

MEMORANDUM

DATE: August 5, 2016

TO: NPAIHB Delegates, Tribal Health Directors and Tribal Chairs

FROM: Joe Finkbonner, NPAIHB Executive Director, RPH, and MHA

RE: Weekly "*News and Information*" Mail out

For One and All

- IHS Press Release: OTSG Co-op, Agreements
- Save the date! WSPHA Annual Conference, October 3rd – 5th 2016, Wenatchee, WA

All Delegates and Tribal Health Directors

- IHS 2016, Second "Draft", user population
- Good Health and Wellness in Indian Country Tribal Resource Digest, Issue 80



Indian Health Service Press Release

August 2, 2016
FOR IMMEDIATE RELEASE
Contact: (301) 443-3593, newsroom@ihs.gov

IHS Awards \$767,000 to Seven Tribes and Tribal Organizations for Self-Governance Planning and Negotiation Activities

The Indian Health Service has awarded 2016 Planning and Negotiation Cooperative Agreement awards to seven Tribes and Tribal Organizations. These annual IHS cooperative agreement awards support tribal organizations with the planning and preparation necessary to assume responsibility for providing health care to their tribal members.

Tribes have the right to assume responsibility for providing health care to their members and to operate and manage health care programs or services previously provided by IHS, subject to certain requirements.

“These cooperative agreements announced today underscore the continuing IHS commitment to tribal self-governance. IHS shares with tribes the goal of providing quality health care to American Indian and Alaska Native patients and provides technical assistance and funding to Tribes interested in exploring self-governance in order to support this shared goal,” said IHS Principal Deputy Director Mary Smith. “The partnership with IHS and self-governance tribes is a shining example of cooperation in providing access to quality health care for American Indians and Alaska Natives.”

The Planning Cooperative Agreement helps tribes with the planning phase of the self-governance program, which includes legal and budgetary research and internal tribal government planning and organization preparation relating to the administration of health care programs. The following Tribes and Tribal Organizations received funding for planning activities:

- Salt River Pima-Maricopa Indian Community, Arizona – \$120,000
- Ak-Chin Indian Community, Arizona – \$120,000
- White Earth Band of Chippewa Indians, Minnesota – \$120,000
- Northwest Portland Area Indian Health Board, Oregon – \$120,000
- Pinoleville Pomo Nation, California – \$119,328
- Lake County Tribal Health Consortium, Inc., California - \$120,000

The Negotiation Cooperative Agreement assists tribes to defray the costs related to preparing for and conducting self-governance program negotiations. Negotiations provide an opportunity for the tribal and federal negotiation teams to work together in good faith to enhance each self-governance agreement. The following Tribe received funding to minimize negotiation costs:

- Ponca Tribe of Indians of Oklahoma – \$48,000

More than one-third of the total annual IHS funding for American Indian and Alaska Native health is now transferred directly to tribes to operate and manage health care programs or services previously provided by IHS, constituting approximately \$1.8 billion of the IHS budget. The IHS Tribal Self-Governance Program includes the participation of [354 of the 567 federally recognized tribes](#), which have negotiated 90 compacts and 115 funding agreements under the authority of Title V of the Indian Self-Determination and Education Assistance Act. Tribes have the option to receive their health care directly from IHS or by exercising their self-determination and self-governance authorities authorized by the Indian Self-Determination and Education Assistance Act, or any combination thereof. By law, IHS carries out its responsibility to facilitate the transfer and support the achievement of tribal health goals and objectives, which includes [technical assistance and funding opportunities](#).

The [IHS Office of Tribal Self-Governance](#) develops and oversees the implementation of tribal self-governance legislation and authorities within the IHS, and provides information, technical assistance and policy coordination in support of IHS self-governance activities, with input from IHS staff and workgroups, tribes and tribal organizations, and the IHS [Tribal Self-Governance Advisory Committee](#).

The IHS, an agency in the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives.

###

WASHINGTON STATE PUBLIC HEALTH ASSOCIATION

2016 WSPHA Annual Conference
New Horizons for Public Health
October 3-5, Wenatchee

We're proud to offer numerous sessions on tribal health topics at this year's [Washington State Public Health Association's Conference](#). Here are a few highlights:

- **Keynote speaker Abigail Echo-Hawk** (Pawnee Nation of Oklahoma) was born in the heart of Alaska where she was raised in the indigenous values of giving, respect for all and love; these values have directed her work in research, social justice and equity. Specializing in facilitating cross-cultural partnerships, Ms Echo-Hawk has been an integral part of establishing health research projects and public health initiatives with rural and urban American Indian and Alaska Native communities across the United States. Her talk, "**Hope from our Grandmothers: Stories of Resilience**", she will share stories of the strength and resilience of American Indian and Alaska Native people as they strive to build healthy communities based on their traditional indigenous knowledge.
- A 90-minute workshop, "**Effective Engagement with Tribes & Urban**

Indian Health Programs to Address Health Disparities" by Jan Olmstead, Lead Public Health Consultant, American Indian Health Commission; Adrian Dominguez, Scientific Director, Urban Indian Health Institute; Candy Jackson, The NATIVE Project; Victoria Warren-Mears, Director, Northwest Tribal Epidemiology Center; Marilyn Scott, Councilwoman, Upper Skagit Tribe.

In addition, we have many breakout sessions of interest:

- **“Tuberculosis Control among Northwest Urban American Indian/Alaska Natives Diabetes Patients”** by Inger Appanaitis, Epidemiologist, Seattle Indian Health Board
- **“Accountable Communities of Health & the Indian Healthcare Delivery System – Engagement, Coordination & Consultation”** by Lou Schmitz, Consultant, American Indian Health Commission for Washington State; Vicki Lowe, Executive Director, American Indian Health Commission for Washington State; Heather Erb, Attorney at Law, Heather Erb, PLLC
- **“Tribal Foundational Public Health Services”** by Jan Olmstead, Lead Public Health Consultant, American Indian Health Commission; Stephen Kutz, Cowlitz Elected Tribal Official/AIHC Chair, Cowlitz Indian Tribe
- **“Healthy Communities: A Tribal Maternal-Infant Health Strategic Plan – Eliminating Disparities”** by Marsha Crane, Maternal & Infant Health and Clinical Projects Consultant, American Indian Health Commission for Washington State; Cindy Gamble, Public Health Consultant, American Indian Health Commission for Washington State
- **“Assessing Emergency Preparedness in Tribal Communities”** by Lou Schmitz, Consultant, American Indian Health Commission for Washington State


With a mix of workshops, breakout sessions, and social events, our conference offers a unique opportunity to connect with peers who share your commitment to

early childhood development and the chance to gain valuable skills and knowledge to use in your daily work. We hope to see you in Wenatchee!

Program Schedule

[View the 2016 WSPHA Annual Conference Schedule](#)

Program is subject to change.



The image shows a detailed conference schedule grid for the 2016 WSPHA Annual Conference. The grid is organized by day (Monday, Tuesday, Wednesday, Thursday, Friday) and time slots. Each cell in the grid contains information about a specific session, including the topic, speaker names, and time. A large, bold, black 'SCHEDULE' watermark is overlaid diagonally across the center of the grid.

Conference Registration

[Register Today!](#)

Discounts available for WSPHA

Members. [Join today!](#)



Special thanks to our 2016 platinum sponsors!



To learn more or become a sponsor, please contact Jasmine Hutchinson
(jhutchinson@wspha.org or [206-454-9453](tel:206-454-9453)).



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DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

AUG 04 2016

PORTLAND AREA
INDIAN HEALTH SERVICE
1414 NW NORTHROP, Suite 800
PORTLAND, OREGON 97209

Dear Tribal Chairs, Tribal Health Directors, and NPAIHB Delegates:

I am pleased to inform you that Portland Area has completed its second calculation of fiscal year (FY) 2016 **DRAFT** user population (see enclosed table). These figures will be forwarded to the Indian Health Service (IHS) Division of Program Statistics for review. If you have any questions or concerns about the user population shown for your Tribe, please contact Mary Brickell, by email at Mary.Brickell@ihs.gov or by phone at (503) 414-7754.

Portland Area's method for establishing each Tribe's user population has been in place for more than a decade, and is unique in the Indian Health Service. The concept originated from a recommendation made by the Area Director's Fund Distribution Workgroup (FDWG). Indians who are users of the Indian health system and who live in another Tribe's service delivery area (SDA) are called "unaffiliated", meaning they are not members of the Tribe for which that SDA was established. The FDWG wanted to ensure that these "unaffiliated" Indians, who in some counties number in the thousands, would be shared equitably, when the county they live in happens to be a part of two or more Tribes' SDAs. Accordingly, per the FDWG's recommendation, the "unaffiliated" Indian population is awarded proportionally based on clinic workload. Consequently, patient registration data, along with clinic workload data, together determine user population.

As the enclosed table shows, Portland Area's final official user population in FY 2015 was 110,225. The 2nd draft, unofficial total for FY 2016 is 110,642. Please keep in mind those Tribes that do not use RPMS may not have all of their workload data exported as of the date of this report, so their user population numbers and for those Tribes that share SDA's with them will change as the data becomes more complete. This is also true for the sites that received a new FOIA database.

Thank you for your continuing commitment to elevating the health status of American Indian and Alaska Native people.

Sincerely,

/Dean M. Seyler/

Dean M. Seyler
Director

Enclosure

cc: Tribal Health Director
NPAIHB Board Delegates

Portland Area User Population FY 2016 2nd Draft – as of 07/26/16

| | | UP FY15 | Share of PA Total | UP FY16 <i>2nd Draft</i> | Share of PA Total |
|----|-----------------------|----------------|----------------------|-----------------------------|----------------------|
| 1 | Burns Paiute | 164 | 0.15% | 155 | 0.14% |
| 2 | Chehalis | 1,097 | 1.00% | 1,134 | 1.02% |
| 3 | Coeur d'Alene | 4,994 | 4.53% | 4,695 | 4.24% |
| 4 | Colville | 8,079 | 7.33% | 8,032 | 7.26% |
| 5 | Coos/L.Umpqua/Siuslaw | 702 | 0.64% | 1,006 | 0.91% |
| 6 | Coquille | 901 | 0.82% | 887 | 0.80% |
| 7 | Cow Creek | 2,472 | 2.24% | 2,537 | 2.29% |
| 8 | Cowlitz | 3,947 | 3.58% | 4,235 | 3.83% |
| 9 | Grand Ronde | 4,229 | 3.84% | 4,762 | 4.30% |
| 10 | Hoh | 21 | 0.02% | 15 | 0.01% |
| 11 | Jamestown S'klallam | 570 | 0.52% | 253 | 0.23% |
| 12 | Kalispel | 597 | 0.54% | 2,162 | 1.95% |
| 13 | Klamath | 3,178 | 2.88% | 2,981 | 2.69% |
| 14 | Kootenai | 173 | 0.16% | 176 | 0.16% |
| 15 | Lower Elwha | 958 | 0.87% | 935 | 0.85% |
| 16 | Lummi | 4,369 | 3.96% | 4,114 | 3.72% |
| 17 | Makah | 2,386 | 2.16% | 2,532 | 2.29% |
| 18 | Muckleshoot | 4,927 | 4.47% | 5,928 | 5.36% |
| 19 | Nez Perce | 4,006 | 3.63% | 4,050 | 3.66% |
| 20 | Nisqually | 1,725 | 1.56% | 1,544 | 1.40% |
| 21 | Nooksack | 1,286 | 1.17% | 1,439 | 1.30% |
| 22 | NW Band Shoshoni | 36 | 0.03% | 37 | 0.03% |
| 23 | Port Gamble | 1598 | 1.45% | 874 | 0.79% |
| 24 | Puyallup | 6,322 | 5.74% | 5,662 | 5.12% |
| 25 | Quileute | 631 | 0.57% | 533 | 0.48% |
| 26 | Quinault | 2,614 | 2.37% | 2,616 | 2.36% |
| 27 | Samish | 615 | 0.56% | 615 | 0.56% |
| 28 | Sauk-Suiattle | 73 | 0.07% | 71 | 0.06% |
| 29 | Shoalwater Bay | 408 | 0.37% | 410 | 0.37% |
| 30 | Shoshone Bannock | 6,210 | 5.63% | 6,153 | 5.56% |
| 31 | Siletz | 4,508 | 4.09% | 3,132 | 2.83% |
| 32 | Skokomish | 797 | 0.72% | 818 | 0.74% |
| 33 | Snoqualmie | 924 | 0.84% | 721 | 0.65% |
| 34 | Spokane | 1,753 | 1.59% | 1,739 | 1.57% |
| 35 | Squaxin Island | 854 | 0.77% | 850 | 0.77% |
| 36 | Stillaguamish | 91 | 0.08% | 78 | 0.07% |
| 37 | Suquamish | 781 | 0.71% | 1,406 | 1.27% |
| 38 | Swinomish | 1,484 | 1.35% | 1,529 | 1.38% |
| 39 | Tulalip | 5,313 | 4.82% | 5,437 | 4.91% |
| 40 | Umatilla | 3,342 | 3.03% | 3,282 | 2.97% |
| 41 | Upper Skagit | 429 | 0.39% | 334 | 0.30% |
| 42 | Warm Springs | 5,806 | 5.27% | 6,002 | 5.42% |
| 43 | Western Oregon SU | 2,344 | 2.13% | 2,359 | 2.13% |
| 44 | Yakama | 12,511 | 11.35% | 12,412 | 11.22% |
| | TOTAL | 110,225 | | 110,642 | |

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TRIBAL RESOURCE DIGEST

2016 - Issue 80



Signage of Sault St. Marie's Tobacco Free Policies!

Welcome to the Centers for Disease Control and Prevention's (CDC) tribal resource digest for the week of August 1, 2016. The purpose of this digest is to help you connect with the tools and resources you may need to do valuable work in your communities.

The digest serves as your personal guide to repositories of open and free resources where you can find content to enrich your program or your professional growth. Please note that CDC does not endorse any materials or websites not directly linked from the CDC website. Links to non-Federal organizations found in this digest are provided solely as a courtesy. CDC is not responsible for the content of the individual organization web pages found at these links.

If you have comments or suggestions about this weekly update, please email Anisha Quiroz at myq6@cdc.gov with the words "TRIBAL DIGEST" in the subject line.

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I. REQUEST FOR PHOTOS!

Please send any photos of GHWIC work (community gardens, events, team meetings, etc.) to Hannah Cain, kzq3@cdc.gov with a short description of the photo!

II. ANNOUNCEMENTS

The Community Outreach and Patient Empowerment (COPE) Program in Gallup, NM is looking for new team members!

From the REACH Program Manager at COPE:

Our team has been going through a transition phase as some of our staff members and year-long interns have moved on to pursue new educational and employment opportunities. This has resulted in some staffing shortages within our FVRx and Healthy Store program teams, as well as our Admin/Finance team. That said, a number of exciting new employment opportunities have opened up at the COPE Program!

We are currently hiring for the following roles:

- COPE Chief Operating Officer
- Finance Assistant
- Food Access Manager
- FVRx Specialist

If you or someone you know is interested in applying for one or more of these positions, please feel free to apply online on the Partners In Health website at <http://www.pih.org/pages/employment>. Under "Sites", click on "Navajo Nation" and it will take you to the open positions here at COPE.

If you have any questions, please feel free to reach out to Emilie Ellis, emilie@copeproject.org.

National Indian Health Board (NIHB): Call for nominations for the NIHB Outstanding Service Award.

Awardees will be recognized during the 33rd Annual Tribal Health Conference National Awards Gala. Deadline is August 15, 2016. [Learn more.](#)

On-Call Office Assistant at NPAIHB

This is a job posting for the position of On-Call Office Assistant at the Northwest Portland Area Indian Health Board. This is a 1.0 FTE non-exempt position with full benefits. The closing date is August 5th, 2016 close of business. To apply for this position, please completed and email the attached employment application to awagner@npaihb.org or mail to

NPAIHB

Attn: HR

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2121 SW Broadway, Suite 300

Portland, OR 97201

III. ARTICLES

Surveillance Success Stories: The Fort Peck Indian Reservation

Following a coordinated emergency response to a suicide cluster in 2010, leaders on the Fort Peck Indian reservation saw the need to understand the problem of suicide more deeply, in order to develop strategies for long-term change. Through a Garrett Lee Smith (GLS) Youth Suicide Prevention grant with the **National Native Children's Trauma Center (NNCTC)**, the reservation created key partnerships that allowed them to analyze and compare data from health care providers and emergency services. Their goal was to establish a baseline understanding of suicidal behavior on the reservation so they could allocate resources and focus their suicide prevention efforts most effectively, as well as monitoring cases over time to see if those efforts were working. This project was the first of its kind to gather key information on patterns of suicidal behavior on this reservation. Read the full report here: [Success Stories | Fort Peck Indian Reservation](#)

Organized dentistry brings oral health awareness to health workers in Navajo Nation

Originally published on July 15th, 2016 (ADA)

Thanks to a collaborative effort among the Navajo Nation, the Arizona American Indian Oral Health Initiative, the Arizona Dental Association and the ADA's Council on Access, Prevention and Interprofessional Relations, Community Health Representatives are working to provide the same friendly guidance to their communities when it comes to oral health.

Read the full article here: [ADA | Navajo Nation Health Workers](#)

IV. WEBINARS

Medicare Diabetes Prevention Program Webinar Announced

The Center for Medicare & Medicaid Innovation (CMS Innovation Center) will host a webinar to discuss various aspects of the Medicare Diabetes Prevention Program proposal on:

Tuesday, August 9, 2016 from 12:00-1:00pm EDT.

[Registration for this webinar is now open.](#)

CMS will accept comments on the proposed rule until September 6, 2016, and will respond to comments in a final rule. The proposed rule can be found on the Federal Register at:

<https://www.federalregister.gov/public-inspection>.

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To learn more about these efforts to support and improve access to primary care please review the [Fact Sheet](#) and [Press Release](#) or visit the CMS blog at <https://blog.cms.gov/2016/06/30/focusing-on-primary-care-for-better-health/>.

For more information, please visit <https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-07-07-2.html>.

V. TRAININGS AND CONFERENCES

National Tribal Forum for excellence in Community Health Practice

August 30-31, 2016 in Spokane, Washington

Two Weeks Left for Priority Registration : Have you registered for the National Tribal Forum? Secure your spot before priority registration closes on *Monday, August 1*. Rooms at the Northern Quest Resort and Casino are available on a first-come first-served basis with rates starting at \$96 per night. [Register](#) today and [book your room](#) to lock in the conference rate.

[Register Here!](#)

Nike Native Fitness Training hosted by NPAIHB's Western Tribal Diabetes Project

Participants learn skills from the Native American Fitness Council in basic aerobic training, creative fitness training techniques, and culturally specific approaches to health & wellness. People who are encouraged to attend are Diabetes Coordinators, Tribal Fitness Coordinators, Community Wellness Trainers, Youth Coordinators, and Tribal Leaders. To register please follow the link below.

When: August 30-31st, 2016

Where: Nike World Headquarters, Beaverton, Oregon

Online registration: <https://www.surveymonkey.com/r/NativeFitnessXIII>

For questions please contact: wtdp@npaihb.org

First Annual Conference on Native American Nutrition

This conference will be a first-of-its-kind forum to share and advance knowledge related to the dietary health of Native communities. It represents a commitment by the Shakopee Mdewakanton Sioux Community and the University of Minnesota to co-organize a series of annual national conferences focused on the nutrition of Native peoples.

Tribal leaders, Native and non-Native practitioners, researchers, public health experts, and others are invited to exchange Indigenous and academic scientific knowledge; discuss current practices; listen to, connect with, and learn from each other; and candidly explore ways to overcome the existing obstacles to

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greater understanding. Additionally, the conference aims to identify areas of needed research, discuss practical applications, and foster new collaborations.

Abstracts for oral and poster presentations may be submitted online until August 15. The full agenda, registration, abstract submission, and other information are available at SeedsOfNativeHealth.org/Conference. There is an early bird registration discount until July 31. Register soon, as space will be limited!

When: September 26-27 in Prior Lake, Minnesota

Cross Cultural Health Care Program (CCHCP) Training: Closing the Gap, Cultural Competency Training of Trainers Institute

This Institute provides a 5-day intensive course for organizations to meet mandates and recommendations for culturally and linguistically appropriate services.

October 31-November 4, 2016 in Seattle, WA. [Learn more.](#)

VI. FUNDING OPPORTUNITIES

Interventions for Health Promotion and Disease Prevention in Native American Populations

Awards funding to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations.

Geographic coverage: Nationwide

Letter of Intent (Optional): Jul 24, 2016

Application Deadline: Aug 24, 2016

Sponsor: National Institutes of Health

Learn more here: [Funding Details: Interventions for Health Promotion and Disease Prevention in Native American Populations - Rural Health Information Hub](#)

First Nations Announces Grants for FDPIR Programs to Provide Nutrition Education

First Nations Development Institute ([First Nations](#)) has launched the "Nutrition Education for Native American Communities" project that will provide grant support to Native communities interested in starting or expanding nutrition education programming for Food Distribution Program on Indian Reservations (FDPIR) recipients. With the generous support of the [Walmart Foundation](#), First Nations plans to award up to 30 grants totaling \$10,000 each to FDPIR programs that expand access to nutrition education programs in Native communities and measure the effectiveness of education interventions.

Grant Period: September 1, 2016, and end June 1, 2017.

Application Deadline: Tuesday, August 23, 2016, at 5 p.m. MDT.

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Food Sovereignty Assessment Grants

Grants for Native communities to conduct community food assessments in order to better understand the historical, current, and future state of their local food systems. The assessment results should be used in developing plans to reclaim control over local food systems and promote healthy Native communities.

Geographic coverage: Nationwide

Application Deadline: Aug 10, 2016

Sponsor: First Nations Development Institute

Learn more by clicking [here](#).

VII. CONTACT INFORMATION

National Center for Chronic Disease Prevention and Health Promotion

Office of the Medical Director

4770 Buford Highway, MS F80

Atlanta, GA 30341

(770) 488-5131

<http://www.cdc.gov/chronicdisease/index.htm>

For Tribal Digest related questions, comments, or concerns please contact:

Anisha Quiroz, Executive Administrative Assistant

MYQ6@cdc.gov

505-232-9981

