

# CDC/ATSDR Tribal Consultation Advisory Committee (TCAC) Membership Recruitment

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) released their Tribal Consultation Policy (TCP) on October 18, 2005.<sup>1</sup> The TCP establishes standards to guide CDC in working effectively with tribes and tribal organizations and will help to ensure increased tribal access to CDC programs and resources. The policy also outlines several venues for tribal consultation and information exchange with CDC staff and leadership that maximize both tribal and agency participation. Key components of CDC's consultation procedures will be biannual tribal consultation sessions, the CDC Tribal Consultation Advisory Committee (TCAC), and CDC participation in annual HHS national and regional tribal consultation sessions. Each opportunity will complement, and not supplant, any other government-to-government consultation activities that CDC undertakes. We believe that tribal partnerships will be strengthened through increased opportunities for tribal input into CDC's decision-making processes. Through this announcement, CDC is soliciting nomination of tribal leaders to serve on the TCAC. The purpose, membership, membership selection, roles and responsibilities, meeting frequency and structure, expected outcomes of the TCAC are summarized below. The complete TCP is available at <http://www.cdc.gov/omh/Populations/AIAN/TribalConsultationPolicy.pdf>

## **Purpose of the CDC TCAC**

The purpose of the TCAC is to provide a complementary venue wherein tribal representatives and CDC staff will exchange information about public health issues in Indian country, identify urgent public health needs in AI/AN communities, and discuss collaborative approaches to addressing these issues and needs.

## **Membership**

The TCAC will be composed of an elected tribal leader (or their designee empowered to speak on their behalf) and an alternate from each of the 12 traditional geographic regions in Indian country and an elected tribal leader and alternate representing the National Congress of American Indians, National Indian Health Board, National Council of Urban Indian Health, and the National Tribal Environmental Council. These 16 tribal leaders will constitute this new advisory committee.

## **Membership Selection**

In October of 2005, CDC's Office of Minority Health and Health Disparities (OMHD) established a cooperative agreement with the NIHB. As part of this agreement NIHB in collaboration with Area Health Boards will work to select an elected tribal leader and alternate from tribes in their area to serve on the TCAC. CDC recognizes that each area tribal health board or similar coalition of tribal leaders is organized uniquely and will develop a process for selection that tribes in the area will support. We ask that each health board institute clear procedures as to how their representative will keep tribal constituents informed of TCAC activities. We expect that each Area Health Board will determine a process for their representative to receive discussion topics from other tribal leaders for TCAC meetings and in turn share information about TCAC activities according to procedures developed by the tribes in their region. The deadline for nomination is May 31, 2006. CDC respectfully requests that each Area Health Board (or similar coalition) submit their selection of a primary and alternate representative to CAPT Pelagie ("Mike") Snesrud, RN, Senior Tribal Liaison for Policy and Evaluation, [pws8@cdc.gov](mailto:pws8@cdc.gov), 404-498-2343 at CDC's Office of Minority Health and Health Disparities.

## **TCAC Member Role and Responsibilities**

Each area representative must be aware and knowledgeable about public health issues affecting tribes and AI/AN people in their area and willing to bring these issues to the attention of other tribal leaders and the CDC.

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<sup>1</sup> In this document and the TCP, the term "CDC" refers to both ATSDR and CDC

Each TCAC member will be expected to attend an estimated two meetings per year lasting two days (TCAC Meeting and the BiAnnual CDC Tribal Consultation Session) and participate by conference call in additional meetings determined necessary by Tribal Co-Chairs. TCAC members will work with the Area Health Board and CDC to share information with tribes in their area.

### **TCAC Meeting Frequency and Structure**

TCAC meetings will occur in conjunction with formal tribal consultation sessions twice each year, in the spring hosted by a tribal organization and in Atlanta in the fall that will focus on budget issues. TCAC conference calls will be held as needed and additional meetings may be scheduled depending on need and availability of funds. The TCAC membership will develop its own internal structure, rules of order, and by-laws, including rules for rotation of membership. The TCAC membership will elect Co-Chairs that are either elected tribal leaders (or designees); a designee from OMHD will serve as the executive secretary. The Executive Secretary and staff will assure that all TCAC meetings and recommended actions are formally recorded and made available to tribal governments. At any time, any tribal leader may attend TCAC meetings or, if unavailable to attend, may ask TCAC members to present issues on their behalf.

### **TCAC Budget**

The TCAC budget, including travel, per diem, communication and other related expenses, will be proposed to CDC on an annual basis for each subsequent fiscal year. CDC will work to ensure that the subject matter technical experts are available as needed to assist the TCAC in fulfilling its mission.

### **Anticipated Outcomes**

The TCAC will provide an established, recurring venue wherein tribal leaders will advise CDC on the government-to-government consultation process and assist CDC in the planning and coordination of biannual tribal consultation sessions. The TCAC will also help to ensure that CDC activities or policies that impact Indian country are brought to the attention of all tribal leaders. As a result of the TCAC, CDC will have the opportunity to talk directly with elected tribal leaders from across Indian country about public health issues and collaboratively identify strategies to address these issues. The input and recommendations provided by tribal leaders will impact CDC decision making processes and help guide CDC as it strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships. Recommended follow-up actions will be implemented and tracked within CDC and reported to tribes in a timely manner.

1. CDC Tribal Consultation Policy (Oct. 05) and Q&A Fact Sheet (April 2006) available for tribal leader review
2. CDC will distribute a Dear Tribal Leader Letter with the assistance of NIHB to inform tribal leaders and health directors about the establishment of the TCAC. (May 06)
3. CDC will host an informational conference call about the establishment of TCAC for Area Health Boards and Tribal leaders. (April 20, 2006)
4. Area Health Boards will seek nominations for Tribal Leaders or their designee willing to serve on the CDC TCAC. (April – May 06)
5. Area Health Boards confirm selected representatives (by May 31, 2006)
6. CDC will ask Area Health Board Executive Directors and primary and alternate TCAC members to sign a Memorandum of Understanding (MOU) relative to their TCAC term. (May 31, 2006)
7. TCAC will convene for inaugural TCAC Meeting in Atlanta, GA (summer of 2006).
8. CDC and the TCAC will plan the first biannual tribal consultation session to occur in October to mid November, 2006 at CDC Headquarters in Atlanta, GA