribal communities to improve responses to the survey among SSPs operating in tribal areas, to better understand their experiences, gain insights about the types of support they need, and provide crucial information highlighting their life-saving work as well as any resource deficits they're experiencing.

*Promoting Adolescent Health Through School-Based HIV Prevention:* CDC's Adolescent and School Health Program continued its implementation of *CDC-RFA-PS18-1807: Promoting Adolescent Health through School-Based HIV Prevention*. The project concluded on July 31, 2023. The purpose was to improve the health and well-being of our nation's youth by working with education and health agencies, and other organizations to reduce HIV, STDs, teen pregnancy, and related risk behaviors among middle and high school students. The Cherokee Nation of Oklahoma received \$12,000 in funding under component 1 (School-based Surveillance) for CDC-RFA-PS18-1807, to establish and strengthen systematic procedures to collect, analyze, and report on adolescent health risk behaviors using the Youth Risk Behavior Survey (YRBS) and on school health policies and practices using the School Health Profiles survey.

*National Diabetes Prevention Program (DPP) Public Service Announcements (PSAs) in Indian Country:* NCCDPHP supported the development of nine PSAs featuring personal stories of National DPP lifestyle change program participants and Lifestyle Coaches from Lake County Tribal Health (California), Oklahoma City Indian Health Clinic, and the Choctaw Nation of Oklahoma. In May 2023, CDC funded the airing of the videos on GoodHealthTV, reaching 362 displays of subscribing tribes and programs nationwide. As of June 2023, there were 95,568 plays, with an estimated 1,727,088 impressions. CDC's YouTube channel posted the videos in

June 2023.

*Evaluation of Colonoscopy Screening Within the Alaska Tribal Health System:* NCCDPHP is funding a project to link data from colorectal cancer screening programs in Anchorage, AK and surrounding areas and data from the Alaska Native Tumor Registry to better understand ways to improve colorectal cancer screening and surveillance procedures and policies among AI/AN persons in Alaska. The project will help determine how well physician recommendations for follow-up surveillance colonoscopy align with national guidelines and how well patients adhere to physician recommendations within the Alaska Tribal Health System. The target date for completion is August 2025.

*Healthy Tribes Program:* This year, NCCDPHP's Healthy Tribes program pioneered new learning opportunities that brings together all 75 Healthy Tribe recipients to enhance public health knowledge, increase knowledge on managing cooperative agreement awards, foster collaborations, and provide resources to advance tribal public health work. Topics include supporting and mentoring the Native public health workforce and showcasing opportunities through HRSA's public health training centers for trainings and support for professional development. Through this innovative approach, Healthy Tribes aims to support all recipients through resources, connections, and knowledge that is culturally responsive and tailored to the needs and strengths of recipients and their communities.

*Healthy Native Babies Project:* The Healthy Native Babies Project transition from NIH to CDC is in process. Initial focus will be to seek feedback from AI/AN and tribal serving organizations on existing materials and implementation processes.

*Hear Her Campaign:* HHS, CDC, and the Office of Minority Health (OMH) sent a letter to Tribal Leaders on March 22, 2023, sharing an update on the Hear Her campaign, including opportunities for tribes, tribal serving organizations and UIOs to co-brand campaign materials and order free print materials. Through this project, NIHB hosted a Tribal Learning Collaborative, featuring AI/AN subject matter experts on maternal health. NIHB has also awarded grants and will provide technical assistance to the Mashantucket Pequot Tribal Nation, Tuba City Regional Health Care Corp, and the Navajo Maternal Health Child Program. These grants will help build capacity for these tribes and tribal serving organizations in implementing the Hear Her campaign and supporting maternal health in their communities.

*PHIC OT18-1802 Cooperative Agreement for Hear Her Campaign:* CDC's NCCDPHP expects to award a total of \$1 million through the OT18-1802 *Strengthening Public Health Systems and Services Through National Partnerships to Improve Protect the Nation's Health* cooperative agreement to support continued implementation of the Hear Her campaign with and for AI/AN communities. This award will run from September 2023 - July 2024 and support development of more culturally appropriate resources and continued capacity building for tribes, tribal serving organizations and UIOs to implement the Hear Her campaign and improve maternal health outcomes.

Navajo Birth Cohort Study/Environmental Influences on Child Health Outcomes (NBCS/ECHO):

In 2023, the National Center for Environmental Health's (NCEH) Division of Laboratory Sciences (DLS) continues to provide technical assistance to the University of New Mexico for an extension of the NBCS (through the National Institute of Environmental Health Sciences-funded Environmental Influences on Child Health Outcomes study) that extends the follow-up to five years of age to assess the effects of environmental exposures in the Navajo Nation community on neurodevelopmental delays. To date, DLS has reported 16,112 analytical results for the extension of the NBCS. Since January 2023, DLS has received specimens for analysis and anticipates reporting results to the University of New Mexico by the end of September 2023. In addition, DLS provided supplies for field collections to the University of New Mexico during the current reporting period.

The White Mesa uranium mill: The White Mesa uranium mill is an active ore and radioactive waste processing facility located in southeastern Utah that sits directly adjacent to tribal lands of the Ute Mountain Ute Reservation. Mill operations resulted in soil, air, and water contamination beyond the mill property on tribal lands. In February 2019, the UMUT formally petitioned ATSDR for assistance, requesting that ATSDR investigate whether current and past environmental contamination from the White Mesa Uranium Mill, Utah might be impacting the health of people living and working on tribal land. ATSDR accepted the petition in July 2019 and began public health assessment activities in late 2019. ATSDR completed and released the first Health Consultation and fact sheet in May 2023 and advised the tribe on radon sampling. Recipients include tribal leadership, tribal science, tribal members, and the general public. Outcomes included specific recommendations to collect more data to better understand potential contamination. Next steps include working with the tribal environmental group and the Environmental Protection Agency (EPA) to get more data, analyze data, and make recommendations.

## **Consultations, Meetings, and Site Visits**

Tour of CDC Biorepository (CBR) and other facilities: CDC Division of Laboratory Systems staff provided a tour of the CDC Biorepository (CBR) to Ms. Abbie Willetto from the Alaska Native Tribal Health Consortium (ANTHC) in June 2023. This included a tour of the CBR facilities, a live demonstration of CBR's Laboratory Information Management System, and an overview of the history of collections management at CBR. The purpose of the meeting was to collaborate with ANTHC on biorepository best practices in collections management. The tour provided Ms. Willetto an opportunity to see the facilities and discuss best practices with CBR staff. No follow-up activities are currently planned.

Public Health Emergency Preparedness (PHEP): The Division of State and Local Readiness (DSLRL) in ORR supports PHEP recipients in their tribal preparedness and response activities. In July 2023, DSLRL conducted an in-person technical assistance session with the Maine preparedness program on its tribal engagement strategies. DSLRL also facilitates monthly virtual meetings with IHS, ASPR (SNS, H-CORE), and CDC's Office Tribal Affairs and Strategic Alliances to coordinate public health and data sharing activities in support of AI/AN populations,



particularly regarding emergency response. Examples of topics addressed at these meetings include medical countermeasure ordering processes for tribes (e.g., TPOXX and JYNNEOS ordering for tribal nations during the mpox response), syphilis cases in AI/AN populations, and supporting tribes to update their incident command and continuity of operations plans post-COVID. Follow up actions are reported at subsequent meetings.

*Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement Meeting:* On May 23-24, 2023, in Poulsbo Washington (The Suquamish Tribe), tribal recipients met for the fifth and final year of the OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella cooperative agreement. The in-person meeting was designed to provide a meaningful experience in an interactive environment to promote cultural sharing and learning, networking with fellow tribal public health practitioners, and integration of Indigenous knowledge and practices to address public health issues relevant to Indigenous communities. Tribal recipients reflected on the previous years and shared the amazing accomplishments they achieved throughout the cooperative agreement. To end the meeting, recipients developed visual representations of health and wellness in the next 50 years for the communities that they serve. CDC partnered with the National Network of Public Health Institutes and Seven Directions, an Indigenous public health institute, to host the meeting.

*ANTHC and IHS Alaska Area Meetings:* Dr. Leslie Dauphin, Director of the National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce and Sara Patterson, Senior Advisor for Strategy and Programs, traveled to Alaska from June 20-23, 2023, and met with Alaska Native Tribal Health Consortium (ANTHC) and the Alaska Area IHS to discuss how the center can further support Alaska's AI/AN population.

*HHS Regional Tribal Consultations:* CDC/ATSDR participated in the Regional Tribal Consultations for regions 1, 3, 4, 6, 7, 8, 9, 10. Office of Tribal Affairs and Strategic Alliances (OTASA) leadership provided agency updates on behalf of CDC. ATSDR and NCEH staff also presented at several of the consultation on environmental concerns.

ATSDR and NCEH participated in the Region 7 consultation on June 21-24, 2023, in Kansas City. ATSDR and NCEH staff gave a presentation on Environmental Health in Indian Country. Prairie Band Potawatomi, Santee Sioux, Winnebago, Ponca, Kickapoo, and Sac and Fox were in attendance. Santee Sioux tribe brought up major drinking water issues where their water, that previously was known to have issues with manganese, but has now turned "black" since spring flooding. ATSDR is in the process of reaching out to EPA to get more clarity on the situation and connect the tribe to the appropriate federal resources. ATSDR was also able to provide Housing and Urban Development partner information to Ponca for homeless/domestic violence shelter needs. The Acting Director of OTASA was in attendance and will be managing CDC-related requests for assistance.

*Monthly Meetings of the Navajo Community Outreach Network:* ATSDR continues to participate in monthly meetings of the Navajo Community Outreach Network to coordinate outreach activities of multiple federal and Navajo government agencies working together to address

uranium contamination under a ten-year plan. In May 2023 an ATSDR staff member presented the Uranium 101 Workshop in Kayenta Chapter alongside a Navajo-language presenter. The workshop goals are to provide Chapter House members basic facts on uranium and radioactivity, ways to protect public health by limiting exposure to uranium, and information about health effects resulting from exposure to uranium.

*Regional Tribal Environmental Health Summits:* The NCEH and ATSDR are partnering with NIHB to conduct four Regional Tribal Environmental Health Summits. The summits took place in various Indian Health Services service areas: 1) Southern Plains Area – Oklahoma City, OK - July 25-26, 2023; 2) Phoenix/Tucson Areas – Phoenix, AZ – Aug 8-9, 2023; 3) Billings/Great Plains Areas – Billings, MT – Aug 17-18, 2023; and 4) Bemidji/Nashville Areas – Green Bay (Oneida), WI – Aug 22-23, 2023. Each summit was designed to connect people from different backgrounds and tribes, communities, federal agencies, tribal organizations and state and local entities to address various environmental health and environmental justice issues of mutual concern across all regions as well as issues specific to individual regions. Environmental health topics covered during the summits included regional emergency preparedness, climate and health, safe water, per- and polyfluoroalkyl substances (PFAS), brownfields/land reuse/revitalizations, and CDC’s online tribal public health data tool.

*Tribal Epidemiology Center (TEC) Overdose Roundtable:* DIP held a virtual roundtable session with TEC staff on January 18, 2023, to help DIP understand perspectives and lessons learned from the TECPHI Opioid Overdose supplement. Feedback was used to inform DIP’s new TECPHI overdose supplement published in May 2023.

*Our Nations Our Journeys (ONNJ) – Healing from the Opioid Epidemic through Strengths-based Approaches and Data Sovereignty:* In the Shakopee Mdewakanton Sioux Community, Prior Lake, Minnesota on June 27-29, 2023, ONNJ brought together tribal public health practitioners, scientists, behavioral health practitioners, community members, students, academic, state, and federal partners working in the tribal overdose prevention and data sovereignty spaces to discuss how tribes can use data to make decisions. By addressing data issues and the opioid crisis from a combined approach, attendees and presenters shared a variety of practice-based approaches and solutions to advance their local response efforts for the overdose crisis in Indian Country.

*Department of Justice (DOJ), Office of Violence Against Women 18<sup>th</sup> Annual Government-to-Government Tribal Consultation:* The DOJ consults with leaders of all federally recognized Indian Tribal governments annually on behalf of the Attorney General to solicit information about the administration of tribal funds and programs, enhancing the safety of Indian women from domestic violence, dating violence, sexual assault, homicide, stalking, and sex trafficking; strengthening the federal response to such crimes; and, improving access to local, regional, state, and federal crime information databases and criminal justice information systems. This meeting is scheduled for August 2023. CDC is a meeting participant and will have a resource table.

*Rape Prevention and Education (RPE) Tribal Consultation:* CDC, ATSDR met with Tribal Nations virtually on July 12, 2023, to ensure that the Notice of Funding Opportunity (NOFO) for

new funding from the RPE program is sensitive to the needs and concerns of tribal communities, and that the funding opportunity is as effective as possible in preventing sexual violence. Twenty-one tribes and four tribal leaders registered for the consultation. One designee and one tribal affiliate provided oral testimony during the consultation. A report on the consultation will be written 90 days after the written comment period closes (July 24, 2023, at 5pm).

*Not Invisible Act Commission (NIAC) Subcommittee Meetings and Presentations:* The NIAC Subcommittee 2 has held multiple virtual meetings since early 2023 to teach and inform NIAC about federal data complexities and resources pertaining to Missing or Murdered Indigenous People (MMIP). Follow-ups included connecting with subject matter experts for various presentations as needed. NIAC Subcommittee 2 held a virtual meeting with National Violent Death Reporting System (NVDRS) on March 23, 2023. NIAC Subcommittee 2 presented information about federal data and resources pertaining to Native communities and MMIP. NAIC Subcommittee 2 also held a virtual meeting with National Intimate Partner and Sexual Violence Survey (NISVS) on April 6, 2023. They presented information about federal data and resources pertaining to Native communities and MMIP.

*Society for the Advancement of Violence and Injury Research (SAVIR) 2023 Annual Conference:* The annual conference was held in Denver, Colorado April 17-19, 2023, NCIPC's Daniel Corry presented a poster entitled: Homicides of American Indians/Alaska Natives occurring in urban vs. rural areas—National Violent Death Reporting System, 2003-2020. NVDRS provides important AI/AN homicide data that may be used to better understand and guide efforts to prevent AI/AN homicides in urban and rural areas. A manuscript is currently in development.

*Cherokee Nation Drug Free Communities Site Visit-prevention programs:* CDC's Division of Overdose Prevention (DOP) conducted a site visit with the Cherokee Nation Drug Free Communities Support Program (DFC), in Tahlequah, OK from June 20-22, 2023. The purpose of the site visit was to see DFC and Cherokee Nation's new harm reduction center (first Tribal Nation center). The site visit resulted in a greater understanding of the long-term DFC investment and impacts on the Cherokee Nation as the Cherokee Nation DFC is a year 5 DFC recipient. The visit fostered government-to-government/partnership relationships through an official CDC visit and support of DFC activities. High Intensity Drug Trafficking Areas program was invited by CDC for support and resources. Ongoing assistance and project officer meetings takes place on a monthly basis and ad hoc communication as necessary.

*One Health Listening Session:* CDC participated in a virtual listening session on June 25, 2023, which provided a forum for the Food and Drug Administration, the US Department of Agriculture, the Department of Interior, and CDC to hear directly from tribal nations, tribal public health departments and organizations and others who work in Indian Country on the draft "National One Health Framework to Address Zoonotic Diseases and Advance Public Health Preparedness in the United States: A Framework for One Health Coordination and Collaboration across Federal Agencies (NOHF-Zoonoses)" and a proposal for a "U.S. One Health Coordination Unit (OHCU)." Tribal nations, tribal public health departments and organizations and others who work in Indian Country participated. Attendees provided valuable feedback on future One Health collaboration efforts with Indian Country, improving communication and outreach between tribal nations and the federal government, and One Health issues that they feel should be prioritized in

the future. Follow-up activities will include outreach to tribal partners with information on the Federal Register notice for public comment on the NOHF-Zoonoses.

*Project Firstline - NCUIH and NIHB activities:* In collaboration with Project Firstline and CDC's DHQP, NCUIH and NIHB deliver culturally and linguistically tailored trainings and educational resources for AI/AN populations. Both organizations have convened meetings and webinars and adapted materials focused on building foundational knowledge about where germs are found in healthcare (reservoirs), recognizing infection risks in healthcare, and taking action to stop the spread of germs.

NIHB works to adapt Project Firstline training materials and resources for Tribal Health facilities and staff to assist frontline Tribal healthcare workers and infectious control officers in strengthening their knowledge base and improve Infection Prevention and Control (IPC) practices. As a part of this work, NIHB is working to develop video training modules based on Project Firstline content that showcase tribal health facilities and frontline healthcare workers.

*NCUIH Native Health Cast:* Through support from Project Firstline, NCUIH's Native Health cast covers important infection control topics specifically for healthcare workers that provides care for AI/AN people living in urban areas. A series of six episodes runs through August 2023.

*NCUIH Community of Learning Series:* NCUIH is hosting a Community Learning Series to provide six live virtual trainings highlighting IPC topics. Each Community Learning event includes a brief lecture on key IPC concepts such as case discussions, scenarios and other interactive methods.

*Indigenous Undergraduate & Graduate Students Recruitment:* NCUIH is recruiting Indigenous undergraduate & graduate students to serve as IPC Fellows with NCUIH's Project Firstline team. IPC Fellows will assist the NCUIH Project Firstline team with developing culturally appropriate training materials, supporting UIOs with IPC activities, and more.

*Infection Control Training:* Between January 1, 2023, and May 30, 2023, NCUIH conducted 3 hours of infection control training tailored to AI/AN populations, reaching 53 individuals, and received over 8,300 Project Firstline views across various digital platforms, including website, social media, emails, and podcast downloads.

*NIHB Tribal Infection Control Bootcamp:* NIHB is hosting a Tribal Infection Control Bootcamp September 19 – 21, 2023 to provide infection prevention and control training to tribal healthcare workers new to leadership roles overseeing infection control in outpatient facilities and primary care medical homes.

*Healthy Homes, Healthy People: Hantavirus Consultation:* CDC is continuing its close partnership with the Navajo Department of Health and the Littlewater Chapter for implementing the Healthy Homes, Healthy People project. Earlier in 2023, project subject matter experts convened to re-start baseline surveys and repair activities of local homes to improve rodent

exclusion and prevent Hantavirus. This work had been delayed due to challenges for partners during the COVID-19 pandemic, and re-starting the work has been a significant accomplishment.

*Southern Plains Tribal Health Board Tribal Public Health Conference 2023:* This meeting took place April 11-13 in Durant, Oklahoma. Healthy Tribes staff attended and presented.

*The Maternal Mortality Review Information Application (MMRIA) User Meeting:* This meeting was held in Atlanta, GA, on April 19-20, 2023. As part of these meetings, tribal partners were invited to participate and engage with one another. Participants had opportunities for peer-to-peer discussions on approaches to exploring tribally led-MMRCs including challenges, lessons learned, and partner engagement strategies in their work, and share their perspectives regarding MMRCs. 20 participants from the following tribal organizations included:

- Albuquerque Area Indian Health Board/Albuquerque Area Southwest Tribal Epidemiology Center
- American Indian Health Commission for Washington State
- Chickasaw Nation Department of Health, Division of Research and Public Health
- Great Plains Tribal Leaders' Health Board/Great Plains Tribal Epidemiology Center
- Kansas City Indian Center
- National Council of Urban Indian Health
- National Indian Health Board
- Navajo Department of Health Services/Navajo Epidemiology Center
- Rocky Mountain Tribal Leaders Council/Rocky Mountain Tribal Epidemiology Center
- University of Kansas Medical Center

*Two Tobacco Ways Project Meetings:* This series of meetings was held May-July 2023 and sought feedback from Tribal Nations, community leaders, and health advocates on how to ensure grounding, cultural relevance, awareness, and trust in determining what policy, promising practices and best practices mean in Indian Country. The goal is to use the meetings to collect AI/AN subject matter expertise to provide recommendations for resources for AI/AN around policies and two tobacco ways. The intended audience were Tribal Nation members.

*Good Health and Wellness in Indian Country (GHWIC) National Gathering:* The meeting took place August 8-10, 2023, in Anchorage, Alaska. The audience was GHWIC recipients and subrecipients.

*CDC/ATSDR's Tribal Advisory Committee (TAC) at the 26th Biannual Conference:* The meeting took place September 6-7, 2023, in Oneida Nation (Green Bay, WI). The purpose of the CDC/ATSDR TAC Biannual Meeting is to provide a forum wherein tribal representatives and CDC/ATSDR senior leadership exchange information about public health issues in Indian country, identify urgent public health needs, and discuss collaborative approaches to address these issues and needs. The CDC/ATSDR TAC supports, and does not supplant, any other

government-to-government consultation activities that CDC and ATSDR undertake. They will help ensure that CDC and ATSDR activities or policies that impact Indian Country are brought to the attention of all tribal leaders.

## **Publications**

*Health Conditions and Health Care Use Among American Indian and Alaska Native Adults by Tribal Land Residential Status: United States, 2019-2021*: This publication was released on May 5, 2023. This report presents estimates for selected health conditions and health care use among AI/AN adults by tribal land residential status. The lead author is Amanda E. Ng (National Center for Health Statistics). URL: <https://www.cdc.gov/nchs/data/nhsr/nhsr185.pdf>

*Development and Evaluation of Environmental Health and Land Reuse Certificate: A* manuscript featuring ATSDR collaboration with the National Environmental Health Association: Development and evaluation of Environmental Health and Land Reuse Certificate training, has entered peer review for publication in the Journal of Environmental Health. This publication includes a discussion of tribal environmental health professionals' training and a case example of a summer training program with Diné College summer interns. Students were included as co-authors in this publication, which should go to press in Fall 2023 or early 2024.

*Surveillance for Violent Deaths—National Violent Death Reporting System, 48 States, the District of Columbia, and Puerto Rico, 2020*: Staff in CDC's NCIPC/DVP published a Morbidity and Mortality Weekly Report (MMWR) summarizing data from the National Violent Death Reporting System (NVDRS) on violent deaths in 2020 that occurred in 48 states, the District of Columbia, and Puerto Rico. Homicide rates were highest in Black male victims. Intimate partner violence was responsible for a large proportion of female homicides. Suicide rates were highest among American Indian/Alaska Natives and White males. Circumstances leading to violent death include stress, and interpersonal conflict. The report describes how NVDRS data is used by states to reduce or prevent violence-related fatalities. The lead author is Grace S. Liu (DVP). <http://dx.doi.org/10.15585/mmwr.ss7205a1>

*Prevalence of Adverse Childhood Experiences Among U.S. Adults—Behavioral Risk Factor Surveillance System, 2011-2020*. Staff in CDC's NCIPC/DVP published an MMWR describing ACEs among the U.S. adults from all 50 states and the District of Columbia from 2011-2020. The report indicates that ACEs occurred more often in adults with less than a high school education and those who were unable to work or unemployed. They were also highest in women, persons aged 25-34 and non-Hispanic American Indian or Alaska native adults and non-Hispanic multiracial adults. CDC has provided resources to help communities, clinicians, and jurisdictions with best strategies for preventing violence and other ACEs. The lead author is Elizabeth A. Swedo (DVP). <http://dx.doi.org/10.15585/mmwr.mm7226a2>

*Illicitly Manufactured Fentanyl-Involved Overdose Deaths with Detected Xylazine – United States, January 2019-June 2022*. Staff in CDC's NCIPC/DOP published an MMWR that detailed data of illegally made fentanyl-involved overdose deaths with detected xylazine. Analyses

included breakdown of Non-Hispanic American Indian or Alaska Native deaths. The lead author is Mbabazi Karissa (DOP). <http://dx.doi.org/10.15585/mmwr.mm7226a4>

*Trends and Characteristics of Buprenorphine-Involved Overdose Deaths Prior To and During the COVID-19 Pandemic.* Staff in CDC's NCIPC/DOP, National Center for Injury Prevention and Control published a cross-sectional study analyzing opioid-involved overdoses from July 2019 through June 2021 in the JAMA Network Open. The study was designed to determine whether buprenorphine was involved in more overdose deaths following the telehealth prescribing flexibilities. Analyses included buprenorphine-involved and other opioid-involved deaths among non-Hispanic American Indians and Alaska Natives. Results indicate that buprenorphine treatment was not associated with higher overdose deaths and that efforts are needed for more culturally competent and equitable access to buprenorphine-based treatment. The lead author is Lauren J. Tanz (DOP).

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800689?resultClick=24#related-tab>

*Witnessing Community Violence, Gun Carrying, and Associations with Substance Use and Suicide Risk Among High School Students — Youth Risk Behavior Survey, United States, 2021.* CDC's NCIPC/DOP published an MMWR supplement that analyzed responses to the Youth Risk Behavioral Survey to determine the effect gun carrying and community violence had on substance use and suicide risk in adolescents. The findings included non-Hispanic AI/AN adolescents had higher rates of witnessing community violence or carrying a gun than the overall surveyed population. Effort to develop and adapt evidence-based interventions to create safer communities and schools for all youth is recommended. The lead author is Christopher R. Harper (DOP). <http://dx.doi.org/10.15585/mmwr.su7201a3>

*School Connectedness and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021.* CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)/Division of Adolescent and School Health (DASH) published an MMWR supplement that analyzed responses to the Youth Risk Behavioral Survey to assess perceptions of school connectedness and associations with seven risky behaviors or experiences. The findings included: higher school connectedness was associated with lower prevalence of all seven risky behaviors/experiences; school connectedness was lower among non-Hispanic AI/AN adolescents than their white peers; low school connectedness among non-Hispanic AI/AN adolescents had a statistically significant association with higher prevalence of poor mental health and skipping school for safety concerns. Results can guide intervention studies for creating positive school environments where all youths feel a sense of belonging and support. The lead author is Natalie J. Wilkins (DASH).

<http://dx.doi.org/10.15585/mmwr.su7201a2>

*Parental Monitoring and Risk Behaviors and Experiences Among High School Students — Youth Risk Behavior Survey, United States, 2021.* CDC's NCHHSTP/Division of Adolescent and School Health (DASH) published an MMWR supplement that analyzed responses to the Youth Risk Behavioral Survey to assess associations between parental monitoring and nine adolescent behaviors or experiences. The findings included that non-Hispanic AI/AN youth had higher rates

of forced sex, electronic bullying, and suicide attempts than their white peers. Parental involvement was protective for all risk experiences and behaviors. Intervention research and program development was recommended. The lead author is Patricia J. Dittus (DASH). <http://dx.doi.org/10.15585/mmwr.su7201a5>

*Chronic Pain Among Adults — United States, 2019–2021.* CDC's NCIPC/DOP analyzed responses to the National Health Interview Survey to determine prevalence of chronic pain and high-impact chronic pain by demographic, geographic, economic, and health traits. Results indicate that non-Hispanic AI/AN adults experienced both chronic pain and high-impact chronic pain at higher rates than their white peers. These results can be used to develop appropriate interventions and strategies to address chronic pain in adults in the United States. The lead author is S. Michaela Rikard (DOP). <http://dx.doi.org/10.15585/mmwr.mm7215a1>

*CDC-Funded HIV Testing and Linkage to HIV Medical Care Among American Indian and Alaska Native People in the United States, 2014-2020.* Staff in CDC's NCHHSTP/Division of HIV Prevention (DHP) are updating the following published analyses with data from 2021 and 2022 and will include available data on PrEP. The previously published paper was titled "CDC-Funded HIV Testing and Linkage to HIV Medical Care Among American Indian and Alaska Native People in the United States, 2014-2020" and the lead author is Andrea K. Moore (DHP). <https://pubmed.ncbi.nlm.nih.gov/36129216/>

*Evaluation of the Cherokee Nation Hepatitis C Virus Elimination Program — Cherokee Nation, Oklahoma, 2015–2020.* On June 2, 2023, MMWR published a paper that highlights Cherokee Nation's progress toward eliminating hepatitis C and the power of micro-elimination strategies. The paper reports on efforts by the Cherokee Nation to implement a hepatitis C elimination program to improve screening, treatment, and cure among its citizens. IHS provided support for the program and technical assistance was provided by CDC. Highlights from the paper show that the elimination program's success in that nearly all patients who initiated treatment and returned for posttreatment hepatitis C virus (HCV) RNA testing were cured. However, the paper also highlights opportunities to improve HCV treatment as only 61% of all patients who were diagnosed with HCV infection-initiated treatment. Although the program was very successful in linking people with hepatitis C to care (86%), many patients were unable to access the life-saving medications for treatment after the linkage-to-care visit, likely due to the high cost of treatment and potential treatment delay due to administrative barriers (e.g., prior authorization or consultation with a specialist). The lead author is Whitney Essex (Cherokee Nation Health Services).

[https://www.cdc.gov/mmwr/volumes/72/wr/mm7222a2.htm?s\\_cid=mm7222a2\\_w&ACSTrackin gID=FCP\\_3\\_USCDCNPIN\\_171-DM106711&ACSTrackingLabel=%5BProof%20%5D%20Cherokee%20Nation%20success%20in%20treating%20hepatitis%20C&deliveryName=FCP\\_3\\_USCDCNPIN\\_171-DM106711](https://www.cdc.gov/mmwr/volumes/72/wr/mm7222a2.htm?s_cid=mm7222a2_w&ACSTrackin gID=FCP_3_USCDCNPIN_171-DM106711&ACSTrackingLabel=%5BProof%20%5D%20Cherokee%20Nation%20success%20in%20treating%20hepatitis%20C&deliveryName=FCP_3_USCDCNPIN_171-DM106711)

*Annual HIV Surveillance Report.* DHP's HIV Surveillance Branch provided National HIV Surveillance System national and regional data to the IHS and provided extensive assistance in the development of an AI/AN focused comprehensive report modeled after CDC's annual HIV



surveillance report. The report has been cleared and is being disseminated per request (May 5, 2023). The data provided may also be used to prepare and publish manuscripts in peer-reviewed journals.

*“Make Stories That Will Always Be There”: Eagle Books’ Appeal, Sustainability, and Contributions to Public Health, 2006–2022:* The article was published on April 13, 2023. We aimed to determine why the Eagle Books, an illustrated series for AI/AN children to address type 2 diabetes, remain viable long after their release. We sought to answer 2 questions: Why did the books maintain popularity? What factors have sustained them? Outcomes demonstrated continuous application of the Eagle Books in diverse community interventions, influencing children’s healthy choices. Community implementers described sustainability components, such as the books’ versatility, flexibility of use, and availability online and in print. The lead author is Dawn Satterfield (NCCDPHP).

*Tobacco Product Use Among Adults—United States, 2021 (MMWR):* Published on May 5, 2023, and found that during 2019–2021, among adults who ever had diagnosed depression, the prevalence of cigarette smoking was highest among non-Hispanic adults of other races in 2019 and 2020, and highest among Black adults in 2021. Among adults who never had diagnosed depression, cigarette smoking prevalence was similar among Black and White adults and was highest among non-Hispanic AI/AN adults (in 2020), and non-Hispanic adults of other races (2019 and 2021).

## **Field Staff/Fellow Support in Indian Country**

*Healthy Tribes Oak Ridge Institute for Science and Education (ORISE) Fellows:* CDC’s Healthy Tribes Program supports six ORISE Fellows to work on issues such as tribal data access, workforce development, food sovereignty, and cross-sector collaboration, and communications efforts and outreach to Native students and young professionals considering public health as a career. Three fellows are in Albuquerque, NM and three are in Atlanta, GA.

*National Center for Immunization and Respiratory Diseases (NCIRD)/ Immunization Services Division (ISD) Field Staff:* An Interagency Agreement (IAA) between CDC’s NCIRD/ISD and the IHS’s Division of Epidemiology and Disease Prevention (DEDP) in Albuquerque, NM, has been in place since the early 1990s. The IAA originally included assignment of an ISD Public Health Advisor to DEDP. Over the last few years, as the scope of activities has increased, the IAA has expanded to include additional staff and currently supports 2 CDC FTEs at the GS-14 and GS-13 levels, a term GS-12 Epidemiologist and an IHS-hired informatician. These staff provide critical supplementary support to IHS’s National Immunization Program through the following responsibilities: 1) Work with the IHS National Immunization Program Manager, Uzo Chukwuma, to determine strategies for increasing vaccination coverage rates among AI/AN people; 2) Utilize existing IHS data to make programmatic decisions; and 3) Work closely with key partners to improve the current immunization information system and data quality for the AI/AN population.

## Technical Assistance

DP13-1813 Racial and Ethnic Approaches to Community Health (REACH): Supplemental Guidance for COVID-19 and Flu Vaccine Activities: Throughout 2021, ISD provided direct and continuous technical assistance to IHS's Vaccine Task Force on COVID-19 and monkeypox activities. CDC provides technical assistance through oversight of the cooperative agreement. This includes 1) monthly calls for updates, 2) office hours to answer questions about activities, evaluation, development of materials, and requests for local level data to help their project. Routine TA is provided through regularly scheduled phone calls, office hours, and they can set up appointments as needed. Grantees are provided information about routine updates on vaccine recommendations, vaccine education, communication strategies, etc.)

Assessing Fish Species in the Penobscot River: 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 evaluates the average concentration of persistent organic chemicals in anadromous fish, compares calculated dose to existing advisories, and makes recommendations to assist the Penobscot Nation in reducing the risk to tribal members and to provide information on the sustainability of a traditional Penobscot subsistence diet. Partners included: Penobscot Indian Nation and EPA Region 1. This work resulted in a peer reviewed publication. The publication cleared ATSDR and was provided to EPA. EPA has submitted the publication to the Journal of Exposure Science and Environmental Epidemiology for publication.

Estimating the Impact of Tribal Water and Sanitation Infrastructure: IHS is responsible for providing federal health services to AI/AN populations. Since 2016, NCEH has provided technical assistance to the IHS Division of Sanitation Facilities Construction (DSFC) on a cost-benefit model or protocol for measuring the health benefits of improved sanitary facilities in tribal communities. NCEH staff provide estimates of avoided healthcare costs for inpatient and outpatient services to IHS. IHS and tribes use these estimates of reduced health care cost per dollar spent on the construction of sanitary facilities in tribal communities to inform programmatic and funding decisions. An interagency agreement with IHS supports this work.

Data Request by United South and Eastern Tribes Tribal Epidemiology Center: The United South and Eastern Tribes Tribal Epidemiology Center requested Drug Overdose Surveillance and Epidemiology (DOSE) system data. NCIPC provided information and details about DOSE data and is currently waiting to receive a formal data request with specific data elements defined. Assistance with the DOSE request and follow-up occurred on 4/5/2023. (DOSE; <https://www.cdc.gov/drugoverdose/nonfatal/dose/about.html>)

Hoopa Valley Tribe Overdose: CDC's OTASA received a letter from the Hoopa Valley Tribe's K'ima:w Medical Center requesting technical assistance to address an increase in fatal and non-fatal drug overdoses in the community. In collaboration with OTASA, DIP and DOP are working together with the tribe to develop objectives for possible epidemiologic assistance (Epi-Aid) and beginning in June 2023. DOP has provided overdose prevention resources.

Navajo Area IHS, Chinle Service Unit Suicide Cluster Investigation: CDC staff from NCIPC have provided technical assistance to the Chinle Service Unit (CSU). Calls with CSU and the Navajo Area HS Office began in October 2022 and continued through January 2023 to investigate a potential suicide cluster in the CSU. After CSU staff reviewed and analyzed data sources it was determined suicide completions were within historical norms.

IHS Injury Prevention Fellowship Course: CDC's NCIPC hosted the first course of the 2023 IHS Injury Prevention Fellowship course in Atlanta on May 16-19, 2023. Seven fellows from seven IHS areas attended and met with NCIPC subject matter experts to gain valuable feedback on their projects. NCIPC subject matter experts also presented to the group of fellows on transportation safety, older adult falls, overdose, adverse childhood experiences, suicide prevention, and Indigenous evaluation.

Opioid Overdose Prevention: Through a cooperative agreement with the National Network of Public Health Institutes, the Seven Directions Indigenous Public Health Institute based at the University of Washington responded to the following (CDC-funded and unfunded) technical assistance requests from tribes and tribal organizations. The assistance included the following projects and support:

- Peoria Tribe of Indians: Developed local, tailored resource guide for recovery and wellness support.
- Rocky Mountain Tribal Leaders Council: Presented, reviewed and revised [Cultures is Prevention Project](#).
- Gun Lake Tribe: Developed a logic model and survey and supported evaluation planning.
- Urban Indian Health Institute: Reviewed Opioid Misuse Fact Sheets for community and public health professionals.
- Cherokee Nation: Implemented a data dashboard and edited an opioid strategic plan.
- United Southern Eastern Tribes: Supported the Opioid Task Force workshop.
- Southern Ute: Facilitated connections with other tribal treatment/recovery programs to support the development of their Healing Village.

Indigenous Evaluation Toolkit Implementation: Seven Directions, with the support of the CDC and the National Network of Public Health Institutes, has produced an Indigenous Evaluation Toolkit. This Toolkit provides step-by-step guidance, worksheets and concrete examples to support communities looking to Indigenize and decolonize their program evaluation. NCIPC conducted intensive on-site technical assistance to the Tulalip Tribes of Washington and the Cherokee Nation of Oklahoma for this initiative.

Stopping Elderly Accidents, Deaths and Injury (STEADI) Fall Prevention Among Native Elders: A draft report was prepared and completed in June 2023. Through a cooperative agreement with the National Network of Public Health Institutes, the Seven Directions Indigenous Public Health Institute based at the University of Washington surveyed healthcare providers working in tribal settings to understand fall prevention attitudes and behaviors. This report has been shared with the University of North Carolina for use in the IHS Injury Prevention Fellowship. The report will be posted on the Seven Directions website later in 2023.

St. Croix Tribe Request for Narcan Guidance: In response to a request from St. Croix Health and Human Services, to receive increased allocations for Narcan after exceeding program thresholds because of an increase in overdoses from illicitly manufactured fentanyl. Guidance conversations began in May 2023 and are on-going with IHS, SAMHSA and other division partners.

Monthly Technical Assistance call Chickasaw Nation: CDC staff from the Office of Policy, Performance, and Evaluation (OPPE) and Division for Heart Disease and Stroke Prevention (DHDSP) host a monthly call with Chickasaw Nation staff to provide technical assistance to the 6|18 Project. These calls occurred from January 2023 through July 2023. The following is a summary of the topics discussed: Discussed the challenges with the new contract for implementation as well as contract issues facing with their vendor for blood pressure cuffs and dashboard. In March, the group discussed the opportunity to have one of our contractors write a policy brief that captures Chickasaw Nation's early findings and lessons learned. In April, the group discussed the need for a no-cost extension. In May, the project officer asked Chickasaw Nation to submit only one no cost extension package by June 30. DHDSP staff provided 2 new self-measured blood pressure (SMBP) implementation tools:

- [Self-Measured Blood Pressure Telemonitoring Programs: A Pragmatic How-to Guide | American Journal of Hypertension | Oxford Academic \(oup.com\)](#)
- [Self-Measured Blood Pressure Monitoring \(SMBP\) Implementation Toolkit - NACHC](#)

Healthcare Associated Infection (HAI) Surveillance Support: CDC/ATSDR continues to support surveillance efforts at IHS hospitals, specifically reporting into the National Healthcare Safety Network (NHSN). This included regular data reviews for outliers, completeness, and areas for intervention to reduce HAIs at IHS hospitals. Additionally, working with IHS leadership and the Partnership to Advance Tribal Health (PATH) CDC supported an educational webinar entitled "NHSN User Tips and FAQs" on June 7, 2023, aimed at improving the understanding of NHSN amongst IHS staff. Future webinars will include topics such as multidrug resistant organism reporting into NHSN, Sepsis and introduction to data analysis.

Virtual Infection Control Assessment and Response (ICARs): Remote ICARs (ICARs provided via teleconference with the facility) are currently in process for four IHS facilities. The first is tentatively scheduled for August 3, 2023, and two others are in scheduling process at this time but anticipated to be performed in the fall of 2023. The initial discussion with infection prevention and control leaders of the last facility is scheduled for July 21, 2023. The topics for these ICARS are facility-specific and facility-identified, but all are concerned with reducing the risk of healthcare-associated infection to patients and staff.

Mobile Health Clinics: Technical assistance is currently being provided to a tribal health facility in the state of Minnesota. This TA is aimed at providing infection prevention and control guidance for safe provision of care in a new mobile health unit, not yet put into use. The consultation team has facilitated and participated in discussion with NIOSH and the Minnesota Department of Health (MN DOH) regarding ventilation requirements on July 11, 2023. A visit with the Tribal health facility, MN DOH and a tribal facility which has extensive mobile health unit experience is currently being scheduled. It is anticipated this will occur the week of July 17, 2023.

*IHS National Pharmacy Council Antimicrobial Stewardship Program:* An Epidemic Intelligence Service Officer is analyzing data from the NHSN Patient Safety Component – Annual Hospital Survey to assess antibiotic stewardship practices across IHS facilities. Specifically, this analysis is focused on assessing the proportion of IHS facilities that self-reported the implementation of the core and priority elements for hospital antibiotic stewardship programs in 2021 and 2022. CDC presented its findings from at the IHS National Pharmacy Council Antimicrobial Stewardship Program (NPC ASP) subcommittee meeting on June 21, 2023, and will also provide education on strategies to implement the priority elements for hospital antibiotic stewardship programs. A second educational webinar will be presented to the NPC ASP on September 20, 2023, to assist IHS facilities that are developing initiatives to implement the priority elements for hospital antibiotic stewardship.

*Technical assistance to Alaskan clinicians on PrEP and PEP:* Alaska Department of Health identified the need to provide technical assistance to Alaskan clinicians on PrEP and PEP. The CDC-funded Capacity Building Assistance (CBA) provider, the City & Council of San Francisco Department of Health, in collaboration with the Alaska Department of Health, Denver Prevention Training Center, Alaska Native Tribal Health Consortium, and Alaska AIDS Education Training Center/Alaska Project ECHO leadership, planned, developed, and delivered a 4-part PrEP Virtual Learning Series for 4 weeks in April 2023. Although the primary recipient was the Alaska Native Tribal Health Consortium, clinicians from other health departments and indirectly funded organizations attended and benefited from the learning series. 79 clinicians and program completed the series.

*Syringe Services Programs AIDS United:* AIDS United, a CDC-funded CBA provider, identified the need to provide technical assistance on developing and implementing Syringe Services Programs for 17 recipient organizations, to include the United Tribes Technical College, a CDC-indirectly funded organization in North Dakota. In April 2023, the technical assistance services were delivered to 32 clinicians and health department staff, and included presentations addressing guidelines, best practices on the development and implementation of SSP, and additional guidance post-delivery.

*Healthy Tribes provides on-going technical assistance:* From January 2023 to September 2023, Healthy Tribes supported monthly Community of Practice (CoP) forums for each cooperative agreement for recipients to share their lessons learned and best practices. The Healthy Tribes provides on-going technical assistance support to 13 TECPHI recipients and 36 *Tribal Practices for Wellness in Indian Country* recipients.

*Technical Assistance to Support Infrastructure and Networks Serving Tribes and Tribal Communities to Expand Access to the National Diabetes Prevention Program (National DPP) Lifestyle Change Program:* CDC will work in partnership with the National Association of Chronic Disease Directors and tribal organizations to conduct a needs assessment to help build infrastructure and scale National DPP-related activities in Indian Country. CDC will support the development of a coordinated approach to supporting Lifestyle Coach capacity, including advanced skills building, guidance for establishing a "whole family" approach, and peer learning

opportunities and networks. The target start date is July 2023.

Minnesota Department of Health: Minnesota Department of Health, a CDC-funded health department, identified the need for technical assistance on de-escalation techniques amongst clients in the context of SSPs for 17 recipient organizations, to include the Native American Community Clinic, a CDC-indirectly funded organization in Minnesota. In June 2023, the technical assistance services were delivered to 67 program and health department staff, and included presentations addressing guidelines, best practices on the de-escalation techniques to increase staff safety, decrease law enforcement involvement, and preserve connections with clients and the community, and additional guidance post-delivery.

Adolescent and School Health Program: Promoting Adolescent Health through School-Based HIV Prevention (PS18-1807): CDC's Adolescent and School Health Program is focused on building surveillance capacity, through the participation of tribal nations in the YRBS. The program provided technical assistance to tribes and tribal organizations for YRBS activities. This technical assistance includes consultation about 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. The program provided technical assistance to Cherokee Nation of Oklahoma for YRBS activities. Additionally, the program continues to provide in kind technical assistance for YRBS activities to the following tribal governments and organizations: the Navajo Nation, the Winnebago Tribe of Nebraska, and the Oglala Sioux Tribe.

## Acronym List

ACEs	Adverse Childhood Experiences
AI/AN	American Indian/Alaska Native
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus Disease 2019
DIP	Division of Injury Prevention
DLS	Division of Laboratory Sciences
DPP	Diabetes Prevention Program
DOP	Division of Overdose Prevention
DOSE	Drug Overdose Surveillance and Epidemiology
DSLRL	Division of State and Local Readiness
DVP	Division of Violence Prevention
DFC	Drug Free Communities
Epi-Aid	Epidemiologic assistance
FY	Fiscal Year
GHWIC	Good Health and Wellness in Indian Country

HCV	Hepatitis C Virus
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
IPC	Infection Prevention and Control
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NCIPC	National Center for Injury Prevention and Control
NCUIH	National Council of Urban Indian Health
NHSN	National Healthcare Safety Network
NIHB	National Indian Health Board
NIOSH	National Institute for Occupational Safety and Health
NPAIHB	Northwest Portland Area Indian Health Board
NPC ASP	National Pharmacy Council Antimicrobial Stewardship Program
ORISE	Oak Ridge Institute for Science and Education
OTASA	Office of Tribal Affairs and Strategic Alliances
PCE	Positive Childhood Experience
PHIC	Public Health Infrastructure Center (National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce)
REACH	Racial and Ethnic Approaches to Community Health
RPE	Rape Prevention Education
SPTHB	Southern Plains Tribal Health Board
SSPs	Syringe Services Programs
STEADI	Stopping Elderly Accidents, Deaths and Injuries
TAC	Tribal Advisory Committee
TEC	Tribal Epidemiology Center
TECPHI	Tribal Epidemiology Centers for Public Health Infrastructure
UIO	Urban Indian Organizations
YRBS	Youth Risk Behavior Survey