

Arizona Department of Health Services (ADHS)
Tribal Activities Report
6/30/09

Division of Behavioral Health Services

Tribal/Regional Behavioral Health Authorities

Goal: To increase and/or improve access of Native Americans and tribal communities to the State's behavioral health system.

Activities Conducted: The Division of Behavioral Health Services (DBHS) is in the process of extension and/or revision of the Intergovernmental Agreements (IGAs) with the following tribes: Gila River, Pascua Yaqui, White Mountain Apache, Navajo and Colorado River Indian Tribes (CRIT). Monitoring of the behavioral health services provided under these IGAs continued. DBHS staff facilitated development of working relationships between the Regional Behavioral Health Authorities (RBHAs) and the tribes as well as with the urban Indian programs. RBHA Tribal Liaisons continued to develop and facilitate relationships with the tribes in each of their RBHA Geographic Service Area (GSA). The purpose of the RBHA Tribal Liaison positions are to increase and improve access of Native Americans and tribal communities to RBHA behavioral health services. The following is a listing of work completed by each RBHA listed by tribes:

Northern Arizona Regional Behavioral Health Authority (NARBHA): **Hualapai** – Monthly meetings at Peach Springs were conducted for coordination of care issues/concerns. Worked continued from a Fall 2008 request to the Governor's office for assistance with crisis intervention services. A single case agreement has been drafted for the tribal behavioral health department to become a contracted network provider for NARBHA. **Havasupai** – Coordination of Care meetings were held with the behavioral health staff. Discussions were initiated for a presentation to the tribal council for approval for the development of a formal service agreement. **Fort Mohave** – Cultural Competency training was conducted with Mohave Mental Health, a NARBHA Responsible Agency (RA). Quarterly coordination of care meetings were held with NARBHA, Mohave Mental Health and Mohave tribal behavioral health. **Kaibab Paiute** – A draft Memorandum of Understanding for the provision of behavioral health services on the reservation was developed and forwarded to the tribe and the local contracted NARBHA provider in Page for approval. Discussions were initiated for development of youth prevention activity for the tribe. **Hopi** - NARBHA staff worked with the Hopi Guidance Center on decreasing the use of residential treatment for youth off reservation and began work on the development of local Home Care Training to the Home Care Client (HCTC) services. **Navajo** – Applied Suicide Intervention Skills (ASIST) training was held in May in Window Rock for the Navajo Behavioral Health Department staff.

Cenpatico Regional Behavioral Health Authority: **Colorado River Indian Tribes (CRIT)** – Letter of Agreement for Cenpatico providers to provide services on the CRIT reservation was signed. **Tonto Apache** – the Tribal Council approved an agreement following an April presentation by Cenpatico for the provision of services on tribal lands by Cenpatico. **Tohono O’odham (TON)** – Letter of Agreement was signed by TON in April for the provision of services on the Pinal County portion of the TON reservation. Monthly Coordination of Care meetings were implemented and are on-going. **San Carlos Apache Tribe (SCAT)** – Cenpatico staff participated in the SCAT Suicide Task Force meetings initiated in May at the request of the SCAT following an outbreak of suicides on the SCAT reservation. Cenpatico staff assisted CPSA RBHA and SCAT in the development of a cross county crisis service protocol as the SCAT reservation is divided by the Graham/Gila County line and is served by two RBHAs.

Community Partnership of Southern Arizona (CPSA): **Tohono O’odham (TON)** – Letter of Agreement was signed by the nation in April for the provision of services on the Pima County portion of the TON reservation. Outreach and monthly coordination of care meetings were initiated. Planning continued for the implementation of requested Adult Services on the reservation. Adult Services are planned to begin 10/1/09. **San Carlos Apache Tribe (SCAT)** – CPSA staff participated in the SCAT Suicide Task Force meetings initiated in May at the request of the SCAT. Assisted Cenpatico RBHA and SCAT in the development of a cross county crisis service protocol.

Magellan Regional Behavioral Health Authority: **Ft. McDowell Yavapai Apache** – The tribal council approved an agreement for the provision of crisis services on the reservation by a Magellan provider. **Tohono O’odham (TON)** – Letter of Agreement was signed by the TON in April for the provision of services on the Maricopa County portion of the TON reservation. Monthly Coordination of Care meetings continued at TON San Lucy District. A June 30th meet and greet meeting between Native Health and the TON/San Lucy District behavioral health staff is planned with the anticipated outcome being Native Health becoming a Magellan contracted network provider to the San Lucy District. **Salt River Pima Maricopa Community** – Magellan staff continue development work in building working relationships with the tribe. This is due to historic problems with previous Maricopa County RBHAs and their providers. Focus of this relationship development is on Magellan providers receiving referrals from the tribe’s detention facility clients for work with detention client families. **Phoenix Indian Medical Center (PIMC)** – PIMC continued to make referrals to services provided by Magellan providers. There continues to be major coordination of care and misunderstandings concerning provision of behavioral health services to AHCCCS eligible Native Americans in general. There are also other coordination of care issues with other Native Americans receiving behavioral health services from other RBHAs and medical services from PIMC. Indian Health Service and Magellan have requested elevation of these issues to the leadership of the Phoenix Area Indian Health Service Behavioral Health Program and the ADHS/DBHS.

Monthly meetings were initiated with the RBHA Tribal Liaisons. Participates included the four RBHA Tribal Liaisons, the ADHS Native American Liaison, the DBHS TRBHA Contract Administrator, the AHCCCS Native American Liaison and the Executive Director of the State Advisory Council on Indian Health Care. The first meeting was held in April. An Arizona State Hospital/Tribal Court Order RBHA Involuntary Commitment Forum was held in March 2009. Information gained from this forum and information gain from a Tribal Forum held in the Fall 2008 will be utilized to implement Involuntary Commitment trainings designed to improve involuntary admissions to treatment. Several legal and clinical issues were identified as requiring clarification in the planned training. Involuntary Commitment regional trainings to be hosted by the RBHAs are scheduled for Fall 2009. A Regional Behavioral Health Forum for Tribes was conducted by NARBHA on June 4th in Flagstaff. A series of regional tribal behavioral health forums will be conducted by the other three RBHAs. These forums will culminate in a Statewide American Indian Behavioral Health Forum scheduled for Fall 2009.

Upcoming Activities/Plans: Regional Involuntary Commitment training sessions, RBHA regional tribal forums, implementation of planned behavioral health services on tribal reservations and Phoenix Area Indian Health Services and ADHS/DBHS leadership discussion regarding the PIMC behavioral health issues.

Prevention Services

Goal: To reduce the rate of completed suicide to 10 per 100,000, by 2015. To decrease youth 30 day use of alcohol to 30%

Activities Conducted: **White Mountain Apache Tribe:** Provided funding for completion of a needs assessment and substance abuse prevention activities and for participation in the Applied Suicide Intervention Skills Training for Trainers. Provided training and technical assistance and training in strategic planning and community development. **San Carlos Apache Tribe:** Created a new agreement and process for crisis response. Provided funding for school based life skills, community activities, youth leadership programs and community substance abuse prevention coalitions and creation of an Apache language computer application for behavioral health services and provided training in strategic planning and community coalition development. **Pascua Yaqui Tribe:** Provided funding for completion of a community needs assessment and strategic planning, assisted the tribe in forming a new substance abuse prevention coalition in Guadalupe and provided training and technical assistance in strategic planning and needs assessment. **Gila River Indian Community:** Provided funding for school based life skills training and community coalition building and provided the tribe with training and technical assistance in strategic planning. **Indian Health Services:** Provided funded for participation in the Applied Suicide Intervention Skills Training for Trainers. **Hualapai Indian Tribe, Hopi Tribe and Native American Connections:** Provided funding for participation in the Applied Suicide Intervention Skills Training for Trainers. **Tohono O'odham**

Nation: Provided funding for participation in the Applied Suicide Intervention Skills Training for Trainers and provided youth leadership training for teen leaders. **Navajo Nation:** Provided funding for participation in the Applied Suicide Intervention Skills Training for Trainers and for implementation of substance abuse prevention programs throughout the Nation. **Phoenix Indian Center:** Provided funding via Magellan RBHA for community development activities. PIC staff members were involved in developing the credentialing process for prevention specialists. Staff participated in extensive TA and training in the strategic prevention framework process for PIC. **Fort McDowell Yavapai Nation:** Provided funding via Magellan RBHA and Scottsdale Prevention Institute for community development, coalition building and assessment of need. Ft. McDowell staff were actively involved in developing a credentialing process for prevention professionals. **Colorado River Indian Tribes:** Provided funding for community education activities and provided training in tobacco prevention. Prevention staff actively participated in the Arizona Suicide Prevention Native American Committee. This committee conducted a presentation at the National Garrett Lee Smith Suicide Prevention Conference on Arizona's suicide prevention efforts targeting Native American communities.

Outcomes: Specific programmatic outcomes for FY 2009 will not be available until fall of 2009. Suicide rates in Native American people dropped to an all time historic low in 2007. See charts on following page.

Upcoming Activities/Plans: For the Navajo Nation request prevention technical assistance from Substance Abuse and Mental Health Administration (SAMHSA) and increase funding for substance abuse prevention which will be used to create a centralized prevention administrator position.

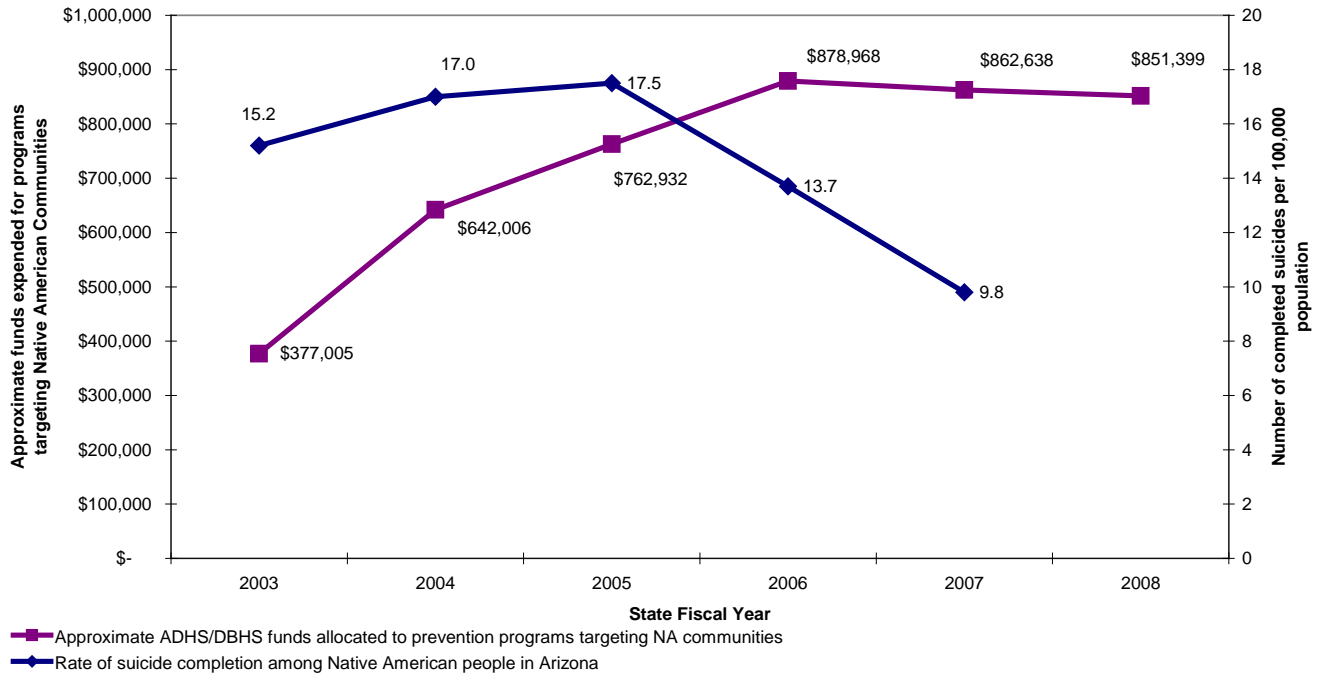
Division of Public Health Services – Prevention

Bureau of Tobacco & Chronic Disease

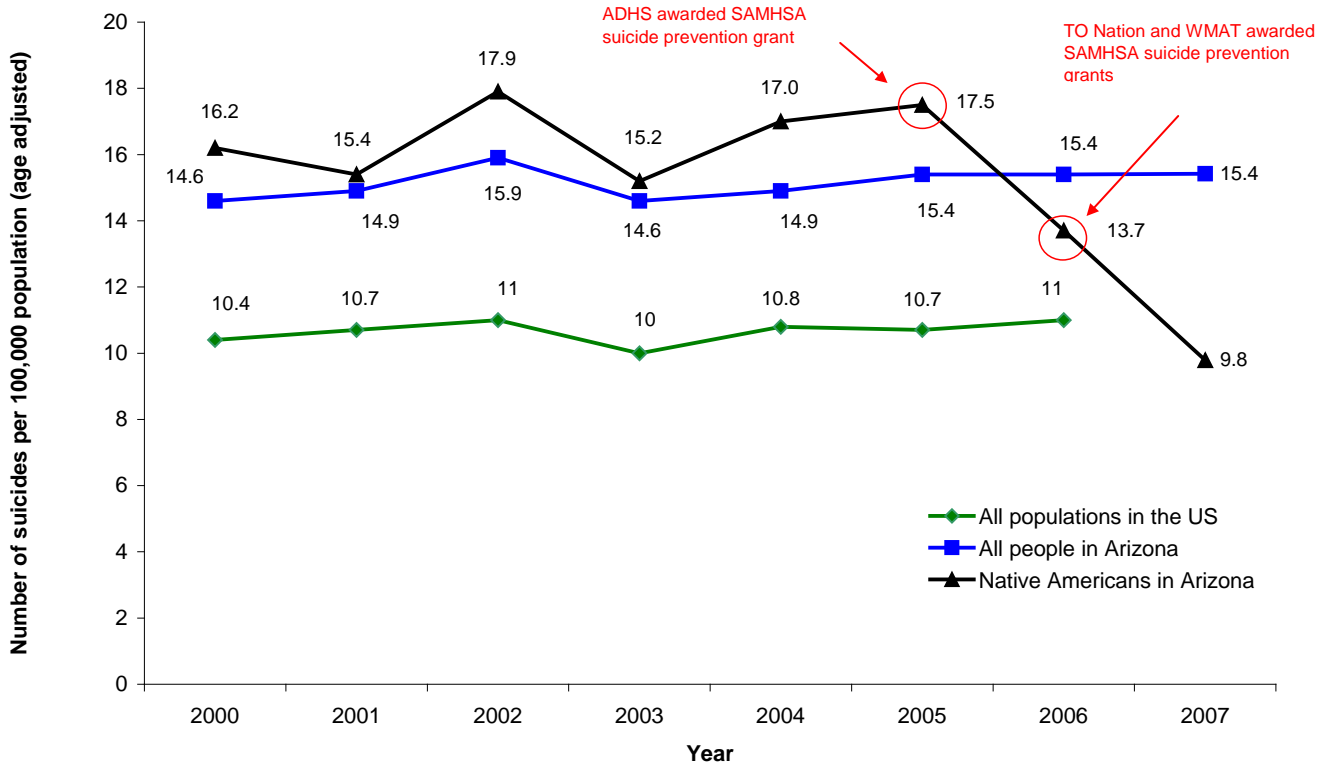
Native American Tobacco Prevention Program

Goal: Support local projects in tribal communities in planning and implementing tobacco education and prevention programs with the goal of decreasing the number of tribal members using commercial tobacco products.

Allocated prevention funds compared to suicide completion rates among NAs



Suicide trends among Native Americans in Arizona compared to all Arizona residents and all people in the United States



Activities Conducted: Request for Grant Application (RFGA) for Tribal Populations was issued in July 2008 seeking eligible entities to conduct community assessments to assist with capacity building and program planning for the development of sustainable commercial tobacco prevention programs with strategies implemented to reduce the level of commercial tobacco abuse in tribal communities. Grants were awarded to the following tribal programs: Black Hills Center for American Indian Health: Population: Navajo Nation, Funding: \$153,876. Inter Tribal Council of Arizona, Inc.: Population: Hopi Tribe, Colorado River Indian Tribes, Pascua Yaqui Tribe, Kaibab-Paiute Tribe, Salt River Pima-Maricopa Indian Community, Yavapai Apache Nation, Native Health (Phoenix), Tucson Indian Center. Funding: \$456,468

Program Manager participated in the following meetings with tribal programs: Black Hills Center for American Indian Health on 3/5 and 5/6, Gila River Indian Community on 1/8, 2/12, 3/11, 4/9, 5/14 (strategic planning), 5/28 and 6/22 (review of reporting deliverables and FY 2010 Scope of Work objectives) and ITCA on 3/26, 4/1, 4/7, 4/15, 4/23, 5/5, 5/12, 5/21, 6/2 and 6/23 (review community assessment survey instruments for the tribal programs).

Comprehensive Cancer Control Program

Goal: Assist tribal communities with Cancer prevention activities including training and technical assistance.

Activities Conducted: Program staff participated in the ITCA Southwest American Indian Collaborative Network (SAICN) Steering Committee Meetings. Activities included the video “ American Indian Attitude & Values: An Integral Part of Cancer Care”; SAICN Evaluator’s Report; SAICN Core Accomplishments & Challenges in 2008; National Cancer Institute; Changing Trends in American Indian Health; State of Research in American Indian Communities; and Small Tribal Community Grants. The Data Core in collaboration with the ADHS prepared a manuscript on cancer prevention matrix and developed a draft plan for matrix implementation.

Program staff participated in the “21st Annual Arizona Indian Council on Aging Conference” held on April 6-10, 2009. Program Manager Kendra Sabol and Medical Director Dr. Tim Flood presented a work shop entitled “Cancer is a Disease of Aging”. Program Manager left business cards with the members and volunteered to send cancer information to anyone that contacted her. A power point presentation was given to the audience who provided valuable input into the data presented and what they might be able to do in their tribes.

Participated in the planning committee for the “2009 Cancer Education & Awareness Day: Sharing Our Stories of Hope” for the Tohono O’odham Nation which was held on June 13, 2009 in Sells, Arizona. The Arizona Cancer Coalition had an educational table. Program Manager coordinated the vendors for education. Approximately 150 people attended the program.

Upcoming Activities/Plans: ADHS and the Arizona Cancer Coalition will be publishing the cancer matrix onto CDs. The Tohono O'odham Nation planning committee is going to meet to discuss lessons learned and to continue on as members of the Cancer Planning Committee for the CDC Grant.

Arizona Diabetes Program

Goal: Improve diabetes self-management skills and develop the diabetes workforce to ensure people with diabetes receive proper care and treatment

Activities Conducted: Conducted promotional outreach to tribal entities about the availability of diabetes education materials. Provided 540 English and 170 Spanish diabetes self-management toolkits produced by the diabetes program to seven Arizonan tribal entities who requested kits including Indian Health Service facilities, an urban community health center serving Native Americans and a Native American diabetes prevention program. Organizations are to distribute kits with diabetes education services. Distributed several hundred National Diabetes Education Program materials on diabetes prevention and control to the Phoenix Indian Medical Center. Conducted promotional outreach to tribal entities about the availability of diabetes education materials. Worked with Dine' College, American Diabetes Association, Empowerment Systems, Inc. to secure placement for two Dine' College interns interested in diabetes and cancer, respectively, for summer 2009 to work on public health research projects.

Bureau of Health System Development

Well Women HealthCheck Program (WWHC)

Goal: To increase the number of breast cancer screenings among American Indian Women and to continue development and strengthening of relationships with the Hopi and Navajo Breast and Cervical Cancer Early Detection Program.

Activities Conducted: The WWHC Program supported ten breast cancer screening days for the Navajo and Hopi Breast and Cervical Cancer Early Detection Program. This effort was supported through a grant from the American Cancer Society. Conducted monthly conference calls with ADHS, Hopi and Navajo Breast and Cervical Cancer Early Detection Programs. Due to these monthly conference calls, Hopi and Navajo programs asked to be included in the Colorectal Cancer Screening Program grant proposal that was submitted to CDC in April. They were included. The grant was awarded to ADHS. Hopi and Navajo will be contracted partners with the Fit at Fifty HealthCheck Program.

Shortage Designations and Community Development Health Professional Shortage Designations

Goal: To increase the number of health providers in Native American communities by designating all areas and facilities that qualify for health professional shortage designations through DHHS Health Resources and Services Administration (HRSA).

Activities Conducted: As part of the state-wide Oral Health Workforce Analysis project, the Bureau of Health Facilities evaluated the current number of dental providers on Native American communities throughout Arizona. This evaluation found nine communities that have a shortage of dental providers and are in need of additional dentists to meet the oral health needs of their populations. The Bureau of Health Facilities submitted applications for designation as dental health provider shortage areas to HRSA for the following areas: Fort McDowell Mohave-Apache Indian Community, Gila River Indian Community, Hualapai Tribe, Navajo Nation, Salt River Pima Maricopa Indian Community, San Carlos Apache Tribe, Tohono O'odham Nation, White Mountain Apache Tribe, and Yavapai Prescott Indian Tribe. It should be noted that these areas have not been approved for designation yet by HRSA and are currently only 'proposed' for designation. However, once approved, these communities will qualify for additional dental providers and other benefits through HRSA and the National Health Service Corp (NHSC).

The Bureau of Health Facilities also worked closely with the Tucson Area Indian Health Service to support their application for facility designations for four of their clinics: Santa Rosa Clinic, Sells Outpatient Clinic, San Simone Clinic and the San Xavier Clinic. Their application was approved by HRSA on June 22nd and they are now currently working with our workforce program staff to apply for additional providers through the NHSC.

Workforce Programs staff have been working with Winslow Indian Health Care Center, Tuba City Regional Health Care Corp, and most recently Tucson Area Indian Health Service directly to ensure that the organizations understand the site eligibility requirements for the NHSC Loan Repayment Program, NHSC Scholarship Program, and IHS Loan Repayment Program. Workforce Program staff are collaborating with the Designation Specialist to ensure that the organization receives the appropriate designation which meets the needs of the program(s) they wish to utilize.

Community Development

Goal: To assist underserved communities in identifying their primary care needs, mobilizing local and other resources to develop or improve primary care services and establishing new primary care access points.

Activities Conducted: Through the Primary Care Mini-grant Program, the Community Development Program Manager provided technical assistance to several 2008 and 2009 grantees, including: Native American Community Health Center, the Carondelet Health Network, the Northern Apache County Special Health Care District, North Country HealthCare, the Tuba City Regional Health Care

Corporation, and the Navajo County Health District, whose projects target Native American populations.

Healthy People 2020 - Data Profiles Summary

The Arizona Health Disparities Data Profiles will compare leading indicators of health status and health access for racial and ethnic populations relative to the general population of Arizona. The analyses will be presented in the context of current social and economic conditions affecting health outcomes. The AZ Health Disparities Center supports the national Healthy People 2020 overarching goals. The AZ data profiles will provide a framework for HP 2020 on the measurement and reporting of health disparities in Arizona. The data profiles will be most useful for public health and healthcare practitioners, state and local leaders, researchers, community-based organizations, and others working to identify health priorities to achieve health equity improvements in Arizona. This grant is one time funding for a one year project period. Total grant award is \$36,825.

Upcoming Activities/Plans:

Well Women HealthCheck Program: Program staff are currently in the process of scheduling an education day at Gila River. They are contracted to be a Well Woman HealthCheck Program provider, however, turnover has left them without programmatically trained staff. A retreat is planned for July and includes representation from: CDC, Komen Foundation, American Cancer Society, Arizona and New Mexico Cancer Registries and Hopi, Navajo and ADHS Breast and Cervical Cancer Screening Programs. **Health Professional Shortage Designations:** The Shortage Designation Specialist will be working closely with the new Native American Community Development Program Manager to assess all Native American communities throughout the state for primary care and mental health professional shortages. **Community Development:** The new Native American Community Development Program Manager and the Community Development Program Manager will work closely together to promote the Primary Care Mini-grant program throughout Native American communities and will continue to provide technical assistance to grantees working with Native American populations. **National Health Service Corp Site Development:** Native American Community Health Center, Inc., dba Native Health, recently received their license from ADHS to operate as an outpatient treatment clinic. Native Health will open a Federally Qualified Health Care Center (FQHC) satellite clinic at 2423 West Dunlap. The projected opening of the clinic is set for July 1, 2009. ADHS Bureau of Health Systems Development will offer technical assistance as they continue to prepare for operation and continue to be available for support.

Bureau of USDA Nutrition Programs

Arizona WIC Program

Goal: To work collaboratively with the Navajo and ITCA WIC Programs to ensure effective WIC services to all American Indian eligible clients.

Activities Conducted: Provided the Navajo Nation WIC Program with the assistance requested for the implementation of a WIC management information system - Arizona in Motion (AIM) that will allow them to continue to provide nutrition and breastfeeding education, and supplemental foods to their 15,000 women, infants and children clients and meet all federal requirements. The Navajo Nation WIC computer system could not be upgraded to meet all new federal requirements, especially the new WIC food packages. To continue to operate, the Nation was required to be fully compliant no later than October 1, 2009. In a proactive approach, Navajo Nation expressed interest in the Arizona WIC program's AIM system. Arizona WIC program staff, with the help of department information technology staff completed an evaluation of the Navajo Nation resources and needs. The Arizona WIC program provided multiple levels of training to varied staff from the Navajo Nation in an effort to prepare them for the transition and new food package changes. Numerous meetings both internally as well as with the Navajo Nation were held to ensure that all areas of the plan were covered. The goal was set to have the first group of 12 main clinics and their smaller satellite clinics go live on the AIM system on June 2, 2009, and complete implementation by June 11. Given the large geographical area of the Navajo Nation, this was a very complex task for both information technology and WIC program staff.

Two teams went to the Nation for a three week implementation cycle. Four program staff and two information technology members worked at the 12 clinics with members of the Navajo Nation WIC program to ensure communications were established and helped to problem solve any concerns during the implementation. In addition, more than 20 Arizona staff in Phoenix helped coordinate and problem solve long distance to ensure the success of the project. The Arizona WIC Program, Navajo Nation and ITCA continued to make efforts in coordination of certain program components. The three WIC Programs in Arizona meet quarterly and continually strive toward better understanding of each respective program by creating similar policies and procedures that relate to the WIC Vendor community. This year the Programs have consulted, coordinated, and finalized their Federal Fiscal Year (FFY) 2010 Vendor Contracts, regional training plans and a joint programs food list.

The Arizona WIC Program's Vendor Training Coordinator attended all of the Navajo Nation interactive pre-authorization training sessions during April 2009 in an effort to provide support and technical assistance as needed. The Arizona WIC Program, in coordination with the ITCA provided interactive pre-authorization training sessions during June and will do the same in July 2009. A joint mandatory regional training was planned, scheduled and is being conducted by the Vendor Training Coordinators for each of the two WIC Programs. The FFY 2010 Arizona WIC Programs Food List became effective for the Navajo Nation WIC Program on June 1, 2009, with the implementation of their new Vendor Contract. The Arizona and

ITCA WIC Programs will implement their Vendor Contracts and the new food list on October 1, 2009.

Upcoming Activities/Plans: The Arizona WIC program and the Navajo Nation will continue to partner together to make improvements to the AIM system as well as other aspects of the program. In the future, Arizona and Navajo Nation WIC programs hope to be able to utilize the AIM system to transfer clients back and forth between programs without disrupting client services or losing any client data to provide the most complete care for these WIC clients. The Arizona WIC Program's Vendor Management Team will provide training to several Navajo Nation Vendor staff during July 2009 on financial and program reports in the Arizona In Motion (AIM) WIC automation system.

Arizona Nutrition Network (Special Nutrition Assistance Program – Nutrition Education Program – formally food stamps education).

Goal: Encourage Native American Organizations to maximize Nutrition Education efforts using the Arizona Nutrition Network.

Activities Conducted: Quarterly meetings were held to provide education to organizations who promote Nutrition Education in their communities. The Go Low Campaign was launched in January 2009, specifically promoting the consumption of low fat and fat free dairy products. The Fruit and Veggie campaign was shot utilizing Native American "talent" and tribal lands and will be launched this fall.

Upcoming Activities/Plans: A Quarterly meeting of the Arizona Nutrition Network is planned for in August 2009 in Flagstaff, and the Fruit and Veggie Campaign will launch in September 2009. Localized visits for tribal organizations is planned and as needed additional assistance will be provided to ensure their success.

Bureau of Women's & Children's Health

Injury Prevention

Goal: Decrease injuries and deaths to Native American Children from motor vehicle crashes

Activities Conducted: Three child passenger safety certification courses were facilitated. Gila River hosted a course in February that 18 community members took part in and 12 child safety seats were checked. Ak Chin hosted a course in May that 28 students attended representing tribes from Salt River, Fort McDowell, Hopi and Ak Chin. Attendees represented police, fire, head start, day care and social services. 14 child safety seats were checked. The car seat event was the first in 7 years for this community. The Hopi Health Care Center hosted a course in June for ten students. Program staff met with the executive board of Navajo Nation Safe Kids on June 19 to discuss the new booster seat legislation and funding.

Upcoming Activities/Plans: Training is scheduled for Cocopah and Ft. Yuma tribes in November.

Community Health Grants

Goal: Reduce the rate of motor vehicle and alcohol related deaths to Native American women, infants, children and adolescents in Navajo County and reduce infant mortality among children in Apache County.

Activities Conducted: Provided a car safety course which included information about alcohol while operating a vehicle in Navajo County. Provided car seat safety check events targeted toward the Native American population in Navajo County. 30 Native American women completed the car seat safety course and shown a 100% knowledge increase on the alcohol portion of the information. Two car seat safety checks were held, one in Kayenta and one in Monument Valley. 16 car seats were distributed along with education.

Upcoming Activities/Plans: A new goal is being implemented in Navajo County: To reduce preventable infant mortality in Navajo County. Preconception care packets will be distributed to the Hopi Health Care Center to be distributed to Native American women of child bearing age.

Teen Pregnancy Prevention

Goal: Reduce rates of teen pregnancy in Native American teens ages 12-18.

Action Taken: A new contract with the Navajo Nation was approved with an effective start date of 10/1/08. Program Manager met with representatives from the Navajo Nation to provide technical assistance in developing the teen pregnancy prevention program. The program is in the developmental phase. The existing ITCA contract was extended to 9/12/09. Under this contract the ITCA provides technical assistance, program monitoring, and program evaluation services related to Teen Pregnancy Prevention programs at Fort McDowell Yavapai Nation, Colorado Indian Tribes, and the Tohono O'odham-San Lucy District. ITCA submitted their annual report for the contract year (3/1/08-2/28/09), which documented that the Colorado Indian Tribes Teen Outreach Program (TOP) reached 219 youth, the Fort McDowell Yavapai Nation TOP reached 2,312 youth and the San Lucy District TOP reached 585 youth.

Upcoming Activities/Plans: The Navajo Nation is planning an open house, identifying a target audience for both parent and teen groups, planning for data collection, and preparing future presentations. ITCA will continue to provide technical assistance to the 3 contracted tribes as needed.

Health Start/Fetal Alcohol Spectrum Disorders (FASD) Prevention Project

Goal: Decrease the number of alcohol exposed pregnancies to Native American women.

Action taken: Provided training to Health Start providers on Alcohol Screening and Brief Intervention. Training was held in April. Native Health staff helped facilitate and model the brief intervention. 166 alcohol screenings were conducted and out of those 68 women screened eligible for the brief intervention.

Upcoming activities/plans: Training will be conducted at the Salt River Pima-Maricopa Indian Community per the request of Violet Mitchell-Enos, Tribal Health & Human Services Director.

Division of Public Health Services – Preparedness

Bureau of State Laboratory Services

Goal: Provide Public Health Laboratory Testing Services for the Native American Public Health community.

Activities Conducted: The Arizona State Public Health Laboratory supported Native American Public Health by providing the following testing services: Rabies, Salmonella culture, Shigella Culture, Brucella, Francisella Rocky Mountain spotted fever, Murine Typhus, Q Fever, Hantavirus, Y. Pestis, Pertussis Culture, TB Culture, TB sensitivity, Influenza Polymerase Chain Reaction, Flu A H1N1 (swine-like) Polymerase Chain Reaction testing, Newborn Screening

Bureau of Epidemiology and Disease Control Services

Office of Immunizations

Goal: To improve immunization coverage levels of children and adults by engaging tribal entities. To provide up-to-date vaccine and immunization information to Native American health care providers. To assure accurate immunization records in both I.H.S. Resource and Patient Management System (RPMS) and Arizona Immunization Information System (ASIIS) databases.

Activities Conducted: Site visits were made to IHS facilities for the purpose of assessing immunization coverage levels and providing feedback to improve the quality of immunization services and the quantity of individuals immunized. Immunization education materials were mailed to schools and childcare centers in reservation communities to promote the recommended immunization series. Immunization data was collected from schools and childcare centers and feedback on immunization coverage levels has been provided to them. Presentations were

given to health clinic staff at the Gila River Indian Reservation on Perinatal Hepatitis B case management and influenza vaccination of health care workers.

The Immunization Program held the 16th Annual Arizona Immunization Conference on April 21-22, 2009 in Phoenix. Nationally and locally recognized experts provided the most up-to-date information on vaccine-preventable diseases, vaccines, and immunization techniques. Of special note was scheduled plenary speaker Mathuram Santosham, MD, MPH, who presented "Contributions of Native American Populations in the Global Control of Infectious Diseases." Notice of this educational opportunity was communicated via fax, email, mailings, and website to Native American health care providers. Over 300 attendees attended the conference of which approximately 15% were from Native American schools or health care facilities. The Arizona Immunization Program Office continued work on developing a process for bi-directional data exchange of immunization information between ADHS and 16 IHS facilities in Arizona. This bi-directional exchange process will greatly improve the data quality from the reporting sites. Complete immunization records will be available with less duplication of effort in both databases, since the Arizona State Immunization Information System (ASIS) provides information regarding immunizations administered at other I.H.S. sites within the State of Arizona.

Upcoming Activities/Plans: The Arizona Immunization Program Office will continue to conduct site visits to IHS facilities and to send immunization education materials to schools and childcare facilities in reservation communities with the goal of improving immunization coverage levels. Presentations and conferences will continue to be offered. The bi-directional data exchange will continue.

Office of HIV, STD and Hepatitis Services

Goal: To work collaboratively with the Arizona American Indian HIV Prevention Task Force on HIV/AIDS prevention issues. To assist Tribes in addressing the high rates of sexually transmitted diseases among Native Americans.

Action taken: Program staff participated in a quarterly Arizona American Indian HIV Prevention Task Force meeting held on April 17, 2009 at Sacaton on the Gila River Indian Community. Information and updates were provided on HIV Prevention issues from ADHS. Update information is obtained from partners regarding task force work issues.

Dr. Melanie Taylor, Medical Director for the Office of HIV, STD, and Hepatitis Services, was active in pursuing opportunities to educate tribal healthcare professionals. Dr. Taylor is a CDC Assignee whom also serves as the Medical Epidemiologist for the National STD Program for IHS. A major program focus has been on the syphilis outbreak on the Tohono O'odham Nation and Gila River Indian Reservation. Dr. Taylor made the following presentations:

1/30/09:	ADHS/IHS Directors Meeting	Development of IHS STD Clinical Protocol
2/6/09:	IHS San Xavier Unit	Update on congenital syphilis and syphilis outbreak
4/9/09:	Chinle Indian Health Service Unit	Update on Clinical STDs
4/28/09:	Gila River Indian Community Health and Social Services Subcommittee	Update on Syphilis outbreak
5/6/09:	Gila River Indian Community Legislative	Update on Syphilis Outbreak
5/19/09:	IHS Council of Chief Medical Officers	STDs in Native Americans and the need for protocol
6/4/09:	Fort Defiance	Clinical update on STDs

Joint research by Dr. Michelle Winscott , ADHS Epidemiology Specialist II, Dr. Melanie Taylor and Kerry Kenney, Senior CDC Public Health Advisor to ADHS, resulted in a paper entitled “Sexually Transmitted Diseases among American Indians/Alaska Natives in Arizona; Defining an Important Public Health Disparity”. A draft of the paper was submitted for publication to Public Health Reports and is available through the STD Control Program. The Program developed the first Indian Health Surveillance Report: Sexually Transmitted Diseases 2007. This report is also available through the STDC Program. The STDC Program facilitated the approval by ADHS of “Native Stand”, a comprehensive curriculum that’s Native American specific for training peer educators. It promotes healthy decision making for Native youth.

Kerry Kenney continued to work with TON on syphilis outbreak response. His activities included: Attending weekly core Group Meetings, giving presentations on status of outbreak efforts to Legislative Council Health Oversight Committee and full Legislative Council: Health Oversight Committee, meeting with IHS STD Program and TON to discuss adoption of Native Stand curriculum in high schools, meeting with TON/IHS/Pima County to discuss elements of Pima County capacity building contract with TON, participating in various STD screening outreaches on the reservation including door-to-door screening and high school STD screening events, and meeting with CBO Native Images to discuss development of partnership and HIV testing on TON. Program staff participated in quarterly conference call regarding syphilis morbidity in the Navajo Nation with representatives from IHS, Navajo Nation, and New Mexico Department of Health

Outcomes: There has been a dramatic decrease in syphilis cases on the Tohono O’odham Nation. All stages of syphilis (including 6 cases of congenital syphilis) over course of outbreak: 2006 – 6, 2007 – 57, 2008 – 37, and 1st half 2009 – 6. Although there has been a decrease in cases in the GRIC, it doesn’t indicate the outbreak is over. Evidence indicates a lack of diagnoses. The Tribal Council committee recommended a continuation of door to door outreach and PSAs. Dr. Taylor’s efforts have resulted in the further STD education of over 300 individuals who influence

Native American health outcomes. Her audiences included physicians, nurses, community members and representatives as well as members of the GRIC legislative council and the Chief Medical Officers from 12 IHS service areas. GRIC also decided to increase the number of personnel for investigation purposes.

Upcoming Activities/Plans: Additional Arizona American Indian HIV Prevention Task Force on HIV/AIDS meetings will take place in 2009 as scheduled. ADHS HIV Prevention staff will attend the meetings as their schedules allow. Michelle Winscott had been invited by the International Society for Sexually Transmitted Diseases Research conference to present the results of “Sexually Transmitted Diseases among American Indians/Alaska Natives in Arizona; Defining an Important Public Health Disparity”. Program staff will continue to assist in the Tohono O’odham outbreak. Efforts to provide a means of implementing “Native Stand” throughout tribal nations will continue.

Bureau of Emergency Medical Services

The Bureau of EMS and Trauma System designated Tuba City Regional Health Care Corporation as a level IV trauma center on May 6, 2009. This is the first IHS facility in the State of Arizona to receive this designation.

Division of Licensing Services

Office of Assisted Living Licensing

Goal: Offer technical assistance to Tribal Leaders in the aspects of Assisted Living licensing compliance, as it relates to Native American health and safety.

Activities Conducted: At the request of the facility a courtesy compliance survey was conducted on April 16, 2009 for the Chinle Assisted Living facility which is a sixteen bed facility located on the Navajo Nation. The courtesy survey was conducted using Arizona state statues and rules applicable to Assisted Living Facilities in Arizona.

Outcomes: After this inspection it was determined that if this facility was subject to state statues and rules it would have passed inspection without any deficiencies. Chinle Assisted Living facility would also have to be in compliance with any local Navajo Nation codes and ordinances.

Upcoming Activities/Plans: The Program continues to make itself available for technical assistance and courtesy compliance surveys as requested by tribal projects.

Office of Special Licensing Services

Goal: To provide architectural review and Life Safety Code courtesy compliance survey services to Tribal health entities for the explicit purpose of providing technical assistance and recommendations related to compliance with applicable Arizona state codes and standards required for federal billing reimbursement approval. These services are provided in the absence of state jurisdictional or statutory authority and provided only upon the request of the tribal facilities.

Activities Conducted: Internal meetings were held to develop a template for the architectural review processes for Tribal health entities. Meetings were held with the Assistant Attorney General assigned to the Department to analyze the legal aspects for providing services in the absence of state jurisdictional and statutory authority.

Upcoming Activities/Plans: Meetings will be held with Tribal health entities and their technical representatives to develop a protocol for providing architectural review services in the absence of state jurisdictional and statutory authority.

Office of Medical Facilities Licensing

Goal: To provide tribal health facilities with licensing type technical assistance upon the request of the facilities.

Activities Conducted: The Office of Medical Facilities Licensing conducted Center for Medicare and Medicaid (CMS) complaint validation surveys and state complaint investigations at Sage Memorial Hospital in Ganado, Arizona that resulted in CMS and State enforcement actions. Extensive technical assistance was provided to Sage Memorial Hospital Governing Authority and Hospital Leadership on the CMS regulations and state licensing rules working closely with the ADHS Office of Special Licensing/Architectural and Life Safety Code.

Technical assistance has been provided to the Tohono O'odham Nation for a skilled nursing facility in Sells.

Upcoming Activities/Plans: Education/outreach will be conducted to better familiarize Tribal health entities and their technical representatives with applicable Arizona codes and standards upon the request of the tribal facilities and solely for recommendations and technical assistance.