CDC/ATSDR Tribal Consultation Advisory Committee Meeting Minutes
January 30-January 31, 2007
Hotel Albuquerque, Albuquerque, NM

Members Attending	Area/Agency Represented
(* Please see appendix for list of abbreviations and acronyms)	
Jefferson Keel, Co-Chair	Oklahoma
Linda Holt, Co-Chair	Portland
Carole Anne Heart Alternate for Roger Trudell	Aberdeen (Alternate)
L. Jace Killsback	Billings
Barbara Bird	California
Ron MacLaren	Nashville
Evelyn Acothley	Navajo
Jerry Freddie	NIHB
Mickey Peercy	TSGAC
Jennifer Rackliff Alternate for Juana Majel-Dixon	NCAI
Amedeo Sheji	Albuquerque
Members Absent	
June Walunga	Alaska
Erma Vizenor	Bemidji
Sandra Ortega	Tucson
Alice Benally	Direct Service Tribes
NIHB Staff	
Stacy Bohlen, Executive Director	NIHB
Helen Canterbury	NIHB
Deborah His Horse is Thunder	NIHB
CDC and ATSDR Staff	
Pelagie (Mike) Snesrud	CDC
Ralph Bryan	CDC
Bill Cibulas	ATSDR
Leslie Campbell	ATSDR
Kris Larson	ATSDR
Guests	
Janeen Gray	Choctaw Nation
Joe Finkbonner	Portland Area
Dave Baldridge	CDC Consultant/NCCDPHP/DDT
Holly Conner	CDC/NCCDPHP/DASH
Susan True	CDCCOTPER/DSLR
Dawn Satterfield	CDC/NCCDPHP/DDT
Cheryl Ranger	CDC/NCCDPHP/DDT
Michelle Watters	ATSDR/OD/DRO
Lester Secatero	NIHB Board of Directors/ABQ
Taylor McKenzie	TCAC Alternate/ Navajo Nation
Melissa Jim	CDC/IHS/DEDP

Cynthia Manuel	Tohono O'odham Nation
Cecile Town	CDC/IHS/DEDP
Amy Groom	CDC/IHS/DEDP
Lemyra DeBruyn	CDC/NCCDPHP/DDT
Mahini Persaud	CDC/OWCD
Janifer Quick	NMOH/EPI
Marianna Kennedy	Albuquerque Indian Health Board
John Redd	CDC/IHS/DEDP
James Cheek	DEDP/OHPS/IHS
Nat Cobb	DEDP/OHPS/IHS
Martin Kileen	CDC/DNPA/NCCDPHP/DNPA(ABQ)
Don Clark (Albuquerque)	DEDP/OPHS/IHS and SW Tribal Epi Center

Welcome & Opening Comments – Co-Chairman Keel opened the meeting by greeting the group and welcoming them to Albuquerque. He asked Co-Chairwoman Holt to offer a morning prayer. Chairman Keel asked the Albuquerque representative, Mr. Freddie, to give some welcoming remarks. He then asked Ms. Bohlen, National Indian Health Board (NIHB) Executive Director, to give an update of their recent board meeting.

Ms. Bohlen reported that NIHB had its annual board meeting at which elections were held. Ms. Sally Smith, representative from Alaska, was re-elected Chair and Ms. Barbara Bird, representative from California, was elected Vice-Chair. The new board received training, as there were a number of new members. U. S. Senator Dorgan invited the board members to meet with him to discuss their priorities for the reauthorization of the Indian Health Improvement Act. Sen. Dorgan expressed his interested in establishing emergency centers in all Indian Health Service (IHS) areas. NIHB asked that all the vacancies on the National Indian Steering Committee for the Indian Health Improvement Act be filled right away. All of the 12 areas were represented at the NIHB Board meeting, which is the first time in a while that this has happened. Mr. Mickey Peercy added that NIHB passed a resolution asking for support for Title VI for tribal self-governance in the Indian Health Improvement Act.

Chairman Keel acknowledged that there are many needs in Indian country and called for TCAC to focus its attention on critical issues and to work together. He then moved on to introductions.

Review and Approval of Meeting Minutes – The Committee was asked to review the Charter, the meeting summary of October 9 & 10, 2006, and the meeting minutes of November 2 & 3, 2006. Mr. Amedeo Sheji made a motion to accept and approve these documents and Mr. Peercy seconded the motion. The motion passed unanimously.

TCAC Member Reports – CAPT Snesrud asked that each Tribal Consultation Advisory Committee (TCAC) member provide a brief report on emergent/high priority and/or non-emergent/ongoing public health issues in their respective areas. She stated that it was important to allow TCAC members the opportunity to discuss issues with each other as well as with the Centers for Disease Control and Prevention (CDC). The TCAC was established to ensure an ongoing dialogue between tribal leaders and CDC. The TCAC was never intended to take the place of tribal consultation, so it is very important that they assist CDC in the planning of the biannual consultation sessions.

Issues Discussed

Funding Funneled Through States - Chairwoman Holt began the discussion with her concern that CDC funding that goes to states rather than tribes. She stated that some states are not accustomed to working with tribes and therefore have difficulty in getting resources and services to the tribes (e.g. Idaho). States sometimes resist allocating money to the tribes, believing that tribes should receive the money directly from federal government agencies. Other members noted that states often describe public health issues that negatively affect tribes and Native people in their applications to CDC, but fail to engage the tribes and plan with them to address issues and needs. Chairwoman Holt suggested that CDC talk directly with the tribes to see what states have actually done to involve them and if they are doing what they said they would to work with Native populations.

Mr. MacLean added that the definition of "participation with the tribes" is interpreted differently by different states, and there is no clearly stated expectation or accountability. Chairman Keel noted that tribes spoke with Health and Human Services (HHS) Secretary Leavitt about this issue at last year's Tribal Pandemic Flu Summit and he assured them that HHS would increase efforts to make sure tribal governments would have access to funds to address pandemic flu preparedness. TCAC members stated that pandemic flu funding is just one example, but every grant or cooperative agreement that goes to states should have provisions stating how they will ensure that some resources will reach American Indians and Alaska Natives (AI/ANs), either directly or indirectly. They felt that this was particularly important in the 35 reservation states and in urban areas that have a significant AI/AN populations. They realize there is no law that compels the Governor of any state to take AI/AN people into account when establishing its budget, but feel states have a responsibility towards them when they get resources from the federal agencies like CDC. Chairman Keel reminded everyone that consultation does not mean "announce and defend," but rather meaningful involvement of tribes in the budget development process of each of the agencies.

Consultation Process as Practice – Mr. Peercy expressed concern about the CDC Tribal Consultation Policy (TCP) as a matter of practice and true commitment and not just a matter of establishing policies. He indicated that in Oklahoma, the tribes have had difficulty getting information about the future of one of their CDC grant programs, the REACH Program. He indicated that Choctaw and other tribal programs were not consulted, as stated in the TCP. This program and partnerships with tribal entities have definitely impacted local tribal community projects, yet they were not consulted at all in the development of the new program announcement, nor given up-front information such as the expected release date of the new request for proposals.

Need for Research & Professionals to Serve AI/AN Populations - Mr. Freddie shared that the Navajo Health Oversight Committee had a change of leadership recently with the election of Mr. Thomas Walker, Jr. as Chair and Mr. Benally, as Vice-Chair; he asked that they be welcomed to other national committees. The Navajo Area Health Board noted that they have a challenge in recruiting and retaining health professionals to work in their clinics. Most of their facilities don't offer many of the amenities that professionals have grown to expect when accepting positions on health care teams, either because they are older facilities or because they are located in relatively

isolated areas. Navajo Nation and other remote tribal nations are in need of more trained and qualified AI/AN professionals, both practitioners and researchers. The Navajo Area Health Board noted that they have a number of older facilities, some nearly 70 years old. They have some new facilities but even these often are located in relatively isolated areas that don't offer many amenities that many professionals have grown to expect when accepting positions on health care teams. It was noted that both the isolation and the significant public health issues present point to the fact that Navajo Nation and other remote Tribal Nations are in need of more trained and qualified AI/AN professionals, both practitioners and researchers. The need for research needs to be recognized as critical as well as the need to recruit the professionals to do this research working in partnership with the Tribal Nations.

Involvement With & Funding Through the State – Mr. Shije reported that the All Indian Pueblo Council sat down with the Governor of New Mexico to discuss the issue of the funding for tribal programs and services flowing through the states; as a result, the Governor is going to talk to the federal Secretaries about this concern. He will also discuss this with the state officials, and is working with the State Legislature to put laws in place for tribal consultation at the state level. In return, the All Indian Pueblo Council was able to endorse specific political candidates and block vote to show their political clout.

Mr. Jace Killsback reported that in one state in his region the Governor is friendly, but in the other state the Governor is not responsive to tribes. This makes it difficult for tribes to see benefit when resources are limited. He asked how CDC could work with states to get resources to tribes when the funds are going to the state. He also asked if CDC gets involved in the actual allocation of resources to ensure that tribes and AI/AN people benefit from these resources. CAPT Snesrud responded that these concerns are being heard by CDC as a result of the TCP; CDC is trying to increase and facilitate the dialogue among their traditional partners, states and academic institutions, and the tribes. It is hoped that as the understanding between tribes and CDC grows through the TCAC, more tribal leaders will become involved, and that both they and the TCAC members will be conduits to share information with the broader pool of leaders from both CDC and the tribal organizations. CDC has just begun to implement the policy and there is much work to be done in educating, informing, and changing how the agency works to make the greatest impact to eliminate health disparities. There are some CDC divisions, such as the Division of Cancer Prevention and Control and the Division of Diabetes Translation, who are more familiar with tribal concerns and have engaged tribes in the program development process early to secure comments and recommendations. These divisions are working with other divisions across CDC to increase compliance with the TCP and competency in working effectively with tribes. These programs and the local funded projects are also helping to translate and define to other AI/AN tribes what CDC is all about doing. CDC is monitoring what resources are actually going to tribes from all CDC Centers, Divisions, and Programs. A recommendation was made that CDC develop a strategic approach in getting program announcements and other technical assistance to tribes so they are more aware of funding opportunities and other resources. TCAC also recommended that CDC consider in certain selected CDC programs they explore the possibility of designating a certain proportion of cooperative agreement funds as intended for tribal/tribal organization awardees only.

Mr. Killsback asked CAPT Snesrud to define her role with tribes. CAPT Snesrud indicated that her primary role is as a point-of-contact for tribes and to assist CDC in its implementation of the TCP. All senior staff have been made aware of the TCP and their roles in its implementation. Dr. Bryan stated that OMHD has posted information about the policy, and TCAC, on web site so all CDC stakeholders have access to the information, and they are being held accountable to the concepts of the policy and its principles. Chairwoman Holt indicated that CAPT Snesrud and Dr. Bryan should develop and disseminate a document explaining their roles to the Area Health Boards, tribes, and tribal organizations.

Chairman Keel indicated that tribes are often asked to prioritize specific issues and they expect that these priorities will be reviewed and taken into consideration in CDC's decision-making process. Over the past several years tribes have invested time and energy in recommending to CDC specific issues and public health priorities at both regional and national consultation sessions. These priorities have included lack of Native public health professionals (practitioners and researchers), lack of funding for public health prevention programming, methamphetamine abuse and its implications, youth suicide, alcohol and substance abuse, limited HIV/STD/Viral Hepatitis services, and inadequate resources to address prevention activities related to diabetes and other chronic diseases. TCAC articulated that when tribes take the time to give agencies this information, they expect that some action will be taken in response. Ms. Leslie Campbell said that a unified request from TCAC should result in action. TCAC decided that a formal letter from the TCAC leadership would be sent to Dr. Gerberding to convey its priorities and recommendations after each TCAC meeting with the intention to influence CDC practices and other partnerships.

Grants to Tribes – Mr. Peercy suggested that it would be good for the Committee to know what kind of grants and assistance are provided to tribes, as well as how much money is going to tribes. He also suggested that CDC consider a tribal set-aside within the annual budget. CAPT Snesrud responded by stating that Dr. Bryan will provide CDC's AI/AN budget portfolio for FY 2006 with comparisons to the previous fiscal year shortly. She stated that there were 69 cooperative agreements awarded to tribes and tribal organizations. Although TCAC was pleased to hear about current agency funding, they also expressed concern that more tribes do not apply for funding and that only 69 awards were made for such a large agency to work with tribes.

Linda Holt followed up with a comment that she has worked on an advisory committee for the Substance Abuse & Mental Health Services Administration (SAMHSA) that was trying to find out why more tribes did not apply for grants. TCAC recommended that a subcommittee be established to look at the entire CDC grant application process and determine how the process could be more accommodating to tribes. Dr. Bryan commented that it might be conceivable for this subcommittee to review new Requests for Application (RFA) and the program announcements under which tribes and tribal organizations are funded

Staffing Limitations – Mr. Peercy raised the concern regarding the capacity of the CDC Tribal Liaisons to respond to and follow-up with all the TCAC recommendations. TCAC understands that there are only two liaisons and limited resources to address tribal consultation activities and questions this adequacy of staff and resources.

Communication - Chairman Keel suggested a quarterly newsletter from TCAC and/or from CDC to let tribes know more about CDC and the resources it offers to assist them in developing programs, working with other partners, and getting information relevant to a particular health issue. Dr. Bryan responded that this was a great suggestion, but that it was a matter of time and person-power. He also shared that several tribal leaders have encouraged CDC to submit a column to *Indian Country Today* to increase tribal knowledge about CDC and what it does. Chairman Keel suggested that the NIHB take on the responsibility of developing a means of increasing communication flow from CDC to Indian country. Ms. Bohlen favored this suggestion, since she is in the process of filling two NIHB staff positions to work with the CDC cooperative agreement to do this and other duties.
Mr. MacLean stated that he liked the Summary of Recommendations that was disseminated following the last TCAC meeting, as it was short and succinct. He found it useful in informing other tribal leaders and suggested that the NIHB website be upgraded to include a place to post this and other information related to CDC in a manner that is easily accessible to all tribal leaders. Mr. Sheji indicated that at the last TCAC meeting they were asked to helpthe Agency for Toxic Substances & Disease Registry (ATSDR) fill an environmental position and that this type information should also be posted to permit even broader response from more tribal leaders.

Orientation – Chairwoman Holt indicated that there needs to be a CDC orientation for TCAC members. CAPT Snesrud reported that CDC's Office of Minority Health and Health Disparities (OMHD) has not identified a means for a formalized TCAC orientation to CDC. Dr. Bryan suggested that the orientation used for state officials could be used with tribal officials. Chairman Keel reminded them that this was a two-way street, with an orientation of CDC to tribal organizations and officials also required. Discussion ensued about how best to provide an orientation to tribal leaders and AI/ANs and it was suggested that participation in the annual NIHB consumer conference could be an excellent way of getting CDC information to Indian country. Ms. Stacy Bohlen reported that the annual consumer conference would be held in Portland, OR on September 24 - 28, 2007 with a theme focused on mental health and substance abuse.

Chairman Keel suggested developing a directory of CDC services and resources to send out to all tribes. In addition, Mr. Freddie suggested that CDC consider producing an educational film clip that would include an overview of CDC's history, its domestic and international activities over the years, highlights of CDC's programs for tribal communities, and CDC's vision for improving public health in Indian country. He encouraged tribal involvement in writing the script so the message is applicable at the grassroots local level and pertinent to tribal councils. The documentary should also explain CDC's global involvement and regional impact. TCAC agreed with these suggestions and added the need to include the role of the TCAC and its future activities. It was recommended that another TCAC subcommittee be set up to work through this idea and that doing this in conjunction with NIHB is a good idea.

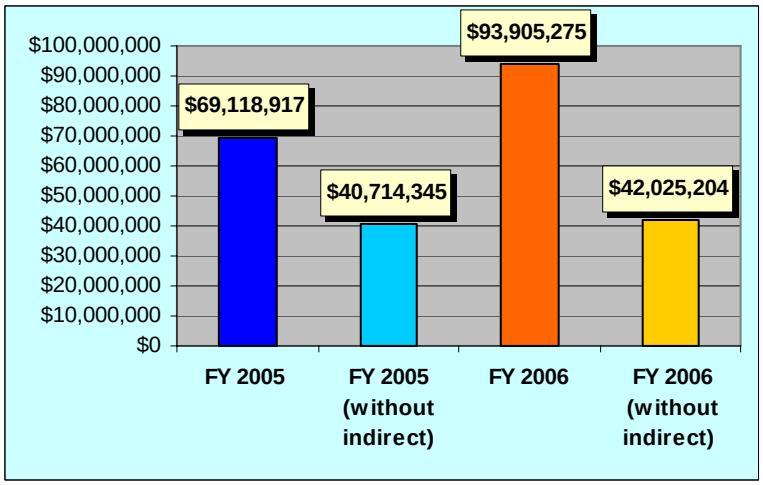
Summary Recommendations - Chairman Keel referenced the Summary of Recommendations from the November TCAC meeting that was previously emailed to all TCAC members, unanimously approved today, and asked all members to carefully review it. Chairmen Keel felt that a lot of the comments and discussion from TCAC members fit very appropriately within the

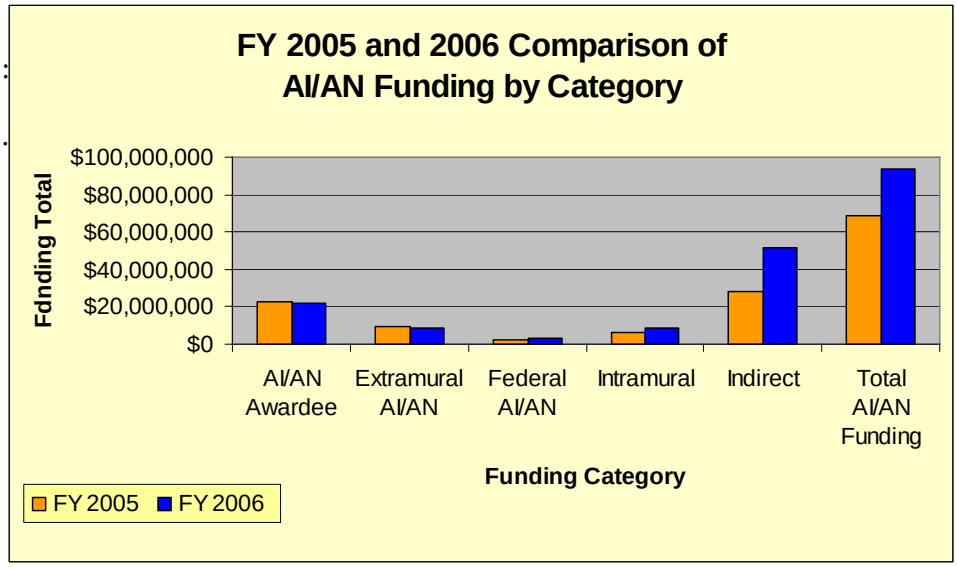
context of those recommendations. Several TCAC members felt it was a beneficial document for them to use with dissemination of information with other tribal leaders

CAPT Mike Snesrud, Office of the Director/Office of Strategy and Innovation/Office of Minority Health and Health Disparities (OD/OSI/OMHD), reported on some of the activities that have been underway within CDC since the Summary of Recommendations was sent out to CDC leadership. Following the last TCAC meeting, when the Deputy Director of the Procurement and Grants Office (PGO) spoke with TCAC, a meeting was set-up to assure that the policy personnel in the Technical Information Management Section (TIMS) of PGO were actually reviewing each draft program announcement to check for tribal eligibility. It seemed that there had been a break-down in assuring that this was consistently done. PGO has now alerted the TIMS policy group so that every announcement is appropriately reviewed. In addition, PGO has also contacted HHS to discuss standardizing the tribal eligibility language across all Departments. CDC leadership has been made aware of the TCP and the role they play in its implementation. OMHD continues to contact various branches, divisions, and centers to offer assistance in educating and informing their program staff about the policy and specific responsibilities for implementation. Agency-wide progress is being made towards compliance and the plan for 2007 is to focus on three to five CDC centers that have significant programs and relevance to tribes. These will include The Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER), the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), National Center for Preparedness, Detection, and Control of Infectious Disease (NCPDCID), and the National Center for Injury Prevention and Control (NCIPC).

CDC 2006 Tribal Budget and Consultation Report – Dr. Ralph Bryan, OD/OSI/OMHD, discussed the CDC 2006 Annual Tribal Budget and Consultation Report. He provided an overview of the CDC FY 2006 AI/AN portfolio and highlighted the CDC resources allocated to address AI/AN public health within each center and across the agency. Each year OMHD works with the Financial Management Office (FMO) to collect this information systematically. He informed TCAC that the TCP includes performance measures to help monitor and enhance tribal access to CDC resources.

Budget allocation categories include five areas: 1) AI/AN Awardee: Grants or cooperative agreements to tribes, tribal health boards or coalitions, tribal organizations, Alaska Native organizations, urban health programs, or Tribal Colleges and Universities (TCUs); 2) Extramural AI/AN benefit: Other grants or cooperative agreements that primarily or substantially benefit AI/ANs but awardees are not tribal organizations; 3) Federal AI/AN benefit**:** Federal Intra-Agency Agreements where the purpose of the agreement is to primarily or substantially benefit AI/ANs; 4) Intramural AI/AN**:** Intramural programs whose purpose is to primarily or substantially benefit AI/ANs such as costs associated with CDC staff or contractors assigned to AI/AN-focused programs; and, 5) Indirect AI/AN: Service programs where funding for AI/ANs can reasonably be estimated from available data on the number of AI/ANs served (includes only CDC's National Center for Health Statistics [NCHS] and the Vaccines for Children Program [VFC]) Substantial increases between FY 2005 and FY 2006 reflect a larger VFC budget for new vaccines.





Dr. Bryan and CAPT Snesrud shared that in the future the CDC AI/AN Resource Allocation Portfolio could be analyzed so that resource allocations are stratified by categorical programs (e.g., diabetes, cancer, smoking, HIV/AIDS, etc.) that are of high priority to Indian country; and stratified geographically (e.g., by IHS Areas or HHS regions). TCAC felt that this information sould be shared at regional consultation sessions so more tribal leaders have the opportunity to interact and dialogue with the Senior Tribal Liaisons and other senior agency leaders. This increased dialogue would better inform area tribal leaders so they knew more about CDC and it TCAC.

Dr. Bryan shared that NCHHSTP is working with IHS and providing technical assistance on a number of fronts. Together, IHS and CDC have recently released a new report, the *Indian Health Surveillance Report on Sexually Transmitted Diseases 2004.* CDC is also releasing "QuickStats" from the National Center for Health Statistics (NCHS), which provides a brief overview on major issues e.g., Adolescent Death Rates by Race/Ethnicity and Sex. Dr. Bryan shared information about an internal ad hoc workgroup called the CDC Tribal Pandemic Influenza Preparedness Work Group. This workgroup was established by OMHD to facilitate internal communications and information-sharing about pandemic flu preparedness in AI/AN tribal communities. Some specific activities include the following: provide subject matter

expertise to the CDC Pandemic Influenza Coordinating Group and its functional area teams, help ensure that information and guidance specific to avian influenza is available to tribal and Alaska Native communities, assist in coordinating tribal pandemic flu preparedness activities with the IHS, and monitor pandemic flu preparedness activities at CDC to ensure compliance with CDC and HHS Tribal Consultation Policies.

Dr. Bryan also provided information about the establishment of the CDC Tribal Public Health Law Work Group, which is made up of CDC staff and representatives from AI/AN tribes and organizations. The Work Group is currently planning a meeting, the Tribal Forum on Legal Foundations for Public Health Practice in Indian country for May 17 - 18, 2007 in Anchorage, Alaska. It is intended that the Forum will be a working meeting of tribal, state, and federal public health professionals and consultant legal experts to discuss the current status of public health legal preparedness in Indian country.

ATSDR Budget – Ms. Leslie Campbell, ATSDR/Office of Tribal Affairs (OTA), provided a brief overview of the ATSDR budget in terms of direct and indirect funding to tribes. She reported that ATSDR has a total budget of $70 million. The direct funding provided to tribes in FY 06 was $218,000 or 13% of total awards; external funding that benefited tribes amounted to $2.1 million or 72% of the budget. Intramural funding was approximately $260,000 or 15% of the budget. Total funding for tribes was $1.735 million. Direct funding went to Gila River and two tribal colleges, Turtle Mountain Community College and Dine College. Extramural funding for AI/AN benefit went to Oklahoma State to work with tribes with Tar Creek Superfund, Alaska Dept of Health & Social Services and Great Lakes Health Effect Research Program.

Ms. Campbell and representatives from the EPA Region 8, Ms. Alicia Alto and Dr. Mark Anderson, presented information about a Community Environment Health Summit specific for Tribal Children being planned for next summer for Region 8 (Montana, North Dakota, South Dakota, Wyoming, Utah, and Colorado). The EPA Region 10 just joined Region 8 in hosting this event and very much wants input from tribal leaders. Members of TCAC members who were willing to help even more with planning were invited to stay after the meeting for additional discussion.

Ms. Alto provided an overview of the previous children's summits. She stated that the first one was held in 2003 with the idea to combine people and organizations involved in protecting children and their resources. The summits are designed to get people together to network and share the latest research and programs. Since there has been only limited tribal involvement, the EPA decided to focus specifically on tribal children and environmental issues at the upcoming summit. Dr. Anderson stated that they have funds to assist tribes in Regions 8 and 10 to attend the summit. More information is available at www.rmrpehsu.org or by calling 1(877)800-5554. They also suggested going to the EPA kids website at www.epa.gov/kidshealth for additional resources.

Chairwoman Holt expressed concern about the effects of methamphetamine production on children in the home. Ms. Carole Anne Heart suggested black mold and water contamination were issues to be considered for inclusion. Mr. Sheji suggested that with the tribal interest expressed by TCAC for the summit that it seems relevant to ask EPA to consider making it a

national tribal summit. TCAC members were very interested in hearing about the summit to address community environmental health and recommended that TCAC write a letter to the EPA recommending that this Summit be a collaboration of all the EPA regions in addressing this issue in Indian country. Mr. Sheji also suggested contacting the National Tribal Environmental Organization for support as well.

CDC Health Protection Goals – CAPT Mike Snesrud provided an update about the CDC Health Protection Goals. She shared that CDC is transitioning its strategic orientation in many areas. They are moving from a disease orientation to a health protection focus, from an emphasis on clinical prevention to focus on the continuum of prevention and health protection actions, and moving from working in isolation or in silos to working on cross-cutting teams with different partners internally and externally. The integration and implementation of CDC's Health Protection Goals accelerated dramatically during FY 2006. CDC went from developing and refining these overarching goals to creating tangible and applicable goal plans. The Goal Action Plans being developed will guide selection of agency priorities and consideration of funding for accelerating greater health impact. The Goal Action Plans will provide the vehicle for CDC to inventory its current activities, align and create new strategies and objectives, and assess unmet needs. Part of the prioritization will be looking at immediate and high-impact activities that can help accelerate greater health impact. A working definition of "achieving greater health impact" includes increasing the health of large and diverse populations, reducing or eliminating health disparities, accelerating adoption of healthy behaviors, and achieving greater efficiency of core public health infrastructure.

CAPT Snesrud said that a series of eight meetings were held in the fall of 2006 that helped CDC collect input on the goals process through engagements with partner organizations and the public. The AI/AN Public Engagement held on October 13th was the only one specific to a community and reflects CDC's commitment to respect tribal sovereignty. The Partners Task Force on Objectives, an outside group of experts from partner organizations, helped oversee the process of obtaining this input, then summarized and interpreted the information collected. The taskforce produced the *Report of the Partners' Task Force on Objectives* in December 2006 analyzing information from the engagement process. Ms. Bohlen, the Executive Director of NIHB brings tribal concerns and perspectives to this Task Force.

CDC Goal Teams, in conjunction with agency leadership, will continue to develop, refine, and update the goal action plans throughout the year, and leadership will use these plans for the health impact planning process that links CDC's programs with budgeting and performance measurement. Through OSI and FMO, CDC is interested in working with the TCAC to establish a process to get tribal input reflected in goals, strategies, actions, measures, budget guidance, and influencing budget decisions. CDC Leadership in FY 2006 supported a refocus of science and programmatic resources into activities most likely to accelerate achievement of CDC's health impact goals. CDC's leadership will continue do this in FY 2007 and will encourage innovative and creative ideas and promote collaboration across CDC and with partners. The second CDC Leaders to Leaders Meeting is scheduled for March 27 and 28, 2007 in Atlanta, GA, when CDC external partners will have the first opportunity to review and provide input on the Goal Action Plans. TCAC recommended that CDC ensure that the TCAC, NIHB, Direct Service Tribes, Tribal Self-Governance Advisory Committee, National Tribal Environmental Council, and the

National Council on Urban Indian Health are all on the master list for the Annual CDC Leaders to Leaders Conference.

CAPT Snesrud reviewed the CDC budget summary that was presented by FMO during the last TCAC meeting. She encouraged TCAC to work with CDC to understand the overall budget and the current allocations to AI/AN tribes and organizations, as well as devise a process to influence the budget formulation. TCAC recommended that CAPT Snesrud work in partnership with the National Indian Health Board to develop a process to assure ongoing communication of important information, funding and training opportunities, major issues, and updates on CDC responses and actions to tribal stakeholders. The NIHB website should be able to be a resource to CDC's budget information and other resources so that tribal leaders can access this information easier.

Ms. Carole Anne Heart asked if there is any collaboration between CDC and NIH. Dr. Bryan responded that there is considerable collaboration between the two organizations even though NIH is much better funded and their focus is research while CDC's purpose is prevention and public health practice.

Addressing Priority Risk Behaviors Among AI/AN Youth – Holly Conner Division of Adolescent and School Health (DASH), NCCDPHP, presented an overview of her division. Its mission is to prevent the most serious health risk behaviors among children, adolescents, and young adults. It has a budget of approximately $55 million. DASH has been enabling partners to plan and implement effective policies and programs; synthesize and apply research; monitor health risk behaviors and school health policies and programs; and evaluate the effectiveness of policies and programs. The priority risk behaviors for youth that have been identified include behaviors that result in unintended injuries and violence; alcohol and other drug use; sexual behavior; tobacco use; dietary behavior; and physically inactivity with the last four the main priority areas. DASH currently funds 23 states to help schools implement Comprehensive School Health Programs and Prevent Chronic Disease Risks. Utah and Ohio declined funding for HIV prevention. The Division offers a number of at-risk surveys and health promotions surveys. They have a number of CDC Data Sources including *Youth Risk Behavior Survey-2005, School Health Policies and Programs Study – 2006,* and *School Health Profiles – 2006*.

The Division has provided more services to Indian country in the past. They currently provide technical assistance in the administration of the Youth Risk Behavior Survey (YRBS) in Bureau of Indian Education and Navajo School. They also support activities that are generated through State Education Agency cooperative agreements. In the past, they have provided supplemental funding to states to implement HIV/AIDS prevention activities and curricula. In the 1990s, they provided funding for several common ground events and received input from tribes in planning these events. In the future, DASH is proposing that tribal entities be included as eligible applicants in State and Local Education Agency program announcements. They plan to communicate the urgency of addressing risk behaviors among AI/AN adolescents and to summarize and synthesize the literature of school-based risk behavior prevention interventions targeting AI/AN adolescents. In order to accomplish these action steps, DASH is proposing to organize an ad hoc workgroup to prioritize actions and strategize how to pursue funding. They propose seeking opportunities to work with and learn from key federal agencies, national organizations, and tribal leaders. In addition, they plan to develop guidance for CDC project

officers and conduct common ground event(s) likely in 2008 or 2009, as well as conduct a school health leadership institute for tribal entities. DASH also plans to seek opportunities to work with and learn from key federal agencies, national organizations, and tribal leaders.

Mr. Freddie addressed the Youth Risk Behavior Survey on the Navajo Nation and he indicated that some of the elders provided input into this process. The intent of the dominant society to acculturate and assimilate Navajo children from the 1930s onward has had an extremely negative impact. For example, according to Navajo culture, children do not have "rights," but earn respect and responsibilities as they grow up. However, the federal government went against Navajo society by declaring that these children did have rights. As a result the Navajo children who went through the federal government's education system went against Navajo culture and this has had a generational impact on the culture part, which has resulted in the break-down of the family. The question is, how do you fix it? How is this treated when the results of the survey are reported back to the tribe?

Ms. Heart reinforced Mr. Freddie's concern about community and family connection with schools. She recommended that these two aspects of society be included in the Division's work because in American Indian culture these two aspects of the society are inextricably tied to the children. TCAC determined that the relationship between TCAC and DASH needs to be strengthened.

Response from Dr. Gerberding to Chairwoman Holt's Letter - Chairwoman Holt wrote a letter to Dr. Julie Gerberding, CDC Director, regarding the elimination of funding for Sexually Transmitted Disease (STD)-related disparities in tribal communities; Dr. Gerberding replied on January 17, 2007. Dr. Bryan asked if there was any reaction or comments to Dr. Gerberding's letter. Chairwoman Holt indicated that this was an appropriate response although she was not happy with it since it indicated that funding would not be restored. The elimination of funding for the STD-related disparities in tribal communities (e.g., Red Talon Project) leave a need unaddressed. Holly Conner indicated that this would be addressed in some manner through another cooperative agreement.

TCAC Action Items and Recommendations for Day One

- Write and share the roles of tribal liaisons (Captains Snesrud and Bryan)with TCAC members and tribes.
- Develop and implement an orientation protocol for tribes about CDC and for CDC about tribes. Develop an effective means of communicating major issues via a newsletter and other media (NIHB).
- Write and send a letter to Dr. Gerberding stating TCAC's concerns for the purpose of influencing the priorities and budgeting process for 2008 and 2009 (Co-Chairs).
- Write and send a letter to EPA regarding the need to elevate the Tribal Children's Environmental Health Summit to a national level (Co-Chairs with Leslie Campbell's assistance).
- Address TCAC's concerns regarding CDC's funding flowing through the state rather than going directly to tribes.

- Create information about the CDC budget indicating where the CDC funds are in Indian country, where funds are located in the respective divisions within CDC, and by category e.g., diabetes, environmental health, emergency preparedness, etc.
- Articulate TCAC's concern that more American Indian/Alaskan Native staff members need to be employed within CDC.
- Strengthen the relationship between the Division of Adolescent and School Health (DASH) and the TCAC.
- Write a letter to CDC officials to clarify the "request for proposals" or "request for grant applications" to ensure that the tribal concerns are addressed.
- Appoint a subcommittee to assist with the "request for proposals" language and process to increase tribal friendliness.
- Recommend to CDC they set aside funds for tribes to ensure program funding.

Additional Comments – Dr. Bryan suggested developing a flow matrix to track the recommendations to ensure progress and a clear sense of priority as each of them evolve. Chairwoman Holt also suggested that this be the beginning of a strategic planning document. Mr. MacLean would like to use the "Summaries of Recommendations" document to inform other tribal leaders in his area about the activities and recommendations TCAC made to CDC and get their input to continue dialogue.

It was suggested and agreed on by TCAC that all members will provide written reports to share with other members to NIHB and CDC prior to each TCAC meetings. These reports will be copied and distributed, and TCAC members will highlight components at the beginning of each meeting. Ms. Bohlen offered to share the Tribal Technical Advisory Group (TTAG) strategic plan from Centers for Medicare and Medicaid Services (CMS) with the TCAC as a reference document.

A National Children Study – Dr. Anderson from EPA Region VIII shared information about a new national study that focuses on children from pre-birth to 21 years old that has been funded by NIH. A total of 100,000 children will be followed for 21 years and will cost about $2 billion. Several childhood diseases such as autism have been identified for specific research components. Five to seven vanguard sites will be established where recruiting will begin for the study. This is the time to become involved, as the intent is to have a true representation of the U.S. population participate in this study.

January 31, 2007

Chairman Keel welcomed everyone back for the second day of the meeting and offered the day's blessing. Chairwoman Holt gave a summary of the previous day's discussion. Chairman Keel expressed concern about the need for continued communication among the TCAC members and with tribal leaders in-between meetings. He asked that the members think about this and give some suggestions regarding how to encourage and facilitate more communication. Chairwoman Holt assured that the TCAC members are interested and willing to provide written reports prior to meetings to be included in the meeting materials.

Public Health Preparedness Update – Ms. Susan True, Division of State and Local Readiness/COTPER - Ms. Susan True provided an update of the Public Health Emergency

Preparedness (PHEP) in Indian Country. Ms. True began her presentation by asking how many of the tribes were engaged in the preparedness activities with the state. The response was that states, for the most part, were leaving this at the local level and not providing leadership to local partners. It was noted that the relationship with the National Association of County and City Health Officers (NACCHO) was also minimal by tribes. A few tribal leaders indicated that they were involved in the planning of the PHEP Summit planned in Washington, D.C. on February 20-23, 2007.

Ms. True shared that the PHEP is now in Budget Period two of its second five-year project period. Funding for PHEP is done in five-year cycles. The Pandemic and All-Hazards Preparedness Act has just been reauthorized. Currently, the continuation guidance for grantees is being written for Budget Period eight (FY 2007). The draft guidance is expected to be released in February 2007 with the final version pending. The Pandemic Influenza Phase three funding is being rolled into Budget Year eight so that there will be only one application for grantees to complete for both all-hazards preparedness and pandemic influenza funding. A competitive pan-flu opportunity will be made available to existing grantees. Within the competitive opportunity, there are six topics that may be pursued; one of these areas addresses increasing the public health emergency preparedness of at-risk populations by working with these populations or those who serve or represent them to initiate evidence-based interventions. This area is relevant to AI/AN tribes. Ms. True strongly suggested that tribes identify their state and CDC points of contact for emergency preparedness and response and that tribal leaders articulate their need and right to collaborate with states to address issues and concerns important to AI/AN communities and people. The grantees have an Interim Progress Report due mid-April 2007 that includes a section in which states discuss in narrative format how they are working with tribes, and provide evidence of the concurrence of tribes with public health emergency preparedness plans and the distribution of dollars to local entities. Tribes will have an opportunity to learn how states report they are working with the tribes. CDC will facilitate increased collaboration and partnerships.

TCAC and AI/AN tribes continue to be concerned that PHEP funding from CDC goes primarily to states, and that tribes are not eligible for direct funding. TCAC articulated that even with the stronger language that appeared in the recent program announcement for the supplemental pan-flu funding, in many situations tribes have not been involved in the planning or implementation of activities that directly impact them even though the states have communicate to CDC that they have been. TCAC communicated that tribes feel they have limited to no access to resources to build tribal capacity and preparedness. Ms. True shared that DSLR has identified tribal issues as a priority and has formed a team to enhance the ability of CDC and its grantees to work more effectively with the tribes. As a result of consulting with specific tribes and the TCAC, DSLR has implemented several measures to hold states more accountable and assist tribes to benefit directly and indirectly from resources allocated. The grantees (the states) have an interim report due on April 15, 200, and there is a section that states must provide in narrative form addressing how they are working with tribes. Ms. True suggested that this information could be compiled and shared with TCAC. CAPT Snesrud also suggested that this group could be invited to the next TCAC meeting to have a dialogue with the tribal leaders.

Ron MacLean described a specific situation impacting his tribe in terms of accessing funding through the state and the process of receiving funds after the fact and with extensive

bureaucracy. Ms. True indicated that she would look in to this situation, as similar funding from the IHS does not require the same bureaucracy. She also presented a list of questions for future discussions with TCAC. Ms. True indicated that her division has two position openings for which she is recruiting, including a Public Health Advisor and a Project Officer with responsibility for a tribal workgroup as well as other workgroups (in part a tribal liaison).

CDC and IHS Partnerships – Dr. Ralph Bryan, OD/OSI/OMHD and Dr. Nat Cobb, IHS Division of Epidemiology and Disease Prevention (DEDP) – Dr. Bryan and Dr. Cobb discussed the collaborative partnership between CDC and IHS to maximize resources to address public health issues. Dr. Bryan introduced many of the CDC staff assigned to the IHS Division of Epidemiology and Disease Prevention (DEDP) in Albuquerque and CDC staff from the Division of Diabetes Translation (DDT) who are also located in Albuquerque at the CDC National Diabetes Program.

Dr. John Redd, a Medical Epidemiologist with CDC's Division of Viral Hepatitis, NCHHSTP, who also serves as Chief, Viral Hepatitis and Liver Disease Section for DEDP/IHS, provided an overview of projects underway that address liver disease, viral hepatitis, and HIV. He described a number of collaborative projects between CDC, IHS, and tribes/tribal organizations that focus on monitoring and preventing these diseases in Indian country.

Ms. Amy Groom, a Public Health Advisor and Epidemiologist with CDC's Immunization Services Division, NCIRD, who also serves a the IHS Immunization Program Manager, provided an overview of immunization activities, including IHS efforts regarding pandemic influenza planning and the IHS Quarterly Immunization Reports. She also discussed studies underway by CDC and IHS to assess childhood, adolescent, and adult immunization coverage among AI/ANs, particularly to help determine where disparities may exist.

Ms. Cecile Town (*Yakama/Choctaw)*, a Research Officer with CDC's Immunization Services Division, NCIRD, who also serves as the IHS Immunization Registry Coordinator, described State-based Immunization Information Systems (IIS) that work to consolidate immunization information into one reliable source. IHS and many tribal facilities have a parallel system for immunization tracking. Currently IHS, CDC, and the states are working to use data exchange software to help ensure that IISs accurately and completely monitor immunization coverage among AI/AN children.

Ms. Melissa Jim (*Navajo*), an Epidemiologist with CDC's Division of Cancer Prevention and Control, NCCDPHP, who also serves as Epidemiologist for the IHS cancer group, gave an overview of the National Program of Cancer Registries, which has been administered by CDC since 1994, and the National Cancer Institute (NIH)-sponsored SEER program (Surveillance, Epidemiology, and End Results). Ms. Jim and colleagues are helping to match records from the IHS user population with state registries to correct for racial misclassification – a process which often results in substantially increased numbers of AI/AN persons being included with corresponding increases is estimates of AI/AN cancer incidence rates. They plan to publish results of this work as a monograph in the journal *Cancer* and as part of the *Annual Report to the Nation* on cancer - - the latter with a special section on cancer in the AI/AN populations. Ms. Jim and colleagues are using a similar approach to help correct racial misclassification in death registry data.

Mr. Freddie began the discussion by praising the CDC staff and their commitment to Indian country, and asked that they encourage and support young AI/AN professionals when they join their ranks. The discussion continued regarding the need to share training opportunities and information among all the agencies and the need to develop internship and mentorship programs for AI/ANs. It was recommended that CDC get past the ownership of information and share information for the greater good.

CDC/ATSDR Budget Briefing for the TCAC by Robert Curlee of the Financial Management Office - Mr. Robert Curlee, Deputy Director of FMO joined the TCAC meeting by telephone with his presentation and update on the budget. CDC/ATSDR has been anxiously waiting to hear from Congress regarding the Continuing Resolution (CR) that currently ends on February 15th. HHS, including CDC, expects to operate under for this CR for the whole fiscal year. This CR will mean level funding with last year. The FY 2008 CDC budget will be made available to TCAC when it is publicly released by the Secretary of HHS and Dr. Gerberding.

In the budget process, CDC has to address Congressional priorities, constituent and partner priorities, and health priorities and emerging issues. Mr. Curlee briefly reviewed the recent funding history of CDC, which indicates a fairly steady increase, part of which has been due to the pandemic flu epidemic issues. Strategic National Stockpile has increased 895% since 2001 (Hurricane Katrina); terrorism has increased 3%; Vaccines for Children increased 82%; increased by 701%; Global AIDS increased 57%; Birth defects 61%: Global immunization 30%; Global Health increased by 19%; Health Statistics increased by 5%. Decreases have been in occupational safety by 1-%; injury prevention by 12%; tuberculosis by 16%; STC by 17%; Domestic HIV/AIDS by 19%; Leadership & management by 20%; business and services support by 32%. Facilities have decreased by 51%; and some programs eliminated. The one-time funding for pandemic flu has been proposed to be zeroed out in the next budget.

The outlook for FY 2007 includes minimal program increases with an emphasis on Pandemic Flu, emerging infectious diseases, rapid HIV testing, immunization, and preparedness. TCAC discussion raised the concern about the amount of resources spent in preparedness planning and how this often does not filter down to most vulnerable communities.

Mr. Peercy raised his concern about the amount of resources spent in preparedness when nothing happens, such as Y2K, while recognizing the need to be prepared in the event of a real emergency. He and all of TCAC again raised the concern about CDC fully supporting the TCAC and other consultation activities of the agency. The TCAC is feeling empowered to speak and provide recommendations but want assurances that OD will provide adequate staff resources to follow-up in assisting the agency to address those recommendations for all of Indian country. Mr. Peercy also raised the issue regarding the need for CDC consider a tribal set-aside funds for grant programs specifically for tribes to address the specific government to government relationship.

Mr. Curlee addressed the infrastructure needs of the TCAC being requested by stating that he needs to have further discussion with Captains Snesrud and Bryan regarding the future staffing needs. With regard to the set-aside funding, Mr. Curlee indicated that it was an excellent

proposal to identify a specific set aside for tribes and that he could bring this to the CDC Financial Strategies Committee for consideration. Mr. Peercy offered to develop a short concept paper to further define this proposal. TCAC wants to continue discussions with FMO to establish guidelines and a timeline to allow tribal stakeholders to provide annual input into the CDC budget formulation process. TCAC further suggests that CDC should monitor and track where tribal recommendations have influenced CDC priorities and goal process, and have enhanced tribal access to CDC resources.

Dr. Taylor McKenzie asked Mr. Curlee about the reduction of funding for tuberculosis, as their experience with tuberculosis has been that when funding gets cut, cases have increased. He asked what the rationale was for the reduction of funding. Mr. Curlee indicated that he would have to get more information before he responded. Chairman Keel asked how CDC was addressing inflationary increases; Mr. Curlee indicated that there is not an easy answer and that realistically the inflationary costs will have to be absorbed.

CAPT Snesrud asked Mr. Curlee to indicate at what point it would be most effective for the TCAC to have input in the budget process (FMO and OSI – oversight office- cross walk). Mr. Curlee responded that CDC is working more towards performance outcomes and he can take this question back to FMO to find ways to address this concern. CAPT Snesrud also asked how CDC can show the TCAC and other tribal leaders within the budget formulation how CDC is responding to input and testimonies provided from Indian country. It was suggested by Chairman Keel that these questions need to be followed up on by the staff and brought back to the Committee at the next meeting.

TCAC Action Items and Recommendations & Future Meetings- Chairwoman Holt reconvened the TCAC meeting after lunch and asked that CAPT Snesrud send the recommendations from this meeting to all the TCAC members for their input as soon as possible. She and the whole TCAC recommended that Dr. Gerberding be asked to honor the agency's commitment and obligation to fully implement the procedures of the CDC/ATSDR Tribal Consultation Policy by assuring that adequate staff and resources are available within the Office of the Director to support TCP implementation and ability to respond in a timely and effective manner to the recommendations made by TCAC. TCAC reiterated their previous high priority recommendation to CDC to expand efforts to ensure that funds currently awarded to state health departments through CDC cooperative agreements are appropriately benefiting AI/AN people in those states. CAPT Snesrud asked NIHB what it costs to have a TCAC meeting and Ms. Bohlen indicated that it costs approximately $30,000. It was suggested by CDC staff that the next meeting be held at CDC in Atlanta, GA to capitalize on the opportunity for CDC senior leadership to consult and dialogue with the TCAC and other tribal leaders. It was suggested that NIHB work with CAPT Snesrud/OMHD to prepare a budget for TCAC and consultation activities for this next year. Ideally, having meeting times set well in advance will be beneficial to CDC and tribal leaders and assure ample planning can go into each meeting to achieve desired outcomes. TCAC did express the desire to plan a whole public health day for the next NIHB Consumer's Conference and to schedule a TCAC meeting to occur simultaneously. It was noted that Annual Consumer Conference was scheduled for September 24-28, 2007 in Portland, OR.

CAPT Snesrud asked that when meeting minutes are received by TCAC members, everyone please take the opportunity to review them and then respond back with any suggested changes or additions so that minutes can be posted for other tribal leaders to see.

Engagement of TCAC in ATSDR's Evaluation of the Office of Tribal Affairs (OTA) and Expert Panel – CAPT William Cibulas, PhD, Director, Division of Health Assessment and Consultation /ATSDR, Ms. Leslie Campbell, Interim Tribal Coordinator and Ms. Kris Larson, DHAC/ATSDR - ATSDR convened an expert panel to review and discuss past accomplishments of its Office of Tribal Affairs (OTA). The panel was made up of experts Connie Garcia, Albuquerque Area Indian Health Board Program Director; Patrick Bohan, Assistant Professor at East Central University of Oklahoma; Earl Hatley of LEAD Agency, Inc of Oklahoma; Edward Garrison, Faculty member at Dine College; Derrith Watchman-Moore, Policy Advisory, NM Environmental Department; and Linda Holt, Portland Area Indian Health Board. The panel was specifically interested in addressing two questions with TCAC as part of their research process: 1) what environmental health issues should be addressed by OTA? and 2) what environmental health programs have you found to be beneficial? TCAC members were asked to brainstorm these questions and share their feelings and opinions. A number of issues were raised in the resulting discussion that will become part of the report of the Expert Panel that will help ATSDR to be responsive to recommendations from across Indian country.

In reference to the first question, some issues indicated by TCAC members included solid waste due to the lack of infrastructure; old gas stations where gasoline leakages due to abandoned gas tanks; toxic substances that haven't reached the level of superfund definition; environmental damage due to small industry e.g., chicken processing plants, uranium plants/processing and the damage that they have done to the environment, abandoned mines, e.g., coal mines, dumping of waste products, farming pollution from farms located adjacent to the reservation boundaries, contamination of the surface water and aquifer, water treatment systems, over-grazing and poor management of livestock on the reservation, drought and the erosion that results from it, the threat of mad cow disease, pandemic influenza, water quality issues in terms of human consumption, impact of energy resource development, mercury emissions not regulated and the impact needs to be taken into account.

In response by panel members to various concerns expressed by tribal leaders, they were referred to their EPI Centers. The lack of funding to address many of these issues was also mentioned. Mr. MacLean pointed out that the statistics presented earlier showed that the incidences of cancer was higher in most areas for AI/ANs so he asked why wasn't CDC putting out more resources and studies to find out the causes and address these issues.

The second question resulted in the following responses: one of the biggest problems is that tribes are not aware of programs such as ATSDR and it is necessary to find more effective ways to get tribes informed about the services available to them; tribes going through the "consent degree" can effective get funding to close the open dumps and address the contamination from abandoned gas stations (such as the legal services for Navajo Nation); it is also time to get tribes to seek out services from agencies other than just the Indian Health Service;

Mr. Killsback also asked if this Office has authority to address chemical or toxic waste spills from trucks carriers. Ms. Campbell indicated that they could be one of the responders. Michelle Watters also responded by saying that an individual would report a spill and then this begins a reaction from other agencies. A follow-up question regarding assistance to tribes in the development of policies elicited a response from Ms. Campbell indicating that this would be more regulatory and they would not assist with this. CAPT Cibulas indicated that this was an important question and it needed to be taken back to others as a point of concern and need.

TCAC members were encouraged to e-mail any further thoughts regarding these two questions to Ms. Campbell at lcampbell@cdc.gov within the next two days. Mr. Freddie commented on the research that has been done on AI/ANs and hoped that we are at a point of being proactive.

TCAC adjourned at 3:30 p.m.