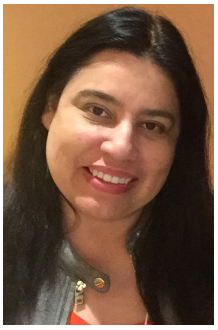
THE CALIFORNIA TRIBAL EPIDEMIOLOGY CENTER

NEWSLETTER

INSIDE THIS ISSUE



DIRECTOR'S MESSAGE

In this newsletter, we focus on the COVID-19 pandemic and how it is affecting American Indian and Alaska Native (AIAN) communities in California (CA). The first article provides an overview of surveillance data in the United States (US), in CA, has a summary of data reported from the Indian Health Service as well as a discussion on the Navajo Nation which has been greatly impacted by COVID-19. We expect the data reported to be an underestimate of the real number of cases of COVID-19 in AIAN populations given the misclassification challenges that we know plague race and ethnicity data in the US.

The second article showcases the COVID-19 situational report that the California Tribal Epidemiology Center (CTEC) housed within the California Rural Indian Health Board (CRIHB) has been producing on a daily basis, Monday to Friday, since early March of 2020. We have now produced over 60 reports in an effort to inform Tribes and Tribal Health Programs on the most accurate and timely data available to guide prevention and control efforts against COVID-19 on Tribal lands.

Our third featured article discusses the educational materials and targeted ads that CTEC and CRIHB have produced to increase awareness and promote prevention efforts against COVID-19 transmission in AIAN communities in CA. Additional articles featured include an overview of case investigations and contact tracing, both vital measures in the fight against COVID-19 and a discussion on mental health and anxiety during a pandemic. Also, this newsletter discusses where to find additional information on funding opportunities for COVDI-19 and puts a spotlight on one of our currently funded projects, a project to increase the capacity of Tribal Health Programs to identify, respond to, and mitigate public health threats specific to COVID-19 while improving the health, safety, and well-being of their communities. Lastly, this newsletter provides updates on our staff contacts and a visual guide to requesting technical assistance from us, with particular emphasis on COVID-19 assistance.

In community spirit,

Aurimar Ayala

Aurimar Ayala, MPH

Epidemiology Manager

California Tribal Epidemiology Center

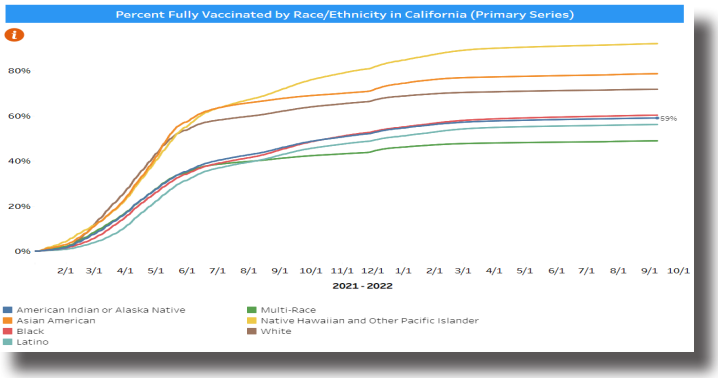
COVID-19

By John Egbo, MPH and Krista Morris, MPH

According to the Centers for Disease Control and Prevention (CDC) as of September 13, 2022, there has been 95,151,379 cases and 1,045,559 deaths from COVID-19 in the United States since the beginning of the pandemic. In California, cases reached 10,329,995 with 94,558 resulting in death according to a report from the California Department of Public Health (CDPH) on September 8, 2022. Tribal communities have especially been impacted by the virus.

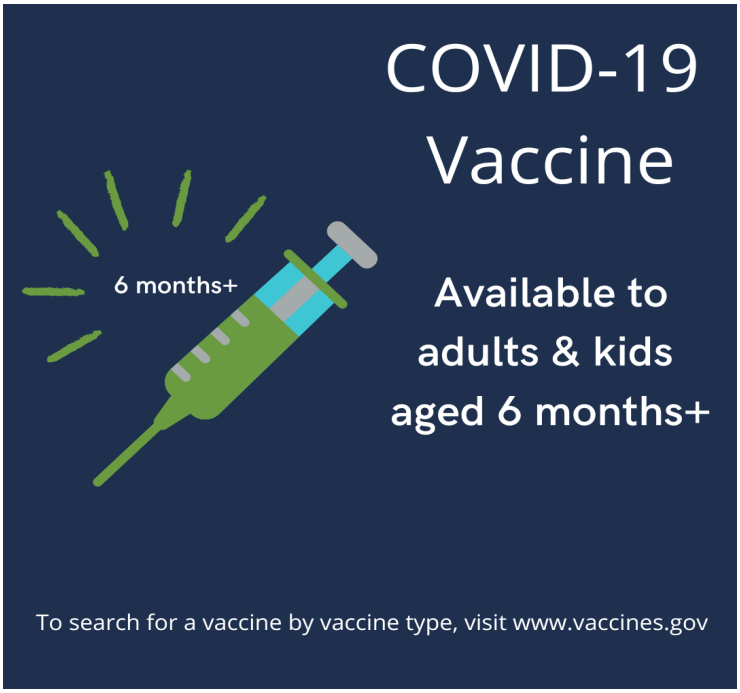
The Department of Health and Human Services (HHS) reports 35,865 cases and 482 deaths among the American Indian and Alaska Native (AIAN) population as of September 8, 2022. The HHS totals include cases and deaths reported by the Indian Health Service (IHS) and CDC. However, the actual numbers are much higher since Tribal and Urban Tribal organizations are not required to report to IHS and AIAN individuals who also report additional races/ethnicities are not included in these totals. The CDPH reports that the AIAN population have six times more cases than the lowest rate and are at least 1.2 times more likely to be hospitalized with COVID-19 than Whites according to the COVID-19 Associated Hospitalization Surveillance Network. In response, Tribal Nations and organizations across California have made an exceptional effort to prevent the spread and severe illness through vaccination campaigns.

According to CDPH, at least 72% have been fully vaccinated with COVID-19 vaccine. When it comes to racial demographics and vaccination rates, it has been reported that 59% of the eligible AIAN population statewide has been fully vaccinated vs. 72% among Whites (see below).

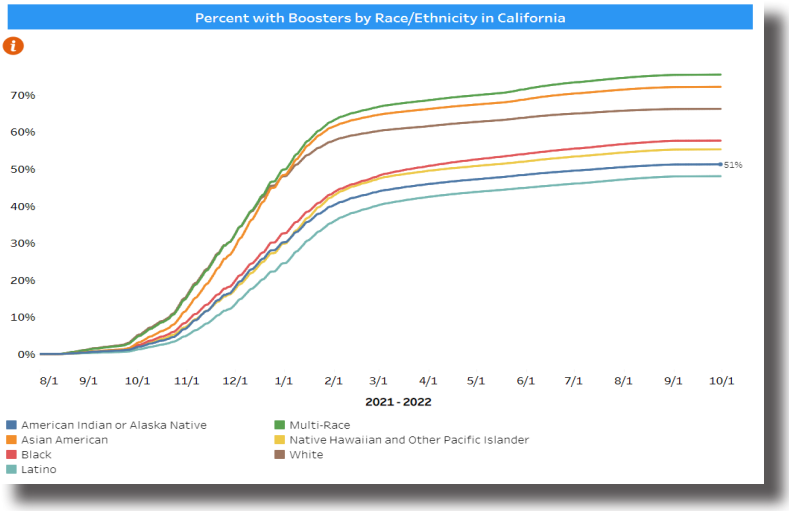


The COVID-19 vaccination is a safe means for individuals to protect themselves from serious illness and death. You should consult with your medical provider about which vaccine is most appropriate for you and if you are among the very few individuals who should not receive any of the vaccines.

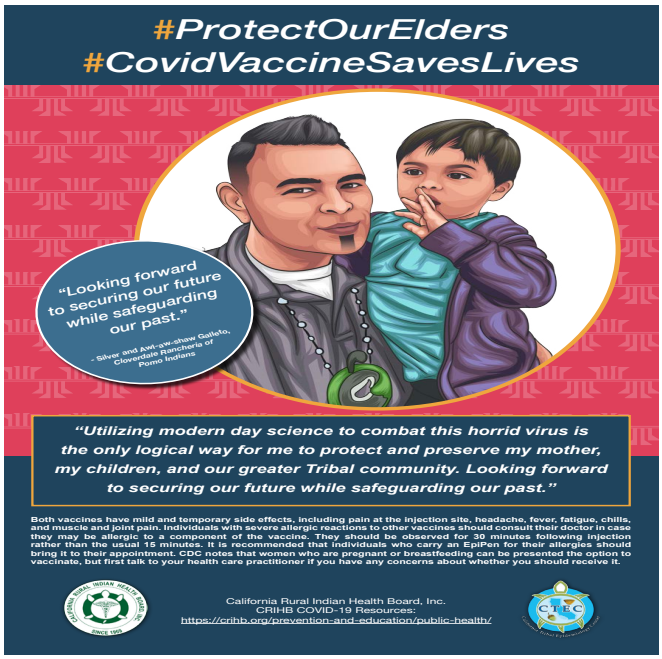
The CDC reports that Omicron is currently the main variant of concern. Omicron accounts for 100% of all new COVID-19 cases nationwide. The most common symptoms associated with the Omicron variant include cough, runny nose, sore throat, fatigue, headache, and muscle pains. To protect yourself from Omicron, it is recommended to get a booster shot if already fully vaccinated. Booster shots provide additional protection against variants and are beneficial as the initial vaccination series effectiveness may wane over time. Booster shots have been deemed necessary, particularly after the emergence of the Omicron variant.



Several age groups can now protect themselves and obtain a booster. According to the CDC, people ages five years to 11 years are recommended to get the original (monovalent) booster, while people ages 12 years and older are recommended to receive one updated Pfizer or Moderna (bivalent) booster. It is important to consult with your medical provider about whether you are eligible for a booster. According to CDPH, 58% of Californians have been fully vaccinated and have received the booster shot for COVID-19. In terms of demographics, CDPH reported that 51% of the eligible AIAN population statewide have received their booster shot vs. 66% amongst the eligible White population (see below).



Currently, there are initiatives aimed at increasing vaccination rates among AIAN. Public service announcements, flyers, and social media messaging are examples of these activities. The California Rural Indian Health Board (CRIHB) continues to give updates on current efforts as well as health education tools. On the CRIHB website, you can find the "COVID-19 Vaccine Saves Lives'' campaign, CDC guidance, COVID-19 tribal resources, and more. As the COVID-19 pandemic enters its third year, efforts will be made to encourage individuals to get vaccinated and boosted to protect their community and themselves.



References:

CDC. COVID data tracker: cases, deaths & testing. https://covid.cdc.gov/covid-data-tracker. Updated September 13, 2022.

CDPH. Tracking COVID-19 in California. https://covid19.ca.gov/state-dashboard/. Updated on September 8, 2022.

Human Health Services Protect, CDC. COVID-19 deaths and cases by age and race in California. Updated September 8, 2022.

CDPH. Case rate per 100k by race and ethnicity group in California. https://covid19.ca.gov/equity/. Updated September 8, 2022.

COVID-NET. Laboratory confirmed COVID-19 hospitalizations. https://gis.cdc.gov/grasp/COVIDNet/COVID19_3.html. Updated September 3, 2022.

CDPH. Vaccination data dashboard. https://covid19.ca.gov/vaccination-progress-data/. Updated September 8, 2022.

CDC. COVID data tracker: variant proportions. CDC COVID Data Tracker: Variant Proportions. Updated September 10, 2022. https://covid.cdc.gov/covid-data-tracker/#variant-proportions

Becker's Hospital Review. Most common symptoms of 6 coronavirus variants. https://www.beckershospitalreview.com/public-health. Updated August 4, 2022.

CDC. Stay up to date with COVID-19 vaccines including boosters. https://www.cdc.gov/coronavirus/2019-ncov/vaccines. Updated September 8, 2022.

Climate and Environmental Health Concerns in California Native Communities

by Ruth Ester, MPH

The health of the environment and environmental conditions immensely affect the health and well-being of American Indian Alaska Native (AIAN) populations. The field of environmental health focuses on the interaction between humans and their environment and working with communities to promote healthier environments through education, promotion of wellness for the environment and people, and policy development. The physical environment in which people live is an essential determinant of health and is significantly influenced by climate and weather conditions. Climate variations exacerbate climate hazards and amplify the risk of extreme weather events affecting the environment that provides us with clean air, food, water, shelter, and security. Rising temperatures of air and water lead to rising sea levels, higher wind speeds, more intense and prolonged droughts and wildfire seasons, heavier precipitation, and flooding. Consequently, some existing health threats will intensify, and new health threats will emerge.

Increasing temperatures and changing precipitation patterns pose an escalating threat to California's environment. Already subject to drought, wildfires, and extreme weather, California's environmental and social problems are exacerbated by a warmer world. California is in its fifth year of the hottest and driest statewide drought in recorded climate history. According to the Office of Environmental Health Hazard Assessment Indicators of Climate Change in California 2018 report, each of the last three decades in California has been successively warmer than any preceding decade. Between 2012 and 2014, California witnessed the most severe drought on record. In addition to higher average temperatures, California also experiences intense and prolonged heat waves. Warmer average temperatures and drier environments create conditions that lead to frequent and severe wildfires. It is estimated that the 2015 California drought affected nearly the entire state and that more than 2.7 million Californians currently live in high-risk wildfires areas, in part due to historic land decisions.

Environmental Health among AIAN

Native health is based on the interconnected social and ecological systems that are being disrupted by extreme weather and climate conditions. California tribal lands are subject to climate and weather-related impacts such as sea level rise, extreme heat, drought, and wildfire. Such lands are becoming unviable and, in some circumstances, uninhabitable, forcing some tribes to relocate, and negatively impacting cultural lifeways, sovereignty, and economic and social stability. These impacts threaten traditional food sources, gathering and preservation practices, and their relationships with cultural, spiritual, or ceremonial sites that are foundational to Native peoples' environmental, physical and mental health. Some of the significant impacts of extreme weather and climate on the environmental health of the California AIAN population include reduced access to traditional food and water, decreased water and air quality, and increased exposure to health and safety hazards.

Climate Impacts on Access to traditional foods and water

Extreme weather and climate conditions disproportionately affect California tribes and their lands because they depend heavily on their natural resources, so an increase in drought frequency and severity will

impact food and water availability. Most native fishes face severe decline due to higher water temperatures, decreased water flows, and quality. For California tribes, changes in streamflow and water temperature continue to increase the severity of existing declines in salmon, shellfish, finfish, and other culturally important species. Many California tribes do not have the abundance of water they once had. Untreated and contaminated drinking water can cause disease outbreaks and illnesses. Tribes are losing wells constantly, increasing the depth of wells, and being exposed to iron, magnesium, uranium, arsenic, and heavy minerals. Coastal water sources may become saltier due to sea level rise and flooding by ocean water.

The contamination of traditional foods and water sources is one of the most significant issues for California's AIAN population. Exposure to waterborne and food-borne pathogens can occur through contaminated drinking water, seafood, or fresh produce. Depleted water sources are more likely to harbor high concentrations of pollutants and disease pathogens and become increasingly impacted by heavy rain events bringing polluted run-off. In the Klamath river, large numbers of salmon are dying due to a pathogen known as Ceratonova Shasta. Due to historic drought, the river is experiencing low water levels, allowing a deadly parasite known as Ceratonova Shasta to thrive in the waterway and infect large numbers of salmon. As a result, the lack of access to traditional foods can lead to poor nutrition, obesity, diabetes, and mental health effects.

Climate Impacts on Air Quality

Rising temperatures, drought, and other conditions exacerbate air pollution with increased smoke, pollen, dust, and other airborne particles. Decreased air quality is one of the most significant impacts of wildfire within California tribal communities. Fires release multiple pollutants, including carbon dioxide, carbon monoxide, and chemicals like benzene, into the air. Studies have shown that inhalation of these particulates can cause health effects, such as respiratory disease, heart disease, and cognitive decline. Asthma rates among adults and children in Native American communities are higher than among the general population. An increase in the number, severity, and duration of wildfires causes health risks in California tribal communities to children, elders, and those suffering from respiratory illnesses such as asthma and lung diseases like chronic obstructive pulmonary disease.

References:

FAQ: Climate change in California. Scripps Institution of Oceanography. (n.d.). Retrieved October 11, 2022, from https://scripps.ucsd.edu/research/climate-change-resources/faq-climate-change-california

Diffenbaugh, N. (2015, March 5). Anthropogenic warming has increased drought risk in California. PNAS. Retrieved October 11, 2022, from https://www.pnas.org/doi/full/10.1073/pnas.1422385112

Indicators of Climate Change in California. Oehha.ca.gov. (2018, May). Retrieved October 11, 2022, from https://oehha.ca.gov/climate-change/document/indicators-climate-change-california

Howitt et al. (2015). Economic Analysis of the 2015 Drought for California Agriculture. Center for Watershed Sciences. Retrieved October 11, 2022, from https://watershed.ucdavis.edu/files/biblio/Final_Drought%20Report_08182015_Full_Report_WithAppendices.pdf

Goode, R. (2018). Summary Report from Tribal and Indigenous Communities within California. California's Fourth Climate Change Assessment. Retrieved November 2, 2022, from https://www.energy.ca.gov/sites/default/files/2019-11/Statewide_Reports-SUM-CCCA4-2018-010_TribalCommunitySummary_ADA.pdf

Guzman, J. (2021, June 18). Hundreds of thousands of salmon dying in 'climate catastrophe. The Hill. Retrieved October 11, 2022, from https://thehill.com/changing-america/sustainability/environment/559064-hundreds-of-thousands-of-salmon-dying-in-climate/

Status of Tribal Air Report 2021. NAU. (2021).) Retrieved October 11, 2022, from https://www7.nau.edu/itep/main/docs/publications/NTAA-Status-of-Tribal-Air-Report_2021.pdf

Gamble, J. (2016, April 4). The impacts of climate change on human health in the United States: A scientific assessment. U.S. Global Change Research Program. Retrieved October 11, 2022, from https://health2016.globalchange.gov/

Climate Change Impacts Across California - Crosscutting Issues. (2022, April 5). U.S. Global Change Research Program. Retrieved October 11, 2022, from https://lao.ca.gov/Publications/Report/4575

What is Monkeypox?

by Nirvi Shah, MPH

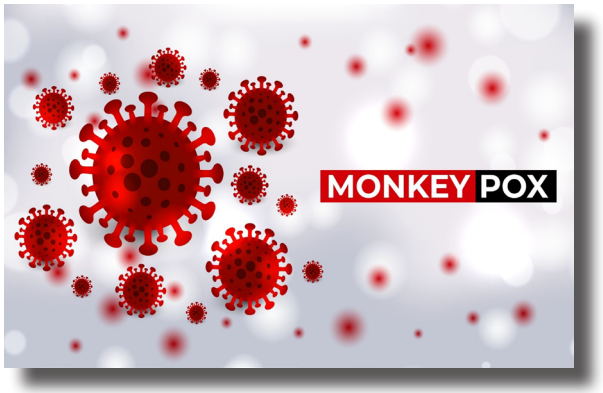
According to the Centers for Disease Control and Prevention (CDC), Monkeypox is a rare disease and is caused by infection with the Monkeypox virus. The monkeypox virus is part of the same family that causes smallpox. Though symptoms are similar to smallpox, monkeypox is milder and rarely fatal. Contrary to some beliefs, monkeypox is not related to chickenpox. [1]

History

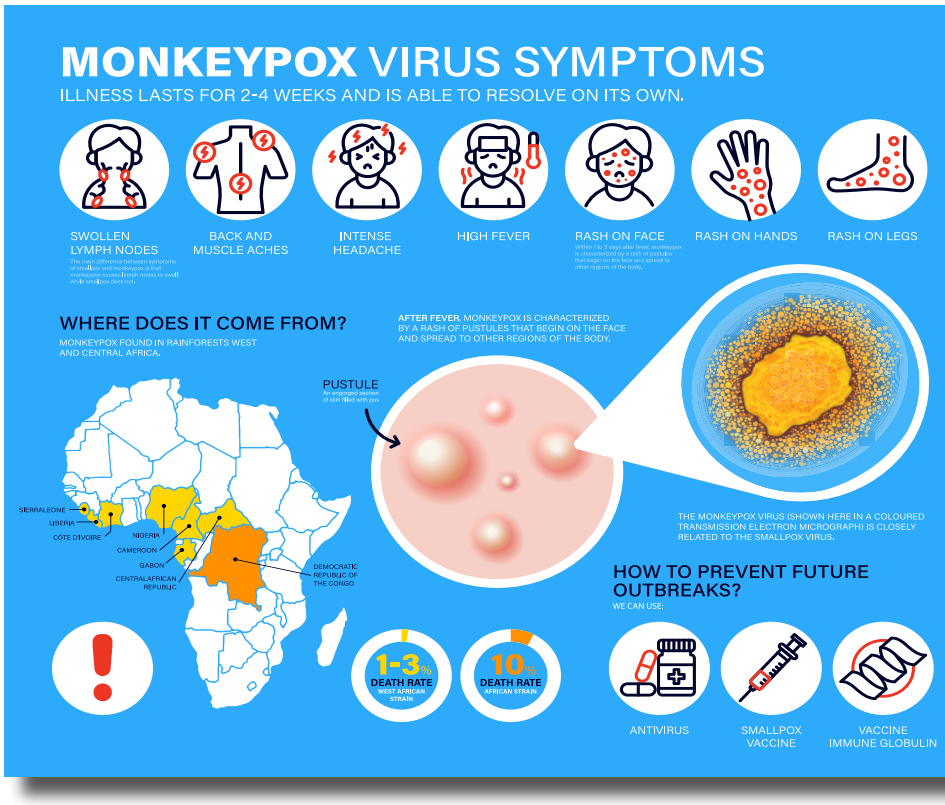
Monkeypox was discovered in 1958 during two outbreaks of a pox-like disease in colonies of monkeys kept for research. Despite being named "monkeypox," the source of the disease remains unknown. However, African rodents and non-human primates (like monkeys) might harbor the virus and infect people. The first human case of monkeypox was recorded in 1970. Prior to the 2022 outbreak, monkeypox had been reported in people in several central and western African countries. Previous human monkeypox cases were linked to international travel to countries where the disease commonly occurs or through imported animals.

Monkeypox symptoms

People with monkeypox get a rash that may be located on or near the genitals and could be on other areas like the hands, feet, chest, face, or mouth. The rash will go through several stages, including scabs, before healing. The rash initially may look like pimples or blisters and may be painful or itchy.



Humans may experience all or only a few symptoms. In addition to the symptoms described above, some people may experience flu-like symptoms before the rash. Symptoms usually start within three weeks of exposure to the virus. Monkeypox can be contagious from the rash until it has healed, all scabs have fallen off, and a fresh layer of skin has formed. The illness typically lasts 2-4 weeks.[1]



Monkeypox Statistics

As of September 16, 2022, 4,639 probable and confirmed cases have been reported in California.

The counties with the highest number of cases in California include Los Angeles, San Francisco, San Diego, Riverside and Alameda, and Orange. Only 19 cases of monkeypox among the American Indian Alaska Native (AIAN) population have been identified in California.[2]

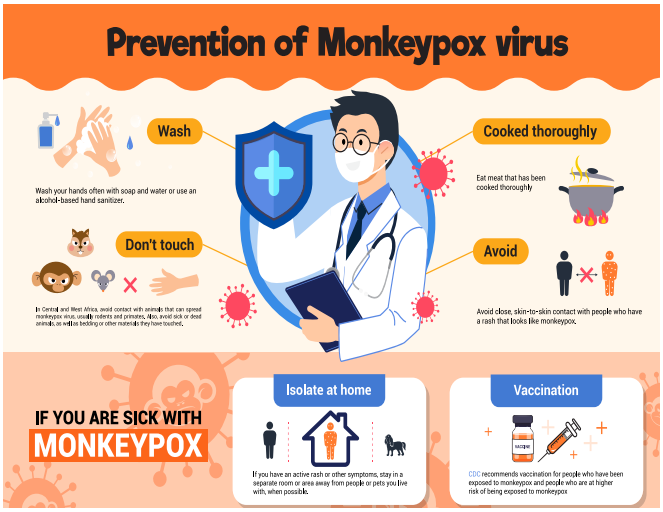
Recommendations and Prevention

Monkeypox is more likely to spread in spaces like back rooms, saunas, sex clubs, or private and public sex parties, where intimate, often anonymous sexual contact with multiple partners occurs. Some symptoms may be mild, and some people may not even know they have monkeypox.

The CDC has made the following recommendations if a person believes they have been exposed. Recommendations include:

1. Exchange contact information with any new partner to allow for sexual health follow-up, if needed.
2. Talk to a partner about any monkeypox symptoms. In addition, be aware of any new or unexplained rashes or lesions on the body (including the mouth or genitals). If you or your partner has or recently had monkeypox symptoms, or you have a new or unexplained rash anywhere on your body, do not have sex and see a healthcare provider.
3. Limit your number of sex partners to reduce your likelihood of exposure.

The Monkeypox virus can be prevented using protection such as condoms or gloves. Remember to wash your hands, fetish gear, sex toys, and any fabrics (bedding, towels, clothes) after having sex. Learn more about infection control at www.cdc.gov.[1]



In addition, vaccinations are available for those who have already been exposed.

For more information visit: https://www.cdc.gov/poxvirus/monkeypox/vaccines/vaccine-basics.html

References:

CDC. (2022, July 29). Monkeypox in the U.S. Centers for Disease Control and Prevention. Retrieved October 17, 2022, from https://www.cdc.gov/poxvirus/monkeypox/if-sick/transmission.html

Monkeypox Data. (n.d.). Monkeypox Data. Retrieved October 17, 2022, from https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Monkeypox-Data.aspx

CTEC is offering several funding opportunities for Tribal and Urban Indian Organizations. For additional information on how to apply, please contact Antoinette Medina at amedina@crihb.org.

1. **Community Health Assessment Project** - CTEC will work with one Tribal Health Program/Urban Indian Organization to define community needs and strengths and identify barriers to care in their community. The goal of this project is to increase local level AIAN data and public health workforce capacity for data collection and analysis. Project Period: December 2022– September 2023
   Funding: $27,500 + $5,500 incentive gift cards
2. **Trauma Informed Care Pilot Project** - CTEC will work with two Tribal Health Programs/Urban Indian Organizations to create and implement a Tribal-specific Trauma Informed Care survey tool in their clinic. The goals of this project are to promote trauma-informed care within the clinics and educate providers and support staff; and to address the need for tools that are responsive to indigenous experiences and communities. Project Period: December 2022– September 2023
   Funding: $35,000 + $7,500 incentive gift cards

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.

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

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

California Tribal Epidemiology Center

Summer 2023

SUMMER RESEARCH ASSISTANT PROGRAM

The California Tribal Epidemiology Center (CTEC), housed within the California Rural Indian Health Board, Inc. (CRIHB), invites college students and recent college graduates to participate in the Summer Research Assistant Program (SRAP) as Summer Research Assistants (SRAs).

An ideal SRAP applicant will be interested in public health research.

ABOUT SRAP

- **Fully remote work**
- **A paid position/35-hour work week.**
- **SRAs assist with a short-term, public health research project.**
- **SRAs select or are assigned to a *host Indian Health Program (IHP) in either a rural or urban setting.**
  Host sites TBD
- **Scope of the project will be determined by CTEC and host IHP.**
- **SRAs will be assigned a CTEC team member as a mentor, who will monitor the progress and completion of research-related projects.**
- **SRAs will provide regular updates of their progress to their CTEC mentor.**
- **SRAs are required to attend an all-day virtual orientation and introductory training on June 14, 2021**

APPLICATION MATERIALS

Prospective SRAs should submit a resume or curriculum vitae along with a 1-paragraph description of why they are interested in SRAP.

MATERIALS DUE

TBD

Submit electronically to epicenter@crihb.org

AWARD NOTIFICATION

Selected applicants will be notified by:

TBD

FOR MORE INFORMATION, CONTACT:
Austin Boykin
CTEC Outreach Coordinator
aboykin@crihb.org
916-929-9761 ext. 1550

California Rural Indian Health Board, Inc.
epicenter@crihb.org
916-929-9761
916-929-7246
www.crihb.org/ctec

1020 Sundown Way § Roseville, CA 95661

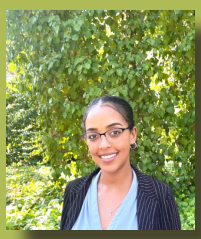
THE CTEC TEAM IS EXPANDING

Check out their employee profiles below to get to know the new team members' betters.

Elizabeth Zaragoza; was born and raised in Woodland, California. She obtained a bachelor's degree in Science, and a minor in Chicano studies, from the University of California Davis; she also has a Medical Degree in Family Medicine from the Latin American School of Medicine in Cuba. She decided to join CRIHB CTEC as a Project Coordinator to fulfill her passion for research and Science in Public health and work directly with Native communities in California. She has over ten years of experience working with underserved communities in the U.S. and abroad in Cuba and Mexico. She also has extensive knowledge of health disparities and social determinants of health which she obtained through education, work experience, and field research. She has worked on initiatives to raise awareness through health outreach efforts of prevalent health issues and provide education through workshops and training in these populations. She hopes to build strong tribal partnerships through her strong communication skills and ability to have those around her entrust in her prior knowledge of preventative medicine and infection control. Her goal in her new role is to strive to empower the Native communities she serves through advocacy and education and continue to learn and grow in the years to come.

Summer Balfour has worked for years in the Native community as an Education Coordinator in order to assist people gain self-sufficiency through educational development while addressing both prevention needs and barriers for the individual. She is an enrolled member of the Caddo Nation of Oklahoma and a graduate from California State University of Sacramento with a Bachelor of Arts in English. Much of her career has involved working with the public through community organizations including: Tribal TANF and service work for AmeriCorps. During her time at Tribal TANF, she partnered with the Sacramento Native American Higher Education Collaborative (SNAHEC) for the ultimate purpose of school retention and success for Native American students in public education.

In her new role as Project Coordinator for CRIHB, she will be focusing on building tribal partnerships in order to bring essential health information to Native youth and adults. She is looking forward to assisting CTEC in their strategic plan for the overall wellness of Native American people.



Ruth Eshete began working with CTEC in July 2022. She graduated from Colorado State University in 2018 with a Bachelor of Science degree. She later received her Master of Public Health degree from the University of Colorado Anschutz Medical Campus in 2022. Ms. Eshete's professional experiences include project management, data collection and analysis, and research program design. Ms. Eshete's passion for public health is to use her knowledge and skills to promote more positive health outcomes. As an epidemiologist at CRIHB, she plans to contribute to the efforts made to enhance the health status and social conditions of the Indian people of California.

ECTORY

ADVISORY COUNCIL 2022

Community Representatives

Julie Fuentes (Hopland Band of Pomo Indians)
Family Advocate and Certified Facilitator
Sacramento Native American Health Center

Rose Hammock (Maidu, Wailacki and Pomo)
Big Picture Learning Native American Initiative and Redbud Resource Group

Provider Representatives

Paul R. Davis, D.O.
Family Physician Chief of Medicine
Redding Rancheria Tribal Health Systems

Lucretia Fletcher (Eastern Band of Cherokee)
Executive Director
Greenville Rancheria Tribal Health Program

Barbara Pfeifer
Regional Director
United Indian Health Services, Inc.

Technical Representatives

Gemalli Austin, DrPH, RD, CDE
Diabetes Education and Programs Manager
Lake County Tribal Health Consortium, Inc.

Cynthia Begay, MPH (Hopi/Navajo)
Doctoral Candidate
Keck Medicine of University of Southern California

Urban Provider Representative

Virginia Hedrick, MPH (Yurok)
Director of Policy and Planning
California Consortium for Urban Indian Health

Indian Health Service California Area Office Representatives (non-voting members)

Susan Ducore
Area Immunization Coordinator

Christine Brennan, MPH
Area GPRA Coordinator/Area Stats Officer National GPRA Support Team

Kathleen Jack, MPH
Research and Public Health Deputy Director
kjack@crihb.org

Aurimar Ayala, MPH
Research and Public Health Director
aayala@crihb.org

Antoinette Medina, MPA
Project Coordinator
amedina@crihb.org

Ruth Eshete , MPH
Epidemiologist
reshete@crihb.org

Kendra Barnes, MSW
Program Evaluator
kbarnes@crihb.org

Nirvi Shah, MPH
Epidemiologist
nshah@crihb,org

Elizabeth Zaragoza
Project Coordinator
ezaragoza@crihb.org

Summer Balfour
Project Coordiantor
sbalfour@crihb.org

Austin Boykin
Outreach Coordinator
aboykin@crihb.org

Kathy Greer
Administrative Assistant
kgreer@crihb.org

California Tribal Epidemiology Center
California Rural Indian Health Board, Inc.
1020 Sundown Way • Roseville, CA 95661
916-929-9761
916-929-7246 fax
www.crihb.org/ctec

NONPROFIT
PRSRT STANDARD
U.S. POSTAGE
PAID
ROSEVILLE, CA
PERMIT 226

CTEC NEWSLETTER

One of twelve Tribal Epidemiology Centers in the United States, the California Tribal Epidemiology Center (CTEC) was established in 2005 California Rural Indian Health Board, Inc. California Tribal Epideiology Center 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.

WWW.CRIHB.ORG/CTEC