DEPARTMENT OF HEALTH AND HUMAN SERVICES
FISCAL YEAR 2004 ANNUAL REPORT
ON TRIBAL CONSULTATION

HHS Operating/Staff Division: Centers for Disease Control and Prevention

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PART I. TRIBAL CONSULTATION ACTIVITIES

A. FY 2004 TRIBAL BUDGET CONSULTATION ACTIVITIES

- CDC senior staff participated in each HHS Regional Tribal Consultation session held in 2004 and also attended the HHS Annual Tribal Budget Consultation session in Washington, D.C.
- New American Indian/Alaska Native (AI/AN)-focused programs, and accompanying budget increases, are described in Part III of this document.

B. OTHER TRIBAL CONSULTATION ACTIVITIES

- The CDC Tribal Consultation Initiative, an agency-wide effort to respond to Departmental directives and Executive Orders to establish official policy on tribal consultation, was concluded with three key recommendations that are currently under review by the Director, CDC:
  - Adopt a newly-revised CDC Tribal Consultation Policy.
  - Establish an organizational unit within OD to guide and monitor AI/AN programs across the agency.
  - Commit CDC leadership to at least annual visits to Indian country.
- The primary components of the revised Consultation Policy are:
  - Establishment of CDC Tribal Consultation Committee composed of tribal leaders and/or their designees.
  - Commitment to ongoing CDC participation in all HHS Regional and National Consultation Sessions.
  - Procedural guidance to CDC staff on working effectively with AI/AN communities, including guidance on federal consultation procedures, promoting state-tribal consultation, and increasing tribal access to CDC programs.
- In July 2004, CDC's Director, Dr. Julie Louise Gerberding, and her executive leadership group met with tribal leaders of the National Indian Health Board's (NIHB) Executive Council. In addition to NIHB staff, in attendance were elected tribal leaders from the Alaska Native village of Dillingham, the Winnebago Tribe, the Oneida Nation of Wisconsin, and the Poarch Band of Creek Indians.
  - Outcome: This meeting served to strengthen lines of communication between NIHB, tribal leaders, and CDC leadership and has resulted in a plan to formalize NIHB-CDC partnerships to address a number of public health issues in Indian country.
- In December 2003, NCHSTP/DHAP (acronyms in Appendix) hosted a meeting in Atlanta with AI/AN community-based HIV/AIDS prevention experts to discuss plans to establish a Native Peoples' Alliance as part of DHAP's National HIV/AIDS Partnership activity. Attendees were from the Inter Tribal Council of Arizona, Navajo AIDS Network, Association of American Indian Physicians, Indigenous Peoples' Task Force HIV/AIDS

Programs, Alaska Native Health Board, National Native American AIDS Prevention Center, and IHS.

  - Outcome: AI/AN spokespeople and leaders from businesses and associations, civic and social organizations, and faith-based organizations will be recruited to participate in the Partnership; endorsements have been secured from individuals such as Wes Studi, Floyd Red Crow Westerman, Tex Hall, and Wilma Mankiller; enhanced outreach to AI/AN business and health organizations has been incorporated into the National HIV/AIDS Partnership strategy.

- With NIHB assistance, NCHSTP hosted a teleconference with tribal representatives (March 2004) to exchange ideas regarding the development of a program to build local capacity to control STDs in Indian country. Meeting attendees included representatives from the Alaska Native Health Board, Albuquerque Area Indian Health Board, Oneida Nation, Montana/Wyoming Tribal Leaders Council, California Rural Indian Health Board, Navajo Nation, Inter Tribal Council of Arizona, Northwest Portland Area Indian Health Board, and Oklahoma City Area Inter-Tribal Health Board.
  - Outcome: A program announcement for competitive applications was announced in FY 2004. Eligible applicants were limited to tribal governments and organizations, inter-tribal consortia, and urban Indian health programs. Awards went to the Navajo Nation ($253,836) and the Northwest Portland Area Indian Health Board ($210,000).
- CDC/DDT/NDPC (Gallup, NM) and IHS sought informal feedback from members of the Tribal Leaders Diabetes Committee on the first of a series of four "Eagle Books" for children. These consultations took place in May, 2004: Phoenix, Arizona; Seattle, Washington; Minneapolis, Minneapolis; Oklahoma City, Oklamoha.
  - Outcome: The first book, "Through the Eyes of the Eagle," (by Georgia Perez), is designed for children in grades K-4 to help promote diabetes prevention and health promotion and will be available December 2004.
- CDC/OTPER Tribal Liaison Officer and other CDC staff participated in a series of regional/national meetings with tribal leaders, state and county health officials, other federal representatives, and, in some cases, health officials from Canada and Mexico to facilitate broader tribal participation in terrorism preparedness activities. In addition to a listening session at the NIHB Annual Consumer Conference in St. Paul, Minnesota, other meetings and consultation sessions were held in Atlanta, Georgia; Flandreau, South Dakota; Ft. Lauderdale, Florida; Louisville, Kentucky; Nashville, Tennessee (HHS Regional Tribal Consultation); Phoenix, Arizona; Rapid City, South Dakota; Sells and Tucson, Arizona; and Whitefish, Montana. Tribes represented included Catawba, Crow, Gila River, Lakota, Miccosukee, Poarch Band Creek, Salish Kootenai, and Seminole, among many others.
  - Outcome: These sessions allowed CDC/OTPER staff to gain a better understanding of bioterrorism/preparedness issues in Indian country, and to discuss strategic planning to ensure that states are applying

federal resources in ways that meet the needs of tribal nations. These and earlier discussions were instrumental in securing supplemental funding to address tribal preparedness along the US-Mexico and US-Canada borders (see Part III, 5).

Identify specific tribes/Native organizations impacted by your activities and include brief description of each activity, names of the tribal government(s) and/or Native organizations, and any HHS resources awarded.

- Please see Part III, Sections 1 and 2, and Appendix listing tribal awardees – there are more than 40 listed. A spreadsheet delineating awardees and amounts is available on request.

C. COMPLIANCE WITH THE HHS CONSULTATION POLICY

Did your division assist states in the development and implementation of mechanisms for consultation with tribal governments and Indian organizations before taking actions that affect these governments and/or the Indian people residing in their state? If yes, describe.

- See OTPER activities described in Part I, B above.
- CDC is facilitating formal working relationships between the network of Tribal and Urban Indian Epidemiology Centers and the Council of State and Territorial Epidemiologists; a new working group met in Seattle (August 2004) that will promote stronger epidemiologic cooperation between tribal health programs, state/county health departments, and federal public health agencies.

Did your division take any actions in FY 2004 that substantially affected tribes? If so did you consult with the tribes so affected.

- Noted above in Part I B.

Did your division assess its plans, projects, programs, and activities on tribal and other available resources? Please describe.

- Preparation of the HHS Annual Report on Tribal Consultation affords CDC the opportunity to assess ongoing AI/AN – related activities across the agency, including a specific assessment of CDC resources allocated to address AI/AN public health. Coordinated through OHE, this information is used to help guide new policy development and future resource allocation.

Did your division identify any procedural impediments to working directly with tribal governments or Indian people? If yes, please describe.

- Federal contracting regulations have been an impediment to the establishment of contractual arrangements to build capacity for STD/HIV prevention in AI/AN communities when there is apparent conflict between HHS policy on tribal consultation and federal contracting regulations, which are unclear regarding whether it is permitted to involve AI/AN tribes/organizations in decisions about the choice of contractors, or hiring of contractors' employees who are to provide them assistance.

- Contracting issues also caused temporary delays in implementing state-to-tribes contracts using federal funds. CDC provided assistance to the State of Oklahoma and Chickasaw Nation when that Nation expressed concern regarding a contractual clause (EO 11246) that was subsequently determined to be inapplicable to non-acquisition contracts.

Did your division conduct any collaborative activity with other federal agencies in these efforts? If yes, please describe.

- CDC collaborates extensively with IHS on programs serving Indian country, and is expanding its collaborations with other federal agencies (e.g., BIA, HRSA, SAMHSA, and USGS); some examples are noted in Parts I B and III.

PART II. BUDGET SUMMARY FOR FY 2003, 2004 AND 2005 REQUEST

As reported last year, between FY 2002 and FY 2003 CDC improved its ability to track funds serving AI/AN populations. Changes in budget amounts noted between FY 2002 and FY 2003 reflected both actual changes in AI/AN program funds and improved reporting. The same is true for some differences between FY 2003 and FY 2004. The figures reported for FY 2003 and FY 2004 reflect direct grants to tribes and tribal organizations, grants to states and academic institutions that primarily benefit AI/AN populations, federal intra-agency agreements, and intramural funds supporting CDC staff that work exclusively or predominantly on AI/AN health. With the exceptions of the budgets for the National Immunization Program and the National Center for Health Statistics, the FY 2003 table did not include indirect funding streams. In FY 2004, CDC improved its methods for estimating AI/AN benefit from indirect funds and these estimates are now included in the FY 2004 and FY 2005 columns of the table that follows. Examples of such indirect funds are grants/cooperative agreements to state and local health departments whose jurisdictions include AI/AN communities and grants/cooperative agreements to academic and other institutions whose funded activities can be documented to benefit AI/AN populations in some way. The sub-total for indirect funds in FY 2004 is $30,785,531.00. Of this amount, $23,593,781.00 (77%) goes to the Vaccine for Children program to provide vaccines to AI/AN children. The remaining amount ($7,191,750.00) is spread across four other CDC programs (NCCDPHP, NCHS, NCHSTP, and NIOSH). Taking into account these differences in reporting indirect funds, CDC's overall resource commitment to AI/AN programs still increased by almost $10 million ($9,262,074) between FY 2003 and FY 2004 – an overall increase of 15%. CDC's total budget (excluding ATSDR – see separate report) in FY 2004 totaled $7,296,736,000. Funds devoted to AI/AN programs, therefore, represent just over 1% of the total CDC budget.

PART II. BUDGET SUMMARY FOR FY 2003, 2004 AND 2005 REQUEST

Centers for Disease Control and Prevention
American Indian/Alaska Native (AI/AN) Funding

FY 2003 - FY 2005

Center/Institute/Office (CIO)	FY 2003 Total Funding	FY 2004 Total Funding	FY 2005 Projected Total Funding
Epidemiology Program Office	$333,462	$379,623	$379,623
National Center on Birth Defects and Developmental Disabilities	$475,000	$543,500	$543,500
National Center for Chronic Disease Prevention and Health Promotion	$24,379,286	$22,781,856	$22,781,856
National Center for Environmental Health	$604,233	$666,983	$666,983
National Center for Health Statistics	$1,201,461	$1,222,989	$1,222,989
National Center for HIV, STD, and TB Prevention	$3,053,551	$12,185,401	$12,185,401
National Center for Infectious Diseases	$3,366,645	$4,091,902	$4,091,902
National Center for Injury Prevention and Control	$120,000	$416,035	$416,035
National Immunization Program	$24,459,777	$24,518,803	$24,518,803
National Institute for Occupational Safety and Health	$92,000	$202,208	$202,208
Office of the Director	$646,061	$2,793,400	$2,793,400
Public Health Practice Program Office	$1,319,639	$1,362,904	$1,362,904
Terrorism Preparedness & Emergency Response	--	$4,116,347	$4,116,347
TOTAL, CDC	**$60,051,116**	**$75,281,951**	**$75,281,951**

Part III. DIVISION ACTIVITIES TO ADDRESS TRIBAL PRIORITIES

1. Funding and Related Issues:

- CDC's overall resource commitment to AI/AN public health exceed $75 million in FY2004 – after accounting for indirect funding streams that were not reported previously, this represents a 15 percent increase over FY 2003.
- Funds committed through the extramural funding mechanisms alone (competitive grants and cooperative agreements) approached $25 million ($24,896,200) – a 72 percent increase (or ~ $10 million) over that awarded in FY 2003.

2. Increased access to HHS programs:

- CDC funded 58 individual awards to 42 tribal governments, tribal health boards or coalitions, tribal organizations, AN health corporations, and urban Indian health centers – an increase of 45 percent over FY 2003.
- Extramural funds were awarded to 14 tribal governments (compared to 9 in FY 03),

8 tribal health boards (9 in FY 03), 6 Alaska Native health corporations (5 in FY 03), 3 urban Indian health centers (same as FY 03), and 11 tribal organizations (7 in FY 03). Awardees are located in 17 states (15 in FY 03) across the country.

- New programs accessed included motor vehicle injury prevention, STD control, Steps to a HealthierUS (expansion), rapid HIV testing demonstration sites, HIV behavioral and testing surveillance, infant mortality reduction, viral hepatitis integration projects (expansion), public health conference support, emergency medical services linkages, and direct assistance field assignees.

3. <u>Health Promotion and Disease Prevention:</u>

- CDC, HRSA, and IHS established a collaborative working group to help assess progress toward *Healthy People 2010* Public Health Infrastructure goals in Indian country.
- CDC has worked with tribes, IHS, and state/county health departments to apply the National Public Health Performance Standards assessments in several AI communities in the southwest and has drafted a new assessment instrument that will aid tribal communities in conducting their own assessments.
- In partnership with IHS and tribal representatives, CDC/DSTDP worked with The National Coalition of STD Directors (NCSD) in establishing a NCSD workgroup of state STD directors and external partners to address AI/AN STD issues.
- CDC conducted outreach efforts to direct West Nile Virus educational materials to AI populations potentially at risk during the 2004 outbreak, and to learn from 2003 prevention activities conducted by AI health programs.
- CDC/AIP collaborated with Yukon-Kuskokwin Native Health Corporation and the Alaska Native Tribal Health Consortium to develop programs to improve adult immunization rates for influenza, pneumococcal, and tetanus/diphtheria vaccines.
- CDC NIP, OWCD, and OHE worked closely with IHS and tribal immunization coordinators to ensure comprehensive and equitable distribution of 2004 influenza vaccine to high risk AI/AN populations across the country.

4. <u>Recruitment and Retention of Care Providers:</u>

- In July 2004, CDC hosted the first conference on increasing AI/AN and Native Hawaiian careers in public health as a first step toward 3 objectives: increase the number of AI/AN/NH public health professionals employed at CDC; increase the number of AI/AN/NHs participating in CDC/ATSDR training/ internship/fellowship programs; and increase the number of AI/AN/NH public health professionals.
- CDC/NIOSH provides a workforce development award to the University of Oklahoma that supports industrial hygiene/environmental management masters degree programs in the College of Public Health that helps to recruit AI/AN students into the field of industrial hygiene.
- CDC sponsored 4 American Indian Science and Engineering Society (AISES) interns -- a summer program that provides qualified AI/AN college students with opportunities to explore potential federal service careers.

5. <u>Emergency Preparedness:</u>

- In FY 2004, $4,000,000 of states' cooperative agreement funds were disseminated to tribal nations, IHS, and tribal organizations in the form of grants, contracts, and dedicated staff. Of this amount, $1.7 M went to benefit tribal nations, associated organizations, and other response partners through activities such as the hiring of liaisons, resources to support tribal planning, and training and education.

- Since June, 2003 OTPER Tribal Liaison Officer has conducted over 24 tribal site visits to address bioterrorism in tribal nations – visits have included presentations, technical assistance, and initiating collaboration between tribal entities and state grantees. Sites visited include the Tohono O'odham Nation, Blackfeet Nation, St. Regis Mohawk Nation, Bad River Nation, and Red Cliff Nation.
- Among 8 states with federally recognized tribes and international borders, the states of MT, MN, MI, NY, and AZ have involved local tribes in the Early Warning Infectious Disease Surveillance project; TX, WI, and WA have similar plans.
- Progress reviews provided to CDC by state awardees indicate that a number of tribes in 33 or 36 "reservation states" are involved with states in preparedness efforts; CDC/OTPER will continue to monitor these reports to ensure tribal participation.
- The NW Portland Area Indian Health Board contracted with the CDC-funded NW Center for Public Health Practice at the University of Washington to conduct a training needs assessment of Washington tribes. The assessment instrument used for this project is available to others wishing to conduct similar assessments in Indian country; NPAIHB will conduct the same assessment with tribes in Oregon and Idaho.

6. **Data and Research:**
   - CDC staff (DCPC, DHAP, OHD, OWCD) are working with tribal partners, IHS, and state health departments to systematically document and correct AI/AN racial misclassification in health data sets such as cancer registries, death certificates, and reportable infectious diseases (STDs, HIV/AIDS).
   - CDC/NCHS provides data on the nation's health to support research, health policy, and public health. Each NCHS data system collects data on AI/AN and data products (electronic files, reports, Internet releases) include data that detail the health of AI/AN and other populations. Health, United States, the Secretary's annual report to the Congress on the nation's health, includes many AI/AN data tables.
   - AIP continues to study pneumococcal disease prevention in ANs -- results of disease epidemiology, vaccine effectiveness, and vaccine coverage studies have been reported to health care providers throughout Alaska; new interventions developed include bilingual (English and Yupik) vaccine information brochures, a vaccine video for AN adults, and an evaluation of adult vaccination rates in Alaska.
   - The findings of a collaborative GIS-based case-control study for plague risk mapping in the Southwestern US, involving CDC, Navajo, Hopi, and Zuni Tribes, Indian Health Service, and the USGS Mid Continent Mapping Center will be used to design improved plague surveillance and prevention.
   - CDC/DRH coordinated a Forum on AI/AN Maternal, Infant, and Child Health Research Issues to discuss MCH research needs and to offer recommendations for actions to further research to improve the health of AI/AN mothers and children.

7. **Legislation:** Nothing to report

8. **Other:** Nothing to report.

Appendix – CDC Grant/Cooperative Agreement Awardees

1. ABERDEEN AREA TRIBAL CHAIRMEN'S HEALTH. BOARD
2. ALASKA NATIVE HEALTH BOARD (2 awards)
3. ALASKA NATIVE TRIBAL HEALTH CONSORTIUM (2 awards)
4. ALBUQUERQUE AREA INDIAN HEALTH BOARD, INC. (2 awards)
5. AMERICAN INDIAN HIGHER EDUCATIN CONSORTIUM
6. ARTIC SLOPE NATIVE ASSOCIATION
7. ASSOCIATION OF AMERICAN INDIAN PHYSICIAN (2 awards)
8. CALIFORNIA RUAL INDIAN HEALTH BOARD
9. CHEROKEE NATION
10. CHEROKEE NATION HEALTH SERVICE GROUP
11. CHOCTAW NATION OF OKLAHOMA
12. CHUGACHMIUT
13. EASTERN BAND OF CHEROKEE INDIANS
14. FOND DU LAC RESERVATION
15. HO-CHUNK NATION
16. INTER TRIBAL COUNCIL OF ARIZONA, INC. (3 awards)
17. INTER-TRIBAL COUNCIL OF MICHIGAN (2 awards)
18. KAW NATION OF OKLAHOMA
19. MISSISSIPPI BAND OF CHOCTAW INDIANS
20. MUSCOGEE (CREEK) NATION
21. NARA OF THE NORTHWEST, INC.
22. NATIONAL INDIAN COUNCIL ON AGING, INC.
23. NATIONAL INDIAN SCHOOL BOARD ASSOCIATION
24. NATIONAL INDIAN WOMENS HLTH RESOURCE CENTER
25. NATIONAL NATIVE AMERICAN AIDS PREV CENTER (2 awards)
26. NATIONAL NATIVE AMERICAN EMA ASSOCIATION
27. NATIVE AMERICAN COMMUNITY HEALTH CENTER
28. NATIVE AMERICAN HEALTH CENTER
29. NATIVE AMERICAN INTRNL CAUCUS - UNITED METHODIST CHURCH
30. NATIVE SOLUTIONS
31. NAVAJO NATION (2 awards)
32. NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD (4 awards)
33. POARCH BAND OF CREEK INDIANS
34. SAN CARLOS APACHE TRIBE
35. SAULT STE. MARIE TRIBE/CHIPPEWA INDIANS
36. SOUTH PUGET INTERTRIBAL PLANNING AGENCY
37. SOUTHCENTRAL FOUNDATION (3 awards)
38. SOUTHEAST ALASKA REGIONAL HEALTH CONSORT (3 awards)
39. TOHONO O'ODHAM NATION
40. UNITED SOUTH AND EASTERN TRIBES, INC.
41. WHITE MOUNTAIN APACHE TRIBE
42. YUKON-KUSKOKWIM HEALTH CORPORATION

Appendix - CDC Acronyms:

- EPO Epidemiology Program Office (re-organized to other centers, 2004)
- NCBDDD National Center for Birth Defects and Developmental Disabilities
- NCCDPHP National Center for Chronic Disease Prevention and Health Promotion
    - DASH – Division of Adolescent and School Health
    - DDM – Division of Diabetes Translation
    - DCPC – Division of Cancer Prevention and Control
    - DRH – Division of Reproductive Health
    - OSH – Office of Smoking and Health
    - NDPC – National Diabetes Prevention Center (Gallup, NM)
- NCEH National Center for Environmental Health
- NCHS National Center for Health Statistics
- NCHSTP National Center for HIV, STD, and TB Prevention
    - DAHP – Division of HIV/AIDS Prevention
    - DSTDP – Division of STD Prevention
    - OHD – Office of Health Disparities
- NCID National Center for Infectious Diseases
    - AIP – Arctic Investigations Program (Anchorage)
    - DVBID – Division of Vector-Borne Infectious Diseases
- NCIPC National Center for Injury Prevention and Control
- NIP National Immunization Program
- OD Office of the Director/CDC
- OHE Office of Health Equity (formerly, Office of Minority Health), OD/CDC
- OGC Office of General Counsel
- OWCD Office of Workforce and Career Development (new, 2004), OD/CDC
- PHPPO Public Health Practice Program Office (reorganized to other centers, 2004)
- PGO Procurement and Grants Office