

**Arizona Department of Health Services  
Tribal Leaders Summit Report  
2-15-07**

**Office of the Director**

Under the leadership of Director Susan Gerard, the Arizona Department of Health Services continues to strengthen its relationships with Arizona's Native American communities.

The Department is supporting and expanding critical programs serving Arizona Tribes, developing intergovernmental agreements specific to local Tribal communities, and bringing together Tribal leaders and resources to address priority Tribal health concerns.

In late 2006, Director Gerard and representatives of the Department's Division of Behavioral Health made historic site visits to the Pascua Yaqui Tribe, Tohono O'odham Nation, Navajo Nation, the Tucson Indian Center and the Tucson IHS Area Office.

The meetings between the Director and Tribal leaders were to discuss behavioral health needs in the state's Native American communities. The result of these meetings was a coordinated effort to improve the quality of services provided to Indian nations through intergovernmental agreements. Further meetings are being planned with Arizona's other Indian Nations.

The following report reflects the funding and successful implementation of efforts to assist Native Americans across Arizona.

**Native American Liaison**

Michael Allison, Native American Liaison, continues an active relationship with the Native American health care community to enhance overall working relationships and service delivery.

Mr. Allison's activities included:

- Leading an emergency preparedness bio-terrorism presentation to the Hualapai Tribal Council.
- Supporting the First Annual Navajo Nation Public Health Conference in Window Rock.
- Presenting at a statewide Isolation and Quarantine Summit meeting at the Phoenix Hyatt Regency.

- Participating with other ADHS Staff in the Navajo IHS/Navajo Nation Mass Vaccination Clinic and Pandemic flu exercise in November. Approximately 24,000 vaccinations were given from 15 vaccination sites.
- Providing coordination and support for tribal, Indian Health Service and Inter-Tribal Council of Arizona involvement in the ADHS emergency preparedness and response programs/
- Working with the Tribal Collaborative Team in securing \$437,000 for tribal, IHS, and ITCA Pandemic Flu Phase II funding for FY '06-07.

## **Division of Behavioral Health Services**

The Arizona Department of Health Services, Division of Behavioral Health Services (DBHS) maintains intergovernmental agreements with four tribal nations, which includes Gila River Indian Community, Pascua Yaqui Tribe, Navajo Nation and the Colorado River Indian Tribes. The intergovernmental agreements are funded with a combination of federal and state funding sources, which include AHCCCS (Medicaid) funds, state appropriated funds and federal block grant funds. Each intergovernmental agreement is unique in its funding methodology and is designed specific to each tribe and includes contract deliverables within interim monitoring, as well as reporting requirements.

Two tribes function as a Tribal Behavioral Health Authority (TRBHA) and the DBHS is required to conduct an annual administrative review of the financial and operational systems. The review team uses a monitoring tool, which consists of operational and financial standards, and the TRBHA is scored on its contract compliance performance in various areas, such as clinical services, quality management, financial management, customer service, and policies and procedures.

TRBHA's Administrative Review: DBHS welcomes Ms. Lydia Hubbard-Pourier as the new Contract Administrator for the Tribal Behavioral Health Authorities. She will be the point of contact and the lead in the Contract Compliance team that will provide technical guidance, provide monitoring and oversight, and ensure the TRBHAs are prepared for the administrative reviews.

In the past few months, the Division of Behavioral Health Services has been conducting the 2006 Administrative Review of Tribal and Regional Behavioral Health Authorities. This year's review included an August 17, 2006 on-site review at the Gila River Tribal Behavioral Health Authority and a November 7, 2006 on-site review at the Pascua Yaqui Tribal Regional Behavioral Health Authority. The DBHS has developed a final report for both TRBHAs and is the process of meeting with them to finalize their corrective action plans.

Tribal Coordination with the RBHA: Northern Arizona Regional Behavioral Health Authority (NARBHA) has again partnered with NAU, taking what was learned from the first assessment conducted in 2005 and expanded it to conduct a Workforce Development & Capacity Building survey for those agencies that provide suicide related services on or within a 100 mile radius. The survey has recently been finalized and will be conducted by NAU Social Research Center in February 2007. A final report is expected in July 2007. Planning Circle meetings began in December of 2006 in order to bring tribal representatives together to design the Third Annual EMBRACE Life Summit. The themes for this year are Generational Kinships, Inter-Cultural Perceptions, Wellness and Spirituality. The Third Annual Summit will be held September 26-28, 2007 on the Hualapai Nation in Peach Springs (may change to White Mountain Apache if logistics are not conducive to program participants).

In conjunction with the Summit meetings, NARBHA will be partnering with tribal representatives to develop a Native focused Teen Leadership Institute to be held the last week of June 2007 for 5-days. The first tentative meeting for this group including youth will be held February 23, 2007 in Peach Springs. The Institute will be modeled after the Youth Empowered for Success Model and focus on Team Building, Learning Groups, Community Development, Socialization and Culture.

Addressing Alcohol Abuse and Methamphetamine on Reservations: ADHS awarded \$1,003,448 for substance abuse detoxification capacity-building projects with significant impact for Arizona's tribes in November 2006. The funds were made available through the creation of the Addiction Reduction and Recovery Fund during the 2006 legislative session.

- Holbrook/Dilkon Detox Center – \$811,000 made available for construction of a facility to house a 16-bed substance stabilization unit and a 12-bed non-acute unit in the City of Holbrook. The funds will also provide infrastructure support to the Bread of Life Mission for sober housing and development of housing and treatment supports in Dilkon. The property was donated by the City of Holbrook.
- Gila River Indian Community - \$192,448 made available for one-time infrastructure costs at the Thwajik Ke Detoxification and Residential Treatment Center owned and operated by the Gila River Indian Community. In addition, the funds supported the expansion of the current Gila TRBHA Meth Center for Excellence Outpatient Program, including the addition of an aftercare therapist, van, Alumni Club and supported housing.

Governor's Methamphetamine Task Force: ADHS-DBHS participated on the Governor's Methamphetamine Task Force, chaired by the Pima County Attorney and including participation from the Colorado River Indian Tribe, the Navajo Nation and Intertribal Council of Arizona. The Task Force designed a statewide

community planning summit to be held in January 2007. The goal of the summit is to facilitate local anti-meth plans and programs.

DHS Annual Suicide Prevention Conference – Rez-Life Breakout: DHS sponsored the first annual conference on suicide prevention in October 2006. A special break-out session entitled Rez-Life and Prevention Programs at Work on Indian Reservations focused on the unique features of suicide prevention programming on reservation lands. More than 50 participants from a variety of native communities attended.

Native American Prevention Subcommittee: DHS continues to facilitate and support the Native American Prevention Subcommittee of the state Suicide Prevention Committee. Thirteen tribal nations participate, as well as Indian Health Services and several urban Indian prevention programs. The subcommittee has broadened its focus to include violence prevention, substance abuse and gangs. Merv Lynch facilitates the group on behalf of DBHS.

State Infrastructure Grant Funds (SIG): Arizona contracts with two tribes as regional behavioral health authorities: Gila River and Pascua Yaqui. Those tribes receive grant funding for a variety of projects. The remaining Arizona Tribal areas are served within the 4 large RBHAs, and benefit from grant funded activities within the RBHAs. The grant project has begun looking more closely at tribal communities to ensure that the grant supports infrastructure development in those areas. Many of the tribal areas are geographically remote. Because of that the grant funded purchase of sophisticated tele-conferencing equipment that ties in with the Behavioral Health tele-conferencing network, for several tribal areas. These were:

- San Carlos Apache Tribe
- White River Apache Tribe
- Navajo Nation
- Gila River
- Pascua Yaqui

Two sets of tele-conferencing were funded for Pascua Yaqui, one for their main area south of Tucson and one for their Guadalupe area in Maricopa County, to facilitate their internal communication.

Several tribes have experienced serious issues with youth suicide. The grant partnered with Prevention staff at DBHS and supported the following projects:

- Ak-Chin Community: Daylong training on suicide prevention
- San Carlos Apache tribe: Purchased Applied Suicide Intervention Skills Kits
- Tohono O'Odham Nation: Purchased Applied Suicide Intervention Skills Kits
- Hopi Nation: Methamphetamine Conference

- NARBHA requested funding to support Native American youth to attend Youth Leadership Institutes. Those same youth assisted in planning the youth track for the Embrace Life Conference. Three youth attended a youth institute in Claremont, 1 from the Hopi Nation and two from the Hualapai Nation. Three youth from the Hualapai Nation attended the Native Wellness Venture in San Diego.
- The grant funded the youth track at the Embrace Life Summit “Breaking the Silence” in August that was sponsored by NARBHA. The youth track included the following choices: Youth Sweat Lodge; Hip Hop Music; The Clean and Sober Theatre; Re-instilling Hope and Purpose in Today’s Youth through Traditional Ceremonies; Youth Leadership Forum; and Youth Warrior Spirit Training

The SIG grant supports efforts in the behavioral health system to transform the children’s system. It focuses on work force development and planning using a wrap-around approach, the Child and Family Team”. This approach is strength based and looks to the family and community as equal members in the planning process and is being implemented across the state. The SIG grant supports training and coaching efforts, as well.

Substance Abuse Coordination Grant (SAC) - White Bison Indian Wellbriety Consultation: DBHS hosted an initial planning session with Don Coyhis, president of White Bison in Colorado Springs, Colorado, to begin discussions on establishing the Wellbriety Community Curriculum in native communities in Arizona. The Wellbriety curriculum is a peer-to-peer recovery support service for native youth and adults that can be highly customized to unique native cultures. Planning session participants included staff, youth and parents from Pascua Yaqui Tribe and Gila River Indian Community, Native American Connections and DBHS Clinical and Recovery staff. This initiative will be supported through a \$40,000 set-aside of the Adolescent/Young Adult Substance Abuse grant.

Methamphetamine Center of Excellence: The Gila River TRBHA operates one of three Methamphetamine Centers of Excellence in the state. The program provides intensive support to individuals to help them overcome methamphetamine addiction. The program has been well received by the community and consumers who have attended the program have had good outcomes. The comprehensive methamphetamine treatment program has resulted in increased number of children returned home to their families, increased employment, increased participant graduation and successful maintenance of sobriety. The DBHS is working with RBHAs to implement additional programs to address methamphetamine addiction that will build upon the lessons learned from the demonstration projects.

## Division of Public Health Services

### Office of Health System Development

Native American Community Development Program (NACDP): The newly developed NACDP Website provides information on the program, grant opportunities, training events, maps, and a resource link. The website is available at <http://www.azdhs.gov/hsd/nativeamerican/index.htm>. ITCA was awarded \$800,000 to provide teen pregnancy prevention programs to tribes over a three year period. Approximately \$300,000 will be allocated to the Navajo Nation over a two and half year period. Through the ADHS Chronic Disease Program, two chronic disease mini grants were awarded to the Hualapai and Tohono O'odham Tribal Health Departments. The awards -- \$10,000 and \$7,427, respectively -- are designed to help in planning efforts to address the prevention of chronic diseases.

The Northern Apache Special Health Care District and the Fort Mohave Health Center received technical assistance and support. In addition, DHHS Region IX Office of Minority Health will host a basic grant writing workshop in April. This is in response to a recommendation of tribal leaders from the DHHS 2005 Region IX Tribal Consultation Session. A planning committee has been organized with tribal government representation to plan the delivery and content of the workshop. The planned Section 330 Medically Underserved Areas/Populations workshop will inform participants of this HRSA funded primary care grant better known as the Community Health Centers (CHC) Program.

Outreach activities included visits to primary care organizations that serve Native American populations, including: Winslow Indian Health Care Center, Tuba City Regional Health Care Corporation, Northern Apache Special Health Care District, Gila River Health Care Corporation, Canyonlands Community Health Center, and Navajo Health Foundation. Outreach was also conducted to the Kaibab Paiute Tribal Health Department and the IHS Tucson Area Office. For additional information contact Kim Russell at 602-542-1292.

Primary Care Program: The Primary Care Program offers basic health care services to low income persons without health insurance in Arizona. The Program renewed 20 contracts on July 1, 2006 for this fiscal year. Most of these clinics serve Native American people. Three are particularly noteworthy: Native American CHC assists the Urban Indian population in Phoenix; Canyonlands CHC serves the Navajo communities of Chilchinbeto and Kaibeto as well as in Page, and Northern Apache County Special Healthcare District provides care in St. Michaels and Sanders. While many of the patient/clients qualify for AHCCCS, an estimated \$500,000 goes to serve Native Americans in these reservation and urban areas that do not qualify for Title IX.

## **Office of Chronic Disease Prevention and Nutrition**

Arizona Nutrition Network: Program staff provided food demonstration training to personnel from the Gila Crossing School, Casa Blanca Community School and the San Xavier Elementary School on August 25, 2006 at the Healthy O'odham Program (HOP) Building in Sells, Arizona. The three participating schools received cooking equipment kits worth approximately \$400/kit. Eight schools on the Tohono O'odham Nation and Gila River Indian Community also received educational materials including posters and books and gardening references worth about \$200 per school. About 100 calendars featuring healthy American Indian foods of the Southwest were distributed to the 8 schools in this project in December.

Comprehensive Cancer Program: The program amended the mini-grant supporting Navajo Reservation Gastrointestinal Cancer Prevention Program to reflect final completion of the project on December 31, 2006 from the original date of June 30, 2006. In addition, a ITCA Southwest American Indian Collaborative Network (SAICN) Update of the activities during the first year of funding was presented to the Comprehensive Cancer Program Health Disparities Committee on September 18, 2006.

Diabetes Prevention and Control Program: The program sponsored a diabetes awareness newspaper campaign focusing on Native Americans in Arizona that was launched in the summer of 2006. Print advertisements developed by the National Diabetes Education Program (NDEP) were utilized. The print ads were published in the Arizona Republic in the Phoenix Metro Area, the Tucson Daily Star, and in several local newspapers throughout the Native American communities. In addition, Charlton Wilson, M.D., Phoenix Indian Medical Center, presented at the September 29, 2006 quarterly meeting of the Arizona Diabetes Coalition (ADC). Several people representing Native American Tribes (White Mountain Apache, Navajo, Tohono O'odham and Pascua Yaqui) attended the ADC Meeting.

Nutrition and Physical Activity: The program provided \$9,420 funding to the Guadalupe Diabetes Subcommittee to implement a worksite healthy eating and physical activity intervention to The Town of Guadalupe and The Pasqua Yaqui Tribe employees. The grant activities ended on 12/31/2006.

Steps Program: The Tohono O'odham Nation (TON) Steps Initiative continued to expand program activities through their Department of Human Services Division of Health Promotion and subcontracts with local community organizations such as, the Boys and Girls Club of Sells to engage children in physical activity at the TON Recreational Centers, the Tohono O'odham Community Action (TOCA) to create a local garden where children learn how to grow and use traditional native foods; and the "Dr. Lubb Dubb Running Program" which incorporates an incentive rewards systems. The ADHS Arizona Policy Training Institute (AzPTI) Planning Committee, led by the Steps Initiative, established a Native American

subcommittee to ensure that unique tribal policy development and organizational change processes be addressed in the training and marketing of the training. A presentation on the AzPTI was given to the ADHS Native American Community Development Program Advisory Group in Phoenix on October 3, 2006. The Steps Initiative also sponsored the Arizona Community Health Outreach Workers (AzCHOW), Inc., quarterly training in Tucson on October 20, 2006, which was hosted in partnership with the Arizona Area Health Education Center (AHEC) Program. Twenty-five percent of the 64 Lay Health Workers (LHW), Community Health Representatives (CHR) and other public health professionals in attendance were from tribal communities, which represents the CHR highest participation in the history of AzCHOW training events.

Well Woman HealthCheck Program (WWHP): The program participated in the *Arizona Retreat for State & Tribal Breast and Cervical Cancer Early Detection Program Collaborations* in Flagstaff, Arizona on November 29 and 30. Participants included Hopi Women's Health Program, Navajo Nation Breast and Cervical Cancer Program, the American Cancer Society, Indian Health Service, and the Centers for Disease Control and Prevention. The retreat focused on possible collaborations between agencies to improve access to breast and cervical cancer screening among American Indian women. In addition, the WWHP was awarded \$250,000 in September of 2006 from Proposition 303 Funds will be used to increase breast cancer screening among disparate populations in Arizona. In November, contracts were initiated with Phoenix Indian Medical Center and the Native American Community Health Center to become Well Woman HealthCheck providers. Program implementation is underway and the target date to begin screening is February 2007. In addition, funds were awarded to North County Community Health Center to work with the White Mountain Apache Tribe and Indian Health Service to increase access to women. The WWHP is also partnering with the Hopi Tribe and Navajo Nation breast and cervical cancer programs to provide a case management conference in April of 2007 in Flagstaff. WWHP also participated on the Tribal Cancer Initiative Workgroup that met early in 2006. A final report of needs assessment discussions, outcomes, and recommendations was made available in November 2006. More information on the report is available at 1-888-257-8502.

Arizona WIC Program: The program sponsored Dr. Jack Newman to present "Controversies in Breastfeeding" in both Phoenix and Tucson. The Tucson event was video-telecast to Fort Defiance, Flagstaff, Kingman, Yuma, Prescott, Prescott Valley, and Cottonwood. In addition, the Arizona WIC Program, in coordination with the Navajo Nation and Inter Tribal Council, Inc. WIC programs developed various training materials for WIC Vendors and Participants.



## **Office of Tobacco Education and Prevention Program:**

Ongoing program activities were conducted with the program's Native American contractors: Hopi Tribe, Hualapai Tribe, Pascua Yaqui Tribe (PYT), Kaibab – Paiute Tribe (KPT), Colorado River Indian Tribes (CRIT), White Mountain Apache Tribe (WMAT), Salt River Pima-Maricopa Indian Community (SRP-MIC), Native Health, Native Americans for Community Action (NACA), Tucson Indian Center (TIC), and Gila River Indian Community (GRIC). These activities included community education, youth groups, school intervention, cessation, collaboration meetings with county health departments, provider training, advertisements, and events. Collaborations also included coordination with Indian Health Service (IHS), Arizona HealthCare Cost Containment System (AHCCCS), Department of Economic Security (DES), University of Arizona (UA), and the Inter Tribal Council of Arizona (ITCA).

### July – December, 2006 Activities:

July - Tobacco and Health Youth Conference: Phoenix (ADHS-TEPP, ITCA & tribal/urban Indian health center contractors), Native American Comedy Night (ADHS TEPP), Indian Health Service Campus Tobacco-Free Event.

August - Head start Screenings, Parker (ITCA, CRIT, Family Night Out, Flagstaff (ITCA, NACA).

September - Relay for Life, Flagstaff (ITCA, NACA), Climb to Conquer Cancer, Flagstaff (ITCA, NACA), and Children's Pow-wow, Tucson (ITCA, TIC).

October - Breast Cancer Awareness (ITCA, KPT), Red Ribbon Week, Peach Springs (ITCA, Hualapai Tribe), Red Ribbon Week, Parker (ITCA, CRIT), Red Ribbon Week (ITCA, KPT), and Red Ribbon Week, Flagstaff (ITCA, NACA).

November - Community Thanksgiving (ITCA, CRIT), Great American Smoke Out, Flagstaff (ITCA, NACA), Communities helping Natives Breathe Easier, Phoenix, (ITCA, Native Health), Youth Basketball Tournament (ITCA, KPT), Great American Smoke Out, Peach Springs (ITCA, Hualapai Tribe), Great American Smoke Out, Tucson (ITCA, TIC, PYT), Great American Smoke Out, Parker (ITCA, CRIT), Great American Smoke Out, Phoenix (ITCA, Native Health, SRP-MIC, I.H.S.), Great American Smoke Out (ITCA, WMAT), Great American Smoke Out (ITCA, Hopi Tribe), and Great American Smoke Out (ITCA, KPT).

December - Native American Story Telling Event, Tucson (TIC).

For additional information contact Beau Cordova at 602-364-0891.

## **Office of Women's and Children's Health**

Teen Pregnancy Prevention: The OWCH Teen Pregnancy Prevention Program will be contracting with ITCA, inc. and the Navajo Nation to develop and implement strategies to reduce teen pregnancy and sexually transmitted diseases with Arizona tribes and the Navajo Nation.

Community Health Program: ITCA provided a number of motor vehicle safety services for participating tribal members through its 2006 ADHS Community Health Grant. These included placing full-page advertisements in tribal newspapers about the importance of seatbelt use for women of childbearing age enrolled in the Women's, Infants and Children's (WIC) program. Other activities included providing appropriate, correctly installed child passenger restraint systems, distributing written materials on child passenger safety to WIC mothers, certifying additional child passenger safety technicians, and sponsoring a child passenger safety conference.

Family Violence/Domestic Violence Program: The Program continued its funding and coordination with Ama Doo Alchini Bighan (ADABI), a Native American domestic violence service provider located in Chinle, Arizona. ADABI serves the Navajo Nation and provides temporary emergency safe shelter, case management, crisis intervention, group and individual therapy work for victims of domestic violence. The agency also has a Batterers Intervention Program. Two other Rural Safe Home Network contractors provide services to persons living on the San Carlos Apache Indian Reservation, Mt. Graham Safe House in Safford and the Gila County Safe Home in Globe.

Rape Prevention and Education Program: The Program continued its funding and coordination with ADABI. ADABI is active in presenting rape prevention and education by providing prevention activities for schools, businesses, social service providers and others throughout the area. Also, guided by information on the National Choose Respect website, ADABI partnered with ADHS and conducted Choose Respect workshops for youth, age's 9-18. These were held one hour a day for two weeks. One other contractor provided services to persons living on the San Carlos Apache Indian Reservation, Mt. Graham Safe House in Safford is in close proximity to persons living on the reservation.

Health Start Program: The Program continued its funding and coordination with the Native American Community Health Center, Inc. to provide Health Start Services to Native Americans located in central and west Phoenix. The services provided include connecting pregnant or postpartum women with community resources that provide prenatal and related infant and child services. In addition, families are followed for two years after the birth of the child to assist with identification of a "medical home" for each family member and to encourage immunizations for all children in the family. They also provide education on child

development and parenting skills, and serve as a referral source in the identification of children with special needs.

Injury Prevention Program: The program has been involved in several tribal outreach activities during the current reporting period. The Injury Prevention program manager:

- Taught a car seat certification class during October for the community of Peach Springs. The purpose of the training was to increase community capacity to provide child passenger safety information and education.
- Presented at the Inter Tribal Council's Child Passenger Safety Conference in November on how to write grants and provided an overview of child passenger safety in AZ Indian Country today.
- Provided staff support for the Tribal Transportation Safety group.

Sensory Program: Arizona Schools are mandated to provide hearing screening to pre-school, kindergarten and school age children. Tribal nations are exempt due to sovereignty from state laws, however, within the Navajo Nation, the Disability Specialist trained by the ADHS sponsored T3 Hearing Screening training, and, in 2006, screened more than 300 children. In 2007, more than 800 students are expected to be screened.

### **Office of Oral Health**

Head Start Child care programs received oral health training, tool kit and support of a dental hygiene consultant. This training has been completed for the White Mountain Apache Tribe and the Navajo Nation. Dental sealant program services have been offered to IHS Dental Directors as a service.

### **Bureau of Emergency Preparedness and Response**

The BEP&R continued coordination of monthly tribal conference calls on the third Thursday of each month which include participation of the Tribal Bioterrorism Coordinators, Inter Tribal Council of Arizona, Indian Health Service and BER&R staff. The monthly conference calls provide a forum to discuss matters dealing with Tribal Bioterrorism, Public Health Emergency Preparedness and Pandemic Influenza Preparedness

On July 21, 2006, BEP&R hosted the Pandemic Influenza Seminar and Table-top Exercise at the Wigwam Resort and Conference Center to provide information on Arizona's Pandemic Influenza preparedness and conducting a table-top exercise. The table-top exercise gave our partners the opportunity to discuss their response plans and infection control practices in response to a pandemic scenario. Tribal participation included representatives from the Cocopah Indian Tribe, Colorado River Indian Tribes, Chinle Indian Health Service, Fort Defiance Indian Hospital, Fort Mojave Indian Tribe, Fort Mojave Indian Health Center, Fort

Yuma Indian Health Service Hospital, Gila River Indian Community, Hopi Indian Health Services Healthcare Center, Hualapai Indian Tribe, Navajo Area Indian Health Service, Navajo Division of Health, Navajo Nation, Parker Indian Health Center, Pascua Yaqui Indian Tribe, Phoenix Area Indian Health Service, Phoenix Indian Medical Center, Salt River Pima – Maricopa Indian Community, San Carlos Apache Tribe, San Carlos Health & Human Services, San Carlos Indian Health Service Hospital, Tohono O'odham Nation, Sells Indian Hospital, White Mountain Apache Tribe, Whiteriver Indian Health Service Hospital, Inter Tribal Council of Arizona and Yavapai Prescott Indian Tribe.

Site visits were conducted by the Tribal Emergency Preparedness Coordinator, Africa Dorame, to the Gila River Indian Community, Ak-Chin Indian Community, Tohono O'odham Nation, Pascua Yaqui Tribe, Navajo Nation, Hopi Tribe, White Mountain Apache Tribe, San Carlos Apache Tribe, Salt River Pima Maricopa Indian Community, Tonto Apache Tribe, Cocopah Indian Tribe, and Hopi Nation.

Ms. Dorame and Robert Gomez, BEPR Planning Section Chief, attended a 2-day Tribal Emergency Response and Public Health Preparedness Working Group meeting hosted by ITCA at Fort McDowell, Arizona on August 16 & 17, 2006. Agenda items discussed were cultural issues and legal requirements associated with emergency response, Tribal Community Emergency Response Team (CERT) efforts. Ms. Dorame was invited as a guest speaker to an open session panel discussion to provide updates from the Arizona Department of Health Services.

A Tribal Emergency Preparedness/BT (EP/BT) Collaborative Team was formed by ADHS in August, 2006 to provide an avenue for quick turn around tribal, ITCA, and IHS input on work plans and funding allocation to ADHS for the Pandemic Influenza Phase II Grant. The rationale for the formation of the Collaborative Team is that the Center for Disease Control/Pandemic Influenza Phase II funding application process encompassed a relatively short time frame resulting in the lack of adequate time for full participation by all tribal and IHS stakeholders. The members of the Tribal EP/BT Collaborative Team is comprised of representatives from the Fort Mojave Indian Tribe, Tohono O'odham Nation, White Mountain Apache Tribe, Navajo Nation, Hopi Tribe, ITCA, and Phoenix Area IHS. The Collaborative Team developed a formula for distribution of \$437, 000 for Pandemic Influenza II funds for tribes, ITCA, and IHS.

BEPR staff hosted Public Health Regional Committee Meetings in July and October, 2006 in Tucson, Parker, Flagstaff and Phoenix, AZ. Tribal and IHS representatives attended these meetings. Ms. Dorame attended a three-day Risk Communication Training in Chandler, Arizona hosted by IHS on September 26-28, 2006. On November 9, 2006, seven BEPR staff were invited as special guests and observers to the North Region Mass Vaccination Exercise in Window Rock. The staff served as exercise observers at the Unified Command and observed two Points of Dispensing (POD) sites. On November 17, 2006, Ms.

Dorame was an observer to the South Region/Tohono O'odham Nation Mass Vaccination Exercise. She observed activities at the Unified Command established at the Indian Health Service-Tucson Area site.

On December 8, 2006, BEP&R sponsored a Isolation and Quarantine Summit in downtown Phoenix. Tribal, ITCA and IHS representatives attended the Summit. The focus of the summit was on State and County legal authorities. Although some topics were not specifically applicable to Tribal Nations due to tribal sovereignty, the overall discussion was useful for planning purposes within tribal communities and to enhance relationships with neighboring jurisdictions. On December 14, 2006, BEPR coordinated a Pandemic Influenza Summit meeting for Tribal, IHS, ITCA, and County partners. The purpose of the meeting was to discuss the Pandemic Influenza Phase II Grant and deliverables to assure that Counties and Tribes work collaboratively to achieve and meet the grant deliverables.

### **Office of Infectious Disease Services**

Vector-Borne & Zoonotic Diseases Program: *West Nile Virus:* The VBZD Program and the State Health Laboratory-Virology Section provided West Nile virus (WNV) surveillance support to five Indian Tribes, including Ak-Chin Indian Community, Ft. McDowell Yavapai Indian Nation, Gila River Indian Community, Navajo Nation, and Salt River Pima-Maricopa Indian Community. The Program also provided WNV surveillance support to the Indian Health Service (Environmental Health Offices - IHS-OEH) in Ft. Yuma, Parker, San Carlos, Tucson, Whiteriver and Winslow. WNV surveillance support consisted of mosquito sample ("pool") species identification and laboratory testing for WNV and St. Louis encephalitis viruses. Mosquito surveillance equipment (EVS CO2 traps) and larvicide briquets were also provided to some participating tribes.

*Rocky Mountain Spotted Fever:* The VBZD Program assisted the San Carlos Apache and White Mountain Apache Indian tribes with Rocky Mountain spotted fever (RMSF) surveillance and prevention efforts. Thanks to an executive order signed by Gov. Janet Napolitano, the program received state Health Crisis Funds to purchase pesticides (permethrin granules), flea & tick collars and sprays for dogs, and prevention education fliers. VBZD staff provided on-site assistance to San Carlos in October by conducting: (1) tick trapping/population monitoring, (2) pesticide applications to control ticks, and (3) putting flea and tick collars and/or sprays on dogs. VBZD staff also participated (by teleconferencing) in monthly RMSF task force meetings with the San Carlos Apache Tribe. The State Health Laboratory-Serology Section also provided RMSF testing for blood samples from suspected human cases for both San Carlos and White Mountain Apache Tribes.

Tuberculosis Control Program: The program provided financial support to two tribal health departments through supplemental Intergovernmental agreements

(IGAs) for TB control and prevention activities, including disease surveillance, education and the provision of directly observed therapy;

The Program Co-sponsored the 12<sup>th</sup> Annual TB/HIV Four Corners held on October 23-24, 2006 in Flagstaff, Arizona. Conference attendees included TB, STD, HIV staffs from tribes, IHS, state and counties. On November 3, 2006 the Program held a TB control work group meeting with the Navajo Nation TB Program staff. The group toured the Maricopa County City Clinic and State Lab. The state provided training to the group on surveillance, contact investigations and discussed funding issues with the Navajo Nation TB staff. The Program coordinated monthly TB case conference calls with the Phoenix Indian Medical Center, tribal TB Control Programs and county health departments for the purposes of coordinating Native American TB patients tracking and care across jurisdictional boundaries. The Program provided food voucher incentives to local health departments TB Control Programs, including state-funded tribal TB Control Programs. Vouchers were made available to TB patients to encourage compliance in taking their medications.

Infectious Disease Epidemiology Section: The program disseminated weekly updates on infectious disease activities and events throughout the state, including to representatives of tribes and IHS. The Program conducted trainings throughout the state on vaccine-preventable disease surveillance and investigations. The Program presented workshops on infectious disease surveillance and Arizona's Medical Electronic Disease Surveillance Intelligence System (MEDSIS) at the Tribal Bioterrorism Conference in February. The State Epidemiologist demonstrated MEDSIS at the Public Health Surveillance Conference sponsored by Navajo Nation on November 2 and 3. The Program conducted planning for epidemiology and surveillance deliverables and activities associated with infectious disease emergency preparedness and pandemic influenza planning throughout the state and participated in discussions of MEDSIS with tribes and IHS.