

RESOLUTION OF THE
BUDGET AND FINANCE COMMITTEE
OF THE NAVAJO NATION COUNCIL

23RD NAVAJO NATION COUNCIL - Second Year, 2016

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND BUDGET AND
FINANCE COMMITTEES; ACCEPTING THE INDIAN HEALTH SERVICE COOPERATIVE
AGREEMENT GRANT IN THE AMOUNT OF \$796,500 FOR THE PERIOD SEPTEMBER
30, 2016 TO SEPTEMBER 29, 2021

BE IT ENACTED:

Section One. Authority

- A. The Health, Education and Human Services Committee (HEHSC) is a standing committee of the Navajo Nation Council. It is empowered to review and recommend resolutions regarding certain matters, including health, education and social services. 2 N.N.C. §§ 164 (A) (9), 400 (A), 401 (B) (6) (a) (2012); see also CO-45-12.
- B. The Budget and Finance Committee is a standing committee of the Navajo Nation Council. It is empowered to "[a]uthorize, review, approve and accept agreements, including contracts and grants, between the Navajo Nation and any federal, state or regional authority upon the recommendation of the standing committee which has oversight of the division, department or program which has applied for the agreement, or upon recommendation of the Chapter." 2 N.N.C. § 301(B) (15).

Section Two. Findings

- A. The Navajo Epidemiology Center is a program within the Navajo Nation Department of Health established in 2005. The Epidemiology Center is generally responsible for managing the Navajo Nation's

public health information system, investigating diseases and their causes, providing data and reports, responding to public health emergencies and coordinating health-related activities with other public health authorities.

- B. The Indian Health Service announced a grant opportunity entitled "Epidemiology Program for American/Alaskan Native Tribes and Urban Indian Communities." Opportunity number HHS-2016-IHS-EPI-0001. See www.ihs.gov/dgm. The purpose is to assist and support Indian tribes with addressing health issues within their communities. See www.ihs.gov/dgm.
- C. The Navajo Epidemiology Center submitted an application under this grant opportunity. See **Exhibit A**, grant documents and Navajo Nation Budget forms. The grant will cover a period of five years, starting September 30, 2016 and ending September 29, 2021. A preliminary notice of grant approval was sent from the Indian Health Service, Division of Epidemiology and Disease Prevention for \$796,500.00.
- D. The Indian Health Service previously awarded the Cooperative Agreement Grant for the period of September 2012 to September 2016, see BFJA-06-12 attached as **Exhibit B**, and it will be in the best interest of the Navajo Nation to accept the grant for the period of September 2016 to September 2021.

Section Three. Accepting the Indian Health Service Grant

- A. The Navajo Nation hereby accepts the grant for the Navajo Epidemiology Center covering the period covering September 30, 2016 to September 29, 2021 with an annual budget of \$796,500.00. This funding shall not be used for any other purpose not described herein, unless approved by the oversight committee.

B. The President of the Navajo Nation, or his designee, is hereby authorized to execute all documents necessary to effectuate the intent of this legislation

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Budget and Finance Committee of the Navajo Nation Council at a duly called meeting held at Upper Fruitland, Navajo Nation (New Mexico), at which a quorum was present and that the same was passed by a vote of 3 in favor, 0 opposed, this 30th day of September, 2016.



Honorable Seth Damon, Chairperson
Budget and Finance Committee

Motion: Honorable Tom T. Chee

Second: Honorable Tuchoney Slim, Jr.



WORKSPACE FORM



1-800-518-4726
SUPPORT@GRANTS.GOV

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	HHS-2016-IHS-EPI-0001
Opportunity Title:	Epidemiology Program for American Indian/Alaska Native Tribes and Urban Indian Communities
Opportunity Package ID:	PKG00222923
CFDA Number:	93.231
CFDA Description:	Epidemiology Cooperative Agreements
Competition ID:	HS-U1B1I-16-001-056176
Competition Title:	HHS-2016-IHS-EPI-0001
Opening Date:	04/19/2016
Closing Date:	06/21/2016
Agency:	Indian Health Service
Contact Information:	Paul Gettys Grant Systems Coordinator E-mail: paul.gettys@ihs.gov Phone: 301-443-2114

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS00010886
Application Filing Name:	Navajo Epidemiology Center
DUNS:	0090017020000
Organization:	THE NAVAJO NATION TRIBAL GOVERNMENT
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	2.1
Requirement:	Mandatory
Upload Count:	0
Download Date:	06/15/2016
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):***** Other (Specify):***** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:**5a. Federal Entity Identifier:****5b. Federal Award Identifier:****State Use Only:****6. Date Received by State:****7. State Application Identifier:****8. APPLICANT INFORMATION:***** a. Legal Name:**

Navajo Nation

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

860092335

*** c. Organizational DUNS:**

0090017020000

d. Address:*** Street1:**

Morgan Boulevard

Street2:*** City:**

Window Rock

County/Parish:*** State:**

AZ: Arizona

Province:*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

86515-1390

e. Organizational Unit:**Department Name:**

Navajo Epidemiology Center

Division Name:

Navajo Department of Health

f. Name and contact information of person to be contacted on matters involving this application:**Prefix:***** First Name:**

Del

Middle Name:*** Last Name:**

Yazzie

Suffix:**Title:**

Acting Director

Organizational Affiliation:

Navajo Epidemiology Center

*** Telephone Number:**

928-871-6265

Fax Number:

928-871-6255

*** Email:**

Del.Yazzie@nndoh.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

I: Indian/Native American Tribal Government (Federally Recognized)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Indian Health Service

11. Catalog of Federal Domestic Assistance Number:

93.231

CFDA Title:

Epidemiology Cooperative Agreements

* 12. Funding Opportunity Number:

HHS-2016-IHS-EPI-0001

* Title:

Epidemiology Program for American Indian/Alaska Native Tribes and Urban Indian Communities

13. Competition Identification Number:

HS-U1B1I-16-001-056176

Title:

HHS-2016-IHS-EPI-0001

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Epidemiology Center initiative under the Epidemiology program of the Indian Health Service for American Indian/Alaska Native Tribe & Urban Indian Communities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	1,000,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	1,000,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☐ a. This application was made available to the State under the Executive Order 12372 Process for review on
- ☒ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

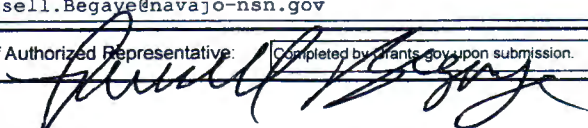
Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title: * Telephone Number: Fax Number: * Email: * Signature of Authorized Representative: * Date Signed: 

7/23/16

Project/Performance Site Location(s)

Project/Performance Site Primary Location ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Navajo Epidemiology Center, Navajo Department of Health

DUNS Number: 0090017020000

* Street1: Morgan Boulevard

Street2:

* City: Window Rock

County: Apache

* State: AZ: Arizona

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 86515-1390

* Project/ Performance Site Congressional District: AZ-001

Project/Performance Site Location 1 ☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Navajo Epidemiology Center		\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,000,000.00	\$	\$ 1,000,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Navajo Epidemiology Center				
a. Personnel	\$ 363,875.20	\$	\$	\$	\$ 363,875.20
b. Fringe Benefits	165,927.09				165,927.09
c. Travel	40,200.00				40,200.00
d. Equipment	0.00				
e. Supplies	19,387.11				19,387.11
f. Contractual	150,000.00				150,000.00
g. Construction	0.00				
h. Other	113,998.55				113,998.55
i. Total Direct Charges (sum of 6a-6h)	853,387.95				\$ 853,387.95
j. Indirect Charges	146,612.05				\$ 146,612.05
k. TOTALS (sum of 6i and 6j)	\$ 1,000,000.00	\$	\$	\$	\$ 1,000,000.00
7. Program Income	\$	\$	\$	\$	\$

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Navajo Epidemiology Center				
a. Personnel	\$ 363,875.20	\$	\$	\$	\$ 363,875.20
b. Fringe Benefits	165,927.09				165,927.09
c. Travel	40,200.00				40,200.00
d. Equipment	0.00				
e. Supplies	27,387.11				27,387.11
f. Contractual	150,000.00				150,000.00
g. Construction	0.00				
h. Other	105,998.55				105,998.55
i. Total Direct Charges (sum of 6a-6h)	853,387.95				853,387.95
j. Indirect Charges	146,612.05				146,612.05
k. TOTALS (sum of 6i and 6j)	\$ 1,000,000.00	\$	\$	\$	\$ 1,000,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Navajo Epidemiology Center	\$ 0.00	\$	\$	\$	0.00
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Navajo Epidemiology Center	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	
22. Indirect Charges:	
23. Remarks:	

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

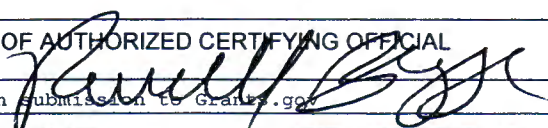
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  Completed on submission to Grants.gov	TITLE 
APPLICANT ORGANIZATION 	DATE SUBMITTED Completed on submission to Grants.gov

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION

Navajo Nation

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Russell Middle Name:
* Last Name: Begaye Suffix:
* Title: President

* SIGNATURE: Completed on submission to Grants.gov

* DATE: 7/23/16 Completed on submission to Grants.gov

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(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

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* APPLICANT'S ORGANIZATION

Navajo Nation

* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Prefix: * First Name: Russell Middle Name:
* Last Name: Begaye Suffix:
* Title: President

* SIGNATURE: Completed on submission to Grants.gov * DATE: 1/23/10

Project Abstract Summary

Program Announcement (CFDA)

93.231

Program Announcement (Funding Opportunity Number)

HHS-2016-IHS-EPI-0001

Closing Date

06/21/2016

Applicant Name**Length of Proposed Project**

5

Application Control No.**Federal Share Requested (for each year)****Federal Share 1st Year**

\$ 1,000,000

Federal Share 2nd Year

\$ 1,000,000

Federal Share 3rd Year

\$ 1,000,000

Federal Share 4th Year

\$ 1,000,000

Federal Share 5th Year

\$ 1,000,000

Non-Federal Share Requested (for each year)**Non-Federal Share 1st Year**

\$ 0

Non-Federal Share 2nd Year

\$ 0

Non-Federal Share 3rd Year

\$ 0

Non-Federal Share 4th Year

\$ 0

Non-Federal Share 5th Year

\$ 0

Project Title

Project Abstract Summary

Project Summary

The Navajo Epidemiology Center (NEC) is a program within the Navajo Department of Health (NDOH), which serves one of the largest Native American tribes in the United States. Navajo Nation covers 27,425 square miles and has a total population of approximately 173,667 (2010 Census). It is estimated that an additional 175,000 tribal members live in border towns and metropolitan areas. Portions of Arizona, New Mexico, and Utah extend into the Navajo Nation lands, necessitating collaborative relationships with the "three-states" on a number of fronts, including public health. The Navajo Nation operates one of the largest tribal governments in the United States. It is comprised of the three branches - the executive, judicial, and legislative branches. According to NEC's mortality report, the Navajo Nation's top-ten leading causes of death are as follows (from one to ten): unintentional injuries, cancer, heart disease, diabetes, liver cirrhosis, influenza/pneumonia, stroke, dementia, septicemia, and suicide.

The NEC, established in 2005, is responsible for: 1) Managing Navajo Nation's public health information systems; 2) investigating diseases and injuries of concern; 3) Providing data and reports to help health programs effectively manage programs; 5) Responding to public health emergencies; and, 6) coordinating activities with other public health authorities. The NEC's primary objectives are: data collection, analysis and interpretation; disease surveillance; disease control and prevention; and data sharing. The NEC is one of twelve Tribal Epidemiology Centers across the United States.

Since its inception, the NEC has established successful working relationships with three surrounding states (AZ, NM, UT), regional tribal epidemiology centers, local and regional academic institutions, federal partners (CDC, ATSDR, IHS), and international groups (e.g., the International Group for Indigenous Health Measurement). In addition, NEC staff regularly provides public health, epidemiologic and scientific technical assistance to the Navajo Department on Health and participates in local, regional and national tribal consultation meetings.

The primary focus of this application is to build upon the success from the past 5 years to significantly advance progress in the 7 core areas outlined herein. Through this application we recognize the need for all to join hands to lend support in our efforts to meet the health care needs of the Navajo people. To effectively reduce the health disparities that affect the Navajo people will continue to work together with politicians and policy makers at the local, state, and federal levels, public health professionals, private grant-making foundations, universities, researchers, and ordinary people who want to increase the health status of the Navajo people.

Estimated number of people to be served as a result of the award of this grant.

300000

Workplan

A detailed work plan has been developed for the five-year project period that includes core functions, activities, SMART objectives, timeline and measures of accomplishment.

Core Function 1: Collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the service, the Indian Tribes, Tribal organizations, and urban Indian organizations in the Service area.				
Activities	SMART Objective	Person Responsible	Timeline	Measures of Accomplishment
Data sharing: Agreement established between Navajo Epidemiology Center and Navajo Area IHS in 2014 but need to gain authorization for direct access to electronic medical records and epi data mart	By the end of Dec 2016 gain authorization for direct access to electronic medical records and epi data mart by working with NAIHS IT staff	NEC Director	Dec 2016	Navajo Epidemiology Center gains direct access to electronic medical records and epi data mart from IHS.
Data sharing: Execute MOU between Navajo Epidemiology Center and Utah Department of Health (UTDOH) for sharing of public health data	By the end of year 1 (Sept 2017), execute data sharing MOU with UTDOH	NEC Director	Sept 2017	Signed data sharing MOU with UTDOH
Data sharing: Renewal of MOUs between Navajo Epidemiology Center and Arizona and New Mexico Departments of Health (ADHS & NMDOH)h for sharing of public health data	By the end of year 1, execute renewal of data sharing MOUs with ADHS and NMDOH	NEC Director	Sept 2017	Signed data sharing MOUs with ADHS and NMDOH
Data sharing: Establish MOUs between Navajo Epidemiology Center and 3 Navajo Area 638 healthcare facilities (Tuba City Hospital, Utah Navajo Health System, Sage Memorial Hospital)	By the end of year 1, execute data sharing MOU with Tuba City Hospital, Utah Navajo Health System, Sage Memorial Hospital	NEC Director	Sept 2017	Signed data sharing MOUs with Tuba City Hospital, Utah Navajo Health System, Sage Memorial Hospital

Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Vital Statistics Report	By December 2017, generate mortality report covering years 2010-2015	David Foley	Dec 2017	Navajo Nation Vital Statistics Report: 2010-2015
Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Cancer Report	By the end of year 1, generate cancer report covering years 2005-2013	Del Yazzie	Sept 2017	Navajo Nation Cancer Report: 2005-2013
Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Pregnancy Risk Assessment Monitoring System (PRAMS) Report	By the end of year 2, generate PRAMS report covering years 2012-2017	Del Yazzie	Sept 2018	Navajo Nation PRAMS report 2012-2017
Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Injury Report	By the end of year 2, generate injury report covering years 2010-2017	David Foley	Sept 2018	Injury report/atlas 2010-2017
Identify Health Priorities: Compile Navajo Nation Health Survey (tribal BRFSS) data and generate areport.	By the end of year 1, generate comprehensive (all 5 Navajo agencies tribal BRFSS report)	Simental Francisco	Sept 2017	Tribal BRFSS comprehensive report comprising all 5 Navajo agencies (Central, Northern, Western, Eastern, Fort Defiance)
Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Behavioral Health Report	By the end of year 2, generate behavioral health report	JB Kinlacheeny	Sept 2018	Behavioral health report 2010-2017
Identify Health Priorities: Partner with local, state, and federal agencies to collect Navajo public health data and generate a comprehensive Infectious Disease Surveillance Report	By the end of Year 1, generate infectious disease surveillance report	Del Yazzie	Sept 2017	Infectious disease surveillance report 2010-2015

Core Function 2: Evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Accomplishment
Develop evaluation tools for breast and cervical cancer prevention programs.	By September 2017, develop a system for tracking process and outcome measures for breast and cervical cancer programs	NEC and BCCP staff; contract with JHCAIH	Sept 2017	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
Develop evaluation tools for community health representatives (CHR) education curriculum	By September 2017, develop a system for tracking process and outcome measures for CHR curriculum	NEC and CHR staff; contract with JHCAIH	Sept 2017	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
Develop evaluation tools for health education and HIV prevention education curriculum	By September 2017, develop a system for tracking process and outcome measures for CHR curriculum	NEC and Health Ed/HIV staff; contract with JHCAIH	Sept 2017	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
Develop evaluation tools for injury prevention education curriculum	By March 2018, develop a system for tracking process and outcome measures for CHR curriculum, by March 2018	NEC and Injury staff; contract with JHCAIH	Mar 2018	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
Develop evaluation tools for diabetes prevention education curriculum	Develop a system for tracking process and outcome measures for CHR curriculum, by March 2018	NEC and Diabetes staff; contract with JHCAIH	Mar 2018	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
Develop evaluation tools for Methamphetamine and suicide prevention initiative (MSPI) prevention education curriculum	By March 2018, develop a system for tracking process and outcome measures for CHR curriculum	NEC and MSPI staff; contract with JHCAIH	Mar 2018	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)

Develop evaluation tools for Domestic violence prevention initiative (DVPI) prevention education curriculum	By March 2018, develop a system for tracking process and outcome measures for CHR curriculum	NEC and DVPI staff; contract with JHCAIH	Mar 2018	Data collection tools for process measures (sign in sheets, agenda, record keeping) and outcome measures (questionnaires and medical chart reviews)
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Core Function 3: Assist Indian Tribes, Tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Accomplishment
Work with the Navajo Cancer Epidemiology Workgroup (NCEW) to develop the second "Navajo Cancer Report: 2005-2013".	By September 2017, publish the Navajo Cancer Report:2005-2013	Del Yazzie	Sept 2017	Navajo Cancer Report: 2005-2013
Develop the third "Navajo PRAMS report, 2012-2015" and lead the PRAMS workgroup.	By September 2017, publish the PRAMS report by Sept 2017 and lead PRAMS workgroup monthly	Del Yazzie	Sept 2017	Navajo PRAMS Report: 2012-2015; Monthly meetings
Update the motor vehicle crash report to cover years 2010-2015.	By March 2018, publish motor vehicle crash report	David Foley	Mar 2018	Motor Vehicle Crash Report: 2010-2015
Disseminate BRFSS findings back to the Navajo Nation communities.	By Sept 2018, disseminate BRFSS report to Navajo communities	Simental Francisco	Sept 2018	Number of reports distributed throughout the community
Develop an Indigenous evaluation toolkit for behavioral health treatment	By Sept 2019, develop and pilot toolkit	JB Kinlacheeny	Sept 2019	Completed Indigenous toolkit
Develop the Navajo suicide surveillance report in partnership with Navajo Area Indian Health Service	By Sept 2017, analyze suicide data and publish surveillance report	JB Kinlacheeny	Sept 2017	Suicide surveillance report generated
Continue collaborative efforts with the Navajo Area Indian Health Service Epidemiology Response Teams	Host monthly meetings with Navajo Area IHS Epidemiology Response Team	Del Yazzie, NEC Director	Years 1-5; monthly	Monthly meetings, agenda, sign-in sheets, reports

Core Function 4: Make recommendations for the targeting of services needed by the populations served.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Accomplishment
Translate Navajo-specific data into culturally appropriate data informed prevention and intervention programs.	Provide Navajo Nation health programs annual data to help inform	NEC staff	Years 1-5; annually	Annual reports

	program development			
Promote research that examines risks and protective factors	Analyze existing data annually to identify risk and protective factors.	NEC staff	Years 1-5; annually	Data analysis reports
Increase targeted and culturally appropriate education and awareness about disease prevention and health promotion.	Use data reports to develop semi-annual public service announcements.	NEC staff	Years 1-5; semi-annually	Number of data informed Public Service Announcements.

Core Function 5: Make recommendations to improve health care delivery systems for Indians and urban Indians.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Accomplishment
Disseminate epidemiologic data reports to the public	Epidemiologic reports will be published annually	NEC staff	Years 1-5; annually	Number of reports published on website and in print
Disseminate epidemiologic reports to the Navajo community	Epidemiologic reports will be disseminated to the community annually	NEC staff	Years 1-5; annually	Number of Epidemiologic reports disseminated. Number of presentations at chapter meetings, IHS, and conferences.
Generate Navajo-specific health data to effectively plan and make decisions that best meet the health needs of Navajo communities	Epidemiologic reports will be disseminated to health policy and decision makers annually.	NEC staff	Years 1-5; annually	Number of Epidemiologic reports disseminated. Number of Presentations at health board and tribal council meetings

Core Function 6: Provide technical assistance to Indian Tribes, Tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Justification
NEC to work closely with Johns Hopkins Center for American Indian to provide critical	10 NDOH staff participate in Public Health Training	NEC and JHCAIH staff	Years 1-5	Ten NDOH staff earn Public Health Training Certificate in American

epidemiology and public health training for 10 NDOH staff members who will participate in the Center's Public Health Training Certificate in American Indian Health	Certificate Course in years 1-5			Indian Health from Johns Hopkins University
NEC staff will receive epidemiology and biostatistics training from Johns Hopkins scientists	NEC staff will participate in semi-annual trainings in years 1-5.	NEC and JHCAIH staff	Years 1-5	Number of trainings conducted. Number of participants trained.
NEC will serve as a public health authority during disease outbreaks in partnership with local, state, and federal agencies, including NAIHS, CDC epi-aid investigations	NEC will lead public health efforts during disease outbreaks in years 1-5.	NEC staff	Years 1-5	Outbreak response activities

Core Function 7: Provide disease surveillance and assist Indian Tribes, Tribal organizations, and urban Indian organizations to promote public health.

Activities	SMART Objective	Person Responsible	Timeline	Measurement of Accomplishment
NEC to collaborate with the Johns Hopkins Center for American Indian Health on active, population-based surveillance to determine the incidence and epidemiologic characteristics of invasive disease	By March 2018, a systematic surveillance system will be established. Ongoing surveillance activities will occur March 2018-Sept 2021	Del Yazzie and JHCAIH staff	Years 1-5	Invasive disease surveillance system
NEC to collaborate with the Johns Hopkins Center for American Indian Health on developing Navajo injury surveillance system	By March 2018, a systematic surveillance system will be established. Ongoing surveillance activities will occur March 2018-Sept 2021	David Foley and JHCAIH staff	Years 1-5	Injury surveillance system
NEC will conduct the second phase of BRFSS data collection.	By September 2019, data collection instruments will be developed. Data collection will occur in years 4-5.	Simental Francisco	Years 3-5	Data collection instruments developed; data collection occurs

Project Narrative

1. **Collect data relating to, and monitor progress made toward meeting, each of the health status objectives of the service, the Indian Tribes, Tribal organizations, and urban Indian organizations in the Service area:** The NEC aims to build upon the success from the past 5 years to significantly advance progress in identifying priority health concerns via collection of Navajo-specific health information.
 - a. Gain authorization for direct access to electronic medical records and epi data mart via existing data sharing agreement with Navajo Area Indian Health Service.
 - b. Establish MOU between Navajo Epidemiology Center and Utah Department of Health for sharing of Navajo public health data (vital statistics, hospitalizations, communicable diseases, notifiable diseases, birth defects).
 - c. Renew existing MOUs between Navajo Epidemiology Center and Arizona and New Mexico Departments of Health for sharing of Navajo public health data (vital statistics, hospitalizations, communicable diseases, notifiable diseases, birth defects).
 - d. Establish MOU between Navajo Epidemiology Center and 3 Navajo Area 638 healthcare facilities (Tuba City Hospital, Utah Navajo Health System, Sage Memorial Hospital) as they do not participate in sharing Navajo public health data with Navajo Area Indian Health Service.
 - e. Continue to partner with local, state, and federal agencies to collect Navajo public health data to generate reports (mortality, cancer, PRAMS, injury, tribal BRFSS, behavioral health, infectious disease, chronic disease).
2. **Evaluate existing delivery systems, data systems, and other systems that impact the improvement of Indian health.** The NEC is working closely with Johns Hopkins Center for American Indian Health to provide technical assistance in developing program evaluation for NDOH programs to gain insight into whether activities are achieving their desired results, improve program services and disseminate information to others regarding program success.
 - a. Develop program evaluation involving the systematic collection of information to better understand the effectiveness of the following NDOH programs and their curricula: Breast and Cervical Cancer Prevention, CHR, Health Education and HIV Prevention, Injury Prevention, Diabetes Prevention, Methamphetamine and Suicide Prevention Initiative (MSPI), and Domestic Violence Prevention Initiative (DVPI).
3. **Assist Indian Tribes, Tribal organizations, and urban Indian organizations in identifying highest-priority health status objectives and the services needed to achieve those objectives, based on epidemiological data:** The NEC aims to build upon the success from the past 5 years to significantly advance progress in identifying priority health concerns via collection of Navajo-specific health information.
 - a. The NEC aims to renew the data sharing agreements with the Arizona and New Mexico Departments of Health and update its mortality report entitled: "Navajo Nation Mortality Report 2006-2009." The updated report will cover years 2010-2015 (Utah Navajo mortality will be added upon establishment of data sharing agreement with Utah Department of Health).
 - b. The NEC's Navajo Cancer Epidemiology Workgroup (NCEW) is in the process of developing the 2nd Navajo Cancer Report 2005-2013. The NCEW consists of members who represent federal, state, and tribal organizations. The NCEW meets on a monthly basis and working towards generating rates for mortality, incidence, stage, and screening.

- c. The NEC's Navajo Pregnancy Risk Assessment Monitoring System (PRAMS) Workgroup aims to develop the 3rd Navajo PRAMS report, 2012-2015. The Navajo PRAMS Project is a partnership between NEC, New Mexico and Utah Departments of Health, and CDC (Arizona Department of Health was recently awarded PRAMS funding and NEC aims to partner to reach out Navajo mothers in Arizona). The PRAMS Project is a health surveillance system that addresses maternal attitudes, behaviors and experiences occurring before, during and after pregnancy among women giving live birth. The Navajo PRAMS report focuses on Navajo mothers and their infants living within the Navajo Nation. The workgroup meets on a monthly basis and consist of members who represent federal, state, and tribal organizations.
- d. The NEC aims to update its injury report entitled "A Description of Fatal Car Crashes Occurring within the Navajo Nation and among its Border Towns 2005-2009." The updated report will cover years 2010-2015. According to the NEC's "Navajo Nation Mortality Report, 2006 – 2009" unintentional injury due to car crashes is the number one cause of death on the Navajo Nation. The data is obtained from the Fatality Analysis Reporting System via National Highway Traffic Safety Administration. With technical assistance from Johns Hopkins Center for American Indian Health, the NEC will conduct motor vehicle crash surveillance using readily available data sources.
- e. The NEC aims to compile, enter, and analyze the tribal BRFSS survey data, and develop a comprehensive report including fact sheets. Furthermore, NEC aims to disseminate the survey findings back to the NN communities. The dissemination plan of the survey findings will be reviewed by the Navajo Nation Human Research Review Board prior to communicating the information to NN communities. In addition, NEC will provide technical assistance to NN communities with development of community wellness plans using the survey findings to enhance the health status of Navajo people.
- f. The NEC aims to develop an Indigenous evaluation tool for the behavioral health treatment centers to evaluate the program milieu, program structure, clinical process (treatment, assessment, and aftercare), program staffing, and training focusing on cultural appropriateness and level of cultural emphasis for Native clients called the Tribal Core Toolkit. The Tribal Core works parallel with SAMHSA's Dual Diagnosis Capability in Addictions Treatment Toolkit.
- g. The NEC aims to develop the Navajo suicide surveillance report. The project is in partnership with Navajo Area Indian Health Service. A comprehensive data collection instrument was developed to capture data on suicidal behavior. The NEC and Indian Health Service are addressing mental health, suicide prevention, and behavioral health issues as part of the suicide surveillance system. The project will help to monitor and evaluate programs to manage efficiently, reduce duplication, and target use of resources.
- h. The NEC aims to work closely with Johns Hopkins Center for American Indian Health to develop the first infectious disease surveillance report for the Navajo Nation.
- i. The NEC and Navajo Epidemiology Advisory Team will continue its collaborative efforts with the Navajo Area Indian Health Service Epidemiology Response Teams, who are located at each of the Navajo Area Indian Health Service health care facilities. The teams work to ensure rapid, coordinated detection and response to outbreaks of communicable diseases and promote comprehensive outbreak surveillance and investigation. It also seeks to improve the

collaboration and partnership among officials in local, state, and federal agencies who work with communicable disease outbreak surveillance and response activities.

4. **Make recommendations for the targeting of services needed by the populations served:** The NEC aims to build upon the success from the past 5 years to significantly advance progress to translate Navajo-specific data and reports generated into addressing priority health concerns. NEC proposes the following recommendations that constitute a framework that public health professionals, healthcare providers, and communities can use to reduce disease burden of Navajo Nation:
 - a. Expand collaboration among Navajo tribal health programs, Indian Health Service and tribally operated facilities, and local communities in order to translate the data into targeted and culturally appropriate prevention and intervention programs.
 - b. Continue meaningful partnership with local, state, and federal agencies cancer to further utilize and improve population-based disease surveillance data and maintain on-going surveillance activities on Navajo Nation.
 - c. Promote research that examines risk factors for many of diseases.
 - d. Increase targeted and culturally appropriate education and awareness about disease prevention and health promotion.
 - e. Increase education and training for NDOH staff.
5. **Make recommendations to improve health care delivery systems for Indians and urban Indians:** The NEC aims to build upon the success from the past 5 years to significantly advance progress by providing reports based on epidemiologic data to inform and educate public health professionals, medical providers, Navajo Nation health programs and local, state and federal agencies.
 - a. The reports will be disseminated via the NEC website, which will contain special pages devoted to specific projects.
 - b. Additional dissemination of reports will occur through Navajo community (chapter, IHS, health boards, tribal council) presentations, presentations at conferences regionally and nationally, and through publication in a peer-reviewed journals.
 - c. The NEC's principal strategies are aligned with NDOH's goals – Generate Navajo-specific health data to effectively plan and make decisions that best meet the health needs of Navajo communities. We believe the reports and dissemination efforts will allow for better understanding of the occurrence, patterns and causes of disease among the Navajos, and thereby the Navajo Nation will be better to develop interventions, research, and policies to reduce disease burden.
6. **Provide technical assistance to Indian Tribes, Tribal organizations, and urban Indian organizations in the development of local health service priorities and incidence and prevalence rates of disease and other illness in the community.**
 - a. **Training and Capacity Building:** The NEC is working closely with Johns Hopkins Center for American Indian Health to provide critical epidemiology and public health training for 10 Navajo Department of Health (NDOH) staff members. The staff members will participate in the Center's state of the art *Public Health Training Certificate in American Indian Health*. The program is an 18-credit, graduate-level certificate that will equip the Navajo DOH staff members with skills to address health issues in tribal communities through multidisciplinary public health approaches and culturally relevant strategies. The courses will be taken at Johns Hopkins Bloomberg School of Public Health through the Institute series that are conducted for one week in the summer (July) and winter (January). The courses provide in-

depth training on the core competencies of public health through an indigenous lens and three of the eight courses solely focus on epidemiology, data management and research methods, which are critical competencies for the participating staff members. The ten participants will complete the certificate within three years and the breakdown of the courses and cost follows (please see budget for breakdown of cost per institute).

In addition to the Certificate Series, Johns Hopkins Center Senior Epidemiologist, Dr. Jessica Atwell, and Training Director, Ms. Kristen Speakman, will provide semi-annual trainings to the Navajo Epi Center staff on core epidemiology and biostatistics principles as apply to their ongoing projects. The semi-annual trainings will take place every spring and fall at the Navajo Nation Department of Health Offices. The specific areas of focus for the workshops will be advanced epidemiology and biostats skills, surveillance, survey design, database development, and data management.

- b. **Outbreak Response Capacity:** The NEC is a member of the NN all-hazards response plan. NEC staff will continue to participate in communicable disease tabletop trainings with NN entities and local, state, and federal partners. Such partnerships allow effective and efficient execution of activities and strengthen collaborative efforts across all jurisdictions. In addition, NEC staff will continue to participate in the National Incident Management System trainings, Navajo Incident Command System activities, and provide epidemiologic expertise.

The NEC will also continue to serve as a public health authority during disease outbreaks in partnership with local, state, and federal agencies, including NAIHS, CDC epi-aid investigations, and meetings relating to local, regional and nationwide outbreaks and emergencies. In addition, NEC staff will continue to participate in trainings related to disease outbreak investigation, infectious disease epidemiology, and other related areas to increase staff competence and capacity. The NEC will continue to develop the Navajo Health Alert Network (NHAN) using the CDC and state systems as models. The NHAN will be used as a communication tool to inform the public about outbreaks, emergencies, and public health threats. The NEC works closely with the NDOH's public information officer, who alerts the Navajo public through press releases, radio forums and PSAs using both English and Navajo languages. NDOH PSAs are developed by an internal team of health educators who are fluent Navajo speakers, public health emergency preparedness staff, public health nursing staff, and NEC staff. Lastly, the NEC will continue to strengthen the Navajo Epi Response Team, which works with local, state, and federal agencies investigating disease outbreaks on the NN. The team includes staff from NDOH public health emergency preparedness, public health nursing, environmental health, health education, CHR, and NEC. The outbreak response activities and training will build and strengthen tribal capacity to effectively and efficiently respond to public health emergencies and threats.

7. Provide disease surveillance and assist Indian Tribes, Tribal organizations, and urban Indian organizations to promote public health.

- a. **Infectious Disease Surveillance:** The NEC will strengthen infectious disease surveillance systems to better monitor emerging public health/epidemiologic issues among the Navajo people. Current surveillance activities will be expanded to include active, population-based surveillance for additional communicable infectious diseases (measles, pertussis, invasive

group A strep, tuberculosis), STIs (HIV, syphilis, chlamydia), food borne pathogens, vector-borne and zoonotic diseases (hantavirus, west nile virus, rocky mountain spotted fever, plague), and other emerging threats (zika virus, onchocerca lupi).

In addition, the NEC will collaborate with Johns Hopkins Center for American Indian Health (JHCAIH) on active, population-based surveillance to determine the incidence and epidemiologic characteristics of invasive disease due to *S. pneumoniae*, *H. influenzae*, *N. meningitidis*, and *S. aureus* on the NN. JHCAIH staff members actively contact laboratory facilities on and around the NN on a daily or weekly basis, depending on the facility. Bacterial isolates that meet the project inclusion criteria are shipped to the JHCAIH laboratory. Chart reviews will be conducted on all cases that are detected through the surveillance system. Active Bacterial Surveillance (ABS) data will be shared with the NEC; NEC and JHCAIH will collaborate on analyses to estimate the burden of disease and track disease trends over time. The JHCAIH ABS program has been approved by the Johns Hopkins Bloomberg School of Public Health IRB, NN IRB and National IHS IRB (Appendix). In addition to the ABS collaboration, JHCAIH epidemiologists will be available to consult with NEC staff regarding the expansion of other surveillance systems or analysis of surveillance data outlined above.

- b. **Motor Vehicle Crash Surveillance:** Motor vehicle crashes (MVCs) are the leading cause of unintentional injury death on NN and account for 40% of unintentional injury deaths. Similar to overall unintentional injury mortality, the rate of motor vehicle related mortality is significantly higher among Navajo compared to the US and neighboring states. MVC mortality rates on Navajo Nation are 4 times higher than the US population, 3.7 times higher than Arizona, 2.4 times higher than New Mexico and 5.1 times higher than Utah (see table 1). Due to high rates of motor vehicle related deaths, motor vehicle crash surveillance is a priority for NEC.

Table 1: Age-Adjusted Mortality Rates per 100,000

Cause	Navajo 2006-2009 ¹	US 2009	Arizona 2009 ^{1,2}	New Mexico 2009 ^{1,2}	Utah 2009
Unintentional Injuries	126.6	37.5	43.1	65.6	37.0
Motor Vehicle Crash	44.8	11.0	12.1	18.0	8.8

1. Navajo Epidemiology Center, Navajo Nation Mortality Report, 2006-2009.

2. Insurance Institute for Highway Safety Highway Loss Data Institute. General Statistics 2009.

With technical assistance from Johns Hopkins Center for American Indian Health, the NEC will conduct motor vehicle crash surveillance using readily available data sources (Fatality Analysis Reporting System, tribal police, state police, department of transportation, department of highway safety, Indian Health Service). Surveillance will provide critical information that will help NEC to: 1) Better understand the burden of motor vehicle related injuries; 2) Identify risk factor for severe and fatal crashes (i.e. alcohol involvement, location, time of day); and, 3) Guide implementation of data informed interventions. Johns Hopkins Center for American Indian Health researchers, Anne Kenney, Ally Maschino, and Wendy Shields who are founding members of the Navajo Nation Injury Prevention Coalition will assist with project management, data analyses, and reporting.

- c. **Tribal BRFSS – Navajo Nation Health Survey:** The past five years, NEC developed and implemented the administration of the survey within the five Navajo Nation agencies (Eastern, Fort Defiance, Western, Northern, and Chinle). The next five years, NEC plans to compile, enter, and analyze the survey data, and develop a comprehensive report including fact sheets. Furthermore, NEC plans to disseminate the survey findings back to the NN communities during years 1-3. The dissemination plan of the survey findings will be reviewed by the Navajo Nation Human Research Review Board prior to communicating the information to NN communities. In addition to communicating the survey findings, NEC will provide technical assistance to NN communities with development of community wellness plans using the survey findings. Lastly, NEC plans to continue to build upon the success of the past five years by conducting the second phase of the administration of the survey within the five Navajo Nation agencies in years 3-5 to begin establishing trends.

THE NAVAJO NATION PROGRAM BUDGET SUMMARY

PART I. Business Unit No.:		Program Title: NAVAJO EPIDEMIOLOGY CENTER		Division/Branch: DEPT. OF HEALTH	
Prepared By: DEL YAZZIE		Phone No.: 928/871-6265		Email Address: del.yazzie@nndoh.org	

PART II. FUNDING SOURCE(S)	Fiscal Year Term	Amount	% of Total	PART III. BUDGET SUMMARY	Fund Type Code	Original Budget	Proposed Budget	Difference (Column B - A)
I.H.S. FEDERAL	2016-2017	796,500.00	100%	2001 Personnel Expenses		\$525,326.00	\$ 427,818.13	-\$97,507.87
				3000 Travel Expenses		\$60,418.00	\$ 40,200.00	-\$20,218.00
				3500 Meeting Expenses				
				4000 Supplies		\$20,630.00	\$ 8,706.09	-\$11,923.91
				5000 Lease and Rental				
				5500 Communications and Utilities		\$13,000.00		-\$13,000.00
				6000 Repairs and Maintenance				
				6500 Contractual Services			\$ 150,000.00	\$150,000.00
				7000 Special Transactions		\$4,552.00	\$ 52,999.28	\$48,447.28
				8000 Public Assistance				
				9000 Capital Outlay				
				9500 Matching Funds				
				9500 Indirect Cost		\$107,190.00	\$ 116,776.50	\$9,586.50
				TOTAL		\$731,116.00	\$ 796,500.00	\$65,384.00

PART IV. POSITIONS AND VEHICLES	(D)	(E)
Total # of Positions Budgeted:	5	
Total # of Permanently Assigned Vehicles:		

PART V. I HEREBY ACKNOWLEDGE THAT THE INFORMATION CONTAINED IN THIS BUDGET PACKAGE IS COMPLETE AND ACCURATE.

Delvin Yazzie, MPH, Delegated NEC Dir./Epidemiologist

SUBMITTED BY: Program Manager's Printed Name and Signature / Date

Ramona Nez, Acting Division Director

APPROVED BY: Division Director/Branch Chief's Printed Name and Signature / Date

**THE NAVAJO NATION
PROGRAM PERFORMANCE CRITERIA**

PART I. PROGRAM INFORMATION:

Business Unit No.:

Program Name/Title:

NAVAJO EPIDEMIOLOGY CENTER**PART II. PLAN OF OPERATION REFERENCE/LEGISLATED PROGRAM PURPOSE:****PART III. PROGRAM PERFORMANCE CRITERIA:**

	1st QTR	2nd QTR	3rd QTR	4th QTR
Goal				
Actual				

1. Program Performance Area:

Prevention and delayed on-set of chronic disease

Goal Statement:

Collaborate w/stakeholders to achieve overall health outcomes & disease, risk-factor specific outcome

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2. Program Performance Area:

Maintain or self-manage care of chronic disease

Goal Statement:

Develop strategic plan to disseminate results to key stakeholders

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3. Program Performance Area:

Decrease premature death

Goal Statement:

Collaborate w/stakeholders to achieve overall health outcomes & disease, risk-factor specific outcome

2	2	2	2	2
---	---	---	---	---

4. Program Performance Area:

Increase program effectiveness

Goal Statement:

Collaborate w/stakeholders to achieve overall health outcomes & disease, risk-factor specific outcome

2	2	2	2	2
---	---	---	---	---

5. Program Performance Area:

Improve policies, systems and environments

Goal Statement:

Collaborate w/stakeholders to achieve overall health outcomes & disease, risk-factor specific outcome

3	3	3	3	3
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PART IV. I HEREBY ACKNOWLEDGE THAT THE ABOVE INFORMATION HAS BEEN THOROUGHLY REVIEWED.

Delvin Yazzie, MPH, Delegated NEC Director/Epidemiologist

Program Manager's Printed Name and Signature/Date

9/30/16

Ramona Antone-Nez, MPH, Acting Director, NDOH

Division Director/Branch Chief's Printed Name and Signature / Date

10/3/16

THE NAVAJO NATION
LISTING OF POSITIONS AND ASSIGNMENTS BY BUSINESS UNITS

SUB ACCT	POS NO	JOB TYPE	POSITION TITLE	EMP ID	WRKSITE CODE	FY 2015 ACTUAL G/S	SALARY	FY 2016 PROPOSED HOURS	BUDGET	
			Director/Senior Epidemiologist				\$ 75,504.00			
			Epidemiologist				\$ 65,249.60			
			Project Manager				\$ 55,681.50			
			Administrative Assistant				\$ 36,088.00			
			Senior Programs & Projects Specialist				\$ 55,182.40			
							\$ 287,705.50			

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

NAVAJO EPIDEMIOLOGY CENTER

Business Unit No.: _____

PART II. DETAILED BUDGET:

(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification	Total by DETAILED Object Code	Total by MAJOR Object Code
2001	PERSONNEL EXPENSES Employee Salary/Fringe Benefits		
2110	REGULAR Director/Senior Epidemiologist Epidemiologist Project Manager Administrative Assistant Senior Programs & Projects Specialist	\$ 75,504.00 \$ 65,249.60 \$ 55,681.50 \$ 36,088.00 \$ 55,182.40	\$ 287,705.50
2900	FRINGE BENEFITS Director/Senior Epidemiologist Epidemiologist Project Manager Administrative Assistant Senior Programs & Projects Specialist	\$ 36,770.49 \$ 31,776.56 \$ 27,116.89 \$ 17,574.86 \$ 26,873.83	\$ 140,112.63
TOTAL		\$ 427,818.13	\$ 427,818.13

THE NAVAJO NATION
DETAILED LINE ITEM BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

NAVAJO EPIDEMIOLOGY CENTER

Business Unit No.: _____

PART II. DETAILED BUDGET:

(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification	Total by DETAILED Object Code	Total by MAJOR Object Code
3000	TRAVEL EXPENSES Meals, Lodging, Transportation costs, etc., directly related to authorized trainings, conferences, etc.		\$ 40,200.00
3140	GSA 2/Vehicles: (Monthly Rate X 12 months) + (Rate/Mile X # of miles/month x 12 months)	\$ 14,400.00	
3230	Personnel Travel		
	3240 Meals	\$ 6,250.00	
	3250 Lodging	\$ 6,750.00	
	3260 POV Mileage		
	3290 Other Travel Ex	\$ 4,800.00	
3310	Air Fare	\$ 8,000.00	
	3320 Commercial		
TOTAL		\$ 40,200.00	\$ 40,200.00

THE NAVAJO NATION
DETAILED LINE ITEM BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:

Program Name/Title: _____

NAVAJO EPIDEMIOLOGY CENTER

Business Unit No.: _____

PART II. DETAILED BUDGET:

(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification	Total by DETAILED Object Code	Total by MAJOR Object Code
4000	SUPPLIES		\$ 8,706.09
4120	Office Supplies Stationery, paper, binders, pens, postage, printing, binding, etc.	\$ 4,206.09	
4200	General Office Supplies 4210 Non Cap Furn & Equipment 4230 Non Cap Computer Equipment		
4410	General Office Supplies 4420 General Operating Supplies 4440 Non-Capital Computer Software 4450 Postage, Courier, Shipping 4460 Food Supplies 4530 Printing/Binding/Photocopying 4540 Books/Periodicals/Subscription	\$ 2,000.00 \$ 500.00 \$ 2,000.00	
5500	Communication and Utilities 5610 Wireless	\$8,000	\$ 8,000.00
6000	Repairs and Maintenance 6300 Technology		
6500	Contractual Service 6520 Consulting	\$ 150,000.00	\$ 150,000.00
TOTAL		\$ 166,706.09	\$ 166,706.09

THE NAVAJO NATION
DETAILED LINE ITEM BUDGET AND JUSTIFICATION

PART I. PROGRAM INFORMATION:			
Program Name/Title: <u>NAVAJO EPIDEMIOLOGY CENTER</u>		Business Unit No.: _____	
PART II. DETAILED BUDGET:			
(A)	(B)	(C)	(D)
Object Code (LOD 6)	Object Code Description and Justification	Total by DETAILED Object Code	Total by MAJOR Object Code
7000	Special Transactions		\$ 52,999.28
7110	Programs		
7410	Media		
7510	Training & Professional	\$ 52,999.28	
7710	Insurance Premiums		
9500	INDIRECT COST		\$ 116,776.50
Direct Cost = Total Amount/IDC Rate = \$796,500 X 17.18% = \$116,776.50		\$ 116,776.50	
IDC = Total Amount - Direct Cost = \$796,500 - \$116,776.50 = \$679,724			
TOTAL		\$ 169,775.78	\$ 169,775.78

PART I. PROGRAM INFORMATION:

Program Name/Title: **NAVAJO EPIDEMIOLOGY CENTER**

Contract/Grant No.: _____

Funding Period: **9/30/2016 to 9/29/2017**

K #:

Prepared by: **DEL YAZZIE, MPH, Delegated NEC Director**

PART II. PURPOSE OF FUNDING AND MATCH FUNDS REQUIREMENT

PART III. BUDGET INFORMATION:

(A)		(B)	(C)	(D)
Major Object Code and Description		Current Award Fiscal Year	Anticipated Funding Fiscal Year	Difference Columns (C) - (B)
2001	Personnel Expenses	\$ 525,326.00	\$ 427,818.13	(97,507.87)
3000	Travel Expenses	\$ 60,418.00	\$ 40,200.00	(20,218.00)
3500	Meeting Expenses			-
4000	Supplies	\$ 20,630.00	\$ 8,706.09	(11,923.91)
5000	Lease and Rental	\$ 13,000.00		(13,000.00)
5500	Communication and Utilities			-
6000	Repairs and Maintenance			-
6500	Contractual Services		\$ 150,000.00	150,000.00
7000	Special Transaction	\$ 4,552.00	\$ 52,999.28	48,447.28
8000	Assistance			-
9000	Capital Outlay			-
9510	Matching - Cash			-
9610	Matching - In - Kind			-
9710	Indirect Cost (Overhead) Allocation	\$ 107,190.00	\$ 116,776.50	9,586.50
TOTALS:		\$ 731,116.00	\$ 796,500.00	65,384.00

PART IV. FTEs/MATCH FUNDS:

No. of Positions/ FTEs:

5

(5.000)

MATCHING FUND REQUIRED:

Required GF Cash Match:

CONCURRED BY:

Required GF In - Kind Match:

Contracting Officer's Signature / Date:

Required GF % Match:

PART V. ACKNOWLEDGEMENT:

Submitted by (print): **Delvin Yazzie, MPH, Delegated NEC Dir./Epi**

Signature/Date:

Delvin Yazzie 9/30/16Approved by (print): **Ramona Nez, Acting Division Dir.**

Signature/Date:

Ramona Nez 10/3/16

RESOLUTION OF THE
BUDGET AND FINANCE COMMITTEE
OF THE NAVAJO NATION COUNCIL

22ND NAVAJO NATION COUNCIL - Second Year, 2012

AN ACTION

RELATING TO HEALTH, EDUCATION AND HUMAN SERVICES AND BUDGET
AND FINANCE; APPROVING THE ACCEPTANCE OF INDIAN HEALTH
SERVICE, DEPARTMENT OF HEALTH AND HUMAN SERVICES
COOPERATIVE AGREEMENT GRANT IN THE AMOUNT OF \$402,105.00
FOR THE BUDGET PERIOD BEGINNING SEPTEMBER 30, 2011 THROUGH
SEPTEMBER 29, 2012 AND ACCEPTING ANY OTHER SUBSEQUENT
FUNDING IN ACCORDANCE WITH THE 5-YEAR PLAN UP TO SEPTEMBER
29, 2016 TO ASSIST IN DEVELOPING THE NAVAJO NATION'S
DISEASE SURVEILLANCE SYSTEM AND IDENTIFYING ITS HIGHEST
PRIORITY HEALTH STATUS OBJECTIVES BASED ON EPIDEMIOLOGIC
DATA

BE IT ENACTED:

1. The Navajo Nation hereby approves the acceptance of Indian Health Service, Department of Health and Human Services Cooperative Agreement Grant in the amount of \$402,105.00 for the budget period beginning September 30, 2011 through September 29, 2012 and Accepting Any Other Subsequent Funding in Accordance with the 5-Year Plan Up to September 29, 2016 to assist in developing the Navajo Nation's disease surveillance systems and identifying its highest priority health status objectives based on epidemiologic data. The Notice of Award No. U1B1H0300011/07 and the Grant terms and conditions is attached as Exhibit A. The Navajo Nation Program Budget and Justification is attached as Exhibit B.
2. The President of the Navajo Nation, or his designee is hereby authorized to execute all documents necessary to effectuate the intent of this legislation.

CERTIFICATION

I hereby certify that the foregoing resolution was duly considered by the Budget and Finance Committee of the Navajo Nation Council at a duly called meeting held at Window Rock, Navajo Nation (Arizona), at which a quorum was present and that the same was passed by a vote of 4 in favor, 0 opposed, this 17th day of January, 2012.



Lorenzo C. Bates, Chairperson
Budget and Finance Committee

Motion: Mal R. Segay

Second: Jonathan Nez

Darlene Tracy

From: Del Yazzie
Sent: Friday, September 23, 2016 10:19 AM
To: levonhenry@navajo-nsn.gov
Cc: Jonathan Hale; Darlene Tracy; Ramona Antone Nez
Subject: FW: Edits requested to Proposed Work Plan and Budget

Ya'at'eeh Mr. Henry,

FYI See email below from funding agent. We don't have an official notice of award letter yet.

Ahe'hee', Del

Del Yazzie, MPH
Acting Director/Epidemiologist
Navajo Epidemiology Center
Office 928-871-6265
Mobile 928-551-1065
www.nec.navajo-nsn.gov

From: Neel, Lisa (IHS/HQ) [mailto:Lisa.Neel@ihs.gov]
Sent: Friday, September 16, 2016 2:40 PM
To: Del Yazzie <Del.Yazzie@nndoh.org>
Cc: Paisano, Roberta E. (IHS/HQ) <Roberta.Paisano@ihs.gov>
Subject: Edits requested to Proposed Work Plan and Budget

Mr. Yazzie:

I hope this note finds you well.

Your total budget for this year is projected to be: \$ 796,500.

Please edit your budget and adjust your proposed activities with that budget level in mind.

Please plan to submit draft or final edits by September 20, 2016 at 5pm EST. If you submit a draft, please provide a timeline of when the final should be available.

Do not hesitate to ask if you have any questions about this request. My direct information is below.

Wado,

Lisa C. Neel, MPH (Cherokee)
Public Health Advisor
IHS Division of Epidemiology and Disease Prevention
5600 Fishers Lane, Mailstop 09E10D
Rockville, Maryland 20857
301-443-4305
Lisa.neel@ihs.gov

