CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

NEWSLETTER

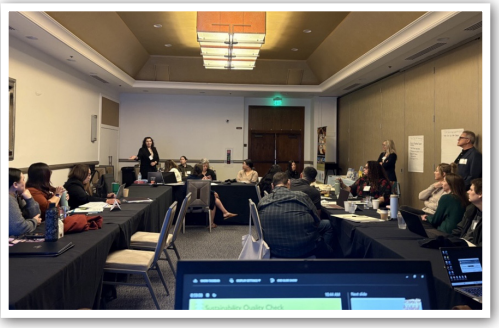
FALL/WINTER 2025-2026

INSIDE THIS ISSUE

Strengthening Programs for the Future: 2026 Winter Mental Health Summit Recap

Author: Edith Bikoba, MPH, Project Coordinator

In February 2026, the California Rural Indian Health Board California, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) staff hosted the Winter Mental Health Summit and Grantee Meeting in Santa Barbara. In attendance were grantees of the Domestic Violence Prevention (DVP), Substance Abuse Prevention, Treatment & Aftercare (SAPTA), and Suicide Prevention and Postvention (SPIP) programs. These Tribal programs are approaching the end of their funding periods, a critical stage for them because they must plan how to continue supporting their communities. When funding is depleted, the need for services persists, and Tribal communities depend on these programs for their well-being. During the two-day collaborative meeting, grantees worked to create structured sustainability plans, identifying which program services and activities were essential to continue. They also met with other programs to brainstorm ideas and share knowledge, since each program was at a different stage in developing its sustainability plan. The grantees learned that strong, feasible programs clearly identify their "core activities", which are the services their communities need the most. On day two, grantees learned how their program's success stories demonstrate the impact of their work, which can help them secure future funding and, in turn, support program sustainability. To support grantees beyond the Summit, participants received alternative sustainability funding sources and templates to use when finalizing their sustainability plans. By the end of the Summit, participants left with clearer, more feasible sustainability plans and a greater emphasis on protecting the health and well-being of Native communities.



For more information on what CTEC is doing for mental health, contact Edith Bikoba at ebikoba@crihb.org.

Nicamer Tolentino, MPH, CTEC Director

Director's Message

The California Tribal Epidemiology Center (CTEC) has been growing both structurally and programmatically. A few months ago, Ms. Antoinette Medina, MPA (Gabrielino Tongva Nation) was promoted to CTEC's Deputy Director. Ms. Medina started at CRIHB almost 15 years ago and took on various roles in the organization, including as the Operations Manager and recently as the CTEC Program Manager. She has been with CTEC for over six years and has taken on leadership roles on numerous projects. I am grateful to have Ms. Medina as my right hand and I look forward to building CTEC with her. Also, we recently promoted Ms. Ashley Mozzetti as our new CTEC Program Manager. Ms. Mozzetti started as an Summer Research Assistant Program intern and excelled at her placement. She was then hired as our Research Associate three years ago, then as one of our Program Coordinators. She recently completed her Masters in Public Health at Sacramento State University last year.

Since the inception of our Tribal Mosquito Abatement Program (TMAP), we have steadily expanded our support to help Tribal communities build and sustain effective mosquito abatement program. Last year, we were honored to visit the Ute Tribe in Utah, to demonstrate how they run their mosquito and vector abatement program, one of the few successfully operated mosquito abatement programs in the nation. The site visit at their reservation taught us a great deal on how to operate a Tribal mosquito abatement program. Our next phase would be to invite members of the Ute Tribe to California and continue to collaborate on how we may replicate their successful program.

CTEC staff recently attended the Resource Center for Tribal Epidemiology Center (RC-TEC) grantee meeting, along with other Tribal Epidemiology Center (TEC) staff where Artificial Intelligence (AI) efforts were discussed among TECs. Investing in AI in Tribal communities is critical to advancing Tribal sovereignty, strengthening data governance, and improving health, environmental, and public safety outcomes. As the Indian Health Services (IHS) advances their AI trajectory, the TECs are following this trend to stay aligned with IHS and other government agencies. CTEC will aggressively work on this issue along with data modernization on behalf of California Tribes.

California Tribal Epidemiology Center's

Tribal Public Health Conference

Resilience Through Tradition

Tribal Public Health at the Forefront of Change

August 4-6, 2026

Purpose

The Tribal Public Health Conference, formerly the Data, Evaluation, and Grant Writing Conference, aims to strengthen your capacity for grant writing, data utilization, program evaluation, and culturally responsive program implementation to support public health and health promotion efforts for American Indian Alaska Native communities across California.

Audience

All California Tribal Health Programs, Tribes, Urban Indian Health Organizations, and programs affiliated with CTEC*.

*Advancing California Opportunities to Renew Native Health Systems (ACORNS), Substance Use Disorder (SUD), Suicide Prevention, Domestic Violence Prevention Initiatives, Tribal Medication Assisted Treatment (TMAT), Tribal Opioid Response Program (TOR) Grantees, and programs funded by CRIHB.

Location

Hyatt Regency La Jolla at Aventine

3777 La Jolla Village Dr, San Diego, CA 92122

Pre-Conference Networking Dinner

Monday, August 3, 2026

4:30 PM - 6:30 PM

Register Online

The conference is free of charge.

A limited number of travel stipends are available for approved registrants.

Click or Scan QR Code to register.

Registration closes Thursday, July 16, 2026.

Questions?

Arvinder Singh | asingh@crihb.org | 916-929-9761 ext.1539

Collecting Insights That Strengthen Tribal Wellness

Tribal Behavior Risk Factor Survey

Author: Arvinder Singh, BS, Outreach Coordinator

The California Tribal Epidemiology Center (CTEC) team has been traveling across California to conduct the Tribal Behavioral Risk Factor Survey (TBRFS) for American Indian Alaska Native (AIAN) youth and adults.

TBRFS is a statewide survey that collects information on health behaviors, chronic health conditions, and use of preventive services among AIAN adults in California. The survey helps ensure Tribal communities are accurately represented in public health data and supports Tribes in strengthening programs, securing funding, and informing policy decisions. Community members who choose to participate receive a $50 gift card as a thank you for their time.

The survey cycle began in January 2026 and will close at the end of July 2026. For more information, please email Arvinder Singh at asingh@crihb.org.

Tribal Health Connection: A New Resource to Support Tribal Public Health

Author: Peter S. Bachrach, PhD, Program Evaluator

Strong Tribal public health efforts depend on clear roles, strong partnerships, and access to useful information. However, uncertainty around responsibilities, data sharing, and coordination with non-Tribal partners can sometimes delay timely action.

The Tribal Health Connection was created to help address these challenges. This web-based resource supports Tribal health leaders, coordinators, and partners by providing clear and practical guidance. It has been developed through collaboration with Tribal leaders, health programs, legal experts, and public health partners, with a focus on strengthening Tribal public health in California while respecting Tribal sovereignty and community priorities.

What is the Tribal Health Connection?

Authority - Understanding roles, responsibilities, and decision-making processes

Foundations - Accessing data, legal context, and planning tools

Partnerships - Working effectively with counties, states, and other partners

Systems - Building clear processes for communication and response

These areas are based on real-world situations. For example, if a Tribal health coordinator notices an increase in flu-like illness, they may need to identify key contacts, review available data, understand roles across agencies, and plan next steps. This resource brings that information together in one place to support faster and more informed decision-making.

Building on Community Strengths

The Tribal Health Connection also highlights the strengths within Tribal communities, including leadership, local knowledge, and strong relationships. It builds on lessons learned during the COVID-19 pandemic and other public health efforts, while recognizing the ongoing work already happening in communities.

What's Next?

The resource is currently being finalized based on community feedback. A broader release is expected later this year, and Tribal communities and partners will be invited to learn how to access and use it. For more information, please email Peter S. Bachrach at Pbachrach@crihb.org

CTEC Data Modernization Initiative: Building a Stronger Data Future

Author: Ezenwa Dike, PhD, Data Modernization Senior Advisor
Author: Umer Maqsood, MPH

Strengthening Data Systems for Tribal Health

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC), has launched a Data Modernization Initiative aimed at improving how data is collected, managed, and used across CTEC programs. This effort reflects a growing need to strengthen the data infrastructure that supports Tribal health research, reporting, and program planning.

Across many programs, data is often stored in separate systems and collected using different formats. While these systems have supported important work over the years, they can make it challenging to quickly combine information when timely insights are needed.

Building a Centralized Data Environment

A key goal of the initiative is to create a centralized data repository that allows programs to bring together multiple data sources into one secure environment. This will make it easier for staff to access reliable information, conduct analyses, and generate reports that support Tribal health programs.

By modernizing its data systems, CTEC will be better positioned to support program monitoring, improve reporting capabilities, and provide actionable insights that strengthen services for Tribal communities.

Progress and Key Milestones

Over the past year, CTEC has taken several important steps to establish the foundation for this initiative. A comprehensive Data Modernization Plan was developed, and an assessment of existing data systems across programs was completed.

As part of this work, multiple cloud platforms were evaluated to determine which system would best meet CRIHB's needs. After careful review, Google Cloud Platform was selected as the primary environment for the centralized data repository.

Another important milestone has been the implementation of REDCap, a platform designed to support standardized data collection and process improvement. REDCap will help programs collect data more consistently while improving project tracking and data quality.

Next Steps and Future Priorities

In the coming months, CTEC will continue expanding the data modernization effort by onboarding additional data sources into the centralized repository.

The initiative also includes plans to introduce data visualization tools such as Tableau. These tools will support the development of interactive dashboards that allow programs to monitor key indicators and trends more easily. For more information, please email Ezenwa Dike at edike@cdcfoundation.org.

Assessing Health Needs and Barriers in a Tribal Community: A Mixed-Methods Community Health Assessment

Author: Sneha Jaiswal, MPH, Epidemiologist

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) led work to better understand and address health needs in Tribal communities across California. Through a recent Community Health Assessment (CHA), CTEC partnered with a Tribal community to identify key health challenges, strengths, and opportunities to improve overall well-being.

CTEC conducted a mixed-methods assessment, including community surveys and key informant interviews, to better understand local health priorities and barriers to care. This work is especially important, as Tribal communities are often underrepresented in data, making it difficult to fully capture their health needs and experiences.

CTEC partnered with a Tribal community to identify key health challenges, strengths, and opportunities to improve overall well-being

The assessment highlighted several pressing concerns. Community members identified limited emergency services, transportation challenges, and a lack of access to fresh and healthy food as major barriers. Key health priorities among respondents included mental health (28%), diabetes (20%), and hypertension (14%). In addition, low vaccine uptake was reported, with many respondents not receiving flu (78%), pneumonia (70%), or RSV (72%) vaccines. At the same time, the assessment also identified important community strengths. These included access to a regular medical provider at the local clinic and the presence of a community health representative who conducts home visits, both of which play a vital role in supporting community health.

The findings from this CHA will help guide the development of targeted, culturally responsive health improvement strategies. By identifying both challenges and existing strengths, this work supports more effective resource allocation and program planning to reduce health disparities.

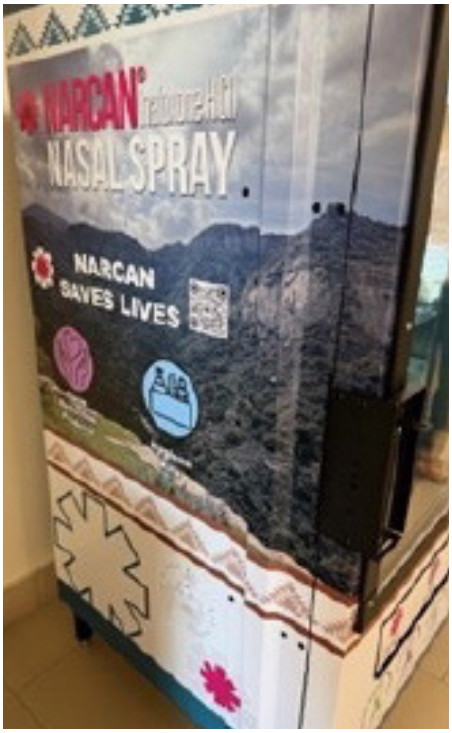
This work was recently presented at the American Public Health Association Annual Meeting (APHA), helping to elevate the importance of community-driven data and culturally grounded approaches to public health. For more information, please email Sneha Jaiswal at Sjaiswal@crihb.org.

Tribal Opioid Prevention Program: Success Stories from Tribal Communities

Author: Samantha Enos, Diné (Navajo), MPH, Epidemiologist

Background

The California Tribal Epidemiology Center partnered with a Tribal Health Program (THP) to support a pilot project involving a vending machine that provides healing and recovery supplies to community members. The supplies included items such as female and male hygiene kits, naloxone, safe sex kits, first aid kits, COVID-19 tests, fentanyl test strips, and more. The goal of this initiative was to help prevent opioid overdoses by increasing low-barrier access to essential health and harm-reduction resources for the Tribal community.



Implementation

Launching the vending machine created both opportunities and challenges. The THP worked closely with its Tribal Council to receive approval and guidance before moving forward. The Council also helped determine an appropriate location for the machine to ensure accessibility while respecting community considerations.

Pilot Findings

As part of the pilot, 102 authorized users were registered in the system and the software tracked the number and types of items dispensed. Participants ranged in age from 12 to over 50 years old.

The vending machine showed strong potential, not only for improving access to healing and recovery supplies, but also as a simple data-collection tool with relatively low maintenance needs. The THP staff selected a range of supplies to include in the machine and monitored inventory levels weekly to restock items as needed.

Barriers Identified

During implementation, several barriers were identified. These included challenges related to machine location, access protocols, costs, infrastructure requirements, and technology connectivity. These insights highlight the importance of designing vending machine programs that align with the unique context, privacy needs, and available resources within each Tribal community.

Conclusion

The first Tribal Opioid Prevention Project (TOPP) vending machine pilot highlighted both the benefits and areas that require further planning when introducing healing and recovery vending machines in Tribal communities. Considerations such as location, access codes, operating hours, costs, privacy, and infrastructure should be addressed early in future implementations.

Overall, the pilot expanded access to important healing and recovery supplies while generating valuable data. These insights can help strengthen opioid prevention efforts and guide decisions about the types of resources most needed in Tribal communities.

Next Steps

Lessons learned from this pilot will inform future overdose prevention and recovery efforts and support the expansion of similar vending machines across California THPs. For more information, please email Samantha Enos at Senos@crihb.org.

Establishing an Integrated Overdose Data Surveillance and Collection System

Author: Salomon Vidal, BA, Project Coordinator

In 2025, the California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) hosted the second iteration of the Tribal Overdose Prevention Program (TOPP). Supported by a supplemental award from the Centers for Disease Control and Prevention (CDC), the program funded capacity-building initiatives with California Tribes and Tribal Health Programs (THPs) to strengthen infrastructure for monitoring, preventing, and responding to opioid overdoses. That year, CRIHB CTEC awarded funding to three Tribes and THPs (i.e., Greenville Rancheria, Tule River Indian Health Center, and Inner-Tribal Treatment) to enhance overdose surveillance systems, expand cross-sector partnerships, and implement community-driven prevention strategies.

Through strengthened partnerships, culturally grounded outreach, improved data collection, and innovative prevention approaches—such as naloxone vending machines, community-based surveillance, and coalition-led coordination—the three sites increased both organizational and community readiness to address the evolving opioid crisis. However, persistent challenges—including stigma, confidentiality concerns, reporting gaps, and limited infrastructure—continue to influence overdose response efforts in Tribal communities. Participating TOPP sites emphasized the need for updated policies, culturally responsive educational materials, expanded anonymous access to overdose prevention supplies, and stronger community engagement in reporting overdose events.

The project also supported the development of a Tribal-based data collection system spanning ten Tribal jurisdictions, resulting in an updated database to inform evidence-based health policy and decision-making.

Overall, this iteration of TOPP funding enabled Tribal communities to strengthen surveillance capacity, enhance prevention efforts, and build more coordinated, culturally relevant responses to opioid overdoses. If you are interested in participating in the Opioid response projects, please email Salomon Vidal at Svidal@crihb.org.

Strengthening Tribal Opioid Response Efforts in California: Key Evaluation Insights

Author: Nilhari Neupane, PhD, Program Evaluator
Author: Kelley Milligan, MPH, Contract Evaluator

Background

The opioid crisis disproportionately affects American Indian Alaska Native (AIAN) communities in California. In 2023, AIAN individuals had the highest fentanyl overdose death rate in the state (57.2 per 100,000 residents), exceeding all other racial and ethnic groups[1]. This highlights the urgent need for stronger surveillance and culturally grounded prevention strategies in Tribal communities.

To address this, the California Tribal Epidemiology Center (CTEC) partnered with Tribal Health Programs (THPs) to implement the Tribal Opioid Prevention Project (TOPP), funded by the Centers for Disease Control and Prevention. TOPP is a five-year project aiming to improve opioid surveillance, data sharing, partnerships, and interventions to address and prevent overdoses. CTEC supported three THPs in implementing TOPP activities in 2025.

CTEC conducted a process and outcome evaluation of TOPP projects to gather inputs from partners, which will help improve current and future projects. The evaluation used a mixed-methods approach combining surveillance data with interviews conducted with THP staff between December 2025 and January 2026. Data sources include Overdose Detection Mapping Application Program (ODMAP), Opioid Syndromic Surveillance (OSS), and program progress reports.

Evaluation findings reveal that TOPP improved surveillance capacity. Two THPs implemented ODMAP and OSS and reported that these tools enhanced the detection of overdose patterns and strengthened coordination among Tribal public health departments, emergency medical services (EMS), and community partners. Surveillance data also supported more targeted prevention strategies. For example: THPs used local overdose information to guide naloxone distribution, outreach activities, and prevention messaging. Increased participation in ODMAP reporting also improved awareness of overdose patterns within Tribal and surrounding county areas.

Narcan training activities implemented by the THPs increased community knowledge of overdose recognition and response, including among youth in grades 6–12. Access to naloxone expanded through clinics, outreach, and vending machines. Rapid naloxone depletion at distribution points indicated strong demand.

Program data suggested that there is a reduction in overdose cases by almost 25% after implementing this program at two sites. However, seasonal spikes in overdoses, local environmental changes, and underreporting due to stigma or privacy concerns may influence these trends and the results should be interpreted with caution.

Implications for Improvement

Expanding ODMAP participation among clinics, first responders, and community partners could improve the completeness and timeliness of overdose surveillance data. Tribal Health Programs also require dedicated staff capacity to maintain surveillance systems and translate data into prevention actions. Improved coordination between Tribal health departments, EMS, and regional public health agencies can strengthen overdose reporting and support timely responses to emerging drug trends in Tribal communities.

[1] California Department of Public Health (CDPH) (2023). Opioid-Related Overdose Deaths in California, 2023. Available at: https://www.cdph.ca.gov/Programs/CCDPHP/sapb/CDPH%20Document%20Library/2023OpioidOverdoseDeaths.pdf

CTEC Achievement: Using Data to Identify Health Priorities in Tribal Communities

Author: Shichen Zheng, PhD, Epidemiologist

Overview

The California Tribal Epidemiology Center (CTEC) continues to strengthen public health decision-making by leveraging high-quality data to better understand the health needs of American Indian Alaska Native (AIAN) communities across California.

Showcasing Our Work Nationally

In February 2026, a CTEC Epidemiologist presented this work at the Resource Center for Tribal Epidemiology Centers (RC-TEC) Annual Conference in Aurora, Colorado. The presentation highlighted how CTEC is using the Epidemiology Data Mart (EDM) to identify health priorities and support Tribal health planning efforts.

Leveraging the Epidemiology Data Mart

The EDM is a national database that compiles information from Indian Health Service (IHS) and Tribal health clinics. It includes key data such as diagnoses, procedures, and clinic visits. By analyzing this data, CTEC is able to identify patterns of disease among AIAN patients receiving care at Tribal Health Programs and IHS facilities.

This information supports Tribes and Tribal Health Programs in planning services, applying for funding, and designing prevention strategies that are responsive to community needs.

Key Health Findings

Recent analyses identified several commonly occurring health conditions among patients in California Tribal clinics. These include diabetes, high blood pressure, heart disease, kidney disease, high cholesterol, obesity-related conditions, mental health concerns, cancer, and more.

Cancer Focused Analysis

CTEC conducted a focused analysis of cancer diagnoses from 2022 to 2024. Findings showed that breast and colorectal cancers were among the most frequently reported, emphasizing the importance of regular screening.

The analysis also suggested that multiple myeloma may be appearing more frequently than expected, indicating a need for further review and investigation.

Understanding Data Limitations

While EDM provides valuable insights, it does have limitations. The system only captures care delivered at Tribal Health Programs and IHS facilities, which means diagnoses made at external hospitals may not be reflected in the data.

Looking Ahead

CTEC is continuing to expand this work by examining the connections between chronic diseases and mental health conditions. By using data to guide decision-making, CTEC supports Tribal communities and health programs in building healthier futures.

Tribal Trauma-Informed Care

What if healing started with listening?

Author: Diana Tamayo, MPH, Epidemiologist

Understanding Trauma in Tribal Communities

In American Indian and Alaska Native communities, health and well-being are shaped by a combination of historical experiences, cultural strengths, and present-day realities. These experiences can carry across generations, shaping how individuals connect with their families, communities, and cultural identity.

While many individuals develop resilience and coping strategies, others may experience lasting effects of trauma. These impacts can include difficulty forming healthy relationships, feelings of isolation, and disruptions in community cohesion and identity.

What is Tribal Trauma-Informed Care?

Tribal Trauma-Informed Care (TTIC) is an approach that builds upon traditional trauma-informed care principles while centering Tribal values, histories, and cultural strengths. It emphasizes recognizing the widespread impact of trauma and integrating this understanding into policies, practices, and interactions.

At its core, TTIC shifts the question from "What is wrong with you?" to "What happened to you?" This perspective encourages a deeper understanding of individuals' lived experiences and promotes compassion, respect, and healing.

CTEC's Role in Advancing TTIC

The California Tribal Epidemiology Center (CTEC) recognizes the importance of supporting trauma-informed approaches across Tribal health systems. In partnership with Allyson Kelley and Associates, CTEC has initiated efforts to assess how Tribal Health Programs (THPs) are implementing trauma-informed practices among their staff.

These assessments aim to identify strengths, gaps, and opportunities to strengthen trauma-informed care across clinics, behavioral health programs, and community services.

Looking Ahead

Findings from this work will guide future support and resource development for THPs. By strengthening trauma-informed practices, CTEC and its partners aim to support culturally grounded care that promotes healing, resilience, and well-being in Tribal communities. For more information on TTIC, please email Diana Tamayo at Dtamayo@crihb.org.

Uplifting Maternal Health in California Tribal Communities

Author: Ashley Mozzetti, MPH, Program Manager

American Indian Alaska Native (AIAN) pregnant women and mothers in California are at a disproportionately high risk of experiencing adverse maternal health outcomes. The California Tribal Epidemiology Center (CTEC) has been working to address this through data advocacy, education, and awareness.

After assessing the needs and services of California Tribal Health Programs (THPs), strengthening maternal mental health efforts emerged as an opportunity. In Summer 2026, CTEC will partner with Tribes and THPs to implement the Tribal Maternal Mental Health Project. Through this project, sites will conduct a survey to assess the scope of maternal mental health in their respective communities, along with the knowledge, attitudes, and beliefs surrounding it. These results will inform community plans to implement interventions and raise awareness of maternal mental health concerns. CTEC is also working to launch a maternal health education and awareness campaign to further educate and empower AIAN pregnant women and mothers in their health.

The second Maternal Health Summit will be hosted at this year's CTEC Tribal Public Health Conference to further engage Tribal public health and healthcare professionals in uplifting maternal health in California Tribal communities. For more information on how to get involved in CTEC's maternal health efforts, please get in touch with Ashley Mozzetti at amozzetti@crihb.org.

Using ArcGIS to Strengthen Tribal Health Partnerships

Author: Sneha Chand, MPH, Epidemiologist Fellow

The California Tribal Epidemiology Center (CTEC) is expanding its use of ArcGIS to support data visualization and strengthen partnerships that improve Tribal health.

In December 2025, CTEC partnered with the Office of Community Engagement and Outreach (COE) at the University of California, Davis Comprehensive Cancer Center on developing a map that highlights Tribal lands and Tribal health clinics within the COE's catchment area, which includes 19 inland counties. The COE focuses on cancer prevention, detection, treatment, and community engagement across Northern California.

The goal of this initiative was to better understand gaps in outreach and support stronger collaboration with Tribal Health Programs.

CTEC developed an interactive ArcGIS map designed to support the following efforts. The map:

- Displays all California counties, with COE service areas clearly identified
- Highlights Tribal lands and Indian Health Service (IHS) clinics
- Allows users to zoom in, explore locations, and view additional details
- Includes customizable layers such as satellite and street views

Through this work, the map identified 13 Tribal lands and 26 IHS clinics within the COE catchment area. Some of these locations had not previously been identified by the COE team.

By improving visibility of these locations, the map supports more effective outreach and engagement with American Indian Alaska Native communities.

This project reflects CTEC's ongoing efforts to use data tools in practical ways that support Tribal public health. The team continues to explore additional applications, including dashboard development and real-time data visualization, to further strengthen these efforts.

USC SUD Policy Advocate Fellowship Program

Author: Jolea Hutt, Hoopa Valley, BS, Research Associate

This fall, California Tribal Epidemiology Center (CTEC) staff had the opportunity to participate in the University of Southern California (USC) Substance Use Disorder (SUD) Policy Advocacy Fellowship Program. During this fellowship, participants met weekly and completed assignments designed to strengthen their knowledge of substance use disorder, with a focus on Native communities. For the final project, fellows applied their new policy advocacy skills by writing a letter to an individual or group they believed could help address an issue, with step-by-step guidance from the fellowship program.

The USC SUD Policy Advocacy Fellowship Program is a free virtual fellowship designed to support individuals advocating for American Indian Alaska Native communities impacted by substance use disorder, including opioid and stimulant use. The training program provides participants with the skills, knowledge, and resources necessary to advocate for policy change with Tribal leaders and agencies, as well as with local, state, and federal legislators and policymakers. Ideal participants are individuals with little to no experience in policy advocacy.

The latest application cycle has now passed, but individuals with questions, or those who would like to be notified of future application, cycles can contact Jessica Montano Goldberg at jg16617@usc.edu.

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Jessica Kahoalii
Administrative Assistant

New CTEC Staff

Matthew Maurer, MPH
Epidemiology Consultant

Matt Maurer joins the California Tribal Epidemiology Center (CTEC) with nearly 20 years of experience in public health. After completing his Master of Public Health, Matt became the Senior Epidemiologist for Coconino County in 2016, directing efforts to improve surveillance, access to data, analytics, and data visualization. After teaching public health at Northern Arizona University for the past three years, Matt returned to public health as an epidemiology consultant to support the health needs of communities and improve health outcomes.

Edith Bikoba, MPH
Project Coordinator

Edith is a Project Coordinator at the California Rural Indian Health Board California, Inc. (CRIHB) CTEC, with a strong commitment to improving health outcomes for vulnerable, often overlooked communities, including older adults and Native populations. Edith holds a bachelor's degree in nutrition and pursued her Master of Public Health at Sacramento State, focusing on health promotion, policy, and leadership. Her work is driven by a passion for prevention and addressing health inequities.

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