

ASSESSMENT OF TRIBAL ENGAGEMENT IN NATIONAL VIOLENT DEATH REPORTING SYSTEM (NVDRS) STATES



Centers for Disease
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JULY 2020

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INTRODUCTION

The National Violent Death Reporting System (NVDRS) is the only state-based surveillance system that pools data on violent deaths from multiple sources into a usable anonymous database (Blair et al., 2015). These sources include death certificates, coroner/medical examiner (CME) reports (including toxicology reports), and law enforcement (LE) reports. The system captures information on homicides, suicides, deaths due to legal intervention (excluding legal executions), deaths of undetermined intent, and unintentional firearm deaths.

This report provides a summary of a project to understand if/how tribes collect NVDRS data, and more specifically suicide data. It describes the project, the level of tribal engagement by VDRS program (see Figure 1), pertinent findings (i.e., barriers, limitations), and recommendations. This report is a culmination of an assessment of 40 states, the District of Columbia, and Puerto Rico. It provides stakeholders with lessons learned and recommendations to enhance suicide surveillance in tribal populations. The information compiled in this report came from discussions with VDRS programs and tribal partners via email, phone, and/or a stakeholder visit. Email correspondence and phone conversations with VDRS programs and tribal partners occurred in waves from October 2017 until August 2019. A stakeholder visit was conducted with Oklahoma VDRS in June 2018.

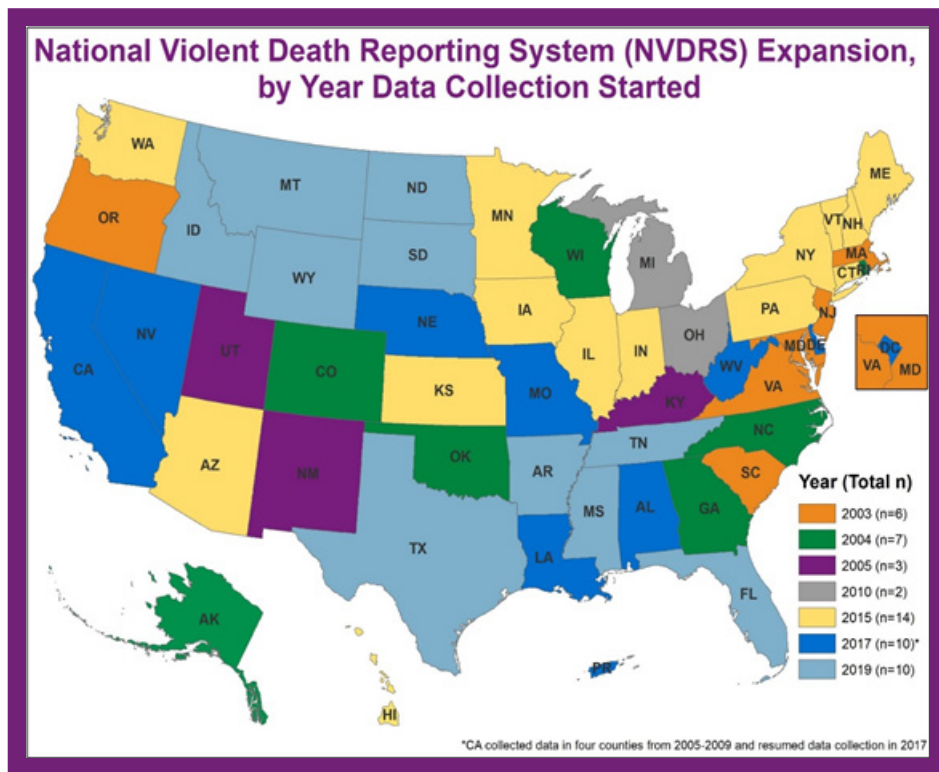
TRIBAL POPULATIONS IN THE UNITED STATES

American Indians/Alaska Natives (AI/AN) represent 2 percent of the U.S. population (5.2 million people) and have origins in any of the original peoples of the Americas who maintain tribal affiliation or community attachment (HHS, Office of Minority Health). Currently in the United States, 573 AI/AN tribes are federally recognized and more than 100 are state recognized (HHS, Office of Minority Health). Some tribes are unrecognized (HHS, Office of Minority Health). Although it is a common perception that AI/AN populations live solely on reservations, only 22 percent live on them or other trust lands, while 50 percent live in metropolitan areas (HHS, Office of Minority Health).



WHY FOCUS ON THIS POPULATION?

Suicide is the 10th leading cause of death in the United States and it was responsible for nearly 48,344 deaths in 2018. Furthermore, the suicide rate among American Indians/Alaska Natives (AI/AN) has been increasing since 2003 (2). In 2015, rates were 21.5 per 100,000 in the 18 states participating in the NVDRS—more than 3.5 times higher than those among racial/ethnic groups with the lowest rates (Leavitt et al. 2015). AI/AN populations are disproportionately affected by suicide; however, uncertainty exists about actual suicide rates in tribal populations. Having a better understanding of these rates on tribal land/reservations and for the AI/AN population can help practitioners develop and tailor suicide prevention efforts accordingly.



OBJECTIVES

The National Center for Injury Prevention and Control (NCIPC), Division of Violence Prevention (DVP), Surveillance Branch (SB) sponsored a project to determine if/how tribes collect suicide data within NVDRS states to better understand the extent to which tribal populations are disproportionately affected by suicide.

The main objectives of the project were to:

- Foster relationships with Violent Death Reporting System (VDRS) states, tribal partners, and others to assist in identifying potential data sources to merge with NVDRS;
- Facilitate and conduct stakeholder visits and conference calls with NVDRS recipients to gain a better understanding of whether/how tribes collect NVDRS data, more specifically suicide data; and to generate a final report describing currently available data sources, findings, and recommendations.

TRIBAL ENGAGEMENT STATUS

NVDRS Recipients Actively Engaged (7 recipients)	Alaska, California, Louisiana, Minnesota, Oklahoma, Washington, and Wisconsin
NVDRS Recipients - Interested in Engagement (26 recipients)	Alabama, Arizona, Colorado, Delaware, District of Columbia, Georgia, Iowa, Illinois, Kansas, Kentucky, Maine, Vermont, Massachusetts, Maryland, Michigan, Missouri, Nebraska, Nevada, New Mexico, North Carolina, New York, Ohio, Oregon, Rhode Island, South Carolina, and Utah
NVDRS Recipients - Non/Applicable or Not Interested in Tribal Engagement (9 recipients)	Connecticut, Hawaii, Indiana, New Hampshire, New Jersey, Pennsylvania, Puerto Rico, Virginia, and West Virginia

METHODS

We used a mixed method approach of gathering information. Forty-two NVDRS recipients were initially contacted to schedule a meeting to discuss tribal engagement for respective VDRS.

Additional efforts included visiting one VDRS state and conducting a video conference call with another (Oklahoma and Washington, respectively) that are actively engaged with tribes.

HIGHLIGHTS OF STAKEHOLDER VISIT AND CONFERENCE CALLS

A stakeholder visit or conference call was conducted depending upon the needs of all parties involved. Conducting these meetings helped to develop rapport with tribes, partners affiliated with tribes, and NVDRS partners and to gain a better understanding of if/how tribes collect or report suicide data. NVDRS states that have actively engaged with tribes and have developed rapport were chosen as recipients of a stakeholder visit or conference call.

A stakeholder visit to Oklahoma took place June 13th – June 14th, 2018 with external partners to gain more insight on the level of engagement that OK-VDRS staff have with tribes. Representatives from the Seminole Nation, Osage Nation, Wichita and Affiliated Tribes, and the Kickapoo Behavioral Health Service were present. Additional partners included representatives from the Oklahoma State Department of Health, Southern Plains Tribal Health Board/Oklahoma Tribal Epidemiology Center, and the Oklahoma Department of Mental Health and Substance Abuse Services. Highlights from the stakeholder visit are listed below:

- The Osage Nation is planning to develop an application (app) to track individuals that are high risk for suicide

- The Wichita and Affiliated Tribes adapted a form from the White Mountain Apache project to identify individuals that are high risk for suicide
- A community health assessment tool is being developed that identifies potential suicide risk using Adverse Childhood Experiences scores

During a video conference call with Washington VDRS staff insight on the level of engagement that WA-VDRS staff have with tribes was shared. Representatives from the Northwest Portland Area Indian Health Board/Northwest Tribal Epidemiology Center, Urban Indian Health Institute, and staff from the Washington Department of Health participated in the video conference which resulted in the following recommendations:

- Shift the focus to youth suicide prevention work
- Stressed the importance of linking those at risk to family – cultural competency
- Address issues related to misclassification of race/ethnicity
- Collect data from various data sources (e.g., youth suicide data, suicide attempts data)

KEY FINDINGS

Tribal data collected by Tribal Partners

Through discussions with tribal partners and NVDRS recipients, highlights included:

- Tribal Epidemiology Centers (TEC) and other tribal partners collect data from tribes on numerous public health issues
- Some tribal members are implementing initiatives such as technology (e.g., an app) and bottom up approaches to collect suicide data from tribes
- Stigma has posed a significant barrier to obtaining suicide data from tribes (this is often the case for traditional tribes)

Although tribal partners revealed challenges and limitations, they want to improve suicide data collection from tribes. Specifically, TEC partners mentioned that they would like to do a better job of exposure of the TEC's presence and services to tribes, which could lead to networking, partnerships, and collaborations with tribes.

Challenges with VDRS recipients receiving data from tribes

- Outreach to tribal communities to build partnerships is difficult due to staffing limitations
- Tribes have sovereignty and thus do not have to share their data with NVDRS recipients.
- Tribes may be hesitant to share data with NVDRS recipients due to exploitation of tribal data in the past and to historical trauma
- Collecting data from multiple tribal communities with a diverse set of needs is difficult for some VDRS recipients from states with a large tribal presence

Although most NVDRS recipients have had challenges with receiving data from tribes, few NVDRS recipients reported having no issues.

Challenges with analyzing tribal data

- Limitations of data due to race/ethnicity misclassification
- Difficulty maintaining confidentiality when a death occurs due to the small tribal populations found in certain areas

Despite the challenges they foresee, NVDRS recipients still want to analyze tribal data; however, to ensure that the data are of good quality, they look for strategies to account for racial misclassification and to protect confidentiality.

General Suggestions reported from NVDRS Recipients and Tribal Partners

- Increase funding allocated to tribes for suicide prevention
- Invite tribes and tribal partners to CDC/NCIPC/DVP meetings (e.g., reverse site visits)
- Address historical trauma and cultural mistrust among tribes
- Create a centralized mechanism for collecting tribal data
- Assess small tribal populations' impact on data analysis/data suppression
- Address stigma as a barrier to obtaining suicide-related data from some tribes
- Increase NVDRS staffing to do outreach in and build partnerships with tribal communities
- Consider tribal sovereignty and that no requirement exists to share data with NVDRS staff

Recommendations for NVDRS Recipients

- Establish a relationship with the National Indian Health Board within your area and/or TEC (these can help with identifying tribal leaders and facilitating discussions about collaborating with tribes)
- Be cognizant of general guidelines to enhance cultural competence (i.e., myths and facts, tribal sovereignty, regional and cultural differences, communication styles), statements to avoid when communicating with tribes (e.g., "their numbers are too small"), and ask tribes about what types of data are most useful
- Develop rapport with tribes and tribal partners (e.g., set up an in-person meeting) and establish and maintain that relationship
- Invite tribes and tribal partners to meetings about AI/AN (i.e., SMEs meet about tribes, but no tribe representation in attendance) so they "have a seat at the table"
- Make a concerted effort, after being invited, to meet with tribes on tribal land/reservations
- Acknowledge indigenous determinants of health and the impact on tribes; and reach out to an NVDRS state that is actively engaged with tribes for guidance
- Work with other recipients to determine how to expand funding opportunities for tribes

Recommendations for NVDRS recipients who are actively engaged with tribes either inside or outside of NVDRS

- Maintain and strengthen current relationships with tribes and tribal partners and consider

additional opportunities for NVDRS data collection and dissemination

- Leverage existing relationship with tribes (e.g., have a tribal contact in HIV who could provide a contact in suicide prevention) to assist with NVDRS data collection.

Recommendations to Improve NVDRS Completeness and Data Quality

- Recipients collaborate with data providers to identify larger number of AI/AN populations that may not be accounted for (e.g., AI/AN populations living in urban settings)
- Recipients collaborate with tribal partners to determine the best mechanism for collecting tribal data and continue dialogue with tribal data providers.
- Add a “tribal affiliation” field for NVDRS data abstractors
- Initiate a data merge and/or supplemental data source with various tribal data sources when feasible, to improve NVDRS data quality and to reduce racial misclassification

Recommendations for NCIPC/DVP Leadership

- Maintain and strengthen current relationships with tribes and tribal partners and consider additional opportunities for collaboration
- Forge new relationships with tribes and tribal partners and once established, work to maintain them (e.g., set up an in-person meeting)
- Invite tribes and tribal partners to meetings about AI/AN (i.e., SMEs meet about tribes, but no one in attendance representing tribes) so they “have a seat at the table.”
- Make a concerted effort, after being invited, to meet with tribes on tribal land/reservations
- Consider Indigenous Determinants of Health and its impact on our tribal work in the center/division
- Ensure that Epi-Aids are extended to tribal communities
- Encourage recipients to collaborate with tribal partners to determine the best mechanism for collecting and analyzing tribal data
- Convene another session at the NVDRS reverse site visit related to tribal engagement, including state VDRS/tribal success stories

SUMMARY

This project sought to determine if/how tribes collect NVDRS data, more specifically suicide data. Throughout this project, data collected from all NVDRS recipients elucidated the challenges, barriers, and strategies that affect their ability to receive tribal data. Although some states reported having challenges with tribal engagement and tribal engagement is not a requirement for states in NVDRS; six states (out of 40 states, the District of Columbia, and Puerto Rico) reported current engagement with tribes. This report includes themes in addition to recommendations to address challenges and barriers to collecting tribal data which can improve NVDRS data quality. In addition to a comprehensive final report, the inaugural session on tribal engagement held during the 2019 NVDRS reverse site visit (one of the recommendations for NCIPC/DVP leadership) is a direct product of this project. Although a data linkage with NVDRS would be ideal, developing concrete efforts to foster and grow current tribal/VDRS relationships and initiating new tribal/VDRS relationships are recommended prior to merging data; next steps include documenting success stories and manuscript development.



CLASSIFICATION OF SCHEME FOR NVDRS RECIPIENTS TRIBAL ENGAGEMENT

The table below contains information about each NVDRS recipient's level of engagement with tribes which was received via email and/or phone. Further clarification was needed after gathering the first round of information (open-ended and closed-ended questions). *

State or Territory	Engagement with Tribes or AI/AN populations
Alabama	Interested but not currently engaged with tribes both in and outside of NVDRS
Alaska	Current tribal engagement in NVDRS
Arizona	Interested but not currently engaged with tribes both in and outside of NVDRS
California	Current tribal engagement in NVDRS
Colorado	Interested but not currently engaged with tribes both in and outside of NVDRS
Connecticut	Not currently interested in tribal engagement
Delaware	Interested but not engaged with tribes due to no federally or state recognized tribal presence in state
District of Columbia	Interested but not engaged with tribes due to no tribal presence in the District of Columbia
Georgia	Interested but not engaged with tribes due to no tribal presence in the state
Hawaii	No tribal presence thus no engagement
Iowa	Interested but not currently engaged with tribes in NVDRS
Illinois	Interested but not currently engaged with tribes in NVDRS
Indiana	No tribal presence thus no engagement
Kansas	Interested but not currently engaged with tribes
Kentucky	Interested but not engaged with tribes due to no tribal presence in the state
Louisiana	Interested but not currently engaged with tribes
Maine and Vermont	Interested in tribal engagement but does not currently have the staff to target this population
Massachusetts	Interested but not currently engaged with tribes
Maryland	Interested in tribal engagement if time permits

Michigan	Interested but not currently engaged with tribes both in and outside of NVDRS
Minnesota	Engaged with tribes
Missouri	Interested but not engaged with tribes due to no tribal presence in the state
Nebraska	Interested but not currently engaged with tribes both in and outside of NVDRS
Nevada	Interested but not currently engaged with tribes
New Hampshire	Not currently interested in tribal engagement
New Jersey	Not currently interested in tribal engagement
New Mexico	Interested but not currently engaged with tribes in NVDRS
North Carolina	Interested in tribal engagement if the opportunity presents itself and if capacity exists to do the work
New York	Interested but not currently engaged with tribes in NVDRS
Ohio	Interested but not engaged with tribes due to no tribal presence in the state
Oklahoma	Current tribal engagement in NVDRS
Oregon	Interested but not currently engaged with tribes both in and outside of NVDRS
Pennsylvania	No tribal presence thus no engagement
Puerto Rico	No tribal presence thus no engagement
Rhode Island	Interested but not currently engaged with tribes in NVDRS due to small numbers (population and number of events), which results in statistical reliability and confidentiality challenges
South Carolina	Interested but not currently engaged with tribes in NVDRS
Utah	Interested but not currently engaged with tribes both in and outside of NVDRS
Virginia	No tribal presence thus no engagement
Washington	Current tribal engagement outside of NVDRS
West Virginia	No tribal presence thus no engagement
Wisconsin	Current tribal engagement in and outside of NVDRS

*Note: The level of state or territory engagement with tribes was determined by self-reported interest (either by phone and/or email) and information extracted from state or territory NVDRS reports.

Green indicates that a state or territory is actively engaged with tribes (e.g. MOU with recipients, data requests from tribes).

- Current tribal engagement **in** NVDRS
- Current tribal engagement **outside** of NVDRS
- Current tribal engagement **both in and outside** of NVDRS

Yellow indicates that a state or territory wants to engage with tribes (e.g. collects data from tribes to inform prevention efforts).

- Interested in tribal engagement (**in NVDRS**) but not currently engaged
- Interested in tribal engagement (**outside of NVDRS**) but not currently engaged
- Interested in tribal engagement (**both in and outside of NVDRS**) but not currently engaged

Gray indicates that a state or territory is undecided (e.g. data analysis may not be confidential in a small population) about whether to engage with tribes or tribes are not present in the state.

- Not currently interested in tribal engagement
- No tribal presence in state/not applicable

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APPENDIX A

PROFILE OF NVDRS RECIPIENTS AND ENGAGEMENT WITH TRIBES

ALABAMA



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Alabama has one federally recognized tribe (National Conference of State Legislatures website).
- Alabama has nine state recognized tribes (NCSL website).
- The AI/AN population represents 0.7 percent of Alabama's overall population of 4,877,871 residents (Census.gov).

Level of Engagement with Tribes

Alabama VDRS (ALVDRS) staff want to engage with tribes both in and outside of NVDRS, but currently do not.

Challenges with Collecting Tribal Data

N/A

Summary

ALVDRS staff is new to NVDRS and want to engage with tribes; however, currently they do not. Tribes are not currently engaged in the state's VDRS data collection/reporting, including suicide because they are a separate entity and whether they give information is dependent upon where the death occurred. The state's AI/AN population data is unavailable in the pilot counties where data is being collected. However, relationships with key data providers will grow and develop as ALVDRS moves toward statewide expansion.

Recommendations

ALVDRS staff should foster relationships with tribes by reaching out to tribal partners in the state to discuss NVDRS. Tribes may be open to sharing information as relationships are strengthened.

ALASKA



NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Alaska has 229 federally recognized tribes (NCSL website).
- Whether Alaska has any state recognized tribes is unknown.
- The AI/AN population represents 15.3 percent of Alaska's overall population of 737,438 residents (Census.gov).

Level of Engagement with Tribes

Alaska VDRS (AKVDRS) staff are actively engaged with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

AKVDRS staff maintains several Memorandums of Understanding (MOU) and established protocols with the South Central Foundation – Alaska Native Health Services and the Alaska Native Tribal Health Epidemiology Center. The Alaska Native Tribal Health Consortium (ANTHC) has requested the suicide summary report from AKVDRS staff. AKVDRS staff work closely with the ANTHC Tribal Epidemiology Center (TEC) to address suicide-related issues given Alaska has one of the highest suicide rates. Additionally, AKVDRS staff have worked with the TEC to analyze data, create reports, and to develop publications to advise stakeholders e.g., mental health counselors and prevention

Recommendations

AKVDRS staff are actively engaged with tribal partners about NVDRS so they should continue to maintain their relationships with tribes and expand upon opportunities as they emerge.



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Arizona has 21 federally recognized tribes (NCSL website).
- Whether Arizona has any state recognized tribes is unknown.
- The AI/AN population represents 5.3 percent of Arizona's overall population of 7,171,646 residents (Census.gov).

Level of Engagement with Tribes

Arizona VDRS (AZVDRS) staff want to engage with tribes both in and outside of NVDRS, but currently do not. They would like to obtain an MOU from the 25+ tribes that reside in the state and hope that the tribes can participate in NVDRS under the provisions of law enforcement (LE) and medical examiner (ME) reports. AZVDRS staff would prefer that tribes participate in a committee to develop what types of analytical products could be helpful.

Challenges with Collecting Tribal Data

- Physical distance, having calls returned, tribe's willingness to meet in person
- If AZVDRS staff connect with a tribe and get the police chief's support, the tribal council says no to participating

Summary

AZVDRS staff wanting to engage with tribes have reached out to them with little success. Thus, tribes are not currently engaged in collecting or reporting the state's suicide data. They have faced challenges in collaborating with tribes in distant locations (i.e., challenges with traveling to and from remote areas), having calls returned, and with tribe's unwillingness to meet in person. Furthermore, after making it through the process of connecting with the tribes and getting support from police

chiefs to work with AZVDRS staff, the tribal council does not approve. Tribes want the ability to veto data dissemination products that use their data on a product-by-product basis. However, this poses a situation that may be too cumbersome as Arizona State University (ASU) would have to get tribes' approval for each product that contains tribal data which could be problematic. collected. However, relationships with key data providers will grow and develop as ALVDRS moves toward statewide expansion.

Recommendations

AZVDRS staff should discuss concerns that the tribes may have about partnering with them (even in situations where tribes and police chiefs are willing to participate). They should continue to reach out to tribes and partner with a colleague who has an established relationship with a tribal member. Through these efforts, the tribal council and tribes will hopefully be more open to collaborating with AZVDRS staff.



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- California has 110 federally recognized tribes (NCSL website).
- Whether California has any state recognized tribes is unknown.
- The AI/AN population represents 1.6 percent of California's overall population of 39,557,045 residents (Census.gov).

Level of Engagement with Tribes

California VDRS (CAVDRS) staff want to engage with tribes, but currently do not. They do, however, engage with tribes outside of NVDRS. CAVDRS made attempts to determine exactly what tribal engagement entails for them but received no response.

Challenges with Collecting Tribal Data

Fostering relationships with tribes has been difficult due to the exploitation of data that has been collected in the past.

Summary

CAVDRS staff want to engage with tribes. However, due to challenges with fostering relationships, staff cannot collaborate with tribes and tribes are not currently engaged in collecting/reporting the state's suicide data. collected. However, relationships with key data providers will grow and develop as ALVDRS moves toward statewide expansion.

Recommendations

- **CAVDRS staff should continue to reach out to tribes which may encourage tribes to be more willing to collaborate with them.**
- **CAVDRS staff should connect with a colleague at the state health department or a tribal organization with an established relationship with a tribal member as leverage to foster their own with tribes.**



NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Colorado has two federally recognized tribes (NCSL).
- Whether Colorado has any state recognized tribes is unknown.
- The AI/AN population represents 1.6 percent of Colorado's overall population of 5,695,564 residents (Census.gov).

Level of Engagement with Tribes

Colorado VDRS (COVDRS) staff want to engage with tribes both in and outside of NVDRS, but currently do not. They want to obtain records from tribes to complete case abstracts. Additionally, they would like to provide data, health assessments, and satisfy other needs of their injury prevention colleagues and other prevention practitioners who typically take the lead to implement prevention efforts.

Challenges with Collecting Tribal Data

- Some of the perceived barriers to COVDRS staff collecting tribal data is that the AI/AN population is small.
- Most tribal engagement is focused on the Southwest region of the United States (Utah, New Mexico, and Arizona) and not inclusive of Colorado.

Summary

COVDRS staff want to engage with tribes. Although they have not actively engaged, staff have had limited interactions such as conference calls and reports from the Bureau of Indian Affairs (BIA). Collaborations exist across the four corners states (AZ, NM, UT, CO) around suicide prevention, but given the American Indian population is small, and the focus has been more on the Navajo Nation, participation has been limited (e.g., conference calls, updates). Regarding NVDRS data collection, COVDRS staff have received county coroner records from those with jurisdiction to investigate deaths on tribal land. Additionally, they currently receive coroner and LE reports from counties and towns where Colorado's two tribes (Southern Ute Indian Tribe of the Southern Ute Reservation and the Ute Mountain Tribe of the Ute Mountain Reservation) reside. COVDRS staff are cognizant of disparities with violent deaths and specific circumstances among AI/AN populations within their state and are hoping to address these issues in the future.

Recommendations

COVDRS staff should increase their interactions with tribes to strengthen the relationship.



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Connecticut has two federally recognized tribes (NCSL).
- Connecticut has three state recognized tribes (NCSL).
- The AI/AN population represents 0.5 percent of Connecticut's overall population of 3,572,665 residents (Census.gov).

Level of Engagement with Tribes

Connecticut VDRS (CTVDRS) staff are currently not interested in engaging with tribes. The CTVDRS confirmed their disinterest in engaging with tribes after a further attempt to clarify why.

Challenges with Collecting Tribal Data

Data collection/reporting is difficult due to tribe sovereignty.

Summary

CTVDRS staff receive data about tribe suicide cases from the state's centralized medical examiner system. Although CTVDRS staff are aware of the tribes in the state, such as the Mohegan and Pequot, they are not currently interested in engaging them.

Recommendations

N/A



DELAWARE

NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Delaware does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.6 percent of Delaware's overall population of 967,171 residents (Census.gov).

Level of Engagement with Tribes

Delaware VDRS (DEVDRS) staff want to engage with tribes; however, because the state does not have any federally or state recognized tribes, it would be difficult.

Challenges with Collecting Tribal Data

N/A

Summary

DEVDRS staff want to engage with tribes; however, because tribes are not federally or state recognized and do not have any tribal land in the state, it is difficult. The DEVDRS PI suggested that we focus on getting data from LE (for future reference) and on building relationships with those who already have them with tribes, which can help CDC gain their acceptance. DEVDRS staff have no challenges collecting AI/AN data for NVDRS.

Recommendations

N/A

DISTRICT OF COLUMBIA (DC)

NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- The District of Columbia has no federally or state recognized tribes.
- The AI/AN population represents 0.6 percent of the District of Columbia's overall population of 702,455 residents (Census.gov)

Level of Engagement with Tribes

The District of Columbia does not have a large tribal presence. Nonetheless, District of Columbia VDRS (DCVDRS) staff want to engage with tribes. However, they have not given much thought concerning how to do so because the AI/AN population is so small.

Challenges with Collecting Tribal Data

N/A

Summary

The District of Columbia does not have a large tribal presence, AI/AN population, or any tribal land. DCVDRS staff want to engage with tribes; however, they have not thought much about how to do so. challenges collecting AI/AN data for NVDRS.

Recommendations

N/A

GEORGIA



NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Georgia does not have any federally recognized tribes (NCSL).
- Georgia has three state recognized tribes (NCSL).
- The AI/AN population represents 0.5 percent of Georgia's overall population of 10,519,475 residents (Census.gov).

Level of Engagement with Tribes

Georgia VDRS (GAVDRS) staff want to engage with tribes, but do not because they suggest no formal tribes exist. GA VDRS staff want to collaborate with tribes and to collect better quality data (e.g., more reflective of what occurs in tribes' respective communities).

Challenges with Collecting Tribal Data

N/A

Summary

GAVDRS staff want to engage with tribes. However, they suggest no federally or state recognized tribes exist in the state, thus, no opportunities exist for staff engagement. Suicide data has not been collected in the tribal populations because no formal tribes exist, hence GAVDRS staff cannot collect these data.challenges collecting AI/AN data for NVDRS.

Recommendations

Although GAVDRS staff are not aware of Georgia's tribal presence, once made aware, GAVDRS staff should foster relationships with the state recognized tribes by discussing NVDRS with tribal partners. Tribes may be more open to sharing information with them as relationships are strengthened.



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Hawaii does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.4 percent of Hawaii's overall population of 1,420,491 residents (Census.gov)

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

Summary

HIVDRS staff do not engage with tribes because no AI/AN or tribal designated area for this population exists within the state according to the U.S. Census Bureau. Additionally, the AI/AN population represents 0.2 percent of the population in the state and no suicides occurred in 2017 according to the HIVDRS PI.

Recommendations

N/A



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Iowa has one federally recognized tribe (NCSL).
- Whether Iowa has any state recognized tribes is unknown.
- The AI/AN population represents 0.5 percent of Iowa's overall population of 3,156,145 residents (Census.gov).

Level of Engagement with Tribes

Iowa VDRS (IAVDRS) staff want to engage with tribes within NVDRS but currently do not. Although they have yet to engage with the Meskwaki Nation, IAVDRS staff want to invite a representative from the nation to participate in advisory committee meetings. IAVDRS staff want to be as respectful as possible when requesting Meskwaki Nation participation and to ensure that their efforts will be beneficial to the nation. IAVDRS staff are just beginning conversations about how to best approach and engage tribes and other partners.

Challenges with Collecting Tribal Data

N/A

Summary

IAVDRS staff want to engage with tribes; however, they currently do not. Iowa has one tribe with whom the state health department has worked in areas outside of NVDRS. Tribes are not currently engaged in the state's NVDRS data collection/reporting or any other suicide data collection/reporting.

Recommendations

IAVDRS staff should approach the tribes with whom they have worked on projects not related to NVDRS about strategies to enhance NVDRS tribal data collection.



ILLINOIS

NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Illinois does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.6 percent of Illinois's overall population of 12,741,080 residents (Census.gov).

Level of Engagement with Tribes

Illinois VDRS (ILVDRS) staff want to engage with tribes inside of NVDRS, but currently do not. They want to partner with the American Indian Center of Chicago to write a report focused on AIs and violent deaths.

Challenges with Collecting Tribal Data

- A review of AIs showed that the numbers are too small for ILVDRS staff to conduct statistical analysis.
- Chicago has a large urban AI population; however, it consists of a wide mix of tribes and no ME or LE reports cover any specific one.

Summary

ILVDRS staff want to engage with tribes. However, because the state does not have a tribal presence in the state, opportunities to work with tribes are scarce. However, Chicago has a large AI urban population and ILVDRS staff want to partner with the American Indian Center of Chicago to write a report on Native Americans and violent deaths.

Recommendations

N/A

INDIANA



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Indiana does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.4 percent of Indiana's overall population of 6,691,878 residents (Census.gov).

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

Summary

INVDRS staff is not currently working with tribes because no federally or state recognized tribes exist in Indiana. According to the INDVRS PM, none of the divisions at the Indiana State Department of Health have worked on any tribal projects recently or in the past.

Recommendations

N/A

KANSAS



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Kansas has four federally recognized tribes (NCSL).
- Whether Kansas has any state recognized tribes is unknown.
- The AI/AN population represents 1.2 percent of Kansas's overall population of 2,911,505 residents (Census.gov).

Level of Engagement with Tribes

Kansas VDRS (KSVDRS) staff want to engage with tribes, but currently do not. KSVDRS cannot recall making any requests to tribal LE for reports; however, they believe providing data and education/prevention would be helpful to tribes.

Challenges with Collecting Tribal Data

N/A

Summary

KSVDRS staff want to engage with tribes yet have had no opportunity to do so. KSVDRS staff started their first year of data collection in 2015 and the opportunities to engage with tribes may change once data have been analyzed. Although this work is not related to NVDRS, Safe Kids Kansas (Injury & Violence Prevention Section) recently began working with the first tribal nation to develop a Safe Kids coalition, Safe Kids Prairie Band Pottawatomi Nation.

Recommendations

KSVDRS staff should approach the tribes with whom they have worked on projects not related to NVDRS about strategies to enhance tribal data collection for NVDRS.

KENTUCKY



NVDRS Status

- Data collection started in 2005.

Recipients Tribal Information*

- Kentucky does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.3 percent of Kentucky's overall population of 4,468,402 residents (Census.gov).

Level of Engagement with Tribes

Kentucky VDRS (KYVDRS) staff want to engage with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

KYVDRS staff want to engage with tribes; however, this would be difficult because the state may not have a tribal presence. KY-VDRS staff want to disseminate their data for prevention efforts if this information is inaccurate.

Recommendations

N/A

LOUISIANA



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Louisiana has four federally recognized tribes (NCSL).
- Louisiana has 10 state recognized tribes (NCSL).
- The AI/AN population represents 0.8 percent of Louisiana's overall population of 4,659,978 residents (Census.gov).

Level of Engagement with Tribes

Louisiana VDRS (LAVDRS) staff want to engage with tribes if they receive cases of violent deaths among tribes.

Challenges with Collecting Tribal Data

N/A

Summary

During the first phase of this project, Louisiana was new to NVDRS and implemented a pilot to collect information about the violent deaths in their state. LAVDRS staff want to engage with tribes; however, none of the federally recognized tribes are within the pilot's parishes. The Bureau of Family Health (outside of NVDRS) has one sexual violence prevention partner (Rape Prevention and Education Program) that is engaged with the United Houma Nation, which is a state recognized tribe.

Recommendations

LAVDRS staff should approach the tribes with whom they have worked on projects not related to NVDRS about strategies to enhance tribal data collection for NVDRS.

MAINE (VERMONT)



NVDRS Status

- Data collection for Maine started in 2003.
- Data collection for Vermont started in 2015

Recipients Tribal Information*

- Maine has four federally recognized tribes (NCSL).
- Vermont has four state recognized tribes (NCSL).
- The AI/AN population represents 0.7 percent of Maine's overall population of 1,338,404 residents (Census.gov).
- The AI/AN population represents 0.4 percent of Vermont's overall population of 626,299 residents (Census.gov).

Level of Engagement with Tribes

Maine VDRS (MEVDRS) staff want to work with tribes; however, they do not currently have the staff to target this population.

Challenges with Collecting Tribal Data

- Limited staff
- Small AI/AN population

Summary

MEVDRS staff want to work with tribes; however, they do not currently have the staff to target this population. Although MEVDRS staff have good connections with tribes in Maine, tribes do not collect suicide data. Also, according to MEVDRS staff, AI/ANs only constitute 0.03 percent of Maine's violent deaths and staff would need more data to analyze. Family Health (outside of NVDRS) has one sexual violence prevention partner (Rape Prevention and Education Program) that is engaged with the United Houma Nation, which is a state recognized tribe.

Recommendations

- **MEVDRS staff have good connections with tribes and should continue to maintain these relationships and expand upon opportunities as they emerge, particularly for MEVDRS.**
- **MEVDRS staff should factor in groups such as the urban AI/AN including those of this population who are of mixed race to increase the numbers needed for analysis .**

MASSACHUSETTS



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- Massachusetts has two federally recognized tribes (NCSL).
- Massachusetts has one state recognized tribe (NCSL).
- The AI/AN population represents 0.5 percent of Massachusetts's overall population of 6,902,149 residents (Census.gov).

Level of Engagement with Tribes

Massachusetts VDRS (MAVDRS) staff want to engage with tribes but currently do not.

Challenges with Collecting Tribal Data

- Getting information from tribes has been difficult.
- Racial misclassification can be an issue during data analysis.
- The AI/AN population is extremely small.

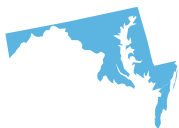
Summary

KThe MAVDRS PI/PP wants to engage with the tribes. However, obtaining data from tribes has been difficult. Currently, tribes are not engaged in collecting NVDRS data for suicide.

Recommendations

WAVDRS staff should factor in groups such as the urban AI/AN including those of this population who are of mixed race to increase the numbers needed for analysis.

MARYLAND



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- Maryland does not have any federally recognized tribes (NCSL).
- Maryland has two state recognized tribes (NCSL).
- The AI/AN population represents 0.6 percent of Maryland's overall population of 6,042,718 residents (Census.gov).

Level of Engagement with Tribes

Maryland VDRS (MDVDRS) staff want to engage with tribes if time permits. If they were to engage, they would connect with the Maryland Commission on Indian Affairs. However, staff are not actively engaged with tribes because of time constraints and other issues and Maryland's small AI/AN population.

Challenges with Collecting Tribal Data

N/A

Summary

MDVDRS staff want to engage with tribes. However, they suggest the number of deaths in the AI/AN population is relatively small, and they would have to determine how the data could be helpful to tribes. MDVRS staff are not currently engaged with tribes as it relates to NVDRS. The Maryland Department of Health and Mental Hygiene has an Office of Minority Health and Health Disparities that has done some work on disparities in violent death reporting and violent death data (including a recent study on prevalence of circumstance reporting by race/ethnicity by Meghan Smith, a CDC/CSTE fellow). However, there has been no outreach to tribes or AI/AN populations.

Recommendations

MDVDRS staff should approach the tribes with whom they have worked on projects not related to NVDRS about strategies to enhance tribal data collection for NVDRS.

MICHIGAN



NVDRS Status

- Data collection started in 2010.

Recipients Tribal Information*

- Michigan has 12 federally recognized tribes (NCSL).
- Whether Michigan has any state recognized tribes is unknown.
- The AI/AN population represents 0.7 percent of Michigan's overall population of 9,995,915 residents (Census.gov).

Level of Engagement with Tribes

Michigan VDRS (MIVDRS) staff want to engage with tribes both in and outside of NVDRS, but currently do not. They did not respond to attempts made to determine what tribal engagement would entail.

Challenges with Collecting Tribal Data

N/A

Summary

MIVDRS staff want to engage with tribes. They mentioned plans to set up a meeting with tribes to discuss NVDRS; this meeting has not been confirmed. Tribes are currently not engaged in any suicide data collection/reporting.

Recommendations

- **MIVDRS staff should move forward with their plan to approach and foster relationships with tribes.**
- **MIVDRS staff should connect with a colleague with an established relationship with a tribal member as leverage to foster their own with tribes.**

MINNESOTA



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Minnesota has eight federally recognized tribes (NCSL).
- Whether Minnesota has any state recognized tribes is unknown.
- The AI/AN population represents 1.4 percent of Minnesota's overall population of 5,611,179 residents (Census.gov).

Level of Engagement with Tribes

Minnesota VDRS (MNVDRS) staff are actively engaged with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

MNVDRS staff are actively engaged with tribes. They have implemented a Zero Suicide Initiative outside of NVDRS that targets tribes that live within the state which include the Minnesota Chippewa Tribe (Leech Lake Band reservation and White Earth Band Reservation), Lower Sioux, Upper Sioux, and Little Earth Community (Urban Community). Furthermore, three tribes are fully involved in the Zero Suicide Initiative with the Urban Indian Health Center. The state's department of health has

two tribal liaisons who work directly with tribes. Tribes are somewhat aware of the system and what NVDRS data is collected by LE needs to be determined

Recommendations

MNVDRS staff have good connections with tribes so we recommend they maintain these relationships and expand on opportunities as they emerge, particularly for MNVDRS.

MISSOURI



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Missouri does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.6 percent of Missouri's overall population of 6,126,452 residents (Census.gov).

Level of Engagement with Tribes

If MOVDRS staff were to engage with tribes, they would discuss MOVDRS. If tribes consider the system beneficial, staff would then formulate a data sharing/dissemination agreement.

Challenges with Collecting Tribal Data

N/A

Summary

MOVDRS staff want to work with tribes. However, no federally or state recognized tribes exist so Missouri has no opportunity to engage with them. Nonetheless, if MOVDRS had the opportunity, they would start by discussing with a tribe whether engaging with MOVDRS would be beneficial. If the tribe felt participation was helpful, MOVDRS would work with them to formulate a data sharing/dissemination agreement.

Recommendations

N/A

NEBRASKA



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Nebraska has six federally recognized tribes (NCSL).
- Whether Nebraska has any state recognized tribes is unknown.
- The AI/AN population represents 1.5 percent of Nebraska's overall population of 1,929,268 residents (Census.gov).

Level of Engagement with Tribes

Nebraska VDRS (NEVDRS) staff want to engage with tribes both in and outside of NEVDRS, but currently do not. However, they did not respond to attempts made to determine what tribal engagement would entail.

Challenges with Collecting Tribal Data

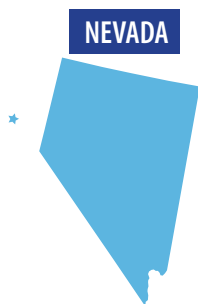
- Racial misclassification can be an issue during data analysis.
- The AI/AN population is extremely small.
- Lack of specificity can be problematic.

Summary

NEVDRS staff want to engage with tribes. They have a contact at the Northern Plains Tribal Epidemiology Center (now known as the Great Plains Tribal Epidemiology Center) which could lead to a collaboration. Currently, tribes are not involved in data collection/reporting for NVDRS. More recently, NEVDRS staff met with the Great Plains Tribal Epidemiology Center (GPTEC) and tribal representatives. They would like to use this meeting as a starting point to build a relationship with tribes.

Recommendations

NEVDRS staff should continue to increase and thus strengthen their interactions with GPTEC and tribal representatives. This may encourage tribal representatives to collaborate with NEVDRS staff.



NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- Nevada has 19 federally recognized tribes (NCSL).
- Whether Nevada has any state recognized tribes is unknown.
- The AI/AN population represents 1.7 percent of Nevada's overall population of 3,034,392 residents (Census.gov).

Level of Engagement with Tribes

Nevada VDRS (NVVDRS) staff want to engage with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

NVVDRS staff want to engage with tribes. They have not yet faced any challenges with data collection because they recently joined NVDRS and have not connected with tribal populations. NVVDRS staff are unsure about whether suicide data is being collected among the tribal populations. The state has two coroners' offices that may have information about tribal and AI/AN populations.

Recommendations

- **NVVDRS staff should foster relationships with tribes by reaching out to tribal partners within their state and discussing NVDRS. Thereafter as relationships are strengthened, tribes may be more open to sharing information.**
- **NVVDRS staff should connect with a colleague with an established relationship with a tribal member as leverage to foster their own with tribes.**

NEW HAMPSHIRE



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- According to New Hampshire VDRS (NHVDRS) staff, the state has two tribes.
- The AI/AN population represents 0.3 percent of New Hampshire's overall population of 1,356,458 residents (Census.gov).

Level of Engagement with Tribes

NHVDRS staff are not currently interested in engaging with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

NHVDRS staff are not currently interested in engaging with tribes because of the low violent death rate in the AI/AN population. Since 2012, four violent deaths have occurred for those of AI/AN descent and 0.2 percent of the population is affiliated with New Hampshire's two tribes.

Recommendations

N/A

NEW JERSEY



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- New Jersey does not have any federally recognized tribes (NCSL).
- New Jersey has one state recognized tribe (NCSL).
- The AI/AN population represents 0.6 percent of New Jersey's overall population of 8,908,520 residents (Census.gov).

Level of Engagement with Tribes

New Jersey VDRS (NJVDRS) staff are not currently interested in engaging with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

NJVDRS staff are not currently interested in engaging with tribes unless circumstances permit. NJVDRS staff engagement would depend on tribes' desire to engage with them and whether they receive a request from the Office of Indian Affairs.

Recommendations

N/A

NEW MEXICO



NVDRS Status

- Data collection started in 2005.

Recipients Tribal Information*

- New Mexico has 23 federally recognized tribes (NCSL).
- Whether New Mexico has any state recognized tribes is unknown.
- The AI/AN population represents 10.9 percent of New Mexico's overall population of 2,095,428 residents (Census.gov).

Level of Engagement with Tribes

New Mexico VDRS (NMVDRS) staff want to engage with tribes in NVDRS, but currently do not.

Challenges with Collecting Tribal Data

- Collecting data from tribes can be difficult.
- AI/AN deaths can be underrepresented and 30–40 deaths are unaccounted for among this population.
- Capturing deaths that occur in New Mexico although the person who dies is a resident of Arizona can be challenging.
- Categorizing the non-Hispanic AI/AN population can be problematic.

Summary

NMVDRS staff want to engage with tribes. However, due to challenges with racial misclassification of data, underrepresentation of AI/AN deaths, and inability to connect with tribal members they have had difficulties collecting tribal data. Engagement with tribes included the PI's presentation to the Bureau of Indian Affairs and staff outreach to tribes (whether it be in person, over the phone, or via email).

Recommendations

- **NMVDRS staff should foster relationships with tribes by discussing NVDRS with tribal partners. Tribes may be more open to sharing information as relationships are strengthened.**
- **NMVDRS staff should connect with a colleague with an established relationship with a tribal member as leverage to foster their own with tribes.**
- **NMVDRS staff should factor in groups such as the urban AI/AN including those of this population who are of mixed race to increase the numbers needed for analysis.**

NEW YORK



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- New York has eight federally recognized tribes (NCSL).
- New York has three state recognized tribes (NCSL).
- Two of these 11 tribes are recognized by both the state and federal government (NCSL).
- The AI/AN population represents 1.0 percent of New York's overall population of 19,542,209 residents (Census.gov).

Level of Engagement with Tribes

New York VDRS (NYVDRS) staff want to engage with tribes in NVDRS, but currently do not. However, they are interested in information sharing and in gathering data on circumstances related to tribal deaths.

Challenges with Collecting Tribal Data

- Underrepresentation can be an issue due to data not captured on deaths in the tribal populations.
- A small number of violent deaths can be difficult for analysis.

Summary

NYVDRS staff want to engage with tribes. However, because of underrepresentation and the small number of violent deaths in the AI/AN population, getting accurate and/or substantial data can be difficult. NYVDRS staff do not engage with tribes directly; however, they can obtain NVDRS data when deaths occur on tribal land because non-tribal LE has access. If they were to engage with tribes, staff would share information and gather data about circumstances related to tribal deaths.

Recommendations

- **NYVDRS staff should foster relationships with tribes by discussing NVDRS with tribal partners. Tribes may be more open to sharing information as relationships are strengthened.**
- **NYVDRS staff should connect with a colleague who already has a relationship with a tribal member as leverage to foster their own.**
- **NYVDRS staff should factor in groups such as the urban AI/AN including those in the population who are of mixed race to increase the numbers needed for analysis.**

NVDRS Status

- Data collection started in 2004.

NORTH CAROLINA



Recipients Tribal Information*

- North Carolina has one federally recognized tribe (NCSL).
- North Carolina has seven state recognized tribes (NCSL).
- The AI/AN population represents 1.6 percent of North Carolina's overall population of 10,383,620 residents (Census.gov).

Level of Engagement with Tribes

North Carolina VDRS (NCVDRS) staff want to work with tribes if given the opportunity and if they have the capacity to do the work.

Challenges with Collecting Tribal Data

N/A

Summary

NCVDRS staff want to engage with tribes. However, issues with time, resources, access, and competing priorities make this difficult. NCVDRS staff receive data from the state's vital records which capture deaths in the AI/AN population. NCVDRS staff have developed a fact sheet of violent deaths among AI/AN.

Recommendations

- **NCVDRS staff should approach colleagues who have worked on projects not related to NVDRS about strategies to foster relationships with tribes and to enhance tribal data collection for NVDRS.**

OHIO



NVDRS Status

- Data collection started in 2010.

Recipients Tribal Information*

- Ohio does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.3 percent of Ohio's overall population of 11,689,442 residents (Census.gov).

Level of Engagement with Tribes

Ohio VDRS (OHVDRS) staff want to engage with tribes.

Challenges with Collecting Tribal Data

N/A

Summary

OHVDRS staff want to explore a partnership with tribes. However, they are unsure about how engagement would look with this population.

Recommendations

N/A

OKLAHOMA



NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Oklahoma has 38 federally recognized tribes (NCSL).
- Whether Oklahoma has any state recognized tribes is unknown.
- The AI/AN population represents 9.2 percent of Oklahoma's overall population of 3,943,079 residents (Census.gov).

Level of Engagement with Tribes

Oklahoma VDRS (OKVDRS) staff are actively engaged with tribes.

Challenges with Collecting Tribal Data

[See Stakeholder Visit Section.](#)

Summary

OKVDRS staff are actively engaged with tribes. They receive data requests from tribal partners across the state. When tribal law enforcement is involved, violent deaths are captured in NVDRS. OKVDRS staff are well-versed in developing relationships with tribes and can collaborate efficaciously because of this.

Recommendations

OKVDRS staff are actively engaged with tribal partners and should maintain these relationships and expand upon opportunities as they emerge.

OREGON



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- Oregon has 10 federally recognized tribes (NCSL).
- Whether Oregon has any state recognized tribes is unknown.
- The AI/AN population represents 1.8 percent of Oregon's overall population of 4,190,713 residents (Census.gov).

Level of Engagement with Tribes

Oregon VDRS (ORVDRS) want to engage with tribes both in and outside of NVDRS, but currently do not. They do, however plan to provide violent death data from the AI/AN population to the Northwest Portland Indian Health Board's (NPAIHB) Tribal Epidemiology Center through a data use agreement.

Challenges with Collecting Tribal Data

- Tribes have sovereignty so they can choose not to share any information.
- A complex process has to be in place when wanting to work with tribes.

Summary

ORVDRS staff want to engage with tribes. However, they have had challenges with tribe sovereignty and would prefer that tribes take the lead concerning their work together. Tribes are not involved in suicide collection/reporting. However, ORVDRS staff have received requests from their tribal data coordinator concerning suicide deaths. Furthermore, confidentiality is a concern about data analyses because in Indian country there could be only one or two deaths (thus it will be easy for tribes to figure out who died). Outside of NVDRS, a Garrett Lee Smith grant is housed in the health department and focuses on preventing suicide in tribal populations. According to ORVDRS staff, an Oregon Health Authority is required to work with tribes and work directly with nine federally recognized tribes. The health authority also participates in a legally mandated meeting each month regarding their work with tribes. ORVDRS want to foster relationships with partners that work on suicide prevention and partner with tribes. They plan to provide violent death AI/AN data to the Northwest Portland Indian Health Board's (NPAIHB) Tribal Epidemiology Center and will serve NPAIHP's interest through a data agreement.

Recommendations

ORVDRS staff should approach colleagues who have worked on projects not related to NVDRS about strategies that foster relationships with tribes and subsequently enhance tribal data collection for NVDRS.

PENNSYLVANIA



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Pennsylvania does not have any federally or state recognized tribes (NCSL).
- The AI/AN population represents 0.4 percent of Pennsylvania's overall population of 12,807,060 residents (Census.gov).

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

Summary

OHVDRS staff want to explore a partnership with tribes. However, they are unsure about how engagement would look with this population.

Recommendations

N/A

PUERTO RICO

NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- The U.S. Territory, Puerto Rico does not have any federally or state recognized tribes.
- The AI/AN population represents 0.3 percent of Puerto Rico's overall population of 3,195,153 residents (Census.gov).

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

Summary

The U.S. Territory, Puerto Rico does not have a tribal presence so PRVDRS staff cannot collect data on this population.

Recommendations

N/A

RHODE ISLAND



NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Rhode Island has one federally recognized tribe (NCSL).
- Whether Rhode Island has any state recognized tribes is unknown.
- The AI/AN population represents 1.0 percent of Rhode Island's overall population of 1,057,315 residents (Census.gov).

Level of Engagement with Tribes

Rhode Island VDRS (RIVDRS) staff want to engage with tribes for NVDRS, but currently do not due to small numbers (population and number of events), which results in statistical reliability and confidentiality challenges.

Challenges with Collecting Tribal Data

Due to state having a small population, issues with statistical reliability and confidentiality challenges may arise.

Summary

RIVDRS staff want to engage with tribes and are aware of the Narragansett tribe who reside in the state. Although RIVDRS staff are familiar with the Narragansett Indian Health Center, they have yet to reach out directly to them; however, they are open to the idea.

Recommendations

- **RIVDRS staff should foster relationships with tribes by discussing NVDRS with tribal partners. Tribes may be more open to sharing information as relationships are strengthened.**
- **RIVDRS staff should partner with a colleague who has an established relationship with a tribal member as leverage to help foster one with tribes.**
- **RIVDRS staff should factor in groups such as the urban AI/AN including those in the populations of mixed race to increase the numbers needed for analysis.**

SOUTH CAROLINA



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- South Carolina has one federally recognized tribe (NCSL).
- South Carolina has seven state recognized tribes (NCSL).
- The AI/AN population represents 0.5 percent of South Carolina's overall population of 5,084,127 residents (Census.gov).

Level of Engagement with Tribes

South Carolina VDRS (SCVDRS) staff want to engage with tribes for NVDRS, but currently do not. They want to engage with all partners throughout the state to improve data collection and dissemination.

Challenges with Collecting Tribal Data

N/A

Summary

SCVDRS staff want to engage with tribes in SVCDRS, but currently do not. They hope to work with the Indian Health Service (IHS) and certain tribes. Overall, SCVDRS staff are interested in engaging with all partners throughout the state to improve data collection and dissemination.

Recommendations

SCVDRS staff should connect with IHS and/or a colleague who already has a relationship with a tribal member as leverage to foster their own with tribes.

UTAH



NVDRS Status

- Data collection started in 2005.

Recipients Tribal Information*

- Utah has seven federally recognized tribes (NCSL).
- Whether Utah has any state recognized tribes is unknown.
- The AI/AN population represents 1.5 percent of Utah's overall population of 3,161,105 residents (Census.gov).

Level of Engagement with Tribes

Utah VDRS (UTVDRS) staff want to engage with tribes both in and outside of NVDRS, but currently do not. Specifically, they want to receive better data reports for abstraction for NVDRS and to engage with tribes on prevention efforts not related to NVDRS.

Challenges with Collecting Tribal Data

- Hesitation and lack of interest from tribes to work with the state has been an issue.
- States have to navigate through several entities to engage with tribes.

Summary

UTVDRS staff want to engage with tribes, but currently do not. Tribes lack interest and are hesitant to work with the state and work with tribes requires UTVDRS staff to navigate through several entities. Despite these barriers, UTVDRS staff are interested in receiving better data reports for abstraction and in engaging in prevention efforts outside of NVDRS. They met with a tribal council to discuss VDRS data collection. However, tribes showed a lack of interest and informed UTVDRS staff that they have plans to implement their own data system. According to UTVDRS staff, tribes are not engaged in collecting or reporting NVDRS data.

Recommendations

UTVDRS staff should partner with a colleague with an established relationship with a tribal member as leverage to help foster their own with tribes.

VIRGINIA



NVDRS Status

- Data collection started in 2003.

Recipients Tribal Information*

- Virginia has seven federally recognized tribes (NCSL).
- Virginia has 11 state recognized tribes (NCSL).
- Seven of these 18 tribes are recognized by both the state and federal governments (NCSL).
- The AI/AN population represents 0.5 percent of Virginia's overall population of 8,517,685 residents (Census.gov).

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

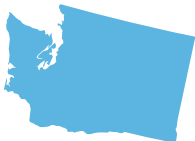
Summary

Although the state of Virginia has a tribal presence, VAVDRS staff do not engage due to a very small tribe population.

Recommendations

N/A

WASHINGTON



NVDRS Status

- Data collection started in 2015.

Recipients Tribal Information*

- Washington has 29 federally recognized tribes (NCSL).
- Whether Washington has any state recognized tribes is unknown.
- The AI/AN population represents 1.9 percent of Washington's overall population of 7,535,591 residents (Census.gov).

Level of Engagement with Tribes

Washington VDRS (WAVDRS) staff are actively engaged with tribes outside of NVDRS.

[See Stakeholder Visit Section.](#)

Challenges with Collecting Tribal Data

Getting tribal leadership and tribal LE to enter MOUs and to share data with staff has been difficult.

Summary

WAVDRS staff are actively involved in an many suicide prevention efforts that involve tribes. They work closely with the Washington State Department of Health's tribal liaison on issues of interest to and a priority for tribes. WAVDRS staff made some contacts with tribal LE through this partnership. In addition to having a tribal liaison, the Department of Health (DOH) has a tribal epidemiologist who will work with a new Council of State and Territorial Epidemiologists (CSTE) tribal epidemiology group focusing on suicide prevention. Furthermore, staff have presented NVDRS information to partners that provide behavioral health services to tribes. Outside of NVDRS, WAVDRS staff are working on the SAMSHA Suicide Prevention Works! grant with tribes that targets youth suicide

prevention. Although WAVDRS staff have engaged with tribes, they still face challenges collecting their suicide data. Nonetheless, staff are hopeful that they will eventually enlist tribes to share their data with them.

Recommendations

WAVDRS staff are actively engaged with tribal partners and should continue to maintain these relationships and expand on opportunities as they emerge, particularly for WAVDRS.

NVDRS Status

- Data collection started in 2017.

Recipients Tribal Information*

- According to West Virginia VDRS (WVDRS) staff, the state does not have any federally or state recognized tribes.
- The AI/AN population represents 0.2 percent of West Virginia’s overall population of 1,805,832 residents (Census.gov).

Level of Engagement with Tribes

N/A

Challenges with Collecting Tribal Data

N/A

Summary

West Virginia does not have a tribal presence so PAVDRS staff cannot collect suicide data on this population.

Recommendations

N/A

NVDRS Status

- Data collection started in 2004.

Recipients Tribal Information*

- Wisconsin has 11 federally recognized tribes (NCSL).
- Whether Wisconsin has any state recognized tribes is unknown.
- The AI/AN population represents 1.2 percent of Wisconsin’s overall population of 5,813,568 residents (Census.gov).

Level of Engagement with Tribes

Wisconsin VDRS (WIVDRS) staff have tribal engagement both in and outside of NVDRS. WIVDRS staff abstractors have established relationships with tribal LE and have worked with them to get LE data on cases involving tribal deaths. Outside of NVDRS, WIVDRS staff have worked with the tribal population on adolescent suicide prevention. Additionally, they have developed processes with the Great Lakes Inter-Tribal Epidemiology Center for requesting data and for the tribal center’s data sharing.



Challenges with Collecting Tribal Data

N/A

Summary

WIVDRS staff are engaged with tribes both in and outside of NVDRS. According to WIVDRS, abstractors have established relationships with tribal LE and have collaborated to obtain their data on cases involving tribal deaths. Outside of NVDRS, the former program manager, Brittany Grogan worked with a tribal population that receives a Maternal and Child Health (MCH) block grant. The MCH grant focuses on adolescent suicide prevention. Through collective efforts with the cabinet level Office of Tribal Affairs, programs within the Family Health Section of the Health Department communicate and collaborate with tribal communities. Lastly, WIVDRS staff have worked with the Great Lakes Inter-Tribal Epidemiology Center to develop processes for requesting data and for the tribal center's data sharing for the tribal population.

Recommendations

WIVDRS staff are actively engaged with tribal partners so they should continue to maintain these relationships and expand on opportunities as they emerge, particularly for WIVDRS.

* Each recipient may have unrecognized tribes; however, this report will focus solely on federally or state recognized tribes.

APPENDIX B

EMAIL SAMPLE 1 Greetings Colleagues,



My name is Lennisha Pinckney and I am an ORISE fellow in the Division of Violence Prevention working alongside the National Violent Death Reporting System (NVDRS) Project Officers. As you are already aware, NVDRS data are used to assist state and local health departments with efforts to prevent violent deaths and track trends over time. In an effort to better understand American Indian/Alaska Native (AI/AN) activities being conducted within VDRS states my role is to assist with (1) facilitating and conducting stakeholder visits with VDRS states to gain a better understanding of if/how tribes are engaged in AI/AN data collection (e.g., process for collecting and incorporating tribal data, barriers encountered) and (2) fostering relationships with VDRS states and other partners (e.g., Indian Health Service, specific tribes) in an effort to identify potential data sources that could be merged with VDRS data.

In order to accomplish these tasks, I am requesting your help with answering the following questions:

- Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide?
- If so, which tribes and how specifically are they engaged?
- If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered?
- If not interested in engaging with tribes, why (e.g., no staff to support this effort)?
- If your state is new to NVDRS, is there any interest in working with tribes?

Please disregard this email if you have sent this information previously. Otherwise, feel free to either email this information to me directly or we can set time aside to have a brief discussion via phone. Please provide any emailed responses to me by (a date will be inserted here 2 weeks from the day the email is sent) and/or please let me know your availability for a brief phone meeting.

Thank you for your time and consideration! I look forward to hearing from you.

PHONE SCRIPT



Hello! My name is Lennisha Pinckney and I am Fellow who is currently working alongside my NVDRS colleagues (or I can say the specific PO's name) at the CDC do you mind if I have a few moments of your time to speak with you?

SAY YES

Proceed to telling them more detail about the project

You may have recalled an email that I sent out to all of our NVDRS partners describing the purpose of my project but just to refresh your memory I am working on a project where I am trying to get a better understanding of American Indian/Alaska Native (AI/AN) and tribal activities being conducted within VDRS states. Additionally, I am trying to determine if tribes are engaged in data collection and to identify any potential data sources containing information about the tribes and AI/AN population, that could be merged with VDRS data.

My role is to assist with (1) facilitating and conducting stakeholder visits with VDRS states to gain a better understanding of if/how tribes are engaged in AI/AN data collection (e.g., process for collecting and incorporating tribal data, barriers encountered) and (2) fostering relationships with VDRS states and other partners (e.g., Indian Health Service, specific tribes) in an effort to identify potential data sources that could be merged with VDRS data.

If I get a voicemail leave my name, title, calling from, tell them why I'm calling, phone number (7)488-1996, and email kwl7@cdc.gov

So, I have a few quick questions to ask you.

If it seems like there pressed for time quickly ask if you can send them an email with the questions in it.

In order to accomplish these tasks, I am requesting your help with answering the following questions:

- Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide?
- If so, which tribes and how specifically are they engaged?
- If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered?
- If not interested in engaging with tribes, why (e.g., no staff to support this effort)?
- If your state is new to NVDRS, is there any interest in working with tribes?

APPENDIX C

EMAIL SAMPLE 1 Greetings Colleagues,



I hope all is well! I am going over my notes from our conversation concerning the level of engagement that NVDRS staff has with tribes and I want to verify my information. You mentioned having an interest in wanting to engage with tribes. In my effort to better classify participating NVDRS states, which one of the following statements is most applicable to Louisiana VDRS?

- Interested in tribal engagement (in NVDRS), but not currently engaged
- Interested in tribal engagement (outside of NVDRS), but not currently engaged
- Interested in tribal engagement (both in and outside of NVDRS), but not currently engaged
- Current tribal engagement in NVDRS
- Current tribal engagement outside of NVDRS
- Current tribal engagement both in and outside of NVDRS
- Not currently interested in tribal engagement
- No tribal presence within State/Not applicable

If you do not see a statement that fits your situation, please feel free to edit any of the above statements or add an entirely different statement as needed.

Thank you for your time and consideration!

APPENDIX D

STAKEHOLDER VISITS AND CONFERENCE CALLS



Stakeholder Meeting – June 13–June 14, 2018
Oklahoma City, Oklahoma

Attendees

OKVDRS Staff
Tribal Members
Partners with Tribal Affiliation
Asha Ivey-Stephenson, Lennisha Pinckney

Oklahoma City, OK was the location for a day and a half stakeholder site visit with OKVDRS staff, tribal members, tribal partners, Asha Ivey-Stephenson (CDC), and Lennisha Pinckney (ORISE). Representatives from the Seminole Nation, Kickapoo Tribe, Osage Nation, Wichita Tribe, and affiliated tribes were present. Additionally, partners who work directly with tribes such as the Southern Plains Tribal Health Board (SPTHB)/Oklahoma Tribal Epidemiology Center (OKTEC), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), and the Kickapoo Behavioral Health Service were in attendance.

OKVDRS staff, Asha, and Lennisha co-facilitated the meeting. During the discussion, we discovered that data requests were the main reason tribes interacted with OKVDRS. Other than this, work among tribal members and partners with tribal affiliation is conducted outside of NVDRS. Tribal members and partners with tribal affiliation mentioned the importance of informing tribes of NVDRS to increase understanding of it and subsequent participation in the system. The OKVDRS PI provided information about NVDRS to the American Indian Data Community of Practice AIDCoP and a Statewide Suicide Prevention Conference; however, if given the opportunity, OKVDRS staff are open to presenting this information to tribes and/or partners with tribal affiliation. Recommendations for improving tribal data collection were to use a specific tribal affiliation code for NVDRS, de-identify data, and to centralize data collection.

OKVDRS staff advised NVDRS states that want to engage with tribes to build relationships (even if it's with one person) with a tribal member. Additionally, having a tribal liaison at the state health department who can dedicate their time to making those connections would be helpful. Tribal members and partners with tribal affiliation should get invites to meetings where decisions about tribes are being discussed to enhance partnerships with CDC/federal partners. The tribal members and partners with tribal affiliation are doing some great work outside of NVDRS as it relates to suicide. Specifically, a tribal member from the Osage Nation mentioned that she and her partners were working on an app that could be used by the Osage Nation Police Department.

The app would inform stakeholders of happenings within the county and when and where they should focus their prevention efforts. In addition to this work, a tribal member from the Wichita and Affiliated Tribe has developed a form which is an adaptation of a surveillance form created by the White Mountain Apache Tribe. The Wichita and Affiliated Tribal member has been collecting data for the past year. This information can tell them whether someone is experiencing suicidal ideation, and as a result, prevent those who are at risk from taking their life.



Oklahoma Chickasaw Nation Conference Call – August 8, 2018

Attendees

Asha Ivey-Stephenson, Lennisha Pinckney, and Alex Crosby

Chickasaw Nation Representatives

OKVDRS PI

We held a conference call with tribal members from the Chickasaw Nation after our stakeholder site visit with Oklahoma VDRS staff. The Chickasaw nation discussed the work they do with tribes as it relates to suicide in addition to the challenges they face with data collection, especially at the local level. Through their health system, they offer services to tribal citizens who live in 13 counties in Oklahoma. The health system has implemented a zero suicide initiative and provides psychosocial support to patients, is establishing a universal screening for suicide, and can send persons home (with a treatment plan) in place of providing them with inpatient treatment. As it relates to NVDRS, the chief ME has added an AI/AN component to data processes. The OKVDRS PI discussed how the death certificates in the state have a space where information about tribes can be added.

The Chickasaw Nation have recommended creating a system to improve data collection. It would consist of collecting data locally and protecting what is gathered about tribes. They suggested that certain codes be used to classify suicide or a suicide attempt and that training be conducted to ensure consistent coding practices. The nation further add that tribes need a central data collection system and states need to collaborate with TEC.



Stakeholder Meeting – October 2, 2018

Attendees

WAVDRS staff

Chickasaw Nation Representatives – may need to omit unless I can confirm that Tamara is a member of this tribes

Asha Ivey-Stephenson, Lennisha Pinckney, and Alex Crosby

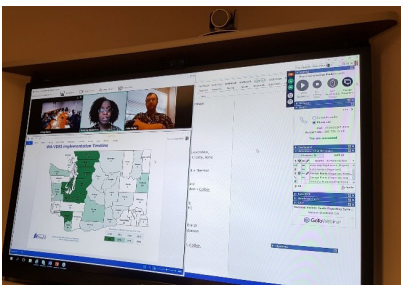
A video conference was conducted with WAVDRS staff, partners with tribal affiliation, Asha Ivey-Stephenson (CDC), Alex Crosby (CDC), and Lennisha Pinckney (ORISE) on October 2, 2018. The meeting was co-facilitated by WAVDRS staff, Asha, and Lennisha. Topics of discussion include:

- Purpose of the meeting and fellowship goals

- Overview of NVDRS and of CDC's suicide prevention products
- NVDRS and tribal outreach in Washington
- Tribal suicide prevention work in Washington
- TEC partner feedback
- Role of Washington's DOH tribal liaison
- Thoughts on tribal participation in NVDRS

WAVDRS staff are still collecting NVDRS data and although they are gradually expanding to reach the next higher populations, data collection is not quite at 100 percent. Suicides represent 80 percent of the violent deaths data collected by WAVDRS. Staff have been involved in suicide prevention work, not related to NVDRS, for the past 4 years. During the first year of working on suicide prevention initiatives, staff and tribes met for 2 days to discuss the needs and interest of tribes. From these meetings, WAVDRS discovered that tribes were concerned about raising awareness of suicide, reducing the stigma associated with suicide, learning how to talk about suicide, and focusing more on preventing youth suicide. WAVDRS have also learned from tribal members the importance of holding events where tribes can address their issues and of receiving feedback from a tribal leader concerning how the events are making a difference while allowing elders and youth to connect.

Currently, WAVDRS staff are working on suicide prevention initiatives outside of NVDRS that include Tribal Health – Reaching out InVolves Everyone (THRIVE), the Garrett Lee Smith grant, and Zero Suicide. Three tribal pilot sites have implemented the Zero Suicide Initiative in which the focus has been on using a clinical system. The clinical health system (in comparison to a behavioral health system) allows for an accurate account of each tribe. WAVDRS staff have created and promoted curriculums; the Healing of the Canoe curriculum more specifically has benefitted tribes in both Washington and Oregon. Social media platforms, the “We are Native” website, webinars, and trainings (e.g., Safe Talk) have been instrumental in addressing suicide among tribes. Promotional materials about how to talk to someone about suicide have been developed and sent to 43 tribes. The annual THRIVE Conference, held in June 2018 was a great opportunity for AI/AN professionals and youth to come together to learn about health promotion and disease prevention with a strong emphasis on suicide prevention and mental health (npaihb.org). Some of the highlights were murals, social marketing boot camps, and campaigns (e.g., “We are Connected, We need you Here”).



Highlights from the TEC partner's discussion consisted of a need to develop programs, have data from various sources, data misclassification, and lessons learned that a strong connection to family makes it less likely to re-attempt suicide. The tribal liaison at the Washington state health department works closely with TECs, creates tribal leader letters, and is an internal consultant for building relationships within tribal communities.

Fostering tribal participation in NVDRS requires having data sharing agreements with each tribe, targeting urban AI/AN populations, and framing our messaging that reassures tribes that sharing and collaborating is beneficial to them.



Conference Call – March 5, 2019

Attendees

CDC staff
New NVDRS states (AR, FL, ID, MS, MT, ND, SD, TX, TN, and WY)
Deborah Hull-Jilly – AKVDRS
Brandi Woods Little-John – OKVDRS
Melissa Heinz – WIVDRS
Charles Vear – WIVDRS

Deborah – Alaska

Provided background information about the Alaska Native Tribal Health Consortium (ANTHC) and how they've provided health services to 158,000 AI/AN; the Alaska Native Corporation is another entity that provides services to AN tribes.

AK-VDRS staff work closely with ANTHC's TEC to address issues related to:

- Alaska having one of the highest rates of suicide, and
- Alaska having a high percentage of deaths associated with firearms.

AK-VDRS staff have worked with the TEC to analyze data, create reports, and develop publications to advise stakeholders such as mental health counselors, prevention practitioners, etc. about public health practice.

AK-VDRS staff attend scientific advisory meetings to determine next steps for the upcoming year and to discuss why surveillance on issues affecting AN populations is important.

AK-VDRS staff have a Memorandum of Understanding (MOU) with the TEC to enhance collaboration and data sharing.

AK-VDRS staff developed a report a few years ago about the characteristics of AN suicide; they are working on formulating a new one.

AK-VDRS staff plan to continue collaborating with the TEC and work well with the TEC's director, Ellen Provost.

AKVDRS staff recommend that new states attend scientific advisory meetings and establishing a MOU with relevant stakeholders.

AK-VDRS staff can access toxicology reports for NVDRS.

AK-VDRS staff have presented in different tribal health regions and have discussed strategies for addressing issues affecting AN populations.

Brandi – Oklahoma

39 recognized tribes within the state and Oklahoma has tribal land – doesn't have tribal reservations; Oklahoma was a resettlement for many tribes.

All 39 tribes operate differently and have their own Institutional Review Board.

Oklahoma's state health department has a tribal liaison office.

The quality of the state's data is concerning due to racial misclassification, self-reporting, and LE assumptions about someone's race.

OK-VDRS staff have vital records data that is merged with Indian Health Service data; however, it is difficult to duplicate this process with NVDRS due to the timeline in which data has to be entered. Sometimes IHS/Vital Records data is 58 percent accurate and at other times it is 89 percent accurate; the percentage of data linkages vary from year to year.

Oklahoma is finally out of the list of top 10 states with the highest suicide rates. OK-VDRS staff partner with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) to foster relationships with tribes.

OK-VDRS staff receive data requests from tribes (especially around the time they apply for funding) and work closely with the Chickasaw tribe and other tribes in closer proximity to the city/state health department.

Melissa and Charles – Wisconsin

Melissa has met with abstractors and WI-VDRS staff are engaged with tribal authorities and tribal LE agencies.


WI-VDRS staff have not noticed any turnover among Wisconsin's county staff for the past 17 years: its a great environment where relationships can be established.


WI has a cabinet level tribal affairs office that engages with tribal health authorities across the state and an existing state level communicating body collaborates with tribes.

Charley (Charles) works with the Great Lakes Inter-Tribal Epidemiology Center to discuss the processes for data requests and data sharing for collecting tribal data.

Has some slides that contain what they have communicated to tribes about the data sharing process.

APPENDIX E

Jamar Barnes (PO) States	Contact Info & Date of Contact	Info Collected via Email or Phone
	<p>Email – 10/12/17 from PO</p> <p>*Indicates that the email was received prior to blurb/intro mass email</p>	<p>Veteran State (2003)</p> <p>Hi Lennisha, *</p> <p>I reviewed Alaska's continuation application and came across some of the work they do with tribal partners. See below.</p> <p>The AKVDRS maintains several Memorandum of Understanding (MOU) and established protocols to request military investigation information under the Freedom of Information Act (FOIA) as follows—</p> <ul style="list-style-type: none"> • SouthCentral Foundation – Alaska Native Health Services (MOU-pending signature by Board of Directors) • Alaska Native Tribal Health Epidemiology Center (MOU) <p>Many of AKVDRS data providers are data users that request/receive annual summary updates, summary analysis reports by special request on select geographic regions and topics, and data files for research topics such as —</p> <ul style="list-style-type: none"> • Violent Death Summary Report–Requestor: Mat-Su Health Foundation • Suicide Summary Report–Requestor: Alaska Native Tribal Health Consortium; <p>Analyses consist of descriptive statistics, logistic regression, and geographic information, such as the relationship of alcohol regulation (e.g., local option ordinances, home-brew or bootleg alcohol) to other key variables</p>

		<p>including mental health facility access, previous suicide attempts and number of attempts, suicide ideation, expanded details on suicide characteristics among tribal, veterans, and other at-risk populations</p> <p>*from Jamar Barnes</p>
	<p>Email – 1/21/18</p> <p>Phone Conversation – 2/27/18</p> <p>Email – 11/16/18</p>	<p>Veteran State (2003)</p> <p>1st Email:</p> <p>Hello, Lennisha-</p> <p>Would you like to aim for a call at 11am EST/9am MST next Tuesday, 2/27? You're welcome to call my direct number, 303-692-2170 (or if you have a conference line, we can call in to it). Let us know if another day/time works better.</p> <p>I also wanted to share at least some quick preliminary responses to your questions, and invite Ethan to augment these as well:</p> <ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? • If so, which tribes and how specifically are they engaged? <p>Colorado's NVDRS program (CoVDRS) does currently receive coroner reports and law enforcement reports from counties and towns in which Colorado's two tribes or their residents reside (Ute Mountain Ute in Montezuma County, and Southern Ute in La Plata and Archuleta Counties, both in SW Colorado). We have also requested and received reports from the Bureau of Indian Affairs (BIA) for events they were involved in investigating. However, we have not engaged the tribal governments directly for any additional data collection.</p> <ul style="list-style-type: none"> • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered?

		<ul style="list-style-type: none"> • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? • If your state is new to NVDRS, is there any interest in working with tribes? <p>As we are able to receive all needed reports for events among the tribal populations, we haven't pursued any additional conversation with them. That said, we do acknowledge disparities in both violent deaths and specific circumstances among our American Indian population in Colorado, both reservation-based and across the state, which we hope to do more work on in the future. We would certainly welcome recommendations and opportunities to do this. There are some existing collaborations across the four-corners states (AZ, NM, UT, CO) around suicide prevention, but given our American Indian population is so small, and the focus has been more on the Navajo Nation, we've participated in only a limited fashion (eg. conference calls, updates, etc.).</p> <p>Klrkcalif</p> <p>---</p> <p>Kirk Bol, MSPH Manager, Registries & Vital Statistics Branch Center for Health & Environmental Data Colorado Department of Public Health & Environment P 303.692.2170 F 303.691.7821 4300 Cherry Creek Drive South, Denver, CO 80246 kirk.bol@state.co.us www.colorado.gov/cdphe</p> <p>1st Phone Conversation</p> <p>Key Points from the conversation:</p> <ul style="list-style-type: none"> • For the first time with regard to this project, have received data from law enforcement and coroners about deaths amongst the tribal populations (2 tribes)
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		<ul style="list-style-type: none"> • Some of the barriers they face, although they have not reached out directly to tribes, is that the population is small and most of the efforts where the focus is on tribes is concentrated in the Southwest of the U.S. where there are larger tribal populations; these states are inclusive of Utah, New Mexico, and Arizona (Navajo tribe). • It was stated that they do not see a need, from an ascertainment standpoint, to collect any additional data beyond what they are collecting with regard to the tribes • They have an interest in wanting to work directly with tribes if the opportunity emerges and also want to address issues concerning tribes on a much broader scale i.e. working with the states in the Southwest and the Indian Health Service <p>2nd Email:</p> <p>Hello, Lennisha-</p> <p>I think the statement that most accurately reflects the current status is: <i>Interested in tribal engagement both in and outside of CO-VDRS, but not currently engaged.</i></p> <p>Within COVDRS, there is some contact with regard to obtaining records needed to complete a case abstract; however, we are not actively engaged in discussions about using NVDRS data to support tribal violence prevention efforts. Our state health dept. is interested in pursuing these relationships on a broader scale, to which we hope to connect COVDRS; however, these are at fairly early stages at this point.</p> <p>Kirk</p>
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DELAWARE





Phone Conversation
– 12/29/17

New State (2016) – Upcoming call with them on
12/29/17 @ 9:00 am

1st Phone Conversation:

Key points from the conversation:

- Mathew wanted to know what data sources would be best for getting information about violent deaths/suicide rates amongst the AI/AN populations – I suggested that we utilize all sources (DC, C/ME, LE); Mathew suggested that it may be best to use law enforcement data when wanting to get access to violent deaths/suicide rates amongst the tribal populations
- Delaware has tribes there but they don't have any tribal land; there aren't any federally recognized and state recognized tribes in Delaware
- A tribe that doesn't have tribal land will not have a tribal law enforcement
- Mathew mentioned that there are no challenges with getting AI/AN data with regard to what is collected for NVDRS purposes
- Mathew mentioned the fact that it is important to build partnerships with individuals who have already built partnerships with tribal populations; this will help us to have buy in with the tribes who have built rapport and have trust with these partners. Partnerships that he mentioned were Tribal Epidemiology Centers, Partnerships with states that have bigger tribal presence, State Health Department, and IHS
- Again, reiterated the importance of getting connected to established organizations that are engaged with AI/AN and tribes
- Mathew has previous work experience with working with tribal populations; he worked in South Dakota's health department and did some work with tribal populations
- Delaware has an interest in working with

		<p>tribes and plan on working with advisory committees and other partners to address issues such as suicide that occur amongst the AI/AN population</p> <ul style="list-style-type: none"> I asked if I had any questions in the future if it would be ok for me to contact him and he said yes <p>Mathew Christensen, Ph.D. Epidemiologist Delaware Division of Public Health Delaware Violent Death Reporting System 417 Federal Street, Dover DE 19901 302-744-4791</p>
<p>GEORGIA</p> 	<p>Email – 3/15/18</p>	<p>Relatively New (2014) 1st Email:</p> <p>Aloha Lennisha:</p> <p>I was out of the country at the end of last year and did not see your request.</p> <p>According to the U.S. Bureau of the Census there are no American Indian or Alaska Native designated areas in the State of Hawaii and this population according to the 2010 Census is less than 1 percent of the state's population (0.2 percent). There were no suicides of individuals of American Indian ancestry in Hawaii in 2017.</p> <p>Mahalo, Alvin T. Onaka, Ph.D.</p>
<p>NORTH CAROLINA</p> 	<p>Email – 11/22/17 Email – 11/27/17</p> <p>Phone Conversation – 11/29/18</p>	<p>Veteran State (2003) 1st Email:</p> <p>Hi Lennisha,</p> <ul style="list-style-type: none"> Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? We only have one


		<p>federally recognized tribe (Cheyenne). My understanding is that they work with state in terms of vital records (births/deaths) so we end of getting any violent deaths from their county. We have done basic fact sheets around this group statewide: http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/VDRS/NC-VDRSAmericanIndianViolentDeaths2005-2014_Dec2016.pdf</p> <ul style="list-style-type: none"> • If so, which tribes and how specifically are they engaged? See above • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? We have not specifically engaged but are open to working with any group on preventing violent deaths in the capacity that we can (mostly providing data) • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? Time/resources/access/competing priorities • If your state is new to NVDRS, is there any interest in working with tribes? NA <p>Veteran State (2003) 2nd Email:</p> <p>Tammy can weigh-in if I missed anything. Scott</p> <p>Tammy pointed out that I mentioned Cheyenne when I meant Cherokee. Sorry for any confusion.</p> <p>Scott Proescholdbell, MPH Epidemiologist Injury and Violence Prevention Branch Chronic Disease and Injury Section Division of Public Health North Carolina Department of Health and Human Services</p> <p>919-707-5442 office 919-870-4803 fax</p>
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		<p>scott.proescholdbell@dhhs.nc.gov www.injuryfreenc.ncdhhs.gov</p> <p>1ST Phone Conversation:</p> <p>Highlights from phone conversation are as follows:</p> <ul style="list-style-type: none"> • NCVDRS staff have an interest in wanting to work with tribes if the opportunity presents itself and they have the capacity to do the work • Currently, NCVDRS staff does not have the capacity and funding to work on additional projects • In the past and currently work has been done on the AI/AN that is outside of NVDRS e.g. opioids • His interpretation of the word engagement "Interest in tribal engagement in NC-VDRS.... is that the relationship is more of a formal relationship with tribes and they don't have a formal relationship with tribes; more specifically as it relates to NVDRS the relationships that they have are not as formalized with other groups
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<p>OREGON</p> 	<p>Phone conversation – 1/23/18</p> <p>Phone conversation – 12/19/18</p>	<p>Veteran State (2002)</p> <p>1st Phone Conversation (Laura Chisolm, Amanda Bradley, Xun Shen, Emiko Petrosky, and Lennisha)</p> <p>Highlights from the phone conversation are as follows:</p> <ul style="list-style-type: none"> • Xun stated that data is being collected on AI/AN populations - ORVDRS has received data requests from their tribal coordinator regarding suicide deaths. • Laura (PI) stated that there is a Northwest Portland Area Indian Health Board that works directly with tribes • Laura mentioned that there is a Garrett Lee
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		<p>Smith grant that focuses on suicide prevention amongst the tribes; not related to NVDRS</p> <ul style="list-style-type: none"> • Laura mentioned that there is an Oregon Health Authority that works with 9 of the federally recognized tribes; The Oregon Health Authority has a legally mandated monthly meeting in which they are officially required to work with tribal nations • Laura mentioned that they have not worked directly with tribes but there is an interest in wanting to work with tribes • Laura mentioned that there are some barriers to working with tribes; tribes have sovereignty, a pretty big process that has to be in place in order to work with tribes, there are many channels to go through in order to work with tribes, and they prefer to take the lead from the tribe in terms of implementing initiatives to address issues that are affecting tribes • Laura mentioned that they are aware of the high rates of opioid abuse and suicide amongst the tribal populations and would like to focus on these areas <p>2nd Phone Conversation (Laura Chisolm) Highlights from the phone conversation are as follows:</p> <ul style="list-style-type: none"> • ORVDRS staff are interested in tribal engagement both in and outside of ORVDRS but not currently engaged • Specific communication process that is needed given that there is a special relationship between the Oregon Health Authority and tribes • Difficult to foster relationships with tribes until everyone is in a shared space – thus efforts are needed to develop trust and build relationships with tribes • Laura is certain that they receive data from tribal law enforcement about deaths on
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		<p>Indian land however, she would have to confirm with the data abstractor (who has a good relationship with law enforcement)</p> <ul style="list-style-type: none"> • ORVDRS staff want to work on relationships with tribes and other partners where the focus is on suicide prevention • Because the numbers are so small, dissemination becomes a challenge from a confidentiality standpoint (tribes will be able to figure out who died)
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<p>SOUTH CAROLINA</p> 	<p>Email – 3/15/18</p> <p>Email – 10/31/18</p> <p>Email – 12/19/18</p>	<p>Veteran State (2002)</p> <p>1st Email:</p> <p>Susan, might want to look at data from York County and speak to the County's Coroner as needed. Owens Sent from my iPhone</p> <p>On Mar 15, 2018, at 12:19 PM, Jackson, Susan L. <JACKSOSL@dhec.sc.gov> wrote: Thank you, Jamar. I will see what I can find out.</p> <p>Susan L. Jackson RN, MPH Division of Injury & Violence Prevention Bureau of Chronic Disease and Injury Prevention S.C. Dept. of Health & Environmental Control Office: (803) 898-7152</p> <p>2nd Email:</p> <p>Ms. Pinckney, We are interested in working with specific tribes and Indian Health Services however we not currently engaged with them.</p> <p>Thank you! Susan</p> <p>3rd Email: Lennisha,</p> <p>The first bullet best describes SCVDRS:</p>
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		<p>Interested in tribal engagement in SC-VDRS, but not currently engaged</p> <p>Merry Christmas and Happy Holidays!</p> <p>Susan</p>
<p>WASHINGTON</p> 	<p>Email – 10/17/17 from PO via PI Therese Hansen</p> <p>*Indicates that the email was received prior to blurb/intro mass email</p>	<p>Relatively New (2014)</p> <p>Hi Jamar, *</p> <p>Please excuse my delay in responding to this. I have been on leave for the past couple of weeks (partial telecommuting last week —meaning sporadic and hair on fire issues only).</p> <p>Thanks for your question about our work with WA’s tribes. You are right, we have worked to ensure WA’s tribes are included in our prevention efforts, especially suicide and opioid overdose prevention, and we have tried several approaches to enlist tribal police and leadership to share data for NVDRS. That part has been challenging.</p> <p>Here’s what we’ve done:</p> <ol style="list-style-type: none"> (1) We work with DOH’s Tribal Liaison, Sheryl Lowe, regularly on issues we know are of interest to the tribes and she has informed that overdose and suicide are the tribal top priorities. Through her we have been able to make contact a few contacts with tribal law enforcement to tell them about NVDRS and how valuable their participation could be, particularly as the majority of our NVDRS cases involve suicides. Some tribal members have expressed interest in the program, but we have not yet been unable to persuade tribal leadership or any tribal law enforcement to enter MOUs with us and share their data. We understand this. The data is sensitive and, despite our state government work with the tribes under a Centennial Accord, this is a big ask. (2) Last year, Shelly and Neetha Mony, the


		<p>suicide prevention program manager on my team, presented NVDRS at a Tribal Behavioral Health Conference. They were received well and stirred much interest and in June, Cathy, Brycen and I presented the program again to the North Sound Behavioral Health Organization. This was a direct request arising from a tribal member's attendance at the earlier conference. NBHO is very interested in the data. We will share it with them as we roll it out. They provide services to some of our tribes.</p> <p>(3) Under our SAMHSA Suicide Prevention Works! grant, Sigrid Reinert on our team works with tribes in Grays Harbor and Pacifica counties primarily focused on youth suicide prevention. They are doing some great work. Arising from this work, just last month we used some funding for to sponsor the 2nd Annual Intertribal Youth Suicide Prevention Summit "Embrace Your Sacredness" hosted by the Swinomish tribe and attended by about 70 youth from 8 tribes. Sigrid had a seat at the table and this was a pretty important advancement for us. We are also aware that SAMHSA has awarded suicide prevention grants to 5 tribes and Sheryl is arranging contacts for us to learn more about the implementation. We know that one tribal clinic (in Puyallup) is implementing Zero Suicide through their grant.</p> <p>(4) Recently, DOH also hired a tribal epidemiologist, Soyeon Lippman, who will be working with a new CSTE tribal epidemiology group specifically focusing on suicide prevention. Soyeon met with our IVP group and we gave her a comprehensive view of our data, NVDRS, and our across the life span State Suicide Plan release in Jan 2016. She is very interested in our work and offered to include us in the CSTE discussion as the group evolves. We told her we will share the data with her when available. She in turn will find ways to share with various tribes. It is hoped that, while the tribes do</p>
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		<p>not wish to affirmatively give their data to NVDRS, perhaps overtime the value of participation will be realized.</p> <p>(5) Recently, Neetha Mony and Sigrid Reinert also traveled to Oregon to meet with the Northwest Portland Area Indian Health Board. All 43 federally recognized tribes in WA, OR and Idaho are members. We have inquired previously as to data and participation in NVDRS with tepid response. But at this meeting Sigrid and Neetha focused on better collaboration, communication, info and data sharing on suicide prevention expressly. They also briefly discussed how to better assess the overdose impact in tribal communities. We know some of the tribes have excellent evidence based suicide prevention, and we are looking for ways to spread these culturally relevant prevention programs. I was told this meeting was a great success and we expect to increase our collaboration with the NPAI-HB by regular engagement. I had asked Neetha and Sigrid to bring up NVDRS and the Board's staff on best practices to try to enlist participation. The time was short and Sigrid reported that this is probably a topic for future conversations as better connections are raised.</p> <p>(6) Our tribal liaison, Sheryl Lowe, has informed me that the Lummi Tribe has offered 2 of its council members to serve on DOH's Action Alliance for Suicide Prevention chaired by our Secretary of Health, John Wiesman (also recently named President of ASTHO). This is wonderful news. Sheryl is arranging a time for her, Neetha and me to visit the Lummi and share more about our work, our data and learn more about tribal suicide issues and concerns. Sheryl is super busy and we are not sure when this will happen, but I have asked Neetha to send her occasional reminders. Sheryl has also tentatively invited me to participate in a panel on injury prevention at the Tribal Environmental</p>
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		<p>Health Summit in Nov, depending on how the agenda develops. She advises that Indian Health Service world lumps environmental health and injury prevention together.</p> <p>(7) An interesting twist is our Injury and Violence Prevention Older Adult Falls program. I recently asked our program manager, Carolyn Ham, to make contact with tribes via Sheryl Lowe to inform them of our OAF work and our first OAF state plan that is underway with a huge advisory board (and no tribal presence). Carolyn put on a nice webinar and some attendees were very engaged. Carolyn was then invited to present the program more widely and is working with tribal connections to do that.</p> <p>We are apprised regularly that it is unlikely many tribes will enter MOUs to share data with NVDRS. We are hopeful that if we can enlist a few, others may follow. In the meantime, we are taking a two-fold approach: (1) when our data is ready, we will share what we learn from it as it relates to tribal members living on or off reservations; (2) we regularly look for opportunities to say “ we have this system; let us know if we can help.”</p> <p>Please let me know if we may help further, and I will keep you posted as we proceed. Sheryl has been clear that suicide prevention and overdoses are of paramount concerns to our tribes. NVDRS data can shed some light on both and we will work hard to share what we learn.</p> <p>Thanks! *from the PI Therese Hansen</p>
 <p>WEST VIRGINIA</p>	Email – 11/14/17	<p>New State (2016)</p> <p>1st Email:</p> <p>WV currently has no recognized tribes.</p>

		<p>Regards,</p> <p>Maggie</p> <p>Maggie Molitor, BSW Coordinator Fatality Review Teams the Office of the Chief Medical Examiner 619 Virginia Street, West Charleston WV 25302 Phone: 304-558-6920 ext. 70333 Fax: 304-558-9038</p>
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Michele LaLand (PO) States	Contact Info	Info Collected via Email or Phone
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<p>ARIZONA</p> 	<p>Email – 11/13/17 Email – 11/6/18</p>	<p>Relatively New (2014)</p> <p>1st Email: See below</p> <p>Charles M. Katz, Ph.D. Professor, Criminology and Criminal Justice Watts Family Director, Center for Violence Prevention & Community Safety Arizona State University College of Public Programs 411 N. Central Street, Suite 680 Phoenix, Arizona 85004 PH: 602-496-1471 Fax: 602-496-1494 email: ckatz@asu.edu http://cvpcs.asu.edu/</p> <p>In order to accomplish these tasks, I am requesting your help with answering the following questions:</p> <ul style="list-style-type: none"> Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? <p>NO.</p> <ul style="list-style-type: none"> If so, which tribes and how specifically
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		<p>are they engaged?</p> <p>None, refused.</p> <ul style="list-style-type: none"> If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? <p>Physical distance, having calls returned, willingness to meet in person. If we make it through and get the police chiefs ok, the tribal council has voted no in participating.</p> <ul style="list-style-type: none"> If not interested in engaging with tribes, why (e.g., no staff to support this effort)? <p>NA</p> <p>If your state is new to NVDRS, is there any interest in working with tribes?</p> <p>Absolutely. This is very important to us.</p> <p>2nd Email:</p> <p>We are "Interested in tribal engagement both in and outside of AZ-VDRS, but not currently"</p>
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<p>KANSAS</p> 	<p>Email – 10/5/17 from PO received info from PI Lori</p> <p>*Indicates that the email was received prior to blurb/intro mass email</p> <p>Email – 11/22/17</p> <p>Email – 2/8/19</p>	<p>Relatively New (2014)</p> <p>This is the PI from KS. She said she has some tribal contact but not with NVDRS.</p> <p>Lori Haskett (CDC kdheks.gov) (lhaskett@kdheks.gov)</p> <p>Have a good day and remember, October is Global Diversity Awareness month!</p> <p>Many Thanks, Michele LaLand</p> <p>1st Email:</p> <p>Hi, Lennisha. I hope your research is going well. I was sent your email to provide response from</p>
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		<p>Kansas. I will be interested to learn how other states are engaging tribes. Kansas began data collection for NVDRS in 2015. To date, we have not had any need to engage tribes though this potentially could change once our first year of data has been analyzed.</p> <p>Please let me know if you have additional questions or need more information.</p> <p>Best wishes,</p> <p>Daina Zolck, Program Coordinator Kansas Violent Death Reporting System</p> <p>2nd Email:</p> <p>Lennisha,</p> <p>Correct, nothing related to NVDRS but Safe Kids Kansas (within the Injury & Violence Prevention Section) recently began working with the first tribal nation to develop a Safe Kids coalition, Safe Kids Prairie Band Pottawatomie Nation. Other programs within our Bureau have also had success with working with tribes in our state. I'm not sure how much I would have to add to the conversation.</p> <p>Daina Zolck Section Director Injury & Violence Prevention Programs</p>
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<p>KENTUCKY</p> 	Email – 11/14/17	<p>Veteran State (2004)</p> <p>1st Email:</p> <p>Lennisha, Sorry about the email troubles. I use the email JSE232@uky.edu instead because this email is highly unreliable.</p> <p>To answer your questions Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other</p>
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		<p>data collection/reporting efforts related to suicide?</p> <p>We do not currently engage with tribes in Kentucky as there are no federally recognized tribes in Kentucky and demographic wise the AI/AN alone race makes up an estimated 0.23% of the population of Kentucky.</p> <p>We would however be open to working with Tribes who's members live in Kentucky, as AI/AN make up on average 1.44% of our data a year which is disproportionate to the percent that of AI/AN who live in Kentucky. Though because there are no federally recognized tribes in KY this may not be possible.</p> <p>Thanks, Jacqueline</p>
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<p>LOUISIANA</p> 	<p>Email – 12/19/17 Email – 8/1/18</p>	<p>New State (2016)</p> <p>1st Email:</p> <p>Hi Lennisha, Below are Louisiana's answers in red. Thanks and Happy Holidays</p> <p>Norah Friar</p> <p>Norah Friar, MPH Epidemiologist Louisiana Office of Public Health Bureau of Family Health 1450 Poydras Street, Suite 2032 New Orleans, LA 70112 504-568-2033 Norah.Friar@la.gov</p> <p>In order to accomplish these tasks, I am requesting your help with answering the following questions:</p> <ul style="list-style-type: none"> • Are tribes currently engaged in your state
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		<p>VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide?</p> <p>No, we only have four recognized tribes in Louisiana, none of which were in our pilot parishes.</p> <ul style="list-style-type: none"> • If so, which tribes and how specifically are they engaged? • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? <p>We have almost no violent deaths among American Indians (per death certificates less than five a year) so it is not a priority to engage with tribes at this time. As we see cases among this population we would reach out to them. It is not a lack of interest but our first year was a pilot and we did not have any tribes within our pilot parishes.</p> <ul style="list-style-type: none"> • If your state is new to NVDRS, is there any interest in working with tribes? <p>We are a new state this year, so no tribes fell within our pilot parishes. We would be interested in working with them as we get cases among the tribes. We most likely will not reach out to them unless we have a case.</p> <p>2nd Email:</p> <p>Hi Lennisha,</p> <p>So sorry, we saw this email, but it fell off the radar. And here is our selected answer:</p> <ul style="list-style-type: none"> • Current tribal engagement outside of LA-VDRS <p>Please see our responses in red below.</p> <p>Sorry for the delay.</p>
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		<p>Jane Herwehe, MPH Lead, Data Action Team Louisiana Office of Public Health Bureau of Family Health 1450 Poydras Street, Room 2032 New Orleans, Louisiana 70112 504-568-3532 Jane.Herwehe@la.gov</p>
<p>MISSOURI</p> 	<p>Phone Conversation – 2/1/18</p>	<p>New State (2016)</p> <p>1st Phone Conversation (Erin Miller, new PM)</p> <p>Highlights from phone conversation</p> <ul style="list-style-type: none"> • Not aware of any data collection efforts that collects information about tribal populations as it relates to suicide • Missouri has a small population of AI/AN and there is no tribal presence • Missouri is also a relatively new state so they just started data collection in 2016 and have had to focus in on this effort • Have an interest in working with any population
<p>NEW MEXICO</p> 	<p>Phone Conversation – 10/25/17 from PO received info from PI Tierney</p> <p>*Indicates that the info was received prior to blurb/intro mass email</p> <p>Email – 11/09/17 Email – 11/13/17 Email – 1/28/19</p>	<p>Veteran State (2004)</p> <p>Hired a tribal epidemiologist recently who may collaborate with AZ – Her name is Brooke Doman, DOH tribal epidemiologist</p> <p>Proposed project of wanting to link AI/AN death certificate data with NVDRS data</p> <p>Tierney has reached out to tribal law enforcement to discuss how they can partner together to get tribal data. Also, there are some initiatives in the works to meet with the Navajo Nations law enforcement (mechanism for data collection may still be paper-based).</p>


		<p>Additionally, there are issues with 30 – 40 deaths being unaccounted for amongst the tribal populations – so some underrepresentation. Violent deaths have increased recently among AI/AN vs non AI/AN</p> <p>A concern with regard to the violent deaths occurring amongst tribes is that individuals are injured in AZ yet die in NM – thus staff will have a discussion with AZ to determine how to share information. Mentioned an issue with categorizing non-Hispanic AI/AN population.</p> <p>Tierney presented information to the Indian Bureau of Affairs. Tierney asked if we were going to do an analysis on the work that were doing</p> <p>1st Email: Hi Lennisha,</p> <p>Brooke Doman is the Tribal Epidemiologist here in the NM Department of Health. I've cc'd her on this email in case you'd like to contact her for further information about her work with tribal communities in New Mexico.</p> <p>Thanks,</p> <p>Tierney</p> <p>2nd Email: Hi Lennisha,</p> <p>The NMDOH Vital Records Bureau does collect tribal affiliation on death certificates. I'm not sure if you are looking for tribe-specific suicide rates or just AIAN? AIAN suicide death rates are available here : https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html . However, tribe-specific data is not available for the general public and is only given upon tribe approval.</p> <p>Hope this helps,</p>
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		<p>-Brooke</p> <p>Brooke Doman, MPH Tribal Epidemiologist New Mexico Dept. Of Health Epidemiology and Response Division Community Health Assessment Program Email: brooke.doman@state.nm.us Phone: 505-476-3654 Cell: 505-500-7323 Fax:505-827-2110</p> <p>Yes, American Indian/Alaska Native is a broad racial classification and tribe-specific data is data relating to a specific tribe i.e. Navajo, Acoma Pueblo etc.</p> <p>Brooke Doman, MPH Tribal Epidemiologist</p> <p>3rd Email: Hi Lennisha:</p> <p>I would say that our interest would be engaging with the tribes for the purpose of NVDRS and SUDORS as well. We work within the Department of Health in the Injury prevention section, which means that we have a number of programs (sexual assault, domestic violence, child fatality to name a few) that may already have some sort of engagement with the tribes in that particular area of injury prevention. My goal is to engage the tribes within NVDRS at this point, and later expand on those relationships.</p> <p>Thank you.</p> <p>Kathleen</p>
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<p>OKLAHOMA</p> 	Email – 12/22/17	<p>Veteran State (2003)</p> <p>1st Email:</p> <p>Lennisha,</p>
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		<p>My responses are in red. Please let me know if there is anything else I can do.</p> <ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? As far as data collection, we get law enforcement reports from tribal law enforcement when they are involved. We also receive data requests from tribes related to suicide. In 2017, we had 4 data requests from tribal entities and 3 in 2016. • If so, which tribes and how specifically are they engaged? Tribal law enforcement entities across the state. Southern Plains Tribal Health Board, Osage Nation, Muscogee Nation, National Indian Women's Health Resource Center, and Kickapoo Tribal Health Center-Behavioral Health have all made data requests for Native American suicide rates in their areas of interest. • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? We are always open to working with new partners. I'm not sure of the data we could get from tribes that we don't already receive from our partners. Tribal law enforcement sends reports as requested. We have a centralized medical examiner system and death certificate system. No tribes issue either to my knowledge. • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? NA • If your state is new to NVDRS, is there any interest in working with tribes? NA <p>As a side note, we have an American Indian Data Community of Practice hosted by the OSDH Office of Tribal Liaison that we participate in along with several tribes/Nations and other health related entities across the state. We often discuss opportunities and barriers to accessing American Indian data.</p>
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		<p>Brandi Woods-Littlejohn Administrative Program Manager Violence Prevention Programs Injury Prevention Service Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117-1207 405.271.3430 x56461 www.health.ok.gov</p>
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	<p>Phone Conversation – 2/8/18</p> <p>Email – 10/22/18</p>	<p>Veteran State (2002)</p> <p>1st Phone Conversation (Ryan Diduk-Smith, PI)</p> <p>Highlights from phone conversation</p> <ul style="list-style-type: none"> • Virginia NDVRS partners are not involved in collecting data about AI/AN and tribal populations • PI, stated that there is little to no tribal presence within the state. There may be one tribe that has appx 200 members • PI stated that she believes that the tribe that she is aware of is trying to get Federal recognition but they have not been successful • Last year VADNVRS had one case of a tribal person <p>Hi,</p> <p>Non-applicable, as we while we do have tribal presence, we don't have a large number, nor do we have issues engaging with them, if there was a death, as far as I know.</p> <p>Ryan</p>
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WISCONSIN



Phone Conversation
– 2/1/18

Email – 8/1/18
Email – 10/19/18

Veteran State (2003)

1st Phone Conversation (Brittany Grogan, PM)

Highlights from phone conversation

- Data is under the jurisdiction of the Coroner Medical Examiner (CME) so they don't have any collection efforts as it relates to collection amongst the tribal populations (with regard to suicide)
- PM has some involvement with a tribal population, outside of NVDRS, that receives a Maternal and Child Health (MCH) block grant; the focus is on adolescent suicide prevention
- The Tribal Health Department that is receiving this MCH block grant works with the tribal population

1st Email:

Good morning, all,

Apologies that I missed your earlier communication, Lennisha! I want to give you immediate heads up that Brittany Grogan (most unfortunately for us, but a great opportunity for her) is no longer with our Department. So you could remove her from future communications on this moving forward.

I would like opportunity to share with our WVDRS team (our abstractors and myself, at this point! While we recruit a new coordinator ...) and share feedback with you after hearing from them.

I will forward to them now and get back to you just as soon as we have a clear (and informed!) response.


Thanks so much,
Melissa

		<p>Melissa Heinz, MPH Injury and Violence Prevention Coordinator Family Health Section, Bureau of Community Health Promotion, Division of Public Health, Wisconsin Department of Health Services 1 West Wilson Street, Room 233 Madison, WI 53703 Tel (608) 266-1451 Melissa.Heinz@dhs.wisconsin.gov</p> <p>2nd Email:</p> <p>Good morning! I sincerely apologize for such delay – this has slipped off my radar more than once!</p> <p>After speaking with the WVDRS abstractors, I understand that they (the abstractors) have established relationships and work collaboratively with tribal law enforcement for LE data on cases of tribal death. As the abstractors report (I have not verified this independently), the county Coroner/ME system investigates tribal deaths (as distinguished from tribal government- based death investigation).</p> <p>We also have a cabinet level (WI Department of Health Services) Office of Tribal Affairs, with whom our programs work closely in communication and collaboration with WI tribal communities, non-governmental organizations and governments.</p> <p>Please feel free to follow up with proposed time if it would be helpful to have further discussion?</p> <p>All best, and please accept my apology for delayed response on this matter!</p> <p>Melissa H.</p> <p>Melissa Heinz, MPH Injury and Violence Prevention Coordinator Family Health Section, Bureau of Community Health Promotion, Division of Public Health, Wisconsin Department of Health Services</p>
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		West Wilson Street, Room 233 Madison, WI 53703 Tel (608) 266-1451 Melissa.Heinz@dhs.wisconsin.gov
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Rebecca Wilson (PO) States	Contact Info	Info Collected via Email or Phone
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District of Columbia (Acting)	Email – 10/30/18	New State (2014) 1st Email: Lennisha, We do not have a significant AI population here or any tribal land, but we are open to engagement. Kenan Kenan Zamore, MPH Senior Research Epidemiologist Center for Policy, Planning and Evaluation O: 202-727-3616 F: 202-442-8060 899 North Capitol Street NE, 6th Fl, Washington, DC 20002 dchealth.dc.gov kenan.zamore@dc.gov
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	Email – 12/18/17 Email – 7/12/18	Relatively New (2014) 1st Email: Lennisha, I honestly can't remember if I responded to your request previously - so, I'll do it now just to be sure. See my answers below! If you have follow-up questions, you may contact Tiffany Conroy, who is cc'd on this email. She will be covering this program after my retirement until a replacement is hired.
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		<ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? No • If so, which tribes and how specifically are they engaged? N/A • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? Iowa has one "Settlement" (the Mesquakie). While our department has worked with them in other areas, we have not initiated contact related to the IAVDRS. I assume that once there is a death on the settlement, we will reach out. • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? See answer above • If your state is new to NVDRS, is there any interest in working with tribes? N/A <p>2nd Email:</p> <p>Hello Lennisha,</p> <p>Thanks for reaching out with your question. I apologize, but I cannot recall a previous conversation. I am wondering if perhaps it occurred with the previous director, Binnie LeHew, prior to me assuming the role when she retired? That said, I will respond to the best of my knowledge and say that I feel there would be an interest in engaging Iowa's tribal population within IAVDRS, but there is not currently engagement. I am not aware of the level of engagement of other programs in the health department, so I speak only for IAVDRS.</p> <p>I hope this response is helpful! Please don't hesitate to reach out if you have any questions or need additional information.</p> <p>Thank you! Tiffany</p>
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		<p>Tiffany Conroy, MSW, LISW Violence Prevention Coordinator Iowa Department of Public Health Division of Behavioral Health 321 E. 12th St. Des Moines, IA 50319 Office: 515-242-6514 tiffany.conroy@ idph.iowa.gov</p>
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 <p>ILLINOIS</p>	<p>Email – 11/15/17 Email – 11/20/18</p>	<p>Relatively New (2014) 1st Email:</p> <p>Hello Lennisha. My responses to your questions are below. Best, Maryann</p> <p>In order to accomplish these tasks, I am requesting your help with answering the following questions:</p> <ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? Re: our VDRS –no, tribes are not currently engaged. I do not know about their participation in other data collection/reporting efforts related to suicide in the state. • If so, which tribes and how specifically are they engaged? NA • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? We have never worked with tribes. I am not sure how we would reach them given most areas in Illinois seem to have relatively little tribal presence. • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? • If your state is new to NVDRS, is there any interest in working with tribes? We are not exactly new to NVDRS –currently in our 4th year, but if we could identify a tribal presence I would be happy to outreach and work with the tribe if they were interested.
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		2nd Email: Sorry for the delay. See highlight below <ul style="list-style-type: none"> Interested in tribal engagement in IL-VDRS, but not currently engaged
<div>INDIANA</div> 	Email – 11/16/17	Relatively New (2014) 1st Email: Lennisha, In Indiana we are not doing any projects with Native Americans. Indiana has no reservations or active tribes that function as a separate entity. The Native American population is quite small, representing only 0.4% of the population. In fact, no division at the Indiana State Department of Health has done any native American centered public health projects in the near past. -Rachel RACHEL KENNY, MPH INVDRS Principal Investigator & Epidemiologist 317.233.8197 office rkenny@isdh.in.gov
<div>MAINE (VERMONT)</div> 	Email – 11/16/17	Relatively New (2014) 1st Email: Hi Lennisha, Maine has a statewide medical examiner system, which includes jurisdiction over tribes for medical examiner cases. These types of deaths are subject to mandatory reporting by physicians and law enforcement, as well as citizens. Thus, these cases come in to the state system the same as any other case would. So the answer to your first question is, I suppose, no. Tribes are not directly involved in VDRS reparation. Let me know if you have any questions.

		<p>Marcella H. Sorg, PhD Research Professor, University of Maine NVDRS Project Director</p> <p>2nd Email:</p> <p>Lennisha,</p> <p>Our staff actually have good connections with the tribes in Maine, so no real barriers in that respect. There are several reasons we haven't explicitly engaged with them (e.g., as advisors):</p> <p>"American Indian" people in Maine constitute only 0.7% of our population, and 0.03% of Maine's violent deaths. Their crude rate of violent death based on 2016 NVDRS data is 9.7 per 100,000.</p> <ul style="list-style-type: none"> • This is substantially lower than non-American Indians, which as a whole has a crude rate of 20.6. However this rate, based on only one year is not a statistically reliable number, due to the small number. <p>We are a small-population state, with only 1.3 million total population. Because of this, any statistics about sub-state populations or regions tend to be suppressed due to small numbers. For example, in 2016 there were only 9 violent deaths in the American Indian population.</p> <ul style="list-style-type: none"> • If this number went up or down from year to year, the number is too small for those fluctuations to be meaningful statistically • The sample of American Indian violent deaths is too small to sub-divide by circumstances. • o Perhaps after our program has more years of data, we will be able to aggregate several years of data. <p>We do not have enough staff to target this population at this time. We have only a full-time equivalent of 2 persons working on this project</p>
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		<p>and we cover two states, Maine and Vermont. Marcella</p> <p>Marcella H. Sorg, PhD Research Professor, University of Maine NVDRS Project Director</p>
 <p>MARYLAND</p>	<p>Email – 3/12/18 Email – 3/13/18 Email – 3/13/18</p>	<p>Veteran State (2002)</p> <p>1st Email:</p> <p>Hi Lennisha,</p> <p>Understood, Lennisha. I would respond, but Jennifer knows the data better than I. In general, however, the Maryland Violent Death Reporting System doesn't have a specific engagement with tribes in our state. The Maryland Department of Health has an Office of Minority Health and Health Disparities, and we have done a fair amount of work on disparities in violent death reporting and violent death data (including a recent report on prevalence of circumstance reporting by race/ethnicity by Meghan Smith, a CDC/CSTE fellow) but we don't have a specific outreach effort on tribes or AI/AN populations. I hope this helps, and Jennifer can supplement this response when she returns.</p> <p>Cliff</p> <p>2nd email:</p> <p>Hi Lennisha,</p> <p>Maryland has two state-recognized tribes: the Piscataway Indian Nation and Piscataway Conoy Tribe. There are no federally recognized tribes. Deaths of AI/AN individuals make up about 0.2% of all violent deaths in MD from 2003-2015 (data from CDC WISQARS). The MVDRS is not currently engaged with the tribes in our state.</p> <p>Hope this helps,</p>


		<p>Jennifer Stanley, MPH Program Epidemiologist, MVDRS Center for Injury Epidemiology Environmental Health Bureau Prevention & Health Promotion Administration Maryland Department of Health (MDH) 4th Floor, 201 West Preston Street Baltimore, MD 21201-2399 Phone: 410-767-5056 Fax: 410-333-5030 Email: jennifer.stanley@maryland.gov</p> <p>3rd email:</p> <p>There is always interest in working with the communities in our state time permitting. Since the AI/AN population and the number of deaths in that group is relatively small in Maryland, we would have to first explore how the data could be helpful to the tribes, when time permits.</p> <p>Jennifer Stanley, MPH</p>
	<p>Phone Conversation – 1/30/18</p> <p>Phone Conversation – 12/17/18</p>	<p>(2009)</p> <p>1st Phone Conversation:</p> <p>Highlights from phone conversation (PI Pat Smith)</p> <ul style="list-style-type: none"> • Have not had any cases where they had to contact tribal law enforcement so not aware of data collection efforts • If there is an AI/AN or tribal death occurred on a reservation, the County Medical Examiner would have that data • PI Pat Smith mentioned that they had plans to set up a meeting with tribes (all the tribes in Michigan) to give a presentation to them about NVDRS but that fell off that radar; My phone call to them was a REMINDER for them to reach out to the tribes again to set that up! YAY! • Have worked with tribes on other projects for example a sub grantee who is a tribe is

		<p>receiving the Garrett Lee Smith grant and the focus is on a youth suicide project</p> <p>2nd Phone Conversation:</p> <ul style="list-style-type: none"> Spoke with PI Pat Smith and she stated that (based on the email that she received), MI-VDRS staff are interested in tribal engagement both in and outside of MIVDRS but not currently engaged
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<p>NEW HAMPSHIRE</p> 	<p>Email – 12/18/17 Email – 12/18/17 Email – 7/11/18</p>	<p>Relatively New (2014)</p> <p>1st Email:</p> <p>Hi Lennisha,</p> <p>Your work regarding AI/AN Tribes is very important. In New Hampshire, the state or local police report on homicides and suicides, and I am not aware of any additional contact with Tribes. I am forwarding your inquiry to my NVDRS Abstractor / Project Manager, perhaps he can answer your questions better than I could. (DJ please see email below.)</p> <p>Take care,</p> <p>JoAnne E. Miles-Holmes, MPH Injury Prevention Program Manager</p> <p>Maternal and Child Health Section Division of Public Health Services NH Department of Health and Human Services 29 Hazen Drive, Concord, NH 03301 603-271-5384 JoAnne.MilesHolmes@dhhs.nh.gov</p> <p>2nd Email:</p> <p>Dear Lennisha,</p> <p>Thank you for contacting us in New Hampshire regarding your project with NVDRS relating American Indian/Alaska Native groups.</p>
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		<p>Unfortunately, in NH I am not aware of any advocacy group from the American Indian community.</p> <p>As far as suicides/homicides or opioids deaths records data, I believe the demographic identifiers, in the data, do not indicate a trend as this date.</p> <p>I will research this issue further and I would share any findings.</p> <p>Thank you</p> <p>Djelloul Fourar-Laïdi Planning Analyst/NH-NVDRS/ESOOS Department of Justice 246 Pleasant St., Suite 218 Concord, N.H., 03301 603-271- 1235 FAX: (603) 271-6308 Djelloul.fourar-laidi@doj.nh.gov</p> <p>3rd Email:</p> <p>Hello Lennisha,</p> <p>Since Year 2012, there have been 3 accidental poisonings and 1 homicide for persons in NH stating having Native American or Native Alaskan listed as race descriptor.</p> <p>The 2000 census approximates 2620 persons in NH stating having Pennacook or Abenaki blood lines, or 0.2 of the population. These are NH's 2 tribes.</p> <p>The foreign-born in our state is much larger at 4.4 percent!</p> <p>You may want to check with JoAnne Miles Homes, my supervisor, when JoAnne returns Aug 20th, 2018.</p> <p>But I here in NH were are not currently interested in NH-VDR tribal engagement because the population is so small,</p> <p>And violent death rate is very small.</p>
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		<p>So to choose the statement is most applicable to New Hampshire VDRS:</p> <ul style="list-style-type: none"> • Not currently interested in tribal engagement <p>Kathleen M. Mullen Injury Surveillance Analyst Maternal and Child Health Section NH Division of Public Health Services, NH DHHS 29 Hazen Drive, Concord, NH 03301 Phone: 603-271-3766 - Fax: 603-271-3827 Email: kathleen.mullen@dhhs.nh.gov</p>
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<p>NEBRASKA</p> 	<p>Phone Conversation – 1/30/18</p> <p>Email – 12/11/18</p>	<p>New State (2016) 1st Phone Conversation (PI, Ashley Newmyer)</p> <p>Highlights from phone conversation:</p> <ul style="list-style-type: none"> • There aren't any data collection efforts concerning AI/AN and tribal populations with regard to NVDRS data • In the past, the DOH has plans to implement a syndromic surveillance project and these cases would come from the ER but it did not come off the ground • The PI Ashley, stated that they are VERY interested in working with tribes and they have only one contact at the moment which is the Northern Plains Tribal Epidemiology Center (now known as the Great Plains Tribal Epidemiology Center) located in Rapid City South Dakota • Some challenges with working with tribes has been that the vital records and hospital discharge data lacks accurate information about racial classification (less than 10 percent of cases have racial classification); there are issues with data specificity and small cases • They don't get information from IHS • The PI Ashley's thesis project in graduate school focused on tribal work
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		<p>2nd Email</p> <p>Hi Lennisha,</p> <p>Sorry for the delayed response.</p> <ul style="list-style-type: none"> We are “Interested in tribal engagement <u>both in and outside</u> of NE-VDRS, but not currently engaged <p>We are working towards establishing and building our relationships with the tribal community. On Nov. 29th, me and my team attended a day long site visit with the Great Plains Tribal Epidemiology Center staff and representatives from 3 of the 4 tribal communities in Nebraska. We made a couple of connections with community representatives and hope to build off of this experience.</p> <p>Thank you,</p> <p>Ashley Newmyer Epidemiology Surveillance Coordinator PUBLIC HEALTH</p>
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	Email – 11/14/17	<p>(2009)</p> <p>1st Email:</p> <p>Hi Lennisha-</p> <p>I am the Program Manager for Ohio VDRS. My answers are in red, below. Overall, I would be interested in participating in a discussion about suicide in our AI/AN population, however that population is extremely small in Ohio.</p> <p>Thanks,</p> <p>Luke Werhan, MPA Program Manager Ohio Violent Death Reporting System Ohio Violence and Injury Prevention Program Ohio Department of Health</p>
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		<p>35 E. Chestnut St., 5th Floor Columbus, Ohio 43215 p. 614-644-8816 f. 614-564-2488 www.odh.ohio.gov/health/vipp/ohvdrs</p> <p>In order to accomplish these tasks, I am requesting your help with answering the following questions:</p> <ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? Not currently. We do not have any Indian Reservations in Ohio. • If so, which tribes and how specifically are they engaged? N/A • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? We are open to exploring a partnership with tribes, but the AI/AN population in Ohio is approximately 0.4% of our total population, and we have only had 13 AI/AN Ohio resident suicide deaths total since 2010 (0.1% of all suicide deaths) which is when we joined NVDRS. • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? • If your state is new to NVDRS, is there any interest in working with tribes? <p>Greetings Luke,</p> <p>Thank you for the information and thank you for your willingness to have a discussion. I think I have the information that I need but if you would like to have a discussion, I'm open to having a discussion as well. Please let me know of your availability.</p> <p>Best, Lennisha</p>
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		<p>That sounds good, I'm happy to participate in any such discussions with other states of CDC.</p> <p>Thanks,</p> <p>-Luke</p>
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Puerto Rico*	Email – 2/27/18	<p>1st Email:</p> <p>Greetings Lennisha,</p> <p>Thanks for contacting us. In Puerto Rico we do not conduct tribal work since there are no tribes in the island.</p> <p>Regards,</p> <p>Idania R. Rodríguez Ayuso, MS, PhD Statistical Senior Project Manager Puerto Rico Institute of Statistics 57 Quisqueya St., 2nd floor, San Juan, PR 00917 P.O. Box 195484, San Juan, PR 00919-5484 Phone - (787) 993-3341 E-mail - idania.rodriguez@estadisticas.pr Webpage - www.estadisticas.pr</p>
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Colby Lokey (PO) States	Contact Info	Info Collected via Email or Phone
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<p>ALABAMA</p> 	<p>Phone Conversation – 1/29/18</p> <p>Email – 1/29/18 Email – 2/21/18</p> <p>Phone Conversation – 12/17/18</p> <p>Email – 12/17/18 Email – 12/18/18</p>	<p>New State (2016)</p> <p>1st Phone Conversation: (Bob Hinds, PI)</p> <ul style="list-style-type: none"> Answered first question: Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide – response was that tribes are a separate entity and whether they give information or not is dependent upon where the death occurred Data about the AI/AN populations have not
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		<p>been available in the top 1- counties they've been following</p> <ul style="list-style-type: none"> • Bob suggested that the epidemiologist Stuart would be able to help me with answering the rest of the questions <p>1st Email:</p> <p>Melanie and Stuart,</p> <p>Here are the questions that they are asking regarding tribal involvement...please respond direct to her...</p> <p>Thanks...Bob</p> <p>Bob Hinds Director, Alabama Behavioral Health Division, Bureau of Prevention, Promotion, and Support, ADPH The RSA Tower, Suite #964 201 Monroe Street Montgomery, AL 36104 bob.hinds@adph.state.al.us 334-206-5616 334-206-3788 (FAX)</p> <p>Hello Lennisha. Look forward to working with you. Thanks.</p> <p>Melanie Lunsford-Johnson, Public Health Research Analyst II Alabama Violent Death Reporting System (AVDRS), Program Manager http://www.cdc.gov/violenceprevention/nvdrs/ Bureau of Health Promotion and Chronic Disease Behavioral Health/Fatality Review Branch (334)-206-5035-phone (334) 206-0317-fax Email: Melanie.Lunsford-Johnson@adph.state.al.us</p> <p>2nd Email:</p> <p>Hi Lennisha, see my response below in blue. Thanks.</p>
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		<ul style="list-style-type: none"> • Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? • If so, which tribes and how specifically are they engaged? • If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? • If not interested in engaging with tribes, why (e.g., no staff to support this effort)? • If your state is new to NVDRS, is there any interest in working with tribes? We are new to NVDRS and would be interested in working with tribes. <p>Melanie Lunsford-Johnson, Public Health Research Analyst II Alabama Violent Death Reporting System (AVDRS), Program Manager http://www.cdc.gov/violenceprevention/nvdrs/ Bureau of Prevention, Promotion and Support Behavioral Health/Fatality Review Branch (334)-206-5035-phone (334) 206-0317-fax Email: Melanie.Lunsford-Johnson@adph.state.al.us</p> <p>2nd Phone Conversation: Discovered that there is a new PI Diane Beeson and a new PM Gloria Davis for the ALVDRS project</p> <p>3rd Email: Thanks for your call this morning (and for putting up with my poor hearing and slow thinking!!!) I will touch base with Gloria Davis (who is serving as the interim director for our AVDRS program) to see how we should proceed and will get back with you before the end of the week.</p> <p>Happy Holidays!!! di</p>
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		<p>Diane H. Beeson, M.B.A., Director Division of Behavioral Health Alabama Department of Public Health RSA Tower, Suite 964 201 Monroe Street Montgomery, AL 36104 (334)206-5616 phone (334)206-0309 FAX Diane.Beeson@adph.state.al.us</p> <p>4th Email:</p> <p>Ms. Pinckney,</p> <p>Per Diane’s email, Alabama’s Violent Death Program is “Interested in tribal engagement both in and outside of AL-VDRS, but not currently engaged” We are starting year 3 of the program and transitioning the program to a state-wide program. Our program continues to grow and develop relationships with key data providers around the state.</p> <p>If you need additional information, please see my contact information below. Thank You</p> <p>Gloria Davis, Director Fatality Review Branch ADPH - Bureau of Prevention, Promotion & Support 334.206.2938 gloria.davis@adph.state.al.us</p>
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<p>CALIFORNIA</p> 	<p>Phone conversation – 11/30/17</p> <p>Email – 12/1/17 Email – 12/8/17 Email – 10/15/18 Email – 12/18/18</p>	<p>New State (2016) 1st Phone Conversation:</p> <p>Phone Conversation (State PO Call) Steve, Julie, Stephanie, Biomil:</p> <p>Key points from the phone conversation are as follows:</p> <ul style="list-style-type: none"> • Difficult to foster relationships due to the
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		<ul style="list-style-type: none"> • exploitation of data that has happened been collected in the past • There is a transportation group at the public health department that has identified some tribal groups • There is a data center in Sacramento that focuses on epidemiology • Tribal Health System with Hospital System to address issues related to racial misclassification • There was some confusion about what the purpose of my project was so I provided further clarification • Steve or another staff member will send me information about their contacts who are engaged with tribal populations soon; Steve or another staff member will review the questions and respond soon <p>1st Email:</p> <p>Hi Colby and Lennisha, I got a very good list of individual federally and non-federally recognized tribes in CA, but I think starting with some of the major tribal organizations might be a good idea. Here are a couple leads. Given that we are not currently working directly with these groups, I don't see a way for us to provide a warm handoff. So please approach these groups with sensitivity.</p> <p>Oh - Unfortunately I now see that the primary email is provided but it doesn't clarify the person's name and the Alternate doesn't have an email. So I guess you may have to use the email but address the message to the organization itself?</p> <p>Hope this helps, Thanks, Steve</p>
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		<p>Organization Name Mailing Address Telephone Email Alternate California Indian Manpower Consortium;738 North Market Blvd, Sacramento, CA 95834 ; (916) 920-0285; lorendas@cimcinc.com; Elizabeth Hansen</p> <p>Inter-Tribal Council of CA, Inc.; 3425 Arden Way, Sacramento, CA 95825; (916) 973-9581; connier@ itccinc.org</p> <p>National Indian Justice Center; 5250 Aero Drive, Santa Rosa, CA 95403; (707) 579-5507; joshephmyers@nijc.org; Kelly Myers</p> <p>Steve Wirtz, Ph.D. SACB - CDPH (916) 552-9831 swirtz@cdph.ca.gov When not treated as a serious public health problem, exposure to violence becomes a serious (and more costly) public safety problem.</p> <p>2nd Email:</p> <p>Good afternoon all,</p> <p>I hope this email finds you well. The following are information that may help Lennisha with her research. The US Census may have some information on updated demographics for tribal nations. Within the UC Census is the Intergovernmental Affairs: Tribal Affairs: https:// www.census.gov/aian who might be able to provide more specific data. I also found some general information concerning California data here: https://www.census.gov/2010census/ popmap/ipmtext.php</p> <p>Thank you. Biomil</p> <p>Hi Lennisha,</p> <p>I would say the following is an accurate</p>
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		<p>assessment of our current situation.</p> <ul style="list-style-type: none"> Current tribal engagement outside of CA-VDRS <p>However, this is also true of our interest.</p> <ul style="list-style-type: none"> Interested in tribal engagement (in CA-VDRS), but not currently engaged <p>Steve</p> <p>Steve Wirtz, Ph.D. SACB - CDPH (916) 552-9831 swirtz@cdph.ca.gov</p> <p>When not treated as a serious public health problem, exposure to violence becomes a serious (and more costly) public safety problem.</p>
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<p>CONNECTICUT</p> 	<p>Phone Conversation – 1/9/18</p> <p>Email – 10/19/18 Email – 10/19/18</p>	<p>Relatively New (2014)</p> <p>1st Phone Conversation:</p> <p>Highlights from phone conversation</p> <ul style="list-style-type: none"> Level of interest with tribes – Office of Chief Medical Examiner (OCME) and the state police will have access to data containing information about suicide; with regard to data collection/reporting Didn't directly state there is an interest but that they are aware of the Mohegan and Pequot (partners didn't specifically state which Pequots; Mashantucket Pequot Tribe – Federally recognized and the Eastern Pequot Tribal Nation – State recognized) tribes that have casinos within their state Some of the barriers consist of the fact that it is tough to get information from the tribes because they have sovereignty. Additionally, these two tribes (Mohegan and Pequot) who own casinos have a tendency to downplay what goes on at casinos Amy Mirizzi mentioned that there isn't a separate initiative with tribes
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		<p>1st Email:</p> <p>Hi Lennisha,</p> <p>CTVDRS gets all the data we need from the tribes in CT. We are fortunate to have a centralized medical examiner system, so all violent deaths that occur on tribal lands will have autopsies performed by the Office of the Chief Medical examiner. State police, the Eastern District, will handle all law enforcement investigations.</p> <p>Sincerely, Mike Makowski Mike Makowski, MPH Epidemiologist Injury Prevention Program Community, Family Health and Prevention Section Connecticut Department of Public Health 410 Capitol Avenue, Hartford, CT 06134-0308 860-509-7236 Michael.Makowski@ct.gov</p> <p>2nd Email:</p> <p>CTVDRS does not wish to engage with the tribes in CT.</p> <p>Mike Makowski</p> <p>Mike Makowski, MPH Epidemiologist Injury Prevention Program Community, Family Health and Prevention Section Connecticut Department of Public Health 410 Capitol Avenue, Hartford, CT 06134-0308 860-509-7236 Michael.Makowski@ct.gov</p>
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MASSACHUSETTS



Phone Conversation
– 2/5/18

Email – 11/19/18

Veteran State (2002)

1st Phone Conversation:

Highlights from phone conversation

- No, there are no data collection efforts amongst the tribal populations and AI/AN populations related to suicide
- We are interested in working with any population; some of the challenges we've had is that they have a hard time getting info from the tribes, **they only see 1 or 2 suicides in this population per year**, the population is small, and lastly the AI/AN can be of mixed race and it is difficult to categorize them because of this issue.

Hi Lennisha,

Sorry, it's taken be a while to respond to this. I'm not sure where we might fit in on this list.

DPH and the suicide prevention program director are engaged with tribal partners and I provide data to my DPH colleagues related to deaths involving American Indians to keep them informed but I do not have direct engagement with any tribal partners.


I hope that sufficiently answers your question.

Thanks,

Lauren

Lauren Larochelle
Project Director
Massachusetts Violent Death Reporting System (MAVDRS)
Enhanced State Opioid Overdose Surveillance (ESOOS)
Injury Surveillance Program
Massachusetts Department of Public Health
250 Washington Street, 4th Floor
Boston, MA 02108

		Phone: (617) 624-5664 Fax: (617) 624-5099 lauren.larochelle@state.ma.us Website: www.mass.gov/dph/isp Blog: http://publichealth.blog.state.ma.us
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	Email – 12/5/17 Phone Conversation – 6/19/18	Relatively New (2014) 1st Email: Lennisha, So sorry for the delay in getting in touch with you. If not too late, we would love to talk with you about how to increase data sharing/ participation among our tribal communities/ providers/partners. We currently are building our relationships with our tribal communities as it relates to suicide prevention and along the way suicide data collection – MNVDRS. We are going to be implementing Zero Suicide in several of our tribal communities and sharing and collecting data, as possible, through the process. We are being very thoughtful about how we work with tribal communities in requesting they share data. We would love to explore this more. I have cc'd Jon Roesler on this email – he is PI for MNVDRS. He will likely have much more thoughtful response to this inquiry. Thank you! Melissa Melissa Heinen MNVDRS Epidemiologist & Interim Project Director for GLS Injury & Violence Prevention Section Minnesota Department of Health
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		<p>Office: 651-201-5640</p> <p>1st Phone Conversation: Phone Conversation with Melissa Heinen</p> <p>Key points from phone conversation are as follows:</p> <ul style="list-style-type: none"> • Governor has a training program where new employees learn how to communicate and engage with tribes • There is a Zero Suicide Initiative that has been implemented and four tribes are targeted with regard to this initiative • The tribes are the Leech Lake Band reservation – Minnesota Chippewa Tribe, White Earth Band reservation – Minnesota Chippewa Tribe, Lower Sioux, Upper Sioux, and Little Earth Community (Urban Community); Offered to work with Red Lake – Band of Chippewa but they have to be invited • They have two tribal liaisons – Suicide Program Tribal Liaison (GLS) and the Executive Office of Health Department has a liaison • 3 tribes are fully involved in the Zero Suicide Initiative with the Urban Indian Health Center • Tribes are somewhat aware of NVDRS and there are efforts to share death certificate data but not NVDRS data; need to determine if they are getting NVDRS data from law enforcement • Next steps – If I get the green light to conduct a stakeholder visit, what are the things that I would need (logistics), what are the questions and information that I am trying to gather, what am I trying to gain from the visit, and what is the timeline (I told her August on the phone)
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NEW
JERSEY



Phone Conversation
– 12/1/17

Email – 12/1/17
Email – 7/11/18

Veteran State (2002)

1st Phone Conversation:

Phone Conversation (State PO Call) Bretta, Steve, Anita

Key points from the phone conversation are as follows:

- Although I assumed after doing some research on the state that a tribal presence was non-existent in the state, Bretta stated that there is a population of about 10,000 people
- Bretta informed me that there is a multi-cultural office, small division in the office of Native American and Community Affairs
- There may be a small population in North Jersey as well as south Jersey
- Bretta informed me that she would send me an email with the contact info that she has about the organizations that work with tribal populations

1st Email:

Hi Colby and Lennisha,

Here is the link to the NJ Commission on American Indian Affairs:

http://www.nj.gov/state/programs/dos_program_njcaia.html

And in correction, the 2016 NJ AINA population was just under 54,000, out of 8.9 million. So close...


-Bretta


2nd Email:

Hi Lennisha,


From my notes from our phone call, I provided a link to the Office of Indian Affairs, which is

		<p>outside of Health- were you able to contact them? Essentially, our level of engagement would depend on their level of interest given the small numbers in both population and death counts in New Jersey. The Department's Office of Minority and Multicultural Health does not focus on tribal populations. I would say "Not currently interested in tribal engagement" unless the Office of Indian Affairs specifically requests info (and I have never gotten a request). We have 30-50 deaths a year for all causes for people who have identified as Native American as one of the races on the DC.</p> <p>-Bretta</p>
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<p>PENNSYLVANIA</p> 	<p>Email – 11/14/17</p>	<p>Relatively New (2014) 1st Email:</p> <p>In PA we do not have a population of tribes in which to collect this data from. Thanks.</p> <p>Cyndi Malinen, MA Violence and Injury Prevention Program Section Chief Pennsylvania Department of Health Health Promotion and Risk Reduction Room 1008, Health & Welfare Building 625 Forster Street Harrisburg, PA 17120-0701 Phone: 717.787.5900 Fax: 717.772.0608 cmalinen@pa.gov www.health.pa.gov</p>
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<p>RHODE ISLAND</p> 	<p>Email – 11/14/17 Email – 11/15/17 Email – 11/7/18</p>	<p>Veteran State (2003) 1st Email:</p> <p>Hello Lennisha,</p> <p>Thanks for your email. We do not have tribe data. Rhode Island is so tiny, and our annual number of violent deaths is about 175. Even we combined 12 years data, we had very few minority victims.</p>
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		<p>Kind regards, Yongwen</p> <p>2nd Email: Hi Lennisha, We have a very small Native American population in Rhode island ~5,300, most of whom are of the Narragansett tribe. Although there is a Narragansett Indian Health Center in Charlestown, RI, we have not engaged with them, but certainly could explore doing so. Please let me know if you would like any additional information. Thanks! Sam</p> <p>Samara Viner-Brown, MS Chief, Center for Health Data and Analysis Rhode Island Department of Health 3 Capitol Hill, Room 407 Providence, RI 02908 Tel: 401-222-5122 E-mail: samara.vinerbrown@health.ri.gov</p> <p>3rd Email:</p> <p>Hi Lennisha,</p> <p>In response to the statements regarding tribal engagement that you listed, I have selected the first statement, but with the additional edits listed below.</p> <ul style="list-style-type: none"> Interested in tribal engagement in RI-VDRS, but not currently engaged due to small numbers (population and number of events), which result in statistical reliability and confidentiality challenges. <p>Please let me know if you have any questions. Thanks! Sam</p>
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<div data-bbox="243 189 329 237">UTAH</div> 	<p>Email – 11/30/17 Email – 12/3/18</p>	<p>Veteran State (2004) 1st Email: (Email from Anna Fondario)</p> <ul style="list-style-type: none"> Are tribes currently engaged in your state VDRS data collection/reporting efforts or any other data collection/reporting efforts related to suicide? We are not currently engaged with tribes in collecting VDRS data. At one point, we did meet with a council to inform them of our VDRS data collection effort but there was not a lot of interest and were told that they have their own data collection system they were either going to develop or implement. We do have partners that work with the tribes but our engagement has been very limited. If so, which tribes and how specifically are they engaged? N/A If interested, but not engaged with tribes, what are some of the barriers (e.g. previous experience) if any that you have encountered? Hesitation in working with the state, having to work through several other entities to work or engage with the tribes. If not interested in engaging with tribes, why (e.g., no staff to support this effort)? If your state is new to NVDRS, is there any interest in working with tribes? <p>2nd email:</p> <p>Hi, I apologize for the delay in response. Most applicable to UT is “interested in tribal engagement both in and outside of UT-VDRS, but not currently engaged”.</p>
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Janet Blair (Acting PO) States	Contact Info	Info Collected via Email or Phone
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NEVADA



Email – 2/9/18
Phone Conversation
– 2/13/18

New State (2016)

1st Email:

Hi,

I got a message yesterday that you had some questions regarding the Nevada NVDRS project. I am the Project Manager and would be happy to try and answer any questions you have. Feel free to contact me at the numbers listed below. I only work a half day on Fridays. So I'll be out of the office around 2 your time.

Cheers,

Lorne Belt
Health Program Specialist II, Project Manager
Nevada Department of Health and Human Services
Division of Public and Behavioral Health | Office of Public Health Informatics and Epidemiology
4126 Technology Way | Carson City, NV 89706
T: (775) 684-5976 | F: (775) 684-5999 | C: (775) 400-0260 | lbelt@health.nv.gov
www.dhhs.nv.gov | <http://dpbh.nv.gov>
Helping People. It's who we are and what we do.


1st Phone Conversation (PM Lorne Belt)

Highlights from phone conversation:

- New PM Lorne Belt and new PI Bryan Parrish
- Nevada has two coroners offices who would have information about tribe specific and AI/AN populations; The two coroners offices (one in the north and one in the south) collects information that covers all 17 counties
- It is not known directly if any tribe specific data is being collected
- This state funds abstractors that are housed in the coroner offices to collect data
- PM stated that there is an interest in

		<p>wanting to engage with tribes and that they have not come up against any challenges/barriers because they are new to the state and haven't touched base with tribal communities</p> <ul style="list-style-type: none"> The PM has done work in the past with tribal communities; this work was done on other grants
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Leroy Frazier (PO) States		
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 <p>NEW YORK</p>	<p>Contact Info</p> <p>Phone Conversation – 2/5/18</p> <p>Phone Conversation – 3/5/18</p> <p>Email – 3/6/18</p>	<p>Info Collected via Email or Phone</p> <p>1st Phone Conversation:</p> <p>Highlights from phone conversation</p> <ul style="list-style-type: none"> I spoke with a subcontractor (NYC) Catherine Strayton who collects data for the city of New York and channels that data to the PI Kitty Gelberg. They have an independent jurisdiction (NYC) and there are not any data collection efforts that she is aware of with regard to AI/AN populations and tribal populations Catherine stated that she will do some more research to determine that the numbers that are in the system have some AI/AN data that is present; no guarantees Currently the only subgroup that they are working with concerning suicide are women; they have good epi data to utilize with regard to this population Although I connected with the PI via the blurb, Catherine re-connected me with the PI Kitty Gelberg again; I am awaiting a response back from the PI.
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		<p>2nd Conversation:</p> <p>Highlights from phone conversation (PI)</p> <ul style="list-style-type: none"> • 9 tribal nations in New York and none of them have their own law enforcement • Not engaging with the tribes directly but get information about the AI/AN population because the state's law enforcement is able to come on their land and get the bodies when there is a death • They have data on the AI/AN population but there may be some underrepresentation due to what is not captured that occurs amongst the tribal population • It does make sense to engage with tribes and start working with them directly because the numbers are so high but the numbers that we get (1 death by suicide suffocation in 2015 and 6 deaths by suicide; 4 by firearm, 1 by suffocation, and 1 by poisoning in 2016 amongst the AI/AN population) are small <p>1st Email:</p> <p>Good morning – I realized the information I gave you on the phone was wrong yesterday. I have one death by suicide in 2015 and 6 in 2016 in the AI/AN categories. The one in 2015 was due to suffocation; of the 6, 4 were firearm, 1 suffocation and 1 poisoning. Sorry for the error. Kitty</p> <p>2nd Email:</p> <p>The first bullet is appropriate. Thanks, Kitty</p> <ul style="list-style-type: none"> • Interested in tribal engagement in NY-VDRS, but not currently engaged
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APPENDIX F

EMAIL SAMPLE 3 Greetings Colleagues,



Example (Variations of this email exist depending upon the recipient's status)

Greetings Colleague,

I hope you are well! We had a discussion awhile back concerning the level of engagement that (recipient's acronym)-VDRS has with tribes and I wanted to know if you could provide me with further clarification on exactly what that level of engagement would entail. Below is the information that you provided:

Hi Lennisha,
Sorry for the delayed response.

- We are "Interested in tribal engagement **both in and outside** of (recipient's acronym) - VDRS, but not currently engaged

We are working towards establishing and building our relationships with the tribal community. On Nov. 29th, me and my team attended a day long site visit with the Great Plains Tribal Epidemiology Center staff and representatives from 3 of the 4 tribal communities in NVDRS state. We made a couple of connections with community representatives and hope to build off of this experience.

My question to you is concerning your level of interest in wanting to engage with tribes in (recipient's acronym)-VDRS - what type of engagement are you interested in e.g. interest in wanting to engage with tribes as far as receiving Law enforcement and Coroner Medical examiner reports and/or dissemination of (recipient's acronym)-VDRS data to tribes for prevention efforts and if so please clarify. Also, you mentioned (recipient's acronym)-VDRS is interested in engaging with tribes outside of (recipient's acronym)-VDRS – what type of engagement are you interested in e.g. interest in prevention efforts.

Thank you for your time and consideration! I am trying to wrap up an important part of my project and providing this information if you can will be helpful. Please let me know if you have any further questions and I will be happy to assist. If you could provide this information to me by COB on Friday, June 21st that would be great!

APPENDIX G

RESPONSE TO QUESTIONS IN APPENDIX F

<p>Alabama</p> <p>Gloria Davis, Director Fatality Review Branch ADPH - Bureau of Prevention, Promotion & Support 334.206.2938 gloria.davis@adph.state.al.us</p>	<p><u>AL - Email sent 06/17/19</u> <u>AL – Email sent 06/24/19</u></p>	
<p>Arizona</p> <p>Charles M. Katz, Ph.D. Professor, Criminology and Criminal Justice Watts Family Director, Center for Violence Prevention & Community Safety Arizona State University College of Public Programs 411 N. Central Street, Suite 680 Phoenix, Arizona 85004 PH: 602-496-1471 Fax: 602- 496-1494 email: ckatz@asu. edu http://cvpcs.asu.edu/</p>	<p><u>AZ – Email sent 06/17/19</u> <u>AZ – Email received 06/18/19</u> Information updated</p>	<p>We would like to obtain a MOU from the 25+ tribes in Arizona so that they can participate in NVDRS with respect to the provision of LE and ME reports. We would also like them to participate in a committee to determine what analytical products they would like to have us develop and provide to them.</p> <p>Additionally, you mentioned in a previous email that you make it through the process of connecting with tribes and get support from police chiefs but the tribal council says no to further participation – do you have any context as to why they say no – if you don't please don't worry about providing this information</p> <p>The tribes have stated that they want the ability to veto data dissemination products</p>

		<p>that use their data on a product by product basis. This means ASU and the CDC would have to get the tribes approval for each report that uses their data. This would be too cumbersome.</p>
<p>Colorado</p> <p>Kirk Bol, MSPH Manager, Registries & Vital Statistics Branch Center for Health & Environmental Data Colorado Department of Public Health & Environment P 303.692.2170 F 303.691.7821 4300 Cherry Creek Drive South, Denver, CO 80246 kirk.bol@state.co.us www.colorado.gov/cdphe</p>	<p>CO – Email sent 06/17/19 CO – Email received 06/17/19 CO – Email sent 07/08/19 CO – Email received 07/08/19</p>	<p>Hello, Lennisha-</p> <p>Thanks for reaching out. Regarding the source of the records we use for violent deaths among tribes, they are principally county coroner records (who have jurisdiction for investigating deaths on tribal lands in Colorado), and Federal law enforcement via BIA investigator contacts we've made. Both of Colorado's tribes are very small and rely heavily on these external resources, who we've found the most amenable to sharing records.</p> <p>Kirk</p> <p>Hello, Lennisha-</p> <p>I don't think at this point Colorado's VDRS program would need to establish new or specific channels to engage our tribes. As our injury prevention and other prevention services are housed in their own division (we're housed in our center for health statistics), those prevention programs typically take the lead in such outreach, with our team</p>

		<p>team playing the supporting role of providing necessary data and responding to health assessment and other needs. Through these same channels we would engage our tribes for non-NVDRS-related issues.</p> <p>So, in short, I don't propose any new activities for Colorado VDRS at this point in time in this realm, instead continuing our current efforts.</p> <p>Kirk</p>
<p>California</p> <p>Steve Wirtz, Ph.D. SACB - CDPH (916) 552-9831 swirtz@cdph.ca.gov</p>	<p>CA – Email sent 06/17/19 CA – Email sent 07/09/19</p>	
<p>Kansas</p> <p>Daina Zolck, Program Coordinator Kansas Violent Death Reporting System daina.zolck@ks.gov</p>	<p>KS – Email sent 06/17/19 KS – Email received 06/18/19</p>	<p>Lennisha,</p> <p>Many programs within the Bureau of Health Promotion engage with tribes in Kansas. KSVDRS has not engaged with tribes though I think it would be interesting to make those connections. Anecdotally, I don't think we have seen many Native Americans captured in KSVDRS and cannot recall making any requests to tribal police for reports but feel being able to provide the data and education/prevention would be beneficial to this population.</p>

		<p>Please let me know if you would like additional information.</p> <p>Daina Zolck</p>
<p>Louisiana</p> <p>Jane Herwehe, MPH Lead, Data Action Team Louisiana Office of Public Health Bureau of Family Health 1450 Poydras Street, Room 2032 New Orleans, Louisiana 70112 504-568-3532 Jane.Herwehe@la.gov</p>	<p>LA – Email sent 06/17/19 LA – Email sent 06/24/19 LA – Email received 06/24/19</p>	<p>Lennisha,</p> <p>LA-VDRS is not engaged with tribes outside of LA-VDRS. Rather our Bureau of Family Health has one sexual violence prevention partner that is engaged with the United Houma Nation, a state recognized tribe.</p> <p>At the annual NVDRS meeting I expressed interest in the small breakout on discussing strategies for identifying tribal organizations and the best ways to reach out to them in our state. What does the CDC know about organized tribal entities in Louisiana? Does it have state specific names and contact information for organized tribal organizations? And if you don't know, I'd would just like to know where to find out more information. We do not have much experience in working with tribes. This will be important for our injury prevention work across the board.</p> <p>Here are the federally recognized tribes for LA:</p> <ul style="list-style-type: none"> • Chitimacha Tribe of Louisiana

		<ul style="list-style-type: none"> • Coushatta Tribe of Louisiana • Jena Band of Choctaw Indians • Tunica-Biloxi Indian Tribe of Louisiana <p>Here are the state recognized tribes:</p> <ul style="list-style-type: none"> • Addai Caddo Tribe • Biloxi-Chitimacha Confederation of Muskogee • Choctaw-Apache Community of Ebarb • Clifton Choctaw • Four Winds Tribe <p>Louisiana Cherokee Confederacy</p> <ul style="list-style-type: none"> • Grand Caillou/Dulac Band • Isle de Jean Charles Band • Louisiana Choctaw Tribe • Pointe-Au-Chien Indian Tribe • United Houma Nation <p>Thanks, Jane</p> <p>Jane Herwehe, MPH Lead, Data Action Team Louisiana Office of Public Health Bureau of Family Health 1450 Poydras Street, Room 2032 New Orleans, Louisiana 70112</p>
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<p>Maine</p> <p>Marcella H. Sorg, PhD Research Professor, University of Maine NVDRS Project Director mhsorg@maine.edu</p>	<p>ME – Email sent 06/17/19 ME – Email received 06/17/19</p>	<p>We do not have funding or staff to undertake additional initiatives. We are currently receiving 100% of statewide death data, including from the tribes, because we have a centralized state medical examiner system.</p>
<p>Massachusetts</p>	<p>MA – Email sent 07/30/19 MA- Email sent 07/31/19</p>	
<p>Maryland</p>	<p>MD – Email sent 07/30/19 MD – Email received 07/30/19</p>	<p>Thanks, Lennisha. As I mentioned, MD-VDRS are interested in working with all of Maryland's communities, but Maryland does not have a very large Native American Population - the total American Indian (2010 data) is about 58,657, or 1.02% (the largest population as a share of the total population is in the Southern counties of Calvert, Charles, and St. Mary's, where approximately the approximately 5,000 American Indians comprise around 1.46% of the population. If we were to engage, it would probably start through the Maryland Commission on Indian Affairs. However, given all of the other issues the MD-VDRS is focused on at the moment, we don't have a lot of extra bandwidth for this effort.</p>
<p>Michigan</p> <p>Pat Smith SmithP40@michigan.gov</p>	<p>MI – Email sent 06/17/19 MI – Email sent 07/09/19</p>	

Minnesota		
Nebraska Ashley Newmyer Ashley.Newmyer@nebraska.gov	NE – Email sent 06/17/19 NE – Email sent 07/09/19	
North Carolina Scott Proescholdbell, MPH Epidemiologist Injury and Violence Prevention Branch Chronic Disease and Injury Section Division of Public Health North Carolina Department of Health and Human Services 919-707-5442 office 919-870-4803 fax	NC – Email sent 06/17/19 NC – Email received 07/18/19	dissemination of NC-VDRS data to tribes for prevention efforts And we are already working with some statewide groups. NC Commission on Indian Affairs and the NC American Indian Health Board. We have made some progress already with the help of our CSTE Epi Fellow Dana Dandeneau and our Substance Use Epidemiologist Mary Beth Cox. Scott Proescholdbell, MPH
Oregon Laura Chisolm laura.f.chisolm@state.or.us Xun Shen responded to my request Epidemiologist Xun.SHEN@dhsosha.state. or.us	OR – Email sent 06/17/19 Email bounced back OR – Email sent 07/31/19	Lennisha, ORVDRS does not have specific plan to engage with tribes. Oregon Public Health Division works often with the Northwest Portland Area Indian Health Board (NPAIHB http://www.npaihb.org/) on public health issue. NPAIHB is an organization that engages in many areas of Indian health, including legislation, health promotion and disease prevention, as well as data surveillance and

		<p>research. Its EpiCenter is interested in NVDRS data and had required ORVDRS data. ORVDRS and NPAIHB had signed data use agreement. We will provide all violent death data (including homicides, suicides, undetermined deaths and unintentional firearm deaths) that occurred among American Indians to the EpiCenter. We will see what ORVDRS can do further.</p> <p>Xun</p>
<p>Utah</p> <p>Anna Fondario afondario@utah.gov</p>	<p>UT - Email sent 06/17/19 UT – Email received 06/17/19</p>	<p>Hi Lennisha,</p> <p>We would like to receive better data reports for abstraction and we would also like to engage in prevention efforts with them. Since tribes cross borders, it would be important for us to be able to connect with tribes outside of UT-VDRS and who may be captures in other systems.</p>
<p>Connecticut</p> <p>Mike Makowski, MPH Epidemiologist Injury Prevention Program Community, Family Health and Prevention Section Connecticut Department of Public Health 410 Capitol Avenue, Hartford, CT 06134-0308 860-509-7236 Michael.Makowski@ct.gov</p>	<p>CT – Email sent 07/10/19 CT – Email received 07/10/19</p>	<p>Hi Lennisha,</p> <p>I’m confirming that CTVDRS does not have an interest of engaging the two tribes in CT.</p> <p>Mike Makowski</p>

<p>Delaware</p> <p>Tabitha Offut-Powell Tabatha.offutt-powell@state.de.us</p>	<p>DE – Email sent 07/17/19 DE – Email sent 07/31/19 DE – Email received 08/27/19</p> <p>Need to add to report</p>	<p>Hi Lennisha,</p> <p>Thank you so much for your email. My team and I are discussing the information that Mathew Christensen shared with your regarding tribes in Delaware. We plan to include representatives from the Lenape Indian Tribe of Delaware in our NVDRS Advisory Board meetings, which would include sharing aggregate data that meet our privacy rules (i.e., we suppress counts of less than 10 in the numerator).</p> <p>I hope this helps to answer your question. Please let me know if you need any additional information.</p> <p>Best, Tabatha</p>
<p>District of Columbia</p> <p>Kenan Zamore District of Columbia Department of Health kenan.zamore@dc.gov 202-442-8060</p>	<p>DC – Email sent 07/15/19 DC – Email received 07/15/19</p>	<p>We would be open to it, but the numbers are so small that we haven't given it much thought. We are a 68 square mile, urban jurisdiction With 700k residents.</p>
<p>Georgia</p> <p>Rana Bayakly Georgia Department of Public Health Rana.Bayakly@dph.ga.gov 404-657-2617</p>	<p>GA – Email sent 07/10/19 GA – Email received 07/12/19</p>	<p>Good Morning Lennisha,</p> <p>I really wanted to collect better information/data on Native Americans in Georgia, I am not sure how accurate the GA-VDRS data in terms of race specific to Native Americans who are Georgia residents. My thoughts were</p>

		<p>if there is a way we can collaborate with the organized tribes to make sure our data is reflective of what is going on in the community. I really want to explore if there is a better way of collecting data related to the GA-VDRS for now but technically this knowledge and/or collaboration can help for all the databases that I oversee</p> <p>Hope this make sense. Thank you for reaching out to me again Rana Bayakly</p>
<p>Iowa</p> <p>Tiffany Conroy, MSW, LISW Executive Officer 2 Injury Prevention Program Manager Iowa Department of Public Health Division of Behavioral Health 321 E. 12th St. Des Moines, IA 50319 Office: 515-242-6514 tiffany.conroy@idph.iowa.gov</p>	<p>IA – Email sent 07/10/19 IA – Email received 07/12/19</p>	<p>Hi Lennisha,</p> <p>At this time we have not yet attempted to engage our Meskwaki Nation members in IAVDRS activities. I am interested in possibly inviting a representative to participate in our advisory committee that meets quarterly and offers insight/feedback on the program. I want to ensure that I requesting the nation's presence in a respectful way that will also provide value to them as well, and this is a conversation that we're just beginning to have as a team (for our Meskwaki partners as well as other possible new partners) as we look forward into the upcoming grant cycle to begin 09/01.</p> <p>Tiffany</p>

<p>Illinois</p> <p>Maryann Mason Illinois Violent Death Reporting System Lurie Children's Hospital of Chicago 225 E Chicago Ave, Box 157 Chicago, IL 60611-2605 mmason@luriechildrens.org</p>	<p>IL- Email sent 07/15/19 IL – Email received 07/16/19</p>	<p>Thank you for reaching our Lennisha.</p> <p>I did a bit of digging and found out that there are no state or federally recognized tribal nations in Illinois. However I do know that Chicago has a large native American population (a recent article says we have the 9th largest urban population of native Americans). However this covers a wide mix of tribes and there are no separate medical examiner or law enforcement reports covering this population. We have tried to look at Native people in our reports but find that the numbers are too small for us to work with from a statistical point of view.</p> <p>I do think we might (I have to ask our epi who is out on vacation this week) if we could do a special focus report on the Native American population and violent death. If we were to do that we might try to engage the American Indian Center of Chicago as they are the primary and oldest organization working with native peoples in Chicago.</p> <p>I hope that this answers your questions. Let me know if you need more information.</p> <p>Best, Maryann</p>
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<p>Kentucky</p> <p>Jacqueline Seals University of Kentucky Research Foundation Jacqueline.Seals@uky.edu</p>	<p>KY – Email sent 07/15/19 KY – Email received 07/15/19</p>	<p>As we know there are no federally recognized tribe in KY and it may not be possible to identify the tribe the decedents belong to or their relationship to their tribe. But if it was possible the type of engagement with tribe I envision would be dissemination of KYVDRS data for prevention efforts if possible.</p> <p>Thanks, Jacqueline</p>
<p>Missouri</p> <p>Erin Miller Erin.Miller@health.mo.gov</p>	<p>MO – Email sent 07/17/19 MO – Email received 07/17/19</p>	<p>Lennisha,</p> <p>Your information is current and correct. We are, of course, interested in working with any groups that feel they would benefit from MOVDRS participation; however, there are currently no Federally or State recognized tribes in Missouri. Also, the population of AI/AN individuals in Missouri is very small. If this were to change, we would want to have a conversation with the tribe about whether participation in MOVDRS would be of benefit to them. If the tribe felt participation was of value, we would work with them to facilitate participation and outline a data sharing/dissemination agreement designed to provide maximum benefit to the tribe. Still, without being faced with this situation, this is all hypothetical and I cannot be sure what this</p>

		<p>engagement would look like or if it would even be welcome.</p> <p>I hope this helps.</p> <p>Thank you!</p>
Nevada	Turnover with staff	
New Mexico	<p>NM- Email sent 07/10/19 NM – Email sent 07/31/19 NM – Email received 8/5/19</p> <p>Make sure this info was added to the report</p>	<p>Good Morning Lennisha:</p> <p>I am sorry I did not get back to you on Friday. It was a crazy day and time got away from me. Yes, New Mexico is still going to engage with our tribal law enforcement and tribal communities regarding NVDRS. We have not ironed out a definitive plan for this communication, however we are very interested in reaching out to our tribal partners.</p> <p>As soon as we have more details regarding our plan I will be happy to share them with you.</p> <p>Thank you.</p> <p>Kathleen</p>
<p>New York</p> <p>Kitty H. Gelberg New York State Department of Health Kitty.gelberg@health.ny.gov 518-402-7909</p>	<p>NY – Email sent 07/15/19 NY – Email sent 07/31/19 NY – Email received 08/1/19</p>	<p>Good morning -</p> <p>I am no longer PI on this grant, so I'm cc'ing Michael Bauer, the current PI. In NYS, our tribes are relatively small and for the most part, use NYS resources when deaths</p>

		<p>occur in their community. However, I don't know if they allow for full investigations by law enforcement (they need to call them in and request assistance). Knowing how high risk these communities are, it would be good to explore sharing information and getting doors opened regarding circumstances that surrounded the death. I presume our numbers are very small so it is a lower priority.</p> <p>Kitty</p>
<p>New York</p> <p>Kitty H. Gelberg New York State Department of Health Kitty.gelberg@health.ny.gov 518-402-7909</p>	<p>NY – Email sent 07/15/19 NY – Email sent 07/31/19 NY – Email received 08/1/19</p>	<p>Good morning -</p> <p>I am no longer PI on this grant, so I'm cc'ing Michael Bauer, the current PI. In NYS, our tribes are relatively small and for the most part, use NYS resources when deaths</p>
<p>Ohio</p> <p>Luke Werhan, MPA Program Manager Ohio Violent Death Reporting System Violence and Injury Prevention Section Ohio Department of Health 35 E. Chestnut St., 5th Floor Columbus, Ohio 43215 p. 614-644-8816 f. 614-564-2488 luke.werhan@odh.ohio.gov</p>	<p>OH – Email sent 07/15/19 OH – Email received 07/15/19</p>	<p>Hi Lennisha,</p> <p>Thanks for following up on this. At this point I would say that we are very much open to exploring new partnerships, but are unsure what that engagement would look like.</p> <p>Thanks,</p> <p>Luke Werhan, MPA</p>

<p>South Carolina</p> <p>Susan L. Jackson RN, MPH SC Violent Death Reporting System Bureau of Health Improvement & Equity S.C. Dept. of Health & Environmental Control Office: (803) 898-7152</p>	<p>SC – Email sent 07/15/19 SC – Email received 07/19/19</p>	<p>Lennisha,</p> <p>We are interested in working with partners throughout SC to improve data collection and dissemination.</p> <p>Hope this helps! Susan</p>
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