California Tribal Epidemiology Center

Newsletter

Spring 2020

INSIDE THIS ISSUE

MESSAGE FROM THE EPIDEMIOLOGY MANAGER

In this newsletter, we cover important topics affecting American Indian and Alaska Native (AIAN) communities in California. The first article comes from the California Native Vote Project, a statewide organization contracted by the State of California to conduct outreach and education in efforts for an accurate count of AIAN people for the Census 2020. Census data is an invaluable resource for the California Tribal Epidemiology Center (CTEC) as well as for other public health programs. The second article presents current data and information on the Human Immunodeficiency Virus (HIV) among AIAN. Last year, President Donald J. Trump announced his administration goal to ending the HIV epidemic in the United States within 10 years. Our third featured article provides an overview of the President's initiative to reducing new HIV infections by 90 percent by 2030.

CTEC takes pride in the communities and programs we serve. This newsletter puts a spotlight on the Riverside-San Bernardino County Indian Health's Patient Advocacy Services, a program that serves and advocates on behalf of nine Tribes located throughout Riverside and San Bernardino counties. In addition, CTEC is proud to introduce a new section, "We the First People," to highlight the voices and faces of Tribes and AIAN communities in California. Lastly, this newsletter provides updates on projects happening in CTEC along with our staff contacts and a visual guide to requesting technical assistance from us.

In community spirit,

Aurimar Ayala

Aurimar Ayala, MPH
Epidemiology Manager
California Tribal Epidemiology Center

The California Tribal Epidemiology Center is housed within the California Rural Indian Health Board, Inc.

CALIFORNIA NATIVE VOTE 2020

By Jesse Fraire *(Tohono O'odham/Chicano),* Statewide Census Coordinator, California Native Vote Project

The year 2020 will be a big year for everyone living in California, especially for Tribal community members across the state. Aside from the presidential elections taking place in November, there is also an opportunity to bring vital resources to your local community that only happens once per decade.

Every 10 years, the United States Department of Commerce conducts the Census. Think of the Census as a "selfie" of America. Everyone living in the United States (U.S.) as of April 1, 2020, gets counted, regardless of age, socioeconomic, or citizenship status. This process only happens once every decade, and there are no "do-overs." These numbers will help determine political representation and visibility for American Indian and Alaska Native communities, as well as the amount of resources coming to your local community for the next 10 years; it applies to everyone on and off reservations/rancherias. The funding will affect Tribal clinics, Tribal Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Women, Infants and Children (WIC), Native American Workforce Development programs, and many others. For each Tribal community member that is not counted during the Census, approximately $3,000 of funding for local communities will be lost, per year for the next 10 years.

When and how does the Census happen? Beginning in early March, homes will receive a postcard in the mail from the U.S. Census Bureau. The postcard will include an invitation to participate in the Census and a pin number to complete the Census questionnaire form online. The online questionnaire form can be completed as early as March 12. Aside from online submission, participants will be able to complete the form over the phone by calling the U.S. Census Bureau, by mail (physical questionnaire form), or in-person with an official enumerator. For most reservations/rancherias that primarily use P.O. Boxes, the U.S. Census Bureau will be delivering an informational package at every home, which includes the postcard invitation with the pin number.

> *"For each Tribal community member that is not counted during the Census, approximately $3,000 of funding for local communities will be lost, per year for the next 10 years."*

The Census questionnaire form contains 10 simple questions, which include name(s) of everyone living in the household, relationship to the head of household, race, gender, and age. The form will not ask for a Social Security number, bank account or credit card information, or citizenship status. All responses are confidential and protected by law. Personal information is never shared with any other government agencies or law enforcement, including federal, local, and Tribal authorities.

Please make sure you submit your Census questionnaire form early and remember to include every person living in the household, including relatives, nonrelatives, babies, and children. The Census is easy, safe, and important!

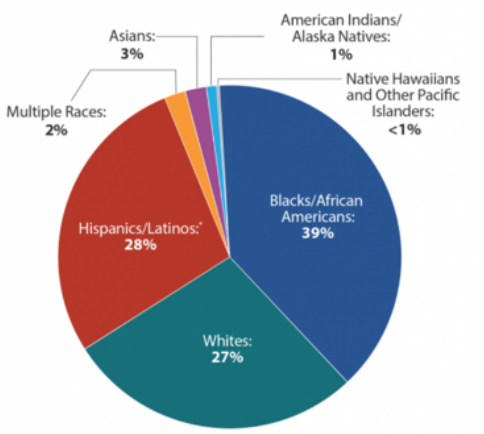
For more information about Census 2020, including available resources and collaboration opportunities, please contact Jesse Fraire at **jfraire@canativevote.org** or **323-688-6838**.

HIV IN AMERICAN INDIAN AND ALASKA NATIVE COMMUNITIES

By Arunaranjani Arthanari, MPVM

American Indians and Alaska Natives (AIAN) comprise just 2% of the total U.S. population, yet are ranked fifth (7.8/100,000 population) in the rate of Human Immunodeficiency Virus (HIV) diagnoses in 2017.[1] AIAN have one of the lowest survival rates after an Acquired immunodeficiency syndrome (AIDS) diagnosis among all racial/ethnic groups, and one of the lowest rates of viral suppression in the country.[2]

Figure 1: New HIV Diagnoses in the U.S. by race/ethnicity, 2018[5]



American Indian and Alaska Natives: An Invisible Minority in the U.S. HIV Epidemic[1, 2]

- Of the 38,739 HIV diagnoses in the U.S. in 2017, 1% (212) were among AIAN. Among the 212 AIAN diagnosed, 167 were AIAN men and 45 were AIAN women.
- During 2016, 46 AIAN with diagnosed HIV died in the U.S. (these deaths may be due to any cause).
- For every 100 AIAN with HIV in 2015, 60% received HIV care, 43% were retained in care, and 48% had achieved viral suppression.
- From 2010 to 2016, HIV diagnoses increased 41% among AIAN overall.
- 81% increase in HIV diagnoses was reported among gay and bisexual AIAN men–the highest increase in the country among reported groups.

Continued on page 4

fast facts

- The Office of Management and Budget (OMB) defines American Indian and Alaska Native (AIAN) as any person having ethnic origins to peoples indigenous to North, South, and Central America, who maintains Tribal affiliation and/or community attachment.
- From 2000 to 2010, the AIAN population increased in every U.S. Census region: Northeast, Midwest, the South, and the West.
- According to the 2010 Census, the U.S. has a population size of 308.7 million people.
- Out of the 308.7 million people, 2.9 million (0.9%) were AIAN alone and 2.3 million (0.7%) were AIAN in combination with one or more other races.
- The total population for both AIAN alone and AIAN with one or more other races was 5.2 million (1.7%).
- In 2010, California had the largest AIAN percentage (14%) of AIAN alone or in combination with another race than any other state in the U.S.
- With regards to multiple-race reporting among the AIAN population, the largest multiple-race combination was AIAN and White.

REFERENCE
2010 Census Brief (2012). The American Indian and Alaska Native Population: 2010. Retrieved from https://www.census.gov/history/pdf/c2010br-10.pdf

Continued from page 3 - HIV in American Indian and Alaska Native Communities

Figure 2: Rate of newly diagnosed HIV among AIAN in California was reported as 10.8 per 100,000 persons which was higher than whites (8.2 per 100,000 persons) in 2017 [4]

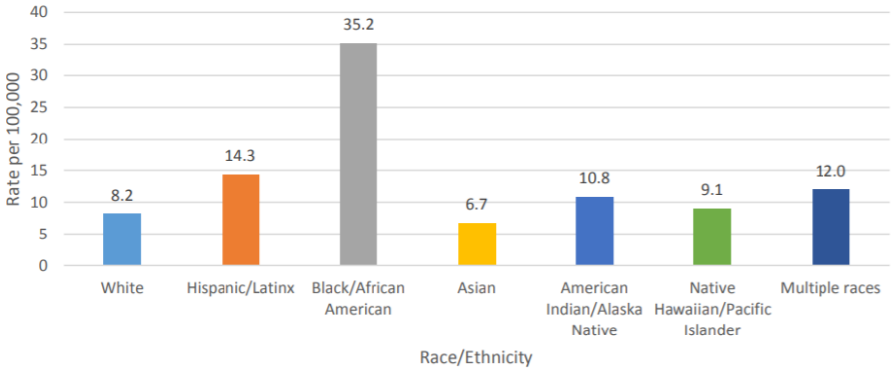


Figure 3: California AIAN living with diagnosed HIV infection had the lowest percentage of viral suppression (55.3%) compared to all other reported races in 2017 [4]

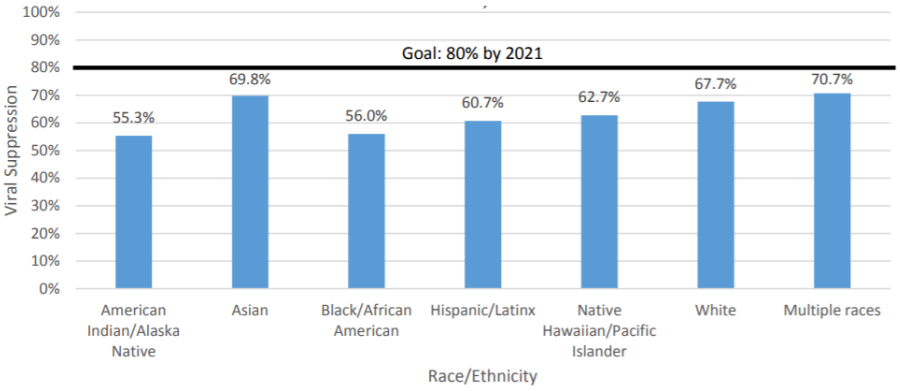


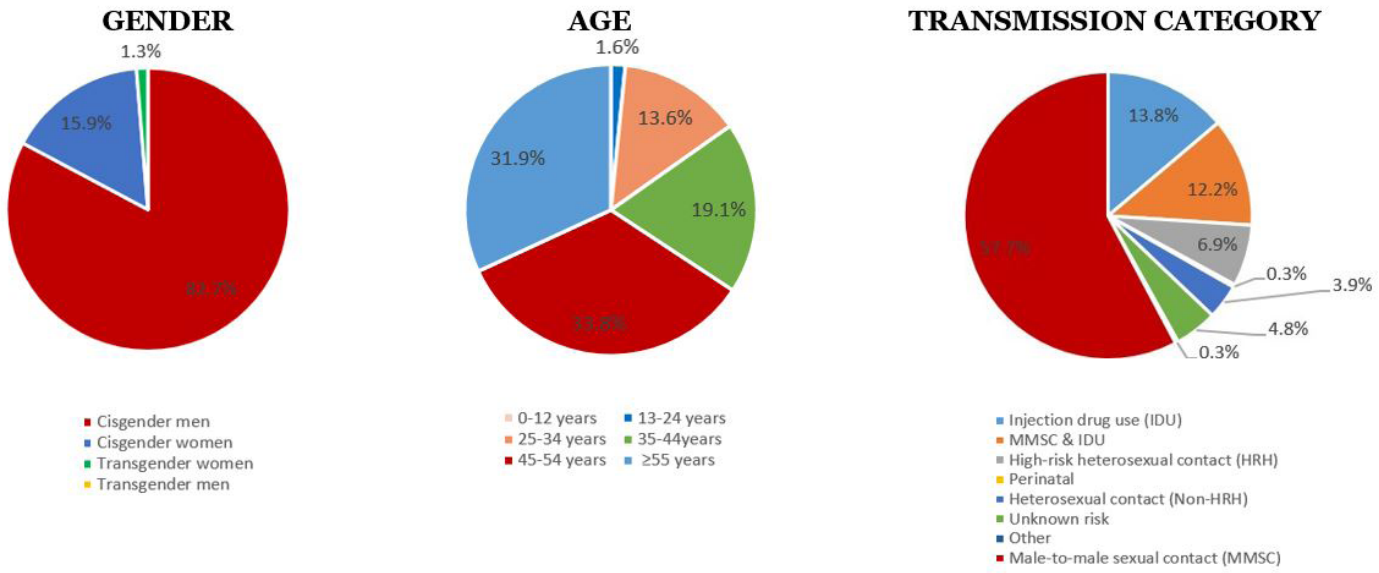
Table 1. Diagnoses of HIV race/ethnicity in the U.S.,

Race/ethnicity
Black/African American
Hispanic/Latinx
Multiple races
Native Hawaiian/Pacific Islander
American Indian and Alaska Natives
White
Asian

* Rates are per 100,000 p

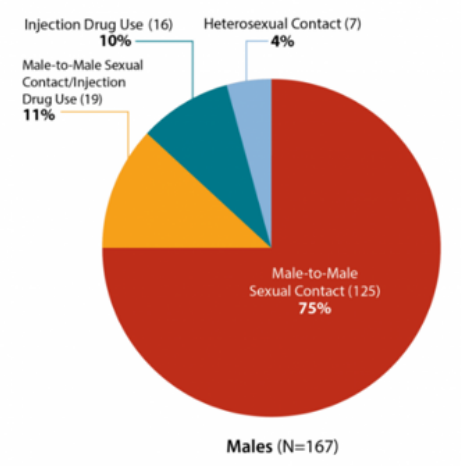
- Of the estimated 167 HIV diagnoses among AIAN men in 2017, most (75%, n=125) were attributed to male-to-male sexual contact.
- Nearly 9 in 10 AIAN men who received an HIV diagnosis were gay or bisexual.

Figure 4: Demographics – Persons living with diagnosed HIV/AIDS infection among AIAN in California, 2017 [3]



infection by , 2017 [1]		
	Number	Rate*
	16,694	41.1
	9,908	16.1
	872	12.6
	59	9.9
	212	**8.8**
	10,049	5.1
	945	5.1
population		

Figure 5: HIV Diagnoses Among AIAN in the U.S.* by Transmission Category and Sex, 2017[1,2]



*Includes American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the U.S. Virgin Islands.

Table 2. Demographics of HIV/AIDS infection among AIAN in California, 2015-2017[3]

Demographics n=207		New diagnoses of HIV infection among AIAN in California, 2015	Persons living with diagnosed HIV/AIDS infection among AIAN in California, 2017
Age at Year End	0-12	0	0
	13-24	9	6
	25-34	20	51
	35-44	11	72
	45-54	7	127
	55 and over	4	120
Subtotal		**51**	**376**
Current Gender	Cisgender men	40	311
	Cisgender women	10	60
	Transgender women	1	5
	Transgender men	0	0
Subtotal		**51**	**376**
Transmission Category	Male-to-male sexual contact (MMSC)	32	217
	Injection drug use (IDU)	2	52
	MMSC & IDU	2	46
	High-risk heterosexual contact (HRH)	2	26
	Perinatal	0	1
	Heterosexual contact (Non-HRH)	5	15
	Unknown risk	8	18
	Other	0	1
Subtotal		**51**	**376**

fast facts

- In 2017, California ranked second in the country for both the highest number of persons newly diagnosed with HIV and highest number of people living with HIV (n=153,154).
- As of 2017, 0.3% of AIAN (n=376) are living with diagnosed HIV in California.
- The majority of the HIV epidemic in California AIAN remains concentrated in men who have sex with men (MSM).
- From 2015 to 2017, 51 new HIV infections were diagnosed in AIAN living in California; of the 51 newly diagnosed cases, 32 were due to male-to-male sexual contact.

REFERENCES

1. Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2017 & 2018 pdf icon. HIV Surveillance Report 2019;30.
2. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention; Division of HIV/AIDS Prevention URL: https://www.cdc.gov/hiv/pdf/group/racialethnic/aian/cdc-hiv-aian-fact-sheet.pdf
3. California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2017. https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report% 20-%202017.pdf
4. Epidemiology of HIV in California — 2017 https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/2017_Epi_Report.pdf

ENDING THE HIV EPIDEMIC

By Gerardo Ramirez, MPH, MSBH, CHES®

From 2010 to 2016, the number of American Indian and Alaska Natives (AIAN) diagnosed with HIV increased by 46% (157-230).[1] Overall, HIV prevention and treatment has allowed for HIV diagnoses to be stalled, but diagnoses have increased among AIAN over time.

In 2019, the Trump Administration announced its goal to end the domestic HIV epidemic. In their "Ending the HIV Epidemic: A Plan for America" initiative, the President proposed an additional $291 million for the Department of Health and Human Services (HHS) fiscal year 2020 to address the public health issue.[2] The initiative aims at reducing new HIV infections by 75% in the next five years and by 90% in the next decade.[2] To do this, HHS will partner with local and state health departments to increase HIV testing, increase access to medications, and develop plans to address potential outbreaks.

"The initiative aims at reducing new HIV infections by 75% in the next five years and by 90% in the next decade."

With the advances in biomedical and scientific research, HIV treatment regiments and prevention strategies have been developed. Surveillance data has shown that new infections are concentrated among specific counties and populations.[2] New antiretroviral therapies have allowed individuals with HIV to maintain an undetectable viral load, living long healthy lives and have no risk of sexually transmitting HIV to a partner.[3] The development of Pre-exposure prophylaxis (PrEP) has shown to reduce the risk of HIV among high-risk individuals by 97%. With this data and tool, the administration has the potential to end the HIV epidemic.[3]

The initiative focuses on four key strategies to end the HIV epidemic: diagnose, treat, prevent, and respond. The latest diagnostics tools will make HIV testing simple and accessible, allowing for early diagnosis of HIV and connecting people with HIV to care immediately. This, in effect, will result with people receiving rapid and effective treatment for HIV and potentially increase viral suppression around the country by 90%.[2] Prevention of new HIV transmission will focus on proven interventions such as PrEP and syringe services programs.[2] In 2019, HHS and Gilead Science announced the donation of PrEP medication for up to 200,000 individuals each year for up to 11 years.[2] This allows for the medication to be available to individuals who are at high-risk for HIV, uninsured, and unable to access the HIV prevention medication. HHS will also focus on responding quickly to potential HIV outbreaks by providing prevention and treatment services to individuals who need them.[2]

The initiative is divided into three phases. For the first five years, geographical areas that have been identified as hotspots will be the focus of distributing new resources, expertise, and technology. These geographical hotspots include 48 counties, Washington D.C., and San Juan, Puerto Rico in which more than 50 percent of new HIV diagnoses occurred between 2016 and 2017.[4] In phase II of the initiative, HIV prevention and treatment efforts will be disseminated across the nation to reduce the number of new infections by 90% by 2030.[4] Phase III of the initiative will focus on an increase in case management to maintain the number of new infections fewer than 3,000 per year.[4]

HHS will partner with various federal, state, and local agencies to coordinate the initiative, including the Indian Health Service (IHS) and the Substance Abuse and Mental Health Services Administration (SAMHSA).[2] Under the President's proposed budget, IHS will receive an additional $25 million to support prevention, diagnosis, and treatment to HIV among AIAN.[2]

REFERENCES

1. Centers for Disease Control and Prevention (2019, March). HIV and American Indians and Alaska Natives. Retrieved from https://www.cdc.gov/hiv/group/racialethnic/aian/index.html
2. Giroir, B.P. (2020, January). The Time is Now to End the HIV Epidemic. American Journal of Public Health 110, no. 1: 22-24.
3. HIV.gov (2016, December). Federal Efforts to Scale Up PrEP and Reduce New HIV Infections. Retrieved from https://www.hiv.gov/federal-response/policies-issues/prep-framework
4. HIV.gov (2019, December). What is 'Ending the HIV Epidemic: A plan for America'?. Retrieved from https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

PATIENT ADVOCACY SERVICES

By Alma Cotero-Utter, MA, in partnership with Kristen Moore and Leila Hernandez

Riverside-San Bernardino County Indian Health, Inc. (RSBCIHI) advocates on behalf of and serves a consortium of nine Tribes located throughout Riverside and San Bernardino counties. As part of the Patient Advocacy Services program, Patient Advocates Kristen Moore and Leia Hernandez help guide patients through the RSBCIHI health care system. They assist by directing patients to appropriate departments or staff members, coordinating appointments, providing referrals to RSBCIHI programs, and locating programs and resources both within the RSBCIHI system and out in the community. Patients receive assistance with applying to various programs.

The majority of the program's requests come from low income households and the elderly. Once requests come in, the Patient Advocates reach out to patients to meet with them at one of the RSBCIHI clinics or they are assisted over the telephone. The needs of patients are then assessed. While their needs may be very specific, such as needing to apply for food stamps or health care coverage, other needs may not be as clearly defined. After the assessment, the Patient Advocates offer necessary resources including: homeless shelters, housing programs, food pantries, help with domestic violence, rental assistance, burial assistance, home health care, legal aid, financial support, and other programs. Patients also receive assistance with various social services. The Patient Advocates also assist with Social Security, Medicare, and Department of Public Social Services applications and paperwork. Assistance with other applications include: Covered California, Supplemental Nutrition Assistance Program (SNAP), and Free Government cell phones.

The Patient Advocates frequently network with community agencies as a way to find new resources that may be beneficial to their patients. They have established contacts with Social Security and Medicare that provide additional support when needed. Due to the community served, the Patient Advocates are able to network and locate services with other Tribes. They assist eligible patients to apply for Tribal membership or direct them to the appropriate place, including their Tribe so that they may receive services at RSBCIHI clinics.

Services offered by the RSBCIHI Patient Advocacy Services stand out from other organizations. The additional support offered to patients is not the standard or found in other organizations. "At RSBCIHI, the Patient Advocates are able to assist with a more hands-on approach with a focus on our Elders and assist or address needs that may be out of the ordinary. There is not a specific list of things we assist with." For example, the Patient Advocates have been asked by patients if they know how to get a handicap placard from the DMV, get their heating or air conditioning repaired, or how to get their pet trained to be a service animal.

> *"At RSBCIHI, the Patient Advocates are able to assist with a more hands-on approach with a focus on our Elders and assist or address needs that may be out of the ordinary. There is not a specific list of things we assist with."*

For more information on Patient Advocate Services, please contact the Patient Advocate assigned to the following health clinic:

Kristen Moore
San Manuel • Soboba • Barstow
(909) 864-1097 ext. 4860
(951) 663-3221 (cell)
kmoore@rsbcihi.org

Leia Hernandez
Morongo • Torres Martinez • Pechanga • Anza
(951) 849-4761 ext. 1117
(909) 322-3685 (cell)
lhernandez@rsbcihi.org

We the *First* People

California has the greatest number of American Indians and Alaska Natives (AIAN) than any other state in the U.S. and is home to 109 federally recognized Tribes with nearly 80 entities petitioning for recognition. The city of Los Angeles was ranked second in the 2010 U.S. Census with the largest number of urban AIAN after New York. As a Tribal Epidemiology Center, our work is strongly data-focused and it can be easy to get "lost in the numbers." Therefore, CTEC is launching a new section to highlight the Tribes and AIAN communities of California. In this newsletter, two Tribes from the Southern California region share, in their own words, who they are and their resilience as a people.

THE SOBOBA BAND OF LUISEÑO INDIANS

Since time immemorial, the people of Soboba have inhabited the land that currently encompasses the cities of San Jacinto, Hemet, Valle Vista, and Winchester. The Soboba Indian Reservation lies at the base of the San Jacinto Mountains, along the San Jacinto River.

Est. June 19, 1883

Prior to the colonization of Southern California, the self-sufficient people of Soboba managed their lands with surface water from the San Jacinto River, and its tributary streams, Poppet and Indian Creeks, along with more than forty perennial springs.

In 1815, Mission San Luis Rey established Rancho San Jacinto for cattle ranching, bringing Luiseño Indians into the valley as laborers for the ranch. Some of the original Cahuilla inhabitants of the valley intermarried with the Luiseños. Today, Cahuilla and Luiseno remain the two predominant Tribal lineages in Soboba.

Despite overwhelming odds, the people of Soboba continue to thrive within their traditional lands. Today, the reservation is comprised of nearly 7,000 acres, 400 of which are devoted to residential use.

Current enrollment is approximately 1,200 Tribal members, who are governed by an elected 5-member Tribal council.

Submitted by:
Soboba Cultural Center and Research Library
951-487-2329
Soboba Band of Luiseño Indians
https://www.soboba-nsn.gov/

Preparing for horse races at the Soboba Fiesta, early 1900s. Courtesy of the Soboba Cultural Center and Research Library, Soboba Band of Luiseño Indians, Soboba Indian Reservation, California.

A group of Soboba Lacemakers, sometimes referred to as Tatters. Courtesy of the Soboba Cultural Center and Research Library, Soboba Band of Luiseño Indians, Soboba Indian Reservation, California.

Soboba Tribal Council members breaking ground for Soboba Solar Project, 2016. Courtesy of the Soboba Cultural Center and Research Library Soboba Band of Luiseño Indians, Soboba Indian Reservation, California.

Soboba Tribal Council members breaking ground at the Tribe's new casino site, 2017. Courtesy of the Soboba Cultural Center and Research Library, Soboba Band of Luiseño Indians, Soboba Indian Reservation, California.

THE MORONGO BAND OF MISSION INDIANS

MORONGO BAND OF MISSION INDIANS

A SOVEREIGN NATION

Located at the foot of the San Gorgonio Mountains of Riverside County, the Morongo Indian Reservation spans more than 36,000 acres. Established in 1865, the Morongo Indian Reservation was one of nine small reservations created by President Ulysses S. Grant by executive order in 1876.

In 1983, the path of Morongo's future changed when Tribal members launched a modest bingo hall. From this building evolved one of the oldest and most successful Tribal gaming facilities in California, the Morongo Casino Resort & Spa.

Members of the Morongo Bird Singers perform. Photo provided by the Morongo Band of Mission Indians.

Today, Morongo Band of Mission Indians is one of Riverside County's largest private employers, providing more than 2,500 local jobs and $3 billion in regional economic activity through the Tribe's diverse portfolio of business enterprises spanning gaming, health care, manufacturing, dining, retail, and recreation.

Blessed with an indomitable spirit, the Morongo Band of Mission Indians has overcome decades of adversity to become a model of self-reliance and self-determination. The Tribe continues to build upon its successes for the benefit of generations to come while honoring and preserving the rich traditions of its past.

Morongo Vice Chair James Siva, presented Rick Lozano of the Christmas Cheer All Year organization a $1 million dollar check in December 2019. Photo provided by the Morongo Band of Mission Indians.

From left to right: Tribal Council Member Brian Lugo, Vice Chair James Siva, Council Member Anne Robinson, and Tribal Chairman Robert Martin, break ground on an expansion to the Morongo Casino Resort & Spa. Photo provided by the Morongo Band of Mission Indians.

Submitted by:
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https://morongonation.org/

If you would like to see your Tribe or community highlighted here, please contact us:
epicenter@crihb.org

CTEC in ACTION

TRIBAL ADVERSE CHILDHOOD EXPERIENCES PROJECT

Nearly two-thirds of the general population report experiencing at least one adverse childhood experience (ACE), such as loss of a parent, abuse, or domestic violence. Members of marginalized populations, including low-income and ethnic minority youth, are at an even greater risk of experiencing ACEs. Higher rates of ACEs have been linked to an increase in poorer health outcomes during adulthood, including heart attack, cancer, depression, and an increase in smoking, illicit drug use, and risky behaviors. Through the Building Public Health Infrastructure Initiative grant awarded by the Centers for Disease Control and Prevention (CDC), CTEC is conducting a 2-year Tribal Adverse Childhood Experiences (TACEs) project with three California Tribal Health Programs (THPs) beginning in March 2020.

The goal of this project is to increase awareness of ACEs and Trauma Informed Care (TIC) in communities and clinics. To accomplish this goal, the TACEs project is comprised of three components:

1. **Community surveys**–CTEC has adapted and pilot-tested a culturally sensitive survey based on the CDC version of the original ACEs tool. Our Tribal ACEs survey includes questions on demographics, resilience, community, and culture.
2. **Clinic staff surveys**–CTEC will collaborate with the three THPs to determine providers' extent of trauma-informed beliefs utilizing the Attitudes Related to Trauma-Informed Care (ARTIC) Scale. These attitudes can have an enormous effect on patients' experiences. ACEs and trauma shape health across the life span and the need for trauma-informed service systems is urgent.
3. **Prevention/intervention strategy implementation**–CTEC will analyze the results of the Tribal ACEs survey and the ARTIC Scale survey and work with the THPs to identify targeted community prevention activities, interventions and/or trainings they feel will resonate in their communities and clinics.

After project completion, CTEC will assist THPs in preparing individual and collective reports summarizing the results of the Tribal ACEs survey tool as well as implementing interventions, trainings, and the ARTIC Scale survey. As CTEC's aim is to increase awareness on ACEs and TIC, more information on the collective findings will be disseminated in September 2021.

BUILDING PUBLIC HEALTH INFRASTRUCTURE: OPIOID SUPPLEMENT

An Overdose Detection Mapping Application Program (ODMAP) pilot is being conducted to map both fatal and non-fatal opioid overdoses and improve access to real-time data for one Tribe. By improving data access, Tribes will be better able to track opioid overdose trends within their community and address community needs in real time.

TRIBAL PREP EVALUATION

TRIBAL PREP
California Rural Indian Health Board Inc.

The California Rural Indian Health Board, Inc. (CRIHB) teen pregnancy prevention program: Tribal Personal Responsibility Education Program (Tribal PREP) had 224 youth complete the teen pregnancy prevention program in Year-3 that ended on September 30, 2019. As part of Year-4, 25 facilitators from all 10 Tribal PREP sites attended an Evaluation and Data Collection training in Sacramento. The CTEC program evaluator will continue to provide evaluation services and technical assistance to facilitate the data collection.

CRIHB RELEASES STRATEGIC PLAN TO ADDRESS TRIBAL OPIOID USE

Over the past year, CTEC has been working on developing a response to the opioid epidemic in California's Tribal communities. In December 2019, CRIHB released "Healing Our California Tribal Communities: A Strategic Plan to Address Tribal Opioid Use."

A team comprised of a CTEC epidemiologist, project coordinator, and program evaluator traveled to Tribal communities throughout Northern, Central, and Southern California to gather community data, distribute the opioid response capacity assessment survey, and conduct key informant interviews and focus groups.

The 52-page strategic plan presents an overview of the opioid epidemic and the impact on Tribal communities, and it provides a summary of key findings and Tribal community-driven solutions.

"The Strategic Plan to Address Tribal Opioid Use will provide California Tribes, Tribal Health Programs, and Tribal Local Opioid Coalitions with recommendations of community-driven solutions to address opioid use and abuse in their communities," said Vanesscia Cresci, CRIHB's Research and Public Health Director.

CRIHB's CEO, Dr. Mark LeBeau said, "I appreciate the hard work and efforts of CRIHB's Research and Public Health team who developed the Strategic Plan to Address Tribal Opioid Use. CRIHB would like to thank the Tribal Opioid Advisory Committee for their helpful feedback, guidance, and support in creating the strategic plan."

CTEC Project Coordinator, Alejandra Cabrera, presented the strategic plan at the National Indian Health Board's 11th Annual Tribal Public Health Summit held on March 17-19, 2020, in Omaha, Nebraska.

To read the strategic plan, go to:
https://crihb.org/ctec/#opioidstrategicplan.

TRIBAL BEHAVIOR RISK FACTOR SURVEY (BRFS) AND YOUTH RISK BEHAVIOR SURVEY (YRBS)

At this time, the Tribal BRFS is being analyzed and will soon be developed into a report that will provide health-related behavioral data in the California Tribal adult community. The following list is a sample of health measures that will be available in the final report:

- Cultural connection and spiritual health
- Chronic health conditions
- Substance use specific to tobacco, electronic cigarettes, alcohol, and illicit substances
- Nutrition
- Physical activity
- Health care access
- Emotional/mental health
- Adverse childhood experiences

The Tribal YRBS report is currently in the final stages and will be finalized by Spring 2020. This report will provide information on health risk and health-related behaviors in the California Tribal youth community. The following list is a sample of health measures that will be available in the final report:

- Cultural connection and spiritual health
- Unintentional injuries and violence
- Mental health
- Sexual behaviors related to unintended pregnancy and sexually transmitted diseases
- Substance use specific to alcohol, prescription medications, and illicit drug use
- Dietary behaviors and physical exercise
- School performance and bullying

For more information regarding any of these projects, contact us:

epicenter@crihb.org
916-929-9761

CTEC'S LATEST RECRUIT
Welcome to the Team!

Aurimar Ayala has worked as an epidemiologist and researcher for over 20 years. She recently left Phoenix, Arizona, where she worked for 10 years at the Maricopa County Department of Public Health. Aurimar holds a Bachelor of Science degree with a concentration in Biology and a Masters in Public Health degree from Boston University with a dual concentration in Epidemiology/Biostatistics and Environmental Health.

Aurimar's work has focused on infectious diseases. She worked for several years at the Dengue Branch within the Centers for Disease Control and Prevention, where she researched community-based interventions for the prevention and control of dengue viruses. She also has experience with tuberculosis research in refugee populations, outbreak investigations, preparedness and response, and syndromic surveillance strategies for mass gathering events.

In her spare time, Aurimar enjoys painting and spending time with her two dogs. She travels frequently to Puerto Rico to visit her family and friends. Aurimar joined CTEC in November 2019 as CTEC's Epidemiology Manager.

DO YOU NEED TECHNICAL ASSISTANCE?

TECHNICAL SERVICES

- COMMUNITY ASSESSMENT
- DATA ACCESS/PROVISION
- DATA ANALYSIS
- DATA COLLECTION
- DATA INTERPRETATION
- DATA MANAGEMENT
- DATA VISUALIZATION
- GRANT WRITING
- HEALTH MESSAGING
- OUTBREAK RESPONSE
- PROGRAM EVALUATION
- EVALUATION PLAN DEVELOPMENT
- QUALITY IMPROVEMENT
- RESOURCE DEVELOPMENT
- SURVEILLANCE
- TRAININGS (IN-PERSON/ONLINE)

01 Visit the CTEC website or use the QR code below to access our submission form.

INSTRUCTIONS

OPTION 1: Open your phone camera and hover it over the code below. A "weblink" will appear.

SCAN ME

OPTION 2: Access our website at: **www.crihb.org/ctec**

02 A knowledgeable CTEC staff member will reach out to you and set up a meeting.

03 CTEC staff will provide timely assistance to complete your request!

> *"[CTEC] is an excellent team to work with. They are very helpful, knowledgeable, and efficient in their work!"*
>
> *- Gemalli Austin*
> *Technical Assistance Recipient '19*

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CTEC NEWSLETTER SPRING 2020

One of twelve Tribal Epidemiology Centers in the United States, the California Tribal Epidemiology Center (CTEC) was established in 2005 and is housed within the California Rural Indian Health Board, Inc. CTEC aims to assist in collecting and interpreting health information for all American Indians and Alaska Natives in California. CTEC works directly with Tribes and Indian Health Programs (rural and urban) to provide technical assistance and epidemiological support.