

Engaging Arizona Tribal Communities in Environmental Public Health Work



Introduction

- Dine' (Navajo)
- Clans
 - Mother: Oozie Ta'chii'nii
 - Father: Naakaaii Dine'
 - Maternal Grandfather: Ma'ii deeshgizhii
 - Paternal Grandfather: Tsinijne

Native American Liaison


- Created Full Time in FY 2000
- 100% State General Funds
- One Person Office
- Division of Policy & Intergovernmental Affairs



Indian Health Care Community

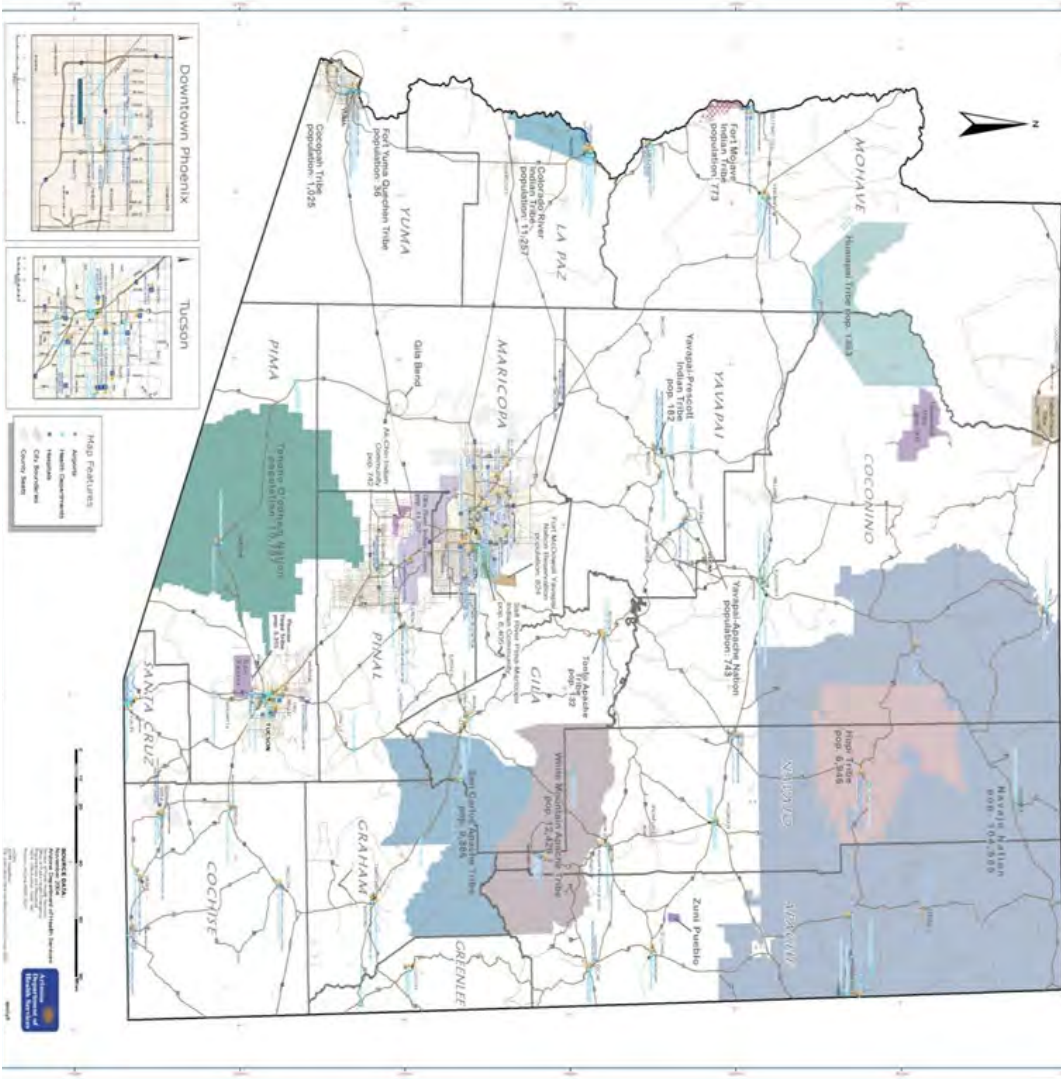
- 22 Tribes and Indian Nations
- 3 Indian Health Service Area Offices
- 3 Urban Indian Health Programs
- Inter Tribal Council of Arizona

ENVIRONMENTAL PUBLIC HEALTH
TRACKING



ARIZONA DEPARTMENT
OF HEALTH SERVICES

INDIAN RESERVATIONS OF ARIZONA



- Map Features**
- Airport
 - Military Installation
 - Reservation
 - County
 - City
 - Indian Reservation



Source: Bureau of Economic Analysis, U.S. Department of Commerce, Bureau of Economic Analysis. © 2002.

Demographics

- 29% of Land Base
- 5% of State Population: 296,529 (one race)
 - On Reservation – 162,119 (55%)
 - Off Reservation – 134,410 (45%)
- Census 2010

EPHT Tribal Engagement Plan

- Identified tribal representation as an important stakeholder group for EPHT
- Conducted key informant interviews to better understand how EPHT has worked with tribes in other parts of the country
- Developed engagement and evaluation plan



Goals to Build Partnerships

- Increase tribal awareness of EPHT Program and representation on the EPHT Technical Advisory Group (TAG)
- Ensure tribal needs and priorities are heard and accounted for
- Identify tribal environmental health priorities
- Establish partnerships and collaborations with tribes



Outreach

- Sent invitations to participate in EPHT and TAG
- Outreach to build network of tribal environmental health professionals
- Attempted a communication needs assessment to identify environmental priorities



EPHT in Tribal Lands Meeting – 6/13/19

- Shared information on the EPHT program and projects
- Facilitate discussion about environmental hazards that impact the health of tribal communities (e.g. air quality, water quality, extreme weather events) and how communities are addressing these hazards
- Provided a networking opportunity for tribal, state, and government environmental health professionals



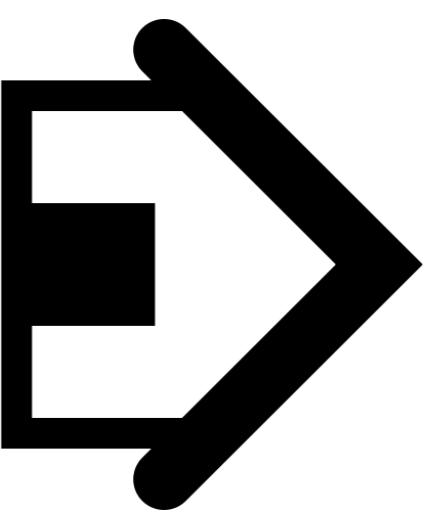




Participants

Takeaways: Healthy Homes and Places

- Concerns over illegal burning of garbage causing cancer and air quality issues
- Better access to home inspection reports
- Partnerships to assess indoor air quality (mold, radon, heavy metals, ash, etc.)



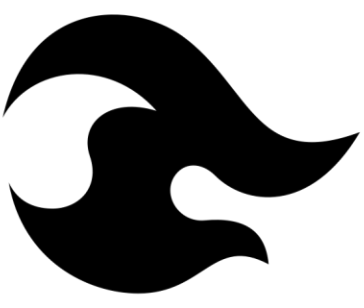
Takeaways: Vector-borne Disease

- Identified concerns and data needs:
 - Vector-borne surveillance for human cases and animal cases is important
 - Tick surveillance for RMSF
 - Mosquito surveillance for West Nile virus
 - Rabies prevention programs



Takeaways: Emergency Preparedness

- Wildfire emergency response
- Air quality south of the border
- Illegal dumping – need data
- Interest in ADEQ Flag Program



Meeting Summary

- Tribal communities are invested in and want to be engaged in all phases of environmental health projects
- Need to continue dialogue and pursue EPHT projects in tribal communities
- Provide access to data previously unknown to tribal communities
- Use data to apply for grants or policy development



Next Steps

- Partner with a tribal community on an environmental health topic
- Continue work addressing data needs and gaps identified by tribes
- Connect and facilitate tribal partnerships and meetings to address environmental health concerns



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Lessons Learned

- Be culturally sensitive and supportive
- Building relationships and partnerships takes time
- Productive method of support involve providing resources, conducting tribal specific meetings, and offering technical assistance

