CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

# NEWSLETTER

SPRING/SUMMER 2025

## INSIDE THIS ISSUE



# CTEC's 8th Annual California Tribal Public Health Conference

*Author: Sneha Chand, MPH*

From July 8th to the 10th, Tribal community members, California Tribal Epidemiology Center (CTEC) staff and California Tribal health programs staff from all around California came to The Pechanga Resort Casino in Temecula, CA to attend the 8th Annual Tribal Public Health Conference (formerly the Data, Evaluation & Grant Writing Conference).

This year's conference was extremely successful, with the largest attendance of 120 participants. Various accomplished Native artists, authors, academics, and organizations were featured speakers who shed light on womb sovereignty, traditional ecological knowledge, native art, and marketing.


*Jasha Echo-Hawk presenting on "Milk as Medicine"*


*Dr. Janelle Palacios presenting on using storytelling to change Health policy*

***Nicamer Tolentino, MPH*** *- CTEC, Director*

# Director's Message

These past few months, The California Tribal Epidemiology Center (CTEC) staff have been busy building and exploring environmental health programs and services to better serve the Tribal communities and respond to the communities' needs.

Early this year, Tribes requested that CRIHB CTEC develop a Mosquito Abatement Program to provide assistance and guidance to Tribes on mosquito and other vector-borne surveillance to track the exposure to mosquito-related illnesses. CTEC is working with the California Department of Public Health's (CDPH) Mosquito Abatement team to develop a sustainable program for the Tribes. So far, we are developing an educational campaign and offering funding for Tribes and Tribal Health Programs (THPs) to develop their own mosquito abatement programs.

In Spring 2025, CDPH reached out to CTEC and informed us about the elevated radon presence in Tribal communities through their findings. This garnered immediate attention to develop plans and implement radon mitigation treatment. CTEC is working with CDPH on the best ways to provide assistance and resources to the affected Tribes. At the moment, CTEC is providing Radon Air Test Kits and in the process of ordering Radon Water Test Kits. These test kits will be made available to California Tribal Health Partners as soon as we receive them.

CTEC was honored to host our annual Tribal Public Health Conference (formerly the Data, Evaluation & Grant Writing Conference) on July 7-9, 2025, in collaboration with our Public Health Department. The conference took place at the beautiful Pechanga Resort Casino and hosted 14 public health workshops and trainings, facilitated by 18 Indigenous presenters. The conference features keynote speakers, cultural storytelling, workshops on data sovereignty, maternal health, and missing and murdered Indigenous people awareness, decolonizing research, and traditional ecological knowledge. This event was attended by 120 Tribal health professionals across California Tribes and Tribal health programs. Providing an opportunity for Tribal health professionals and Tribal members to network and develop their public health knowledge and skills.

If you have any questions regarding CTEC or the Research and Evaluation Department, or any of the programs mentioned above, please feel free to reach out to me at **ntolentino@crihb.org**.

# Strengthening Tribal Public Health with the Cross-Jurisdictional Sharing Toolkit

*Author: Krista L. Locke, MPH*

California Rural Indian Health Board (CRIHB), California Tribal Epidemiology Center (CTEC) are developing a new Cross-Jurisdictional Sharing (CJS) toolkit, an updated and expanded version of the 2017 resource funded by the Robert Wood Johnson Foundation. This CJS Toolkit is a practical guide designed to help Tribal Nations and other governments work together across their jurisdictional boundaries to protect and improve public health. It provides step-by-step guidance, legal frameworks, and example agreements that can be adapted to the Tribe's needs.

This new versions tailored for a wide audience from Tribal public health officers, staff, leadership, attorneys, to government officials, will be used to support planning, decision-making, and collaboration.

What also sets this toolkit apart is its foundation in real-world insights. Between 2022 and 2023, CRIHB CTEC conducted a series of formative discussions with experts in Tribal, county and state public health, policy, and emergency management. These conversations helped identify key challenges and effective strategies reflected throughout the toolkit.

## The CJS Toolkit will be structured around four core sections:


The CJS Toolkit is currently in the content and website development phase, and is scheduled for public release by the end of 2025.

*Shingle Springs Bigtime, 2025, Outreach Table*

# CTEC Services and Support

***Author: Jolea Hutt***

CTEC is here to support your programs and communities through technical assistance. We provide assistance in several areas, including data, evaluation, program support, training, and grant specific technical assistance. You can request assistance related to data access, community assessment, data collection, analysis, interpretation, dissemination, management, and use. We also support health messaging, outbreak response, program evaluation, evaluation plan development, resource development such as surveys and tracking logs, surveillance, training, and quality or process improvement. We are happy to help and look forward to supporting your work. To get started, scan the QR code to submit a request, or go to the CRIHB website at www.crihb.org.

*Tule River College Fair Outreach Table*

## Data Sharing Agreements

Data Sharing Agreements (DSA) allow CTEC to access pertinent health information and data used to monitor health status and evaluate needs to improve available information to Indian Health Programs (rural and urban) and Tribes in California. Indian Health Programs and Tribes that hold an active DSA with CTEC can readily receive technical assistance, publications, and trainings. The term for a DSA is for five years with the option for a renewal! Please reach out to jhutt@crihb.org with any questions or if you are interested in creating or renewing a DSA with CTEC.

## Outreach Advertisement

If you have an upcoming event where you would like CTEC to attend, please email us at asingh@crihb.org. We are eager to come to your community, share information about our services, and provide resources to support your needs. We are always looking for more opportunities to connect and expand our support.

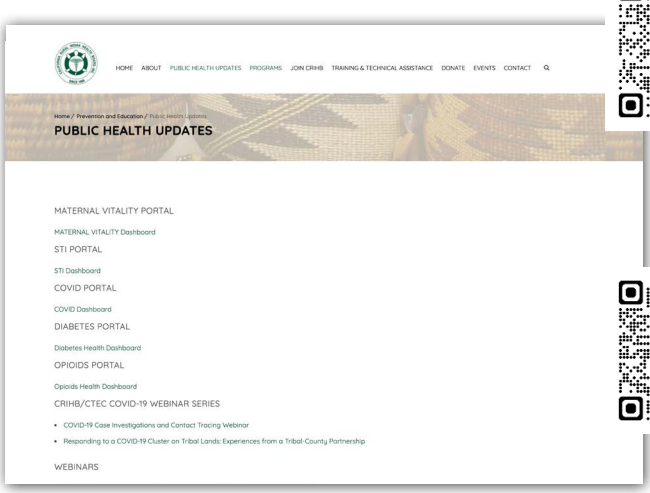
# Data Dashboard Feedback

*Author: Andrea Cantarero MS, MPH, RDN*

Did you know that the California Tribal Epidemiology Center (CTEC) has **five interactive dashboards** that highlight important American Indian and Alaska Native (AIAN) health issues in California? These dashboards were created in response to community requests on the topics that matter most. Our CTEC team worked together to turn current health data into easy-to-use tools that can support Tribal programs and communities.

We'd love to hear from you! Please explore the dashboards below and share your thoughts through our short feedback survey (just 1 minute to complete). Your input will help us make sure these tools stay useful and responsive to community needs.

Stay tuned for upcoming dashboards on Public Health Alerts, Environmental Health, Radon, Elder Care, and Child and Infant Health.




### CTEC Data Dashboard Landing Page

From this landing page, you can see and navigate between all five of the data dashboards below.

### Maternal Vitality Dashboard

This dashboard highlights maternal health trends, strengths, and challenges among AIAN mothers in California to support efforts that protect their health and vitality.

### Opioids Health Dashboard

This dashboard examines the impact of opioid overdoses and related risk factors on AIAN people in California, highlighting trends and challenges at the state, county and neighborhood level.

### COVID/Respiratory Dashboard

This dashboard shares weekly updates on COVID-19 testing, ER visits, deaths, and vaccinations, along with seasonal RSV and flu rates across California.

### Sexually Transmitted Infections (STI) Dashboard

This dashboard displays recent trends in STIs among AIAN people in California, including chlamydia, gonorrhea, and different types of syphilis.

### Diabetes Health Portal

This dashboard shows diabetes and pre-diabetes trends among AIAN adults in California.

# Tribal Assistance

## Association for Professionals in Infection Control & Epidemiology (APIC) 2025 Conference

*Author: Tenzin Dolkar, MPH*


Staff from the California Rural Indian Health Board (CRIHB), CTEC, and various Tribal health program staff across California attended the 2025 **Annual Conference and Expo of the Association for Professionals in Infection Control and Epidemiology (APIC)**, held from June 16-18, 2025, in Phoenix, Arizona. With travel scholarships awarded by CRIHB, 21 participants representing seven Tribal Health Programs attended the conference.

The APIC Annual Conference & Expo gathers over 3,500 infection prevention professionals, offering a vibrant platform to explore innovations, share expertise, and network with industry leaders. Additionally, the event highlighted the importance of having Instructions for Use (IFUs) for medical devices as essential tools in reducing healthcare-associated infections (HAIs).

One attendee outlined a two-pronged action plan for their Nursing Department- reinforcing aseptic techniques during medication preparation for injection and establishing a committee for regular review of manufacturers' instructions for use (IFUs).

Another attendee team returned with practical advancements—like initiating an on-site spore testing pilot project within the first week of return from the conference—and renewed momentum toward Infection prevention certification.

*"I'm confident that we'll establish a robust infection prevention program and empower our staff to take a proactive approach to prevention."* - APIC Attendee



Another attendee learned a new concept: the "Five Moments for Hand Hygiene," a framework recommended by the World Health Organization (WHO) to guide healthcare workers on when to perform hand hygiene to prevent the spread of infections.

For more information on CTEC's Capacity Building Project, contact Tenzin Dolkar at tdolkar@crihb.org.

# Tribal Assistance

## Powered Air Purifying Respirators

*Author: Diana Zamora, RN*

With funding from the Centers for Disease Control and Prevention (CDC), the California Tribal Epidemiology Center purchased and provided Powered Air-Purifying Respirators (PAPRs) to several Tribal Health programs across California. PAPRs can be a valuable asset in ambulatory care settings to enhance protection for healthcare personnel (HCP) against various airborne hazards. When interacting with patients with compromised immune systems or during times of increased community transmission of respiratory viruses, PAPRs offer an additional layer of protection compared to N95 respirators. It is crucial to emphasize that PAPR use should always be part of a comprehensive respiratory protection program, including proper training, medical evaluation, and regular program evaluation as required by regulatory bodies like Occupational Safety & Health Administration.

Tribal infection control coordinators state that the availability of PAPRs at their rural Tribal Clinic is a critical component of protecting frontline healthcare staff and maintaining resilient, continuous care in our tribal communities. In rural and Tribal settings, where emergency resources and staffing options may be limited, safeguarding healthcare personnel is essential to sustaining operations during infectious disease outbreaks and high-risk clinical procedures.

The PAPRs are more comfortable for extended wear, making them ideal for long-duration testing or treatment sessions involving airborne pathogens like measles, tuberculosis, or COVID-19. Their reusability also contributes to long-term cost efficiency and emergency preparedness. PAPRs provide a higher level of respiratory protection than N95 respirators and are especially important for staff who are unable to achieve a proper N95 fit, such as those with facial hair.

The investment directly enhances the safety of our Tribal healthcare workforce and strengthens their capacity to deliver high-quality, culturally responsive care.

For more info on this Program, contact Diana Zamora at dzamora@crihb.org.

# Success Story

## Wildfire Relief - United American Indian Involvement

*Author: Salomon Vidal*

**The devastation of wildfires that occurred in Los Angeles city and county –caused by a combination of environmental conditions, human expansion, and climate change - severely affected Tribal community members who live in the area. California Tribal Epidemiology Center (CTEC) assisted United American Indian Involvement (UAII), the largest non-profit one-stop provider of human and health services for American Indians and Alaskan Natives in Los Angeles and Orange County. CTEC supplied emergency medical resources, including air filters, respirators, portable batteries, and a variety of medical equipment such as first aid kits, oxygen concentrators, and personal protective equipment (PPE), to support communities affected by the crisis. As a result of CTEC's distribution of emergency medical resources, Tribal communities were better equipped to manage hazardous air quality and medical needs during the crisis. The timely provision of these supplies helped mitigate health risks, supported continuity of care, and enhanced overall community resilience in the face of emergency conditions.**

**Has your Tribal community been impacted by a disaster or emergency situation? Contact Salomon Vidal at svidal@crihb.org.**

# Human Immunodeficiency Virus (HIV), Sexually Transmitted Infection (STI), and Hepatitis C Virus (HCV) Prevention Projects

*Author: Sneha Jaiswal, MPH*

The California Rural Indian Health Board, Inc. (CRIHB) California Tribal Epidemiology Center (CTEC) is leading important work to support Tribal communities in addressing Human Immunodeficiency Virus (HIV), Sexually Transmitted Infections (STIs), and Hepatitis C Virus (HCV). Currently, two major projects are ongoing through CTEC's HIV/STI/HCV prevention program:

1

## Improving diagnosis, linkage, and retention in care

CTEC is working with eight Tribal Health programs to better understand the challenges and supports affecting diagnosis, linkage to care, and long-term retention for HIV, STIs, and HCV. This project focuses on identifying barriers and facilitators at the structural, organizational, and individual levels. By gathering these insights, we aim to strengthen Tribal health systems and ensure that community members have reliable access to the care and resources they need.

2

## Assessing Syringe Services Programs (SSPs)

Syringe Services Programs (SSPs) are community-based harm reduction efforts that provide safe and supportive services for people who use drugs. SSPs help prevent overdose and the spread of infectious diseases, while also improving overall physical, mental, and social well-being. These programs can provide access to sterile syringes, safe disposal of injection equipment, vaccinations, testing, and connections to substance use and mental health care. CTEC will be conducting a survey to learn more about the acceptability, opportunities, and challenges of implementing or expanding SSPs within Tribal health settings. By listening to local health providers, this project will help guide future prevention strategies that meet the needs of Tribal communities. Ultimately, the goal is to strengthen harm reduction strategies that are rooted in respect, compassion, and cultural awareness, while ensuring that Tribal communities have the tools and support, they need to improve health outcomes.

*Ask an Evaluator!*

# Indigenous Approach to Program Evaluation

*Author: Nilhari Neupane, PhD*

*"This approach focuses on relationships, community leadership, and long-term well-being, not just numbers." - Nilhari Neupane*

Program evaluation is a way to check if programs are working well. It helps people understand what's going right, what needs to change, and how to make better decisions[1]. In most Western approaches, evaluations are done using standard tools and methods that focus on numbers and results. These are often designed to meet funders' needs, not necessarily the needs of the people being served. Outside experts, who may not understand the culture or history of Tribal communities, usually lead these evaluations.

However, the Indigenous people belong to a diverse set of cultures, each with its unique cultures, languages, and norms. Therefore, it would be incorrect and disrespectful to assume all Indigenous groups, or all Indigenous individuals, are the same and apply a general evaluation method. Therefore, Indigenous evaluation should be different from the Western evaluation approach. According to LaFrance and Nichols (2008), an Indigenous evaluation is based on the values, traditions, and goals of the Indigenous community[2]. It focuses on relationships, community leadership, and long-term well-being, not just numbers. Storytelling, oral histories, and other cultural ways of sharing knowledge are central to the process. Most importantly, the community leads the work. They decide what success looks like, how data is collected, and how it is being used. This is called data sovereignty, i.e, the right of Indigenous peoples to control their own data and use it in ways that benefit their people and protect their knowledge.

## CTEC's Approach to Indigenous Evaluation

The California Tribal Epidemiology Center (CTEC) is putting Indigenous evaluation into practice by supporting Tribal Organizations and Communities in collecting their own data through participatory methods, ensuring that each Tribe maintains full ownership and control of their information—an approach rooted in data sovereignty. Through formal data-sharing agreements, CTEC respects Tribal governance and decision-making authority. CTEC also provides direct support for local evaluation efforts, including training staff from Tribal health programs, developing culturally relevant dashboards, and using both stories and statistics to reflect true community priorities. Whether it's maternal health, substance use, or chronic diseases, CTEC works closely with Tribal Organizations/ Tribal Leaders to make sure the information collected fits the community's needs and values.

Looking ahead, CTEC is further strengthening its commitment by making Indigenous evaluation a key focus of its 2026–2030 strategic planning. This includes deepening its commitment to culturally grounded, community-led evaluation by expanding Tribe-specific tools, enhancing data sovereignty frameworks, and continuing to train Tribal members in evaluation methods. Encapsulating these principles into its long-term planning, CTEC is not only supporting Tribal capacity but also advancing a model of evaluation that respects culture, builds trust, and empowers Indigenous communities, which are the core goals of Indigenous evaluation frameworks.

[1] Patton, M. Q. (2008). Utilization-focused evaluation (4th Edition). Sage Publications, pp 267.
[2] LaFrance, J., & Nichols, R. (2008). Reframing evaluation: Defining an Indigenous evaluation framework. Canadian Journal of Program Evaluation, 23(2), 13-31.

# CTEC Tribal Public Health Conference

## CTEC Conference Summits

*Author: Ashley Mozzetti, MPH*

On the final day of the CTEC 8th Tribal Public Health Conference, three key events were hosted - the Maternal Health, Opioid, and ACORNS Summits. These summits allowed participants to choose and explore public health topics related to their interests or specific grants and projects.


### Maternal Health Summit

1

During the Maternal Health Summit, participants engaged in facilitated conversations related to cultural practices in maternal health and the feasibility and viewpoints around the potential model of a Tribally-led Maternal Mortality Review Committee. These conversations allowed participants to share their experiences and perceptions of maternal health among California Tribal communities and learn from one another.

### Opioid Summit

2

The Opioid Summit highlighted a presentation on opioid overdose surveillance tools and featured a discussion panel of community experts working to address opioids in California Tribal communities. This summit aimed to engage participants in conversations about culturally grounded strategies to reduce overdose disparities among American Indian and Alaska Natives.

### ACORNS Summit

3

The ACORNS Summit included an interactive session designed to guide ACORNS sub-awardees through creating a Community Asset Map to help identify the strengths, resources, and networks within their respective Tribal communities. Participants were guided through the steps to map local assets, visualize service clusters, and better understand community readiness for collaboration.

*Attendees networking before a presentation on Traditional Ecological knowledge by Ali Meders-Knight.*

*Attendees getting active as part of an interactive presentation - An Indigenous Model of Living Well by Thosh Collins and Chelsea Luger.*


*Alicia Edwards, from The Raven Collective, presenting during the Outreach, Media and Marketing Panel.*

# Maternal Health

## Maternal Mortality Information Application User Meeting

*Author: Ashley Mozzetti, MPH*

In late August, three CTEC staff members attended the Centers for Disease Control and Prevention's Maternal Mortality Review Information Application (MMRIA) User Meeting (MUM) in Atlanta, Georgia. At MUM, CTEC staff engaged in important conversations surrounding maternal mortality review and using data to improve maternal health outcomes. They also participated in the MUM Tribal partner meeting, where they had the opportunity to connect with and learn from others working toward the shared goal of improving the health and wellness of AIAN mothers. Valuable information from this event will be used to further inform CTEC's work in Tribal maternal mortality prevention.

For more information on what CTEC is doing for CA AIAN Maternal Health, contact Ashley Mozzetti at amozzetti@crihb.org.

*"CTEC staff engaged in important conversations surrounding maternal mortality review and using data to improve maternal health outcomes."*

# CTEC Mitigation Projects!

## Tribal Mosquito Abatement Program (TMAP)

*Author: Diana Tamayo, MPH*

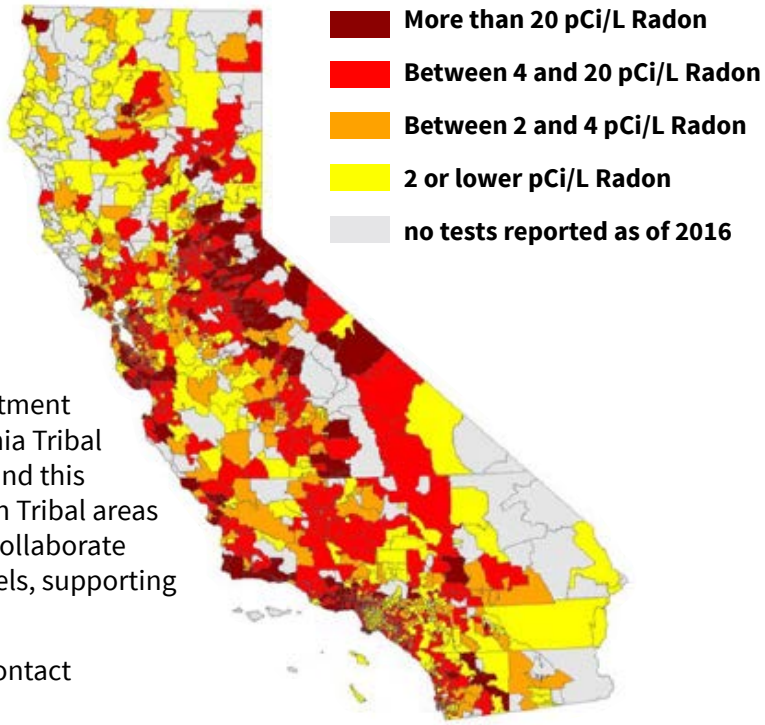
Mosquito-borne diseases cause more than one million deaths worldwide each year. As a result, mosquitoes are considered the World's Deadliest Animal. They don't just harm people – they can spread dangerous parasites and viruses to other animals, putting entire ecosystems at risk. Moreover, a warming world creates more favorable conditions for mosquitoes to breed and travel to regions where they were previously rare or absent. Recognizing the need for comprehensive mosquito control for California Tribes, CTEC designed a two-phase program that implements mosquito disease prevention and a pilot mosquito abatement program. In Phase I, participating staff must complete Mosquito Control and Surveillance Training and develop culturally relevant education efforts to reduce mosquito breeding. This program also provides a unique hands-on opportunity to learn from other Tribal mosquito abatement programs. In Phase II, participants will go through the Vector Control Technician Certification Program to certify employees in control of vectors. With these efforts, participating Tribal Organizations are empowered to take proactive steps in protecting their communities from mosquito-borne diseases.

If you have questions about this project, contact Diana Tamayo at dtamayo@crihb.org.

# Tribal Radon Mitigation

*Author: Diana Tamayo, MPH*

Radon is a naturally occurring gas that is released from rocks, soil, and water. Although you cannot see or smell radon, it can accumulate inside homes and buildings, leading to harmful side effects. In fact, it is the second leading cause of lung cancer in smokers and non-smokers. Currently, the United States Environmental Protection Agency (EPA) has determined the maximum level to be 4.0 pCi/L. While radon has been found in every county in California, reports have estimated that some locations in California have more than **34 times the maximum level**. As such, the Environmental Health Investigations Branch (EHIB) under the California Department of Public Health (CDPH) has teamed up with the California Tribal Epidemiology Center (CTEC) to increase awareness around this widespread, yet harmful gas. CTEC hopes to partner with Tribal areas that have exceedingly high levels of radon. We hope to collaborate with Tribal Health Programs (THPs) by testing radon levels, supporting educational campaigns, and offering radon mitigation.




For more information about radon levels in your area, contact Diana Tamayo at dtamayo@crihb.org.

# Health Provider Capacity Building - CTEC's Conference and Training Scholarships Project

*Author: Salomon Vidal*

The public health challenges imposed by the current and emerging epidemics require constant training and access to the latest research from experts in the field. The California Tribal Epidemiology Center (CTEC), has helped Tribal Health Program (THP) staff receive additional training by providing more than 30 scholarships to attend relevant conferences and workshops. Participants in the project attended the **Association for Professionals in Infection Control and Epidemiology (APIC)** conference, the 36th Annual **Boston International Trauma** conference – One of the longest running trauma conferences in the world –, as well as the California Rural Indian Health Board (CRIHB)Traditional Indian Health (TIH) gathering. The workshop trainings and certifications included disinfection, sterilization, antisepsis and HVAC systems. The training provided during the APIC conference helped improve capacity building in Tribal health programs across the state. The Annual Boston International Trauma Conference helped bridge academic research and clinical practice, addressing key topics including the neurobiology of trauma, developmental trauma, cultural humility, and the therapeutic roles of embodiment and the arts in the healing process.  Equally important, participants were introduced to traditional health practices in California, further providing cultural competency and understanding of the Tribal communities in the state by working alongside members of the community.

If interested in this project, contact Salomon Vidal at svidal@crihb.org.

# 2019 Tribal Behavioral Risk Factor Surveillance System

*Author: Zhenyu Situ, MPH*

**The 2019 California Tribal Behavioral Risk Factor Surveillance System (TBRFSS) is a cultural adaptation of the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), a nationally recognized telephone survey designed to collect comprehensive state-level data on health-related risk behaviors, chronic conditions, and utilization of preventative services.**

**All data collected through the previous California TBRFSS was meticulously entered into Qualtrics, a secure software platform utilized as a central server for data storage and management. The subsequent California TBRFSS report employs rigorous univariate and bivariate descriptive statistical analyses, including frequency distributions such as means and univariate analysis, to effectively present the gathered data. Notably, any instances of missing data, represented by responses indicating uncertainty or refusal to answer, were excluded from the analysis, and reporting process.**

**If you would like additional info regarding the upcoming 2026 TBRFSS or if you would like CTEC to attend your event, contact Zhenyu Situ at zsitu@crihb.org.**

# Upcoming: 2026 Adult & Youth TBRFSS

# OUR HEALTH. OUR FUTURE.


## About the survey:

To identify and understand priority health-related behaviors of American Indian/Alaska Natives in California.

## Who can participate?

All American Indians/Alaska Natives living in California are welcome to participate!
- Adults (18+)
- Youth (9th-12th grade)

## How to participate:

Survey period is open from October 2025 to April 2026. **Scan QR code to view the list of upcoming events including tribal festivals and health fairs to complete our survey in person.**

## About CTEC

California Tribal Epidemiology Center works in partnership with Tribes and clinics to improve the health and well-being of American Indian/Alaska Natives throughout California.

## Receive $50 in Gift Cards for participating!

## Questions?

**Zhenyu Situ**
916-286-7282 Ext.1511
zsitu@crihb.org
www.crihb.com/ctec

# Building a Stronger, More Responsive Tribal Health Data Infrastructure

*Author: Ezenwa Dike, DHA*

**CRIHB CTEC continues to make significant strides in our data modernization journey. Our focus goes beyond adopting new technologies—we are building a robust, culturally responsive, and sustainable informatics infrastructure that aligns with the unique needs of Tribal Health Programs. These advancements are a direct reflection of our commitment to data-driven health equity.**

## From Assessment to Action: Our Completed Strategic Plan

One of our most impactful achievements to date is the completion of our **Data Modernization Plan**. This comprehensive plan, which also includes a detailed implementation roadmap, serves as the foundation for our long-term informatics strategy. By first conducting a thorough and inclusive assessment, we were able to create an actionable plan that is community-informed and upholds Tribal data sovereignty principles.

## Strengthening Data Governance

To ensure the integrity and responsible use of our data, we've made significant progress in establishing strong data governance frameworks. Our efforts began with a foundational step: the cataloging and dictionary of our data. We are now actively working to establish a **Data Governance Steering Committee**, which will oversee all data-related initiatives and ensure alignment with our strategic goals.

## Moving to Scalable Technology Solutions

We are actively transitioning from manual, spreadsheet-based systems to modern, scalable solutions that enhance our operational efficiency. This includes:

- **Accessing Internal Data Systems:** We began our process by thoroughly accessing data systems within the organization. This allowed us to identify redundancies and create a new strategy and process to **streamline future system acquisition.**
- **Tableau Cloud Implementation:** We are moving from Tableau Public to **Tableau Cloud**, a major upgrade that provides a secure, scalable, and collaborative environment for real-time data reporting and visualization.
- **REDCap Integration:** We are working on implementing REDCap, a low-cost, flexible tool for structured data collection and assessments. REDCap will increase our capacity without adding financial strain.

## Planning for the Future with Cloud Infrastructure

Our strategic efforts are now moving into the next phase: building a centralized **data repository**. As part of our forward-looking strategy, we have:

- **Explored Cloud Infrastructure:** We have thoroughly explored different cloud infrastructure options to find the best fit for our long-term goals.
- **Completed Cost Analysis:** We have completed a full cost-benefit analysis of these options.
- **Entered the Pilot Stage:** We are moving into the pilot stage of **moving our data to a cloud infrastructure**, a critical step toward creating a scalable, secure, and permanent data repository.

**We are confident that these intentional steps will continue to empower us to make a lasting impact on the health and well-being of the communities we serve.**

# CTEC Staff

**Nicamer Tolentino, MPH**
CTEC Director

**Antoinette Medina, MPA**
CTEC Program Manager

**Umer Maqsood, MPH**
Epidemiologist Manager

**Ashley Mozzetti, MPH**
Project Coordinator

**Salomon Vidal, BA**
Project Coordinator

**Zhenyu Situ, MPH**
Epidemiologist

**Sneha Jaiswal, MPH**
Epidemiologist

**Krista L. Locke, MPH**
Senior Epidemiologist

**Andrea Cantarero MS, MPH, RDN**
Epidemiologist

**John Egbo, MPH**
Epidemiologist

**Mare Schumacher, MS**
Lead Epidemiologist

**Ezenwa Dike, MS, DHA**
Data Modernization Senior Advisor

# New CTEC Staff

**Arvinder Singh, BS**
Outreach Coordinator

Arvinder Singh is the Outreach Coordinator at CTEC, with a strong commitment to equity and access, Arvinder works with Tribal partners, local organizations, and internal teams to promote culturally responsive outreach initiatives.

**Terence Lo, BS**
Project Coordinator

Terence Lo is a Project Coordinator for CTEC. Terence is passionate about creating positive change by building partnerships that strengthens and uplifting the community. He works to empower individuals and promote lasting growth.

**Peter Bachrach, PhD**
Program Evaluator

Peter S. Bachrach is a Program Evaluator and Research Psychologist. His expertise focuses on aging, resilience, and the evaluation of complex health and education systems. At CTEC, Peter supports Tribal health programs by assessing public health initiatives and strengthening collaboration with Tribal leaders and partners.

**Diana Tamayo, MPH**
Epidemiologist

Diana Tamayo is an Epidemiologist at the CTEC, where she leads Tribal environmental health initiatives. Her current projects address radon exposure, mosquito abatement, and air quality monitoring. She brings a strong foundation in biological sciences and public health laboratory practice, with experience supporting laboratory diagnostics and contributing to infectious disease outbreak response.

**Jolea Hutt, BS**
Research Associate

Jolea Hutt is a Research Associate at CTEC with a Bachelor's in Business Analytics. She previously worked with CTEC as a Summer Research Assistant, contributing to public health projects with the Tule River Indian Health Center. She is a proud member of the Hoopa Valley Tribe.

**Dami Ekundare**
Administrative Assistant

Dami Ekundare is an Administrative Assistant at the CTEC, where she provides high-level support to the director and research team. With a strong background in administration and a dedication to fostering an organized, collaborative environment, Dami is devoted to advancing CTEC's goal of improving health equity and enhancing services for Tribal Communities.

**Shichen Zheng, PhD**
Epidemiologist

Shichen Zheng is an Epidemiologist at CTEC. Shichen brings a wealth of expertise in youth tobacco prevention, data modernization, and Tribal health equity. In this role, Shichen will lead epidemiologic research and evaluation projects focused on improving the health of Tribal communities, as well as support data-driven initiatives across CTEC's programs.

**Nilhari Neupane, PhD**
Program Evaluator

Nilhari Neupane is a Program Evaluator at CTEC with over 12 years of working experience in research, teaching, and developmental projects in Southern Asia and Eastern Africa. At CTEC, Nilhari will be responsible for assessing the effectiveness of health-related projects/ programs to inform stakeholders/decision makers and improve the program outcomes.

**Samantha Enos, MPH**
Epidemiologist

Samantha Enos, MPH, is an Epidemiologist at the CTEC focusing on opioid surveillance among Tribes in California. She is a member of Navajo Nation bringing valuable insight to culturally competent approaches to public health research with backgrounds in health education and a Master of Public Health degree in Epidemiology.

**Sneha Chand, MPH**
Epidemiologist Fellow

Sneha Chand recently graduated with her MPH from UC Davis in June and joined CTEC as an Epidemiologist Fellow in July. She is excited to join and support the CTEC team in improving AIAN health outcomes through epidemiological practices!

**Jessica Kahoalii**
Administrative Assistant

Jessica Kahoalii is an experienced Administrative Assistant at CTEC, where she supports the Research and Evaluation Department with precision and care. Prior to joining CRIHB, she worked at United Indian Health Services (UIHS), gaining valuable experience in administrative coordination and community-focused service.



CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

**1020 Sundown Way, Roseville, CA 95661**

**916-929-9761**

**WWW.CRIHB.ORG/CTEC**