Summary Document:
CDC-Tribal Leadership Meetings
Feb. 26-28th, 2008

Background/Purpose: These meetings reflect CDC's understanding of the special legal and political relationship it holds with sovereign Tribal nations, CDC's commitment to uphold the tenets of Tribal consultation, and its commitment to work with Tribal leaders, communities, and organizations to eliminate American Indian/Alaska native (AI/AN) health disparities and positively impact the health of AI/AN people wherever they may reside. The TCAC Meeting and Biannual Tribal Consultation Session provided opportunities for formal government-to-government consultation between Tribal leaders from across the country and CDC senior leadership.

Meeting Summaries:

- February 26th - CDC's Tribal Consultation Advisory Committee (TCAC) Meeting was attended by 32 tribal leaders and 52 CDC staff. TCAC members provided area reports from their regions and the national organizations highlighting priority public health issues impacting Indian country. Leadership from NCCDPHP and COTPER provided an overview of current programs and activities with AI/ANs and discussed strategies to increase access and services addressing chronic diseases and public health emergency preparedness. Project Officers from the COTPER/Division of State and Local Readiness met with Tribal leaders from Tribal Nations residing in their assigned states to discuss increased collaborations. The Chickasaw and Choctaw Nations sponsored a reception from 5:30-7:30 for Tribal Leaders and CDC staff. The reception, held in the GCC lobby, provided an opportunity for informal networking.

- February 27th - the Tribal Leaders Orientation and CDC Overview was held from 8:30-5 PM . Tribal leaders heard presentations from OEC, NCHM, OMHD, OWCD, the Office of Diversity and toured the DEOC and broadcasting studios. 30 Tribal leaders listened to information provided to them about CDC resources available to help them to address public health in their tribal communities.

- February 28th – the 1st Biannual Tribal Consultation Session allowed 48 Tribal leaders from various Tribal nations to provide testimony to CDC. Seventy five CDC leaders and staff heard testimony from Tribal leaders on 4 key focus areas that included: Resource Allocations and Budget Formulation, Environmental Health in Indian Country, Public Health Preparedness and Emergency Response, and Partnering to Build Public Health Capacity in Indian Country. CDC leadership listened to tribal issues and provided some preliminary responses and clarifying discussion.

- February 29 – an Injury Prevention Symposium was held from 9:30-3:30 to provide technical assistance to 14 staff from seven of the Tribal Epicenters.

Highlights of Key Tribal Issues:

- Desire to have CDC apply resources more efficiently to address the most pressing public health threats facing Indian country
- Accurate, reliable health data on AI/AN populations are often lacking and unavailable for use to tribes in securing additional resources
- Incongruities seem to exist between the burden of disparities and CDC support and funding as illustrated in the current CDC resource allocations to AI/AN tribes
- Major concerns for tribes located along the US-Mexico Border are border security and border health issues (disease detection and control).
- Tribal infrastructure to address public health needs is limited. There needs to be increased capacity, including a stronger public health workforce.
- Many tribal leaders expressed concern about environmental and climate changes that are negatively impacting their communities
- Additional high priority environmental health concerns included: asthma and indoor/outdoor quality; surface and ground water quality; and mining and mining waste products
- In areas such as the northern plains (Aberdeen Area), high rates of infant mortality and injury disparities persist
- Numerous tribal leaders strongly articulated the significant rates of suicides and desire to work more closely with CDC to address this public health threat to AI/AN youth
- Tribes frequently suffer from inadequate grant writing capacity
- Many smaller tribes do not meet the population base requirements for certain CDC FOAs and therefore aren't eligible to apply and compete.
- Tribal spokespersons also highlighted the need to emphasize strengthening partnerships with Tribal Colleges and Universities, and with schools of public health which have significant Native enrollment to build a pipeline to strengthen the Native public health workforce
- Tribal leaders encouraged CDC to pay closer attention to what may be an impending rise in HIV infections across Indian country and to expand research on HIV risk intervention in Native communities
- Develop opportunities to raise the awareness of HIV/AIDS in Native communities by participating in activities such as Awareness Day March 20, 2008 and support conferences such as the HIV meeting in Anchorage in May of 2006

Summary of Main Recommendations:
Tribal leaders encourage CDC to –

- Develop more multi-agency collaborations
- Apply more of CDC's training and technical assistance resources to Indian country
- Use metrics other than population numbers when considering resource allocations
- Increase diabetes funding, partner with the IHS Special Diabetes Program Initiative, and ensure that CDC funding to states are benefitting tribal communities as well
- Continue to assist tribes in accessing preparedness resources

- Ensure that funding streams and other support mechanisms enable tribes to attain the same level of readiness as adjoining public health jurisdictions
- Implement direct tribal communication as a part of its own emergency protocol within the CDC Director's Emergency Operations Center
- Provide travel funding for more tribal leaders to attend CDC's annual Leaders-to-Leaders conference
- Open up the full range of CDC educational materials to Tribes - the 'Eagle Books' are great but CDC has much more to share

Organizational Background: Tribal leaders in attendance represented sovereign Tribal governments and, in many cases, national or regional Tribal organizations. In FY 2007, CDC funded 68 cooperative agreements to 48 tribal partners (tribal governments, tribal health boards, tribal organizations, Alaska Native health corporations, urban Indian health centers, and tribal colleges) across 19 states and the District of Columbia. Total funds allocated through competitively awarded grants and cooperative agreements approached $22.0 million ($21,948,174). Most of these are managed within our categorical programs (e.g., chronic disease prevention/health promotion, diabetes, tobacco, cancer, HIV, STDs, etc). In addition, OMHD/OSI/OD maintains a cooperative agreement with the National Indian Health Board that supports public health programs in Indian country and implementation of the CDC Tribal Consultation Policy. Over all categories of resource allocations (funds to tribes; funds to states/universities; agreements with IHS; intramural programs/staff; and VFC), CDC and ATSDR invested over $43 million in programs benefiting AI/AN people and communities in FY 2007.

Census 2000 showed that 4.1 million, or 1.5 percent, reported being AI/AN. This number included 2.5 million people, or 0.9 percent, who reported only AI/AN in addition to 1.6 million people, or 0.6 percent, who reported AI/AN as well as one or more other races.

General Summary Comments:

Tribal leaders expressed positive sentiments about the interactions and dialogue with CDC leadership and were extremely pleased to have had the opportunity to come to CDC to strengthen their growing relationships with the Agency and with Dr. Gerberding. In the spirit of collaboration, multiple Tribal leaders invited Dr. Gerberding and her senior staff to visit their tribal communities in the upcoming months to see first hand issues that have been presented. The CDC Tribal Consultation Advisory Committee (TCAC) specifically invited Dr. Gerberding and the National Center for Chronic Disease Prevention and Public Health Promotion leadership to join them for the April 2008 quarterly meeting. That meeting is scheduled to take place on April 1-3 in Rapid City, SD. The Aberdeen Area Tribal Chairmen's Health Board will host this meeting and would be pleased to set-up site visits with several of the Tribal Nations pending time availability of CDC staff and the TCAC members.

Dr. Gerberding described her willingness and interest to have CDC work more effectively with AI/AN tribes, particularly to "bring our collective perspectives together and provide an environment of respect and integrity acknowledging the reality of things

that we can't change right now but a world that informs and helps us today. She noted that CDC is an organization made up of many units and that in CDC's budget, almost every single dollar has responsibility attached to it by the Congress. The current budget request for Fiscal Year (FY) 2009 is in response to the evolving public health challenges and reflects CDC's complex mission in the 21st century – to protect the public's health against major calamities such as pandemic influenza, natural disasters, and terrorism, while remaining focused on the threats to health and welfare that Americans face each day, including chronic diseases, injuries and disabilities.

CDC's mission is focused on maintaining health, not treating illness; on health protection (through health promotion, prevention and preparedness), not disease care; on integrated programs that work, not narrowly defined activities. CDC is committed to achieving the best possible value from our public health investments across our federal, state, local, tribal and territorial health network. As CDC evaluates its investments in the context of the FY 2009 budget cycle, the importance of the agency-wide Health Protection Goals and the need to direct investments to areas that demonstrate the greatest public health impact are essential guides."

In addition to participation by CDC leadership, HHS leadership including Laura Caliguiri, Director of the Office of Intergovernmental Affairs and Jeremy Marshall, Tribal Affairs Specialist, Office of Intergovernmental Affairs, and Chris Downing, HHS Region IV Director were in attendance to confirm that within the Department, each of the OPDIVs share in the department-wide responsibility to coordinate, communicate, and consult with tribal governments on issues that affect these governments. Laura Caliguiri stressed the importance of the collaborations between agencies to maximize resources and realize outcomes to positively impact AI/AN health and mentioned the upcoming HHS regional and national Consultation Sessions as additional opportunities for CDC and HHS to listen and to dialogue with AI/AN tribes. It was noted that Consultation is an enhanced form of communication that emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties that leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision making with the ultimate goal of reaching consensus on issues. All attending agreed that this Consultation Session was a success and a good benchmark event.

OMHD will be working with the National Indian Health Board (NIHB) to compile and complete the transactions of this meeting.