



**National Indian Health Board
Annual Consumer Conference
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Phoenix, AZ**

**Centers for Disease Control and Prevention:
Programs for Indian Country**

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Disparities





Outline

- Good news
- Overview of CDC mission and goals
- Highlights of programs for Indian country
- Tracking CDC resources that support tribal programs
- Summary of FY 05 grants and cooperative agreements awarded to tribes/tribal organizations
- CDC Tribal Consultation Initiative



Centers for Disease Control and Prevention

- An operating division within the Department of Health and Human Services
- An agency of the Public Health Service
- Headquarters in Atlanta, Georgia
- Field offices/labs in numerous states and countries
- Over 9,000* employees in 170 occupations
- Annual budget of \$8.0 billion



* Plus around 6,000 contractors

CDC: Healthy People in a Healthy World

CDC . . .

- . . . is the nation's premiere health promotion, prevention and preparedness agency, and a global leader in public health.
- . . . as the sentinel for the health of people in the United States and throughout the world, strives to protect people's health and safety, provide reliable health information, and improve health through strong partnerships.



CDC Mission:

To promote health and quality of life by preventing and controlling disease, injury, and disability.

- CDC seeks to accomplish its mission by working with partners throughout the nation and the world to
 - monitor health,
 - detect and investigate health problems,
 - conduct research to enhance prevention,
 - develop and advocate sound public health policies,
 - implement prevention strategies,
 - promote healthy behaviors,
 - foster safe and healthful environments,
 - provide leadership and training.



CDC's Six Strategic Imperatives

- **Health Impact Focus:** Align CDC's people, strategies, goals, investments, and performance to maximize impact on people's health and safety.
- **Customer-centricity:** Market what people want and need to choose health.
- **Public Health Research:** Create and disseminate the knowledge and innovations people need to protect their health now and in the future.
- **Leadership:** Leverage CDC's unique expertise, partnerships and networks to improve the health system.
- **Global Health Impact:** Extend CDC's knowledge and tools to promote health protection around the world.
- **Accountability:** Sustain people's trust and confidence by making the most efficient and effective use of their investment in CDC.



CDC's Four Overarching Health Protection Goals

- **Healthy People in Every Stage of Life**—All people, and *especially those at greater risk of health disparities*, will achieve their optimal lifespan with the best possible quality of health in every stage of life.
- **Healthy People in Healthy Places**—The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.
- **People Prepared for Emerging Health Threats**—People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.
- **Healthy People in a Healthy World**—People around the world will live safer, healthier and longer lives through health promotion, health protection, and health diplomacy.



CDC AI/AN Programs: Leadership

- Office of the Director (OD)
 - Office of Strategy and Innovation (OSI)
 - Office of Minority Health and Health Disparities (OMHD)
 - CDC Associate Director for Minority Health and Director, OMHD
 - Senior Tribal Liaisons:
 - » Policy and Evaluation (Atlanta)
 - » Science and Public Health (Albuquerque)





CDC AI/AN Programs: Types of Assistance

- Tribal grants and cooperative agreements*
- CDC - funded State and academic programs
- Technical assistance
- Direct assistance
- Outbreak investigations
- Community outreach/health assessment
- Training and publications



* www.grants.gov





MMWR™

Morbidity and Mortality Weekly Report

Weekly

August 1, 2003 / Vol. 52 / No. 30

Health Disparities Experienced by American Indians and Alaska Natives

American Indians and Alaska Natives (AI/ANs) are a heterogeneous population with approximately 560 federally recognized tribes residing in the rural and urban areas of 35 states. In 2000, a total of 2.5 million persons (0.9% of the U.S. population) classified themselves as "AI/AN alone" and 4.1 million (1.5%) as "AI/AN alone or in combination with another race." During 1990–2000, the AI/AN population increased 26%, compared with 13% for the total U.S. population. Of all racial/ethnic populations, AI/ANs have the highest poverty rates (26%)—a rate that is twice the national rate. Coincident with these socioeconomic burdens are persistent, and often increasing, health disparities.

This issue of *MMWR* describes disparities in health for certain preventable health conditions (i.e., diabetes, cancer, bronchiolitis, and injuries) among AI/ANs. The rates of injuries, diabetes, and bronchiolitis were two to three times as high among AI/ANs than among all racial/ethnic populations combined. Cancer death rates among AI/ANs were lower than the overall U.S. rate, with large regional variations. Public health efforts are ongoing to address these disparities. These efforts reflect the importance of partnerships among tribal, state, and federal public health organizations. The high vaccination coverage among Alaska Native children reported in this issue demonstrates that effective public health interventions can make a difference. Similar successes are needed in other program areas. *MMWR* will continue to highlight health disparities among this and other racial/ethnic minority populations in the United States.

Injury Mortality Among American Indian and Alaska Native Children and Youth — United States, 1989–1998

Injuries account for 75% of all deaths among American Indian and Alaska Native (AI/AN) children and youth (1), and AI/ANs have an overall injury-related death rate that is twice the U.S. rate for all racial/ethnic populations (2). However, rate disparities vary by area and by cause. To help focus prevention efforts, CDC analyzed injury mortality data by Indian Health Service (IHS) administrative area and by race/ethnicity. This report summarizes the results of these analyses, which indicate that although death rates for some causes (e.g., drowning and fire) have shown substantial improvement over time, rates for other causes have increased or remained unchanged (e.g., homicide and suicide, respectively). Prevention strategies should focus on the leading causes of injury-related death in each AI/AN community, such as motor-vehicle crashes, suicides, and violence.

Mortality data were obtained from CDC's National Center for Health Statistics (NCHS) for 1989–1998 for black and

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- 704 Cancer Mortality Among American Indians and Alaska Natives — United States, 1994–1998
- 707 Bronchiolitis-Associated Outpatient Visits and Hospitalizations Among American Indian and Alaska Native Children — United States, 1996–2000
- 710 Vaccination Coverage Levels Among Alaska Native Children Aged 19–35 Months — National Immunization Survey, United States, 2000–2001
- 713 West Nile Virus Activity — United States, July 24–30, 2003

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



MMWR™

Morbidity and Mortality Weekly Report

Surveillance Summaries

August 1, 2003 / Vol. 52 / No. SS-7

Surveillance for Health Behaviors of American Indians and Alaska Natives

Findings from the Behavioral Risk Factor Surveillance System, 1997–2000



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Atlas of Heart Disease and Stroke



Among American Indians and Alaska Natives
2005



Immunize Our Children

"Let us put our minds together to see what life we can make for our children."
 —Sitting Bull, Lakota Sioux, 1877

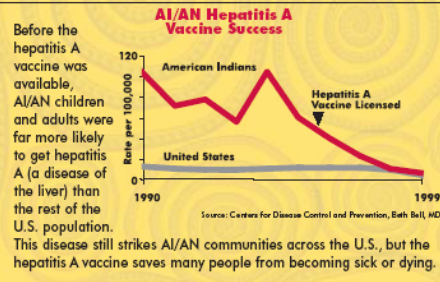
Vaccines—a responsibility to our children

One of the best ways you can protect your children against disease is by having them vaccinated. Vaccination (also called immunization or baby shots) starts at birth. An early start is very important because your baby's immune system is not strong enough to fight diseases. Vaccines boost the immune system without causing disease. Vaccines protect children against some diseases and help keep babies healthy. Protect your children by getting them all the recommended vaccines before they are two years of age.

Please, don't delay.

Vaccines—a success story

American Indian and Alaska Native (AI/AN) children have a greater risk of getting some diseases than other U.S. children. Fortunately, strong vaccination efforts have greatly lowered the number of illnesses and deaths among children and adults. The success of the hepatitis A vaccine illustrates this point.



Ask your health care provider which vaccines your child needs. Keep the circle strong.

Protect The Circle of Life

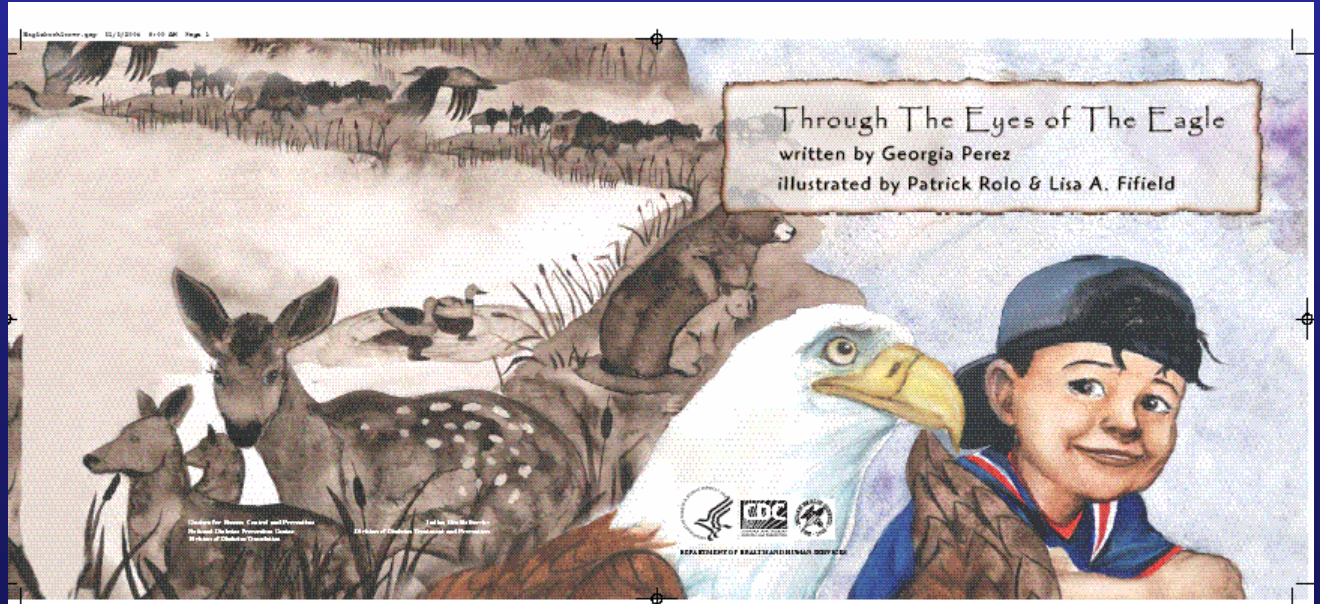


CDC National Immunization Information Hot Line

ENGLISH: 800-232-2522

ESPAÑOL: 800-232-0233

DEAF & HARD OF HEARING: 800-243-7889





CDC AI/AN Programs

- Office of Minority Health and Health Disparities:
 - Policy advice and guidance for CDC Director and Executive Leadership Board
 - Tribal consultation policy initiative
 - Public health careers for AI/AN students
 - Support for regional/national tribal health organizations
 - Budget and resource allocation tracking
 - Guidance and assistance to CDC staff





CDC AI/AN Programs

- CDC Coordinating Centers/Offices and National Centers:
 - Native Diabetes Wellness Program
 - Support Centers for Tribal Tobacco Control and Prevention
 - AI/AN SIDS and Infant Mortality Reduction
 - Effective Strategies to Reduce AI/AN Motor Vehicle Injuries
 - Preventing Sexual and Intimate Partner Violence
 - Atlas of Heart Disease and Stroke Among AI/AN





CDC AI/AN Programs

- CDC Coordinating Centers/Offices and National Centers:
 - HIV Prevention Services
 - AI/AN STD Prevention and Control Programs
 - Asthma Prevention for Alaska Natives
 - Racial and Ethnic Approaches to Community Health
 - STEPS to a Healthier US
 - Cancer Prevention and Control



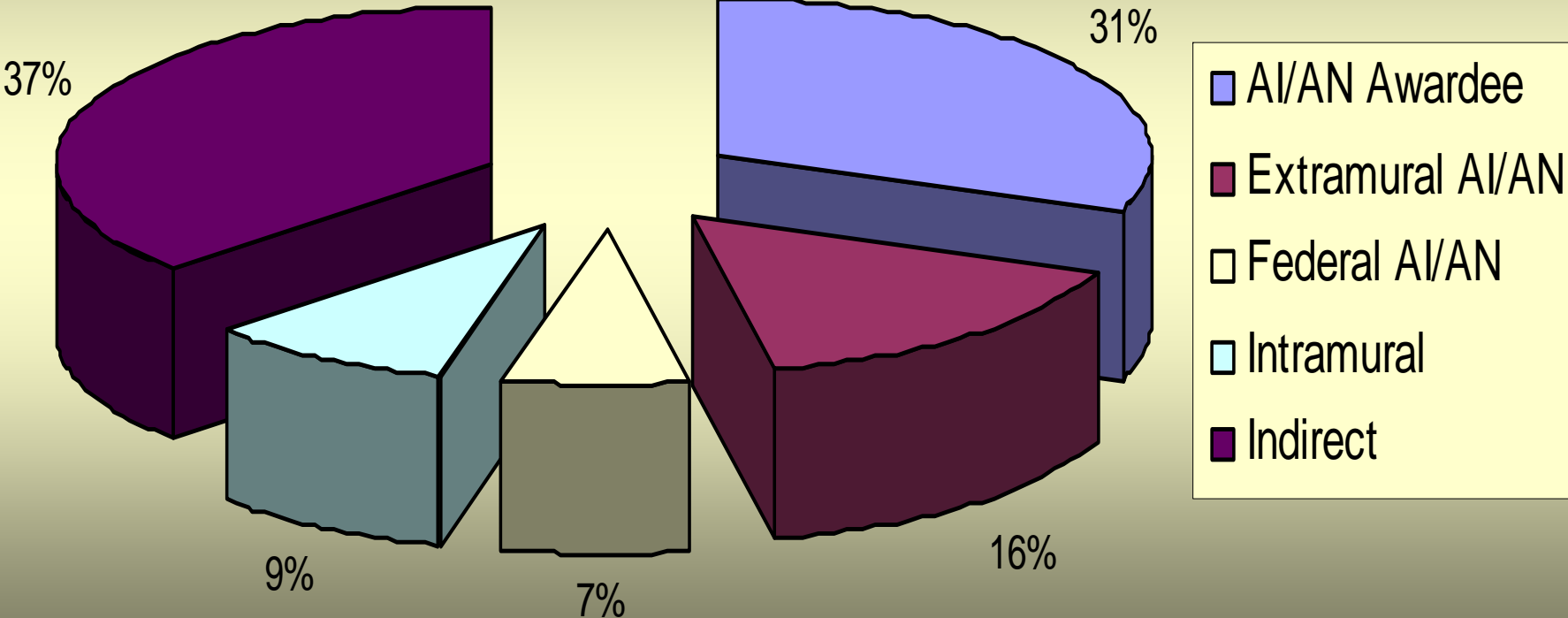


CDC AI/AN Programs: Resource Allocation Categories

- AI/AN Awardees
- Extramural AI/AN benefit
- Federal AI/AN benefit
- Intramural AI/AN benefit
- Indirect AI/AN benefit



FY 2004 CDC AI/AN Funding by Category



FY 2004 AI/AN Funding Category Comparison

Category	Total
AI/AN Awardee	\$25,694,984
Extramural AI/AN	\$13,595,264
Federal AI/AN	\$5,688,141
Intramural	\$7,725,080
Indirect	\$30,785,531
Total AI/AN Funding:	\$83,489,001



Tribal Grants and Cooperative Agreements

Categories of Awardees	FY 2004 (N=48)*	FY 2005 (N=51)
Tribal Governments	14	19
Health Boards	8	8
AN Corporations	6	6
Urban Programs	3	5
Tribal Organizations	11	13**
Total Dollars Awarded	\$25,694,984	\$26,614,818***

*N = number of awardees; actual number of awards were 58 in FY 04 and 64 in FY 05; ** Includes one TCU; *** Preliminary estimate



CDC Tribal Consultation Initiative 1999 - 2005

- Established tribal consultation policy workgroup
- Published plan/procedures for policy development
- Conducted ten regional tribal consultation sessions
- Developed a draft policy based on tribal input
- Brought draft policy into compliance with new HHS Tribal Consultation Policy (January 2005)





National Indian Health Board News Alert!

May 23, 2005

CDC Releases Draft Tribal Consultation Policy

- Mailed draft policy to all tribal leaders
- Distributed the draft electronically with NIHB assistance
- Reviewed and incorporated tribal leaders' comments
- Finalized per CDC policy development procedures



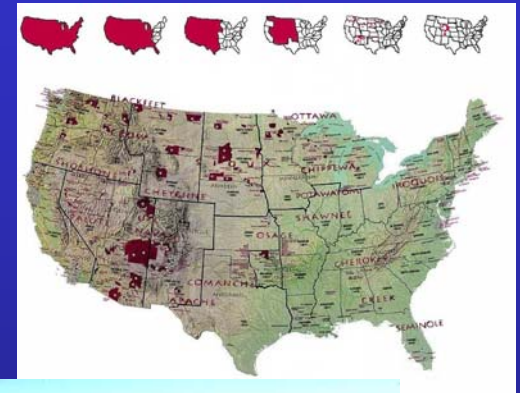
CDC Tribal Consultation Policy: Purpose

- Establishes CDC and ATSDR policy on consultation with AI/AN governments and elected leaders
- Provides guidance to CDC staff on working effectively with tribal communities and organizations
- Helps to enhance tribal access to CDC programs
- Complies with and supports HHS policy
- Is dynamic, responsive to change, and modifiable



CDC Tribal Consultation Policy: Philosophy

- Tribes have an inalienable and inherent right to self-governance
- CDC recognizes its special obligations to, and unique relationship with, tribes
- CDC is committed to fulfilling its critical role in assuring that tribal communities are safer and healthier



CDC Tribal Consultation Policy

- CDC will . . .
 - honor the sovereignty of American Indian/Alaska Native governments
 - respect the inherent rights of self governance
 - commit to work on a government-to-government basis
 - uphold the federal trust responsibility



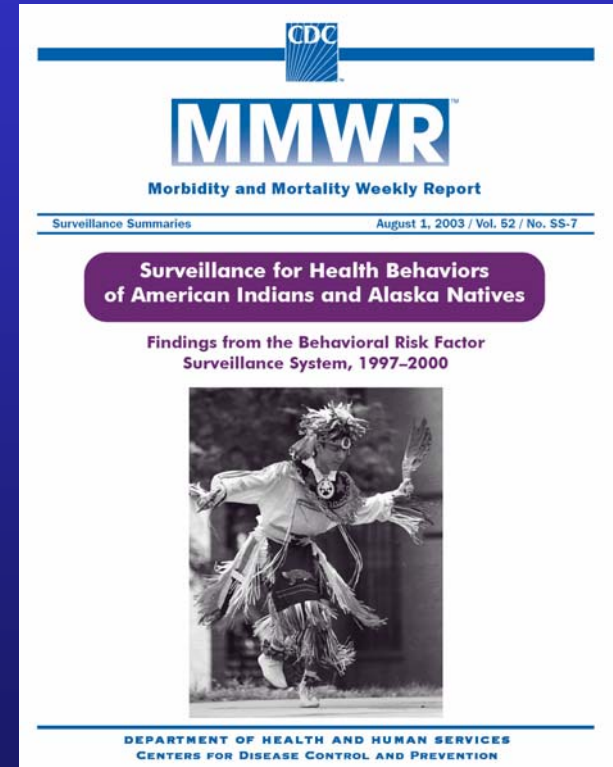
CDC Tribal Consultation Policy: Procedures

- Biannual tribal consultation sessions
- CDC Tribal Consultation Advisory Committee (TCAC)
- HHS national and regional tribal consultation sessions
- CDC budget formulation and resource allocations for tribal programs



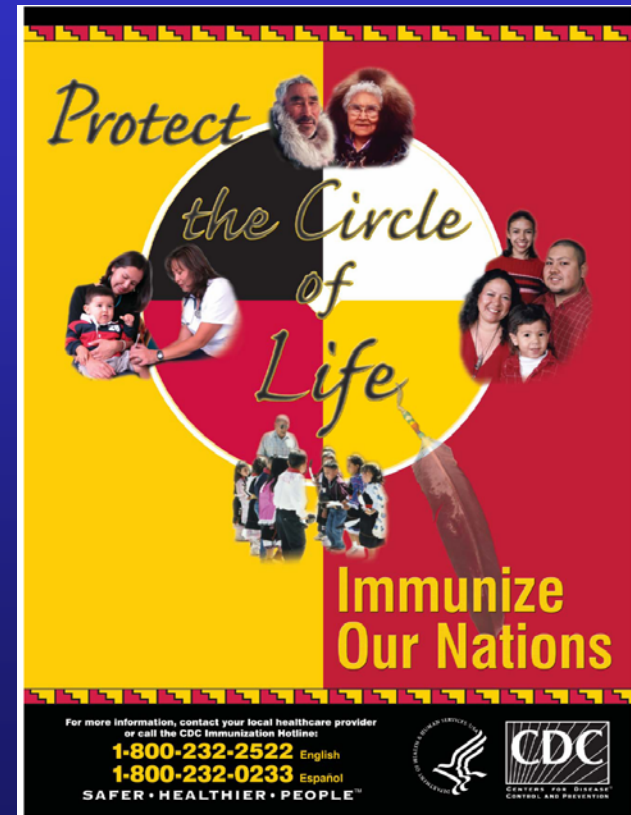
CDC Tribal Consultation Policy: Procedural Guidance to CDC Staff

- Key components of effective tribal consultation:
 - Understanding when to consult
 - Knowing with whom to consult
 - Engaging tribal representatives as meeting co-chairs; following their guidance on protocol
 - Involving, at tribal leaders' discretion, state health department representatives
 - Documenting meetings or other forms of consultation accurately and completely
 - Providing timely feedback to tribal consultation participants and the communities they represent



CDC Tribal Consultation Policy: Procedural Guidance to CDC Staff

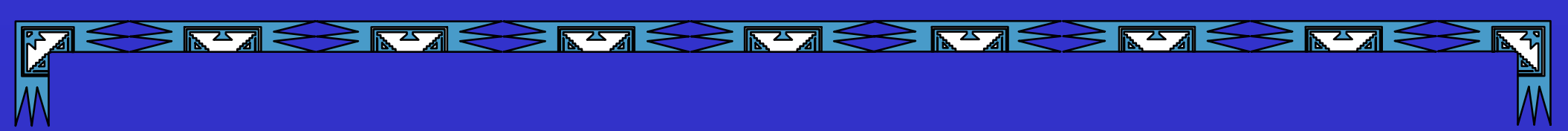
- Working effectively with AI/AN communities :
 - Ensuring that appropriate initial contacts are made and necessary approvals are obtained
 - Maintaining respect for tribal sovereignty, community individuality, and cultural diversity
 - Providing timely feedback to tribal communities
 - Enhancing access to CDC programs, staff, and resources



CDC Tribal Consultation Policy: Next Steps

- Publish final policy in Federal Register
- Distribute to tribal partners
- Market internally/educate CDC staff
- Initiate planning for first consultation session in Atlanta (Spring)
- Engage tribal partners to establish TCAC





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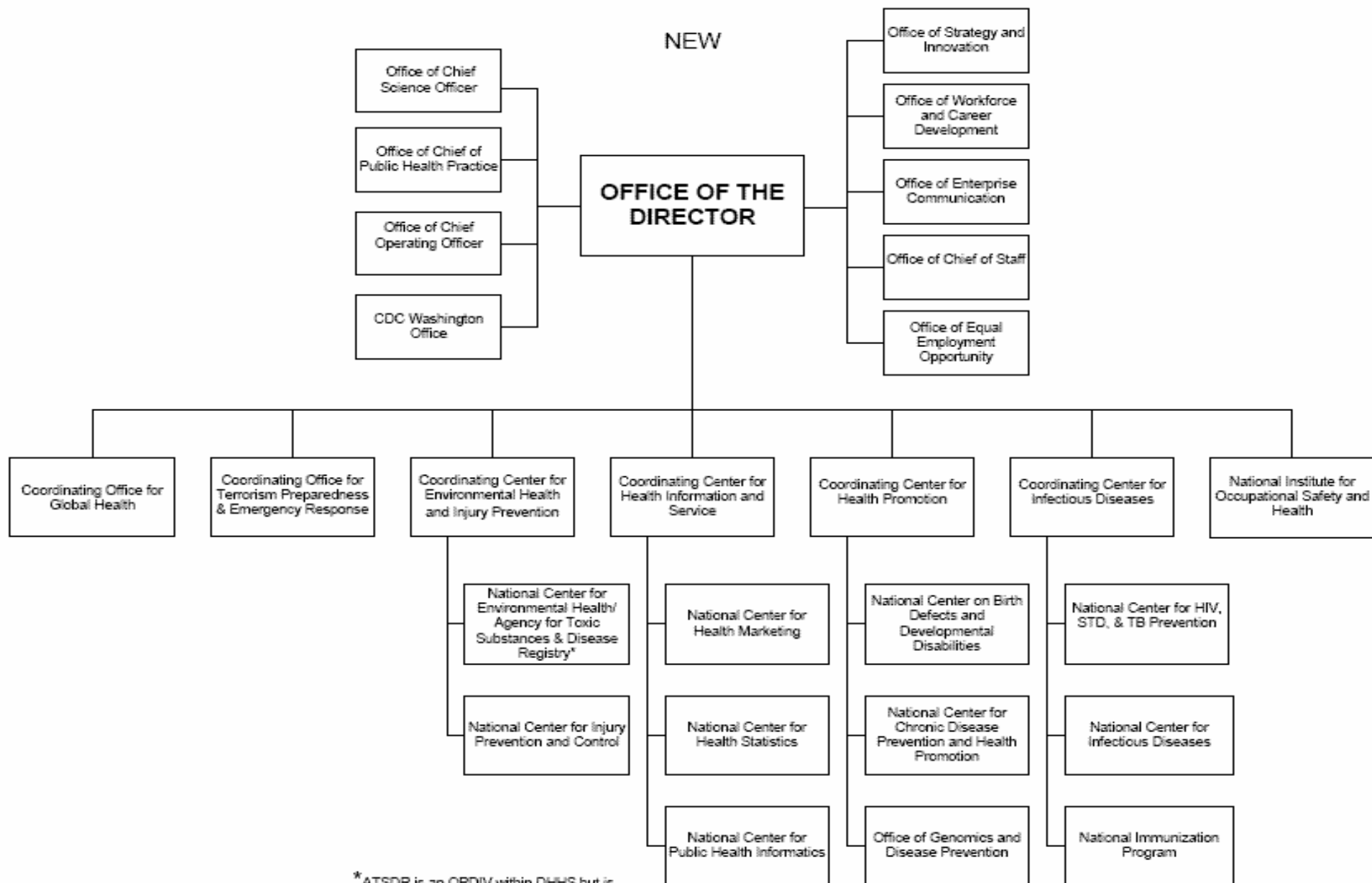
CDC

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**CENTERS FOR DISEASE
CONTROL AND PREVENTION**

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

NEW



*ATSDR is an OPDIV within DHHS but is managed by a common Ofc of the Director with NCEH