Minutes

CDC/ATSDR Tribal Consultation Advisory Committee (TCAC) Meeting

February 26, 2008

Opening Prayer
The attendees were led in prayer by Lester Secatero.

Welcome and Introductions
Chairperson Holt called the TCAC members together.

Members Attending	Area/Agency Represented	Areas Not Represented
Chester Antone	Tucson	Alaska
Evelyn Acothley	Navajo Nation	Billings
gaiashkibos	Bemidji Area	California
Jefferson Keel	Oklahoma	Phoenix
Jerry Freddie	NIHB	DST
Lester Secatero	Albuquerque	NCAI
Linda Holt	Portland	TSGAC
Michael Cook	Nashville	
Roger Trudell	Aberdeen	

Alaska	
Billings	Alaska
California	Billings
Phoenix	California
DST	Phoenix
NCAI	DST
TSGAC	NCAI
TSGAC	

NIHB Staff
Lawrence Shorty
Lisa Neel
Phillip Roulain

Other Guests
Allan Harder, OCAITHB
Bridgett Canniff, NPAIHB
Chris Comfer, Tribal Epi at USET
Christina Comher , USET Epi
Christine Rinki
Cynthia Manuel, Tohono O'odham
Deborah Danforth, Oneida
Eliane Dado, NPAIHB
Evelyn Juan, Tohono O'odham
Jaci McCormick, NPAIHB
Jae Brown, HHS regional Director

CDC/ ATSDR Staff
Alyson Richmond
Andrea Davis
Annie Voigt
Barbara Bowman
Benny Ferro
Bill Dietz
Dan Blackman
Daniel Holcomb
Dawn Satterfield
Dean Seneca
Denise D' Angelo
Dwayne Jarman
Elizabeth Martinez
Ginny Baresch
Gregory Smith
J. N. Brownstein

Janelle Machon
Jennifer Lapointe, Payallup Tribe
Jeremy Marshall, IHA HHS
Joe Finkbonner, NPAIHB
Judith Thierry, IHS
Kathy Hughes, Oneida
Kyla Hagan Alaska Native Epi
Mae-Gilene Begay
Melinda Frank, OK City Area
Minita Running Water, C&A Tribe
Tam Lutz, NPAIHB
Virginia Myers, CRIHB
Zeenat Mahal ITCA Epi

Janice McMichael
Jean Ewing
Jerilyn Gilbert
Joecelyn Dudley
Karen Willis Galloway
Keesler King
Lorraine Whitehair
Mark Biagioni
Mark Green
Mary Schauer
Murray Kampf
Myra Tucker
Patrick Nonnenmacher
Pelagie Snesrud
Ralph Bryan
Rhonda Davidson
Rob Brewer
Rodney Winchel
Sean Cucchi
Shaun Fernando
Sheila Stevens
Stephanie Bailey
Suzanne Folger
Howard Goldberg
T'Ronda Flagg
Terence Sutphin
Thomas Hicks
Tim Hack
Trevia Brooks
Veronica Davison
Walter Holt, Jr.
Wanda King

Review/Approval of January TCAC Minutes
Linda Holt made some edits to the documents as noted by Lawrence Shorty.
She called for more corrections with none given, all the January minutes were approved by Linda Holt.

Highlights of Area and National Organization Reports
Lawrence Shorty noted that all of the original reports are provided in the book.

Roger Trudell reported on the Aberdeen Area, nothing that Area leaders are planning a challenge across the area to formulate an action plan. His Nation completed its "walk to Iraq and back" in January. They are also reviewing Emergency Preparedness needs especially with regards to quarantine and pandemic flu. Many of their communities are very isolated and their health workers are from other parts of the country. They are concerned that there would be disproportionate worker attrition during an emergency because of this. Working effectively with the state is an important goal for them. This has been more successful in North Dakota than South Dakota and has included some participation by Tribes in block grants.

Lester Secatero reported that the Albuquerque area is asking the state of New Mexico for health funding. They are raising funds for their AIDS program and have an AIDS walk planned despite recent cuts in state funding. Alcohol continues to be a significant problem on his reservation. They are working to provide healthcare to all of their people and making strides in dental care although losing ground in diabetes funding.

gaiashkibos noted that Bemidji area is one of the lowest funded areas in the IHS. There are 34 tribes and they are all treaty tribes. They have two hospitals and three service units. There haven't been many changes since his report in Oklahoma City except that gasoline prices have gone up and the cost of living has gone up. The tribe switched a "Priority 1" system Feb 26, 2007 and is still on that footing.

Virginia Myers reported for the California Area. They have been working performing work on Injury Prevention and have been using IHS funds to train-the-trainers. Other issues they are addressing in the Area include: teen pregnancy, diabetes and nutrition and cancer.

Michael Cook, the Executive Director of USET, spoke for the Nashville Area. USET has frequent contact with its member tribes. Mr. Cook's goals in this meeting are: to learn more about CDC and how to use its services.

Evelyn Acothley reported for the Navajo Nation. Their priorities are prevention in health and emergency preparedness. Because of their remoteness many of their elders are without running water and electricity. They are working to extend services to more areas.

Allan Harder reported for the Oklahoma Area. They are continuing to build on the relationships they have with the state. Cherokee Nation recently opened a major clinic in Muscogee. They are improving on their communications between the health board and the tribes, including outreach to the Kansas and Texas tribes. The Kickapoo in Texas are very remote as the nearest airport is a 2.5 hour drive. One recent success is the dental sealant program of the Health Board.

Zeenat Mahal was invited to present for the Phoenix area and deferred to the written report.

Joe Finkbonner reported for the Portland Area that not much has changed since the report in the book. Alcohol and methamphetamine use continued to be major problems. An emerging substance abuse issue is Oxycotton among the Tribes that border Canada. This year marks the fifth Emergency Preparedness conference of the NPAIHB. It is scheduled for July 23-24, in Pendleton Oregon.

Chester Antone spoke from a hard copy of his report which he provided to the delegates. In the Tucson Area there has been a syphilis outbreak in his area with some congenital involvement. Teen suicides are on the rise. He noted that research into these areas is sensitive and that root causes are hard to trace for this reason. He suggested that Tribes need to consider performing their own research, or partnering with researchers and not relying on the research of others. He also noted that diabetes continues to be a challenge as well as simply providing health care to their people.

Cynthia Manuel made some brief comments in support of Mr. Antone's report.

Representing NIHB, Jerry Freddie thanked everyone for coming. He mentioned that the TCAC members know Ralph Bryan, Mike Snesrud and Dr. Williams on sight and consider them "our champions" in making tribal consultation work. He invited the CDC overall to "join our Championship Team." He noted that the mission is to share information with CDC and then to compare documents so that CDC work can be made AI/AN-specific. He announced that NIHB is hosting a Public Health Summit in May 2008 in Green Bay, Wisconsin.

Linda Holt invited the EpiCenter representatives present to make any further comments.

Christine Rinki noted the following priorities for the Aberdeen Area: behavioral health, motor vehicle crashes, tobacco, infant mortality, injury overall, STIs and HIV/AIDS, cardiovascular disease, childhood caries and cancer. She reported that the Tribes have struggled with the difference related to the distribution of infrastructure (state) versus tribal needs (remote communities). They are not included in the state planning process to support prevention and control activities. They struggle to recruit and maintain public health professionals in their programs and don't currently have the lens to adequately describe their health disparities and successes.

Bridgett Caniff of NPAIHB noted that the CDC has a cooperative agreement with three epi centers (as presented at the last TCAC meeting) and they have been pleased to have this support from CDC and have worked together on some important issues. They have greatly benefited from the partnership with CDC.

Linda Holt invited Jeremy Marshall from HHS to share his thoughts. He announced the upcoming HHS Consultation session. He offered the updated regional consultation sessions calendar to the participants.

Agenda/ Charter Review

Linda Holt asserted that the TCAC and the TCAC co-chairs should be more deeply involved in the creation and implementation of the agenda. Linda Holt recommended that page 4 of the charter include an insertion that the TCAC co-chairs should have final approval of the draft agenda.

NIHB was asked to research the cost of a password-protected portion of its website for members to access documents in real time.

Chronic Disease Prevention and Health Promotion: Priorities and Strategies in Indian Country

Janet Collins, Director, National Center for Chronic Disease Prevention and Health Promotion
Wayne Giles, Director, Division of Adult and Community Health
William (Bill) Dietz, Director, Division of Nutrition, Physical Activity, and Obesity
Barbara Bowman, Associate Director for Science, NCCDPHP
Dawn Satterfield, Health Education Specialist
Sean Cucchi, Associate Director for Policy

Dr. Collins reviewed her slides including a description of Chronic Diseases as an issue in the United States.

Wayne Giles reviewed the programs of his Center in more detail. He asked for help from the TCAC in advertising funding opportunities to allow for more applications from underfunded Areas. There was intense discussion among the group regarding funding applications and why they must be competitive. Roger Trudell noted that the health disparities are partly fueled by the same things that make it difficult to compete successfully for grant funds. Allan Harder commented that the smaller tribes across the nation are suffering because of the competitive nature of the process.

Ralph Bryan noted that the CDC PGO is trying to be more proactive in its technical assistance to tribes. CDC is improving its transparency on reporting where funding is going.

William (Bill) Dietz noted his program's following priorities: To reduce obesity, Increase exercise, Increase veggies, Reduce sugary drinks, Reduce high-energy density intake, Reduce television viewing, particularly in kids, Increase breastfeeding.

Roger Trudell commented on the pressures of economics in food choices. Access to fresh fruit and vegetables are not just access (in the store) but also an economic issue (no money to buy them). He mentioned that many AI/AN people still will choose commodities when they have the choice between commodities and food stamps.

Wayne Giles performed a brief review of the Behavioral Risk Factor Surveillance Survey (BRFSS) review noting, "What gets measured is what gets done." In response to discussion, he expanded on his comments to note that the sampling system is getting broader to include phone, mail, internet and cellular phone outreach.

Barbara Bowman reviewed a written report on the cancer control programs of CDC. In their comprehensive cancer control plan, the first step is to work together with communities to develop a plan. All the states have completed their plans but some Tribal sites have not.

Dawn Satterfield reported on the Diabetes projects of CDC. The "Through the Eyes of the Eagle" books have been a tremendous success and have generated a 2-D animation, an educational exhibit, and a Tribal schools curriculum. She offered the new posters from this program with Sam English art on them to the attendees.

In addition, she reported that the Division of Heart Disease and Stroke Prevention research is opening up. They may plan a telephone consultation process to get input on those plans as they are developed.

Maternal and Child Health Activities and Accomplishments: Priorities and Strategies in Indian Country

Myra Tucker, Nurse Epidemiologist, Tribal Liaison, NCCDPHP/ Division of Reproductive Health
Judith Thierry, MCH Coordinator for IHS

MCH Coordinators from Tribal Epicenters
Christina Compher
Christine Rinki
Kyla Hagan
Tam Lutz
Zeenat Mahal

Myra Tucker explained how Judith Thierry invested in MCH epidemiologists at each Tribal epi center.

Tam Lutz reported on the work of the NWPAIHB. In looking at their MCH grant, they reviewed issues that had been previously identified and also ones that had epidemiologic support: Infant Mortality, Injury related morbidity and mortality, Obesity and child overweight, Oral health and Alcohol and Substance Abuse, particularly FASD. To address these issues, they undertook the following activities: child safety seat study analysis, analysis of WIC data, grant writing, development of feeding questionnaires, PRAMS analysis, FAS training and breastfeeding resources / mom training. MCH workgroups they participated in included: Perinatal Periods of Risk Assessment (PPOR), Healthy Native Babies, Conference Workgroups, IHS MCH Epi Group, and Washington/ Oregon PRAMS workshops. They completed additional analysis and a report on a 2003 Child Safety Seat study, among other activities.

Christine Rinki reported on the work of the Aberdeen Area including addressing the issues of: MCH Epi Core, Younihan Project (FASD), Healthy Native Babies (SIDS), and

South Dakota Tribal PRAMS. Their communities experience persistent and dramatic disparities in infant mortality and post-neonatal mortality. The PRAMS CDC initiative was designed to reduce infant mortality and low birth weight births. In this work they altered the PRAMS protocol to address local constraints. The protocol modifications they developed are promising and replicable.

Zeenat Mahal reported that the Intertribal Council of Arizona serves 20 tribes in the state of Arizona. The Epi Center provides epidemiologic, public health services, technical assistance and training to Tribes in the Phoenix and Tucson Areas. Although the rates of SIDS are not high in their communities, they are of concern. To address this, the Epi Center conducted an assessment to quantify the SIDS risk factors in the community. An infant death risk reduction training module has been developed out of this work. Training will be provided to caregivers focusing on the reduction of established risk factors.

Christina Compher of the USET Epi center reported on her qualitative project. They used it as an opportunity to talk to their communities about Maternal and Child Health concerns. Because the area has smaller tribes, many women go to contract health service for their primary care- so no data on outcomes. They performed their focus groups and have begun their analysis of the results.

Kyla Hagan from Alaska reported on her work in focus groups on cervical cancer, HPV and the new HPV vaccine. They provided their results to the community and created a brochure with their task force. Tag line is, "Love her…protect her."

Alcohol Attributable Deaths and Years of Potential Life Lost
Dwayne Jarman, CDC Preventive Medicine Resident, NCCDPHP

Dr. Jarman introduced himself as a member of Grand Traverse band of Potawatomie Indians. He reported that excessive alcohol consumption is the third leading cause of preventable death in the US. In AI/AN people, it is reported to result in 80% of all homicides, 75% of all suicides, and 65% of all motor vehicle crashes. Men experience a much higher rate of alcohol injury than women: about twice as high. He announced that an MMWR will be released soon regarding this issue. That could be used to justify new programs. Bob Brewer (Tim's supervisor) is the leader of the alcohol program. He offered to talk with Linda and other TCAC members regarding new directions for his team. He noted measurement issues as a significant initial barrier. His slides from this presentation were not immediately available, but he noted that he has a longer version of this talk he would like to give to a broader AI/AN audience.

This topic led to a spirited discussion among the delegates regarding alcohol policy, treatment modalities, and addiction versus binge-pattern drinking.

TCAC RECOMMENDATION: CDC to work with TCAC to develop a video or audio-slideshow to disseminate broadly across Indian Country.

Public Health Emergency Preparedness: Priorities and Strategies in Indian Country
Donna Knutson, Acting Director, Division of State and Local Readiness (DSLR)
Greg Burel, Director, Division of Strategic National Stockpile
Susan True, Program Services Branch Chief, DSLR
Wanda King, Team Lead, Centers for Public Health Preparedness Program
Virginia Baresch, Program Services Consultant, Division of Strategic National Stockpile

Pat Nonnenmacher, Program Services Consultant, Division of Strategic National Stockpile

Donna Knutson reviewed the work of her office in coordination. They manage the Strategic National Stockpile and the Centers for Public Health preparedness. They also have partnership grants with some outside partners. Their other branch is performance management: pushing preparedness research among other things. She provided a CD-ROM to the group describing her programs.

Susan True reviewed her previous work with the TCAC on tribal concurrence. They provided a handout packet including a list of the state tribal concurrence letters. They do have information from the applications that tell us how the states perceive they are engaging the tribes in their area. She brought the project officers with her. They have as their major job the duty to ensure that their grantees have the resources and technical assistance to meet the goals set in their annual plans. They try to make a contribution from each agency back to the preparedness program. The consultation plans are negotiated between the project officers and the plan directors. They don't intend for CDC to be involved in every single thing that each state is involved in. In many instances working with the tribes is in the consultation plan. She invited the project officers to introduce themselves and then meet separately with the TCAC leadership on their areas.

Wanda King introduced the people on her workgroup. They are looking at addressing some of the issues that the TCAC has brought up regarding pandemic influenza preparedness.

Cynthia Manuel asked if they have a list of who attends such workgroup sessions from the Tribes. Wanda committed to getting back with her on this question.

CDC Overview and Orientation Session
For Tribal Leaders
Building 19, Room 256/257
Atlanta, GA
February 27, 2008

Members Attending	Area/Agency Represented	NIHB Staff
Chester Antone	Tucson	
Evelyn Acothley	Navajo Nation	Lawrence Shorty
Lawrence Shorty		Lisa Neel
gaiashkibos	Bemidji Area	Phillip Roulain
Lisa Neel		
Jefferson Keel	Oklahoma	Phillip Roulain
Jerry Freddie	NIHB	
Lester Secatero	Albuquerque	
Michael Cook	Nashville	
Roger Trudell	Aberdeen	

Other Guests	CDC/ ATSDR Staff
Allan Harder, OCAITHB	Jean Bertolli
Bridget Canniff, NPAIHB	Benjamin Haines
Christina Compher, USET	Chris Rosheim
Christine Rinki, AATCHB	Chris Tullier
Cynthia Manuel, Tohono O'Odham	Constance Harrison
Deborah Klaus, Navajo Nation	Dean Seneca
Debra Danforth, Lac Courte Oreilles	
Evelyn Juan, Tohomo O'Odham	Degan Eroglu
Jaci McCormack, NPAIHB	
Jennifer Lapointe, Puyallup	Diana Allensworth
Jeremy Marshall	
Kathy Hughes, Oneida Tribe of WI	Donna Garland
Kyla Hagen, ANTHC	Dwayne Jarman
Madan Poudel, Navajo Nation Division of Health	Gladys Reynolds
Mae-Gilene Begay, Navajo	Meardith Pooler
Melinda Frank, OCAITHB	
Minita RunningWater, Cheyenne/Arapaho	Mehran Massoudi
Virginia Myers, CRIHB	Mike Snesrud
Walter L. Holt, DPSA	Myra Tucker
Zeenat Mahal, Inter Tribal Council of Az. Epidemiology Center	Nasheka Powell
	Ralph Bryan
	Rebecca Lee-Pethal

Stepanie Miles-Richardson

Recognition of CDC Tribal Consultation Workgroup (1999- 2005)
The Tribal Consultation Working Group is an internal working group of CDC composed of volunteers. Now that their policy has been enacted, their actions are to familiarize TCAC and AI/AN constituencies about where to go within CDC to find information and resources desired. Continually and consistently educate, partner, and hold Agency staff accountable to tenets of TCP. And continue to engage NIHB, Area Health Boards, Tribal leaders and the AI/AN communities in partnerships with CDC.

Office of Enterprise Communications
Donna Garland, Director, Office of Enterprise Communications
404.639.7540; donna.garland@cdc.hhs.gov

Donna Garland reviewed the organizational chart of CDC and the first stages of the 10-year plan as presented in her slideshow. She announced an upcoming project on quick epidemiology in the BioSense system. The CDC is additionally planning a laboratory response network to allow for faster response in the field to laboratory and testing needs of the United States.

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

CDC's Core Values: Accountability, Integrity and Respect.
Health Protection Goals: Healthy People in Every Stage of Life, Healthy People in Healthy Places, People Prepared for Emerging Health Threats, Healthy People in a Healthy World.

CDC's Strategic Imperatives: Health impact focus, customer-centricity, public health research, leadership, global health impact, and accountability.

CDC Program Areas: Chronic disease, environmental health, infectious disease, injuries, occupational health, risk factor control.

CDC Public Health Activities: Leadership, Applied Research, Capacity Building, Standards and Guidelines, Surveillance and Statistics.

Healthy People at Every Stage of Life: Prevention of epidemics and the spread of disease, protection against environmental hazards, prevention of injuries, visible signs of healthier behaviors by those we serve, rapid response to disasters and assistance to communities in recovery, and quality and accessible health services.

National Center for Health Marketing
Dogan Eroglu, National Center for Health Marketing
404.498.6119; deroglu@cdc.gov

Reviewing his slide presentation, Mr. Eroglu introduced the definition of "Health Marketing": an organizational function and a set of scientific processes for creating, communicating and delivering value to customers and for managing customer relationships in ways that protect and promote the health of diverse populations. It is a multi-disciplinary area of practice. He commented that everything his Center does is based on the needs of the customer and that they are focused on outcome success measures rather than process success measures. They are planning a National Conference on Health Communication, Marketing and Media to take place on August 12-14, 2008. More information is available at:
http://www.cdc.gov/HealthMarketing/conference2008.htm

Resources available to AI/AN Communities

- Technical assistance via health marketing and communication trainings.

Division of Partnerships and Strategic Alliances
Diane Allensworth, National Center for Health Marketing
404.498.1132; diane.allensworth@cdc.hhs.gov

Speaking from her slide presentation, Ms. Allensworth reviewed the CDC's collaborations with "non- traditional" partners. They are working to coordinate with aligned partners to maximize health impact by finding shared goals. For example, the CDC wants to improve the health of the public, enhance prevention, provide effective health monitoring and have health impact while businesses seek: profitability, shareholder value, product development, workforce productivity, and lower health care costs. These align in the sense that businesses want workforce productivity and health care costs: CDC wants people to be healthy. These are mutually supportive goals. To help with this, CDC has released a document meant to allow employers to navigate the informed purchase of health care, "A Purchaser's Guide to Clinical Preventive Services" available at http://www.businessgrouphealth.org/benefitstopics/topics/purchasers/index.cfm.

After reviewing other partnerships of CDC, she reiterated her colleague's commitment to provide training or technical assistance at upcoming AI/AN events. gaiashkibos recommended that she specifically make partnerships with Tribal colleges and governments.

Division of Emergency Operations Center Tour
The participants went on a tour of the DOEC.
770-488-7100

During the tour, the presenters shared a booklet on the DOEC which noted:

- The Division of Emergency Operations is responsible for the daily and event management protocols of the DEOC to insure CDC's preparedness to assess, respond and recover before and during public health emergencies.
- CDC's new and permanent DEOC facility became operational in February 2006 as a 24,000 square foot, leading-edge, highly secure facility.

Additionally, the guides clarified that if a Tribe or Tribal government were to contact the DEOC in the case of an emergency, they would defer back to the state for operations protocols. Currently, the states have direct connection to the DEOC and a relationship to them. Additionally, the planned "Tribal Desk" in the DEOC is not yet staffed.

Group Two Tour - Broadcast Studios
Tour Lead: Byron Skinner, Division of Creative Services

Office of Minority Health and Health Disparities
Dr. Stephanie Miles–Richardson, Associate Director for Policy
404-498-2397; stephanie.milesrichardson@cdc.hhs.gov

Dr. Miles reviewed her slide presentation, describing the series of traineeships that CDC supports. CDC does not currently have a scholarship/ loan payback program similar to the one at IHS. Captain Snesrud commented that she is exploring CDCs possible involvement in such a program.

There are currently 43 AI/AN employees at CDC. This is one-half of a percent of their total workforce. In all, about 36% of their employees are from minority communities.

Office of Workforce and Career Development (OWCD)
Mehran Massoudi, Associate Director of Science, Career Development Division
404.498.6169; mehran.massoudi@cdc.hhs.gov

Dr. Chris Rosheim, Workforce Development Special Projects Advisor, Strategic Workforce Development Division (SWDD)
404.498.6497; chris.rosheim@cdc.hhs.gov
http://www.cdc.gov/employment/

One of her goals is to increase the number of AI/AN working at CDC. She reviewed some of the career development programs of CDC: Epidemic Intelligence Service, the Preventive Medicine Residency, the Public Health Informatics Program, Prevention Effectiveness Fellowship, Public Health Prevention Services, Emerging Leaders, Presidential Management Fellows, Epidemiology Elective, and the CDC Experience Medical Student Fellowship.

She invited the participants to review the websites of these programs and post job announcements. Because CDC prefers to be able to provide their fellows with a range of choices in placements new partnerships in this arena are encouraged. They have had some carryover from preparedness funding allowing them to provide attractive placements in less popular areas. They also have a pre-match procedure for the fellows in what positions they are offered. The participants in these programs join at different levels of the government and the workers are constrained by the rules of that type of employee. The US Public Health Service placements get extra pay and increased relocation services so it may be easier to recruit to remote areas through the Public Health Service (PHS). Assignments can be made to Tribal health departments.

Prevention Medicine Fellow and previous Epidemic Intelligence Service Officer
Dr. Dwayne Jarman, National Center for Chronic Disease Prevention and Health Promotion, Alcohol Team
770.488.5194; dwayne.jarman@cdc.hhs.gov

Reviewing his slide presentation, Dr. Jarman reported that prior to veterinary school, he participated in a rabies case study with a veterinary epidemiologist. During his studies for his master's degree he gained interest in AI/AN public health issues. Interning with the Great Lakes Inter-Tribal Council, he assisted with a community needs assessment. He was introduced to CDC during an 8-week fellowship. He became a tribal health and housing needs assessment consultant for his tribe. They successfully applied for funding

with the data: this showed him the power of data collection and interpretation. He applied to the Epidemic Intelligence Service (EIS) program with the goal of getting more experience in applied epidemiology training. The EIS and the Preventive Medicine Residency and Fellowship programs (PMR/F) are both about applied skills with many benefits to the participant and to the community. He has found the EIS to be a life-changing experience enhancing his skills in public health in practical and measurable ways.

Recruitment and Retention Strategies
Vicky Perkins, OWCD Strategic Recruiter, SWDD
404.498.6528; victoria.perkins@cdc.hhs.gov

Reviewing her slide show, she reported that a recent study of Public Health recruitment from CDC showed that there was no combined effort across the Agency: each center was doing its own outreach and retention work. The Office of the Director established the Office of Work Force and Career Development. Her team goes out to recruitment fairs and performs the groundwork for CDCs efforts. They have advisory committees for specific groups and she invited the TCAC to consider guiding the plans of her office. Their goal is to mirror the population that they serve in their staffing. Currently, the population within their work force of "underrepresented minorities" is low. AI/AN make up 0.5% of their workforce. She requested information on how CDC should recruit AI/AN people to work there. On March 17, 2008: CDC is planning a career day in downtown Atlanta.

The participants thanked her for her time. Allan Harder noted that the educational pipeline is a huge concern: many AI/AN people don't have the educational background to work at the higher levels at CDC.

Office of Diversity
Dr. James Nelson, Director
404.639.5025; james.nelson@cdc.hhs.gov

He is new to the CDC and his office. Speaking from his slideshow, he reported that CDC has had several different initiatives associated with diversity. In 2005 CDC had an analysis done by an outside group to assess the strength of its diversity and its working environment. He described the internal meetings that CDC arranged in response to the recommendations coming from the study. He passed out a one-pager regarding CDC's action steps. They have a website with some space for peer-to-peer discussions. http://www.cdc.gov/omh/reports/2002/DiversityInAction.htm is the address.

1st Biannual CDC/ATSDR Tribal Consultation Session
Thursday, February 28, 2008
Centers for Disease Control and Prevention
Tom Harkin Global Communications Center
Auditorium A, Room 206, Roybal Campus
Atlanta, GA

Members Attending	Area/Agency Represented	NIHB Staff
Chester Antone	Tucson	
Evelyn Acothley	Navajo Nation	Lawrence Shorty
Lawrence Shorty		Lisa Neel
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Lisa Neel		
Jefferson Keel	Oklahoma	Phillip Roulain
Jerry Freddie	NIHB	
Lester Secatero	Albuquerque	
Linda Holt	Portland	
Michael Cook	Nashville	
Roger Trudell	Aberdeen	

Other Guests	CDC/ ATSDR Staff
Allan Harder, OCAITHB	Alan Crawford
Barbara Hart, CRIHB	
Bridget Canniff, NPAIHB	Alyson Richmond
Buford Rolin, Poarch Creek Indians	
Christina Compher, USET	Angela Green
Christine Rinki, AATCHB	
Cynthia Manuel, Tohono O'Odham	Annabelle Allison
Deborah Klaus, Navajo Nation	Antoine Anen
Dornell Pete, Navajo	Annie Voigt
Elaine Dado, NPAIHB	Arlene Sherman
Evelyn Juan, Tohono O'Odham	
Gloria Grim, Cherokee Nation	Ashley Barbee
Jaci McCormack, NPAIHB	Becky Boyd
Jennie Becenti, Tohono O'Odham	Benny Ferro
Jennifer Lapointe, Puyallup	Beth Tohill
Jeremy Marshall, ICA	Bill Nichols
Jaci McCormack	Carol Irvin
Joe Finkbonner, NPAIHB	Catherine Hutsell
Karen Santana, CRIHB	
Kathy Hughes, Oneida Tribe of WI	Charlotte Porter
Kyla Hagan, ANTHC	
Madan Poudel, Navajo Nation Division of Health	Chris Downing

Mae-Gilene Begay, Navajo
Melinda Frank, OCAITHB
Michael Cook, USET
Other Guests Cont.
Minita RunningWater, Cheyenne/Arapaho
Pete Delgado, Tohono O'Odham
Sally Smith, NIHB
Susan White, NCDPHP
Tim Gilbert, ANTHC
Tommy Wildcat, Cherokee
Virginia Myers, CRIHB
Zeenat Mahal, Inter Tribal Council of Az. Epidemiology Center

Chris Rosheim
Craig Willkins
Dan Stier
D'Angela Green

Dawn Satterfield

Dean Seneca
Dennis Lenaway

Diane Stephens
Donna Knutson
CDC/ ATSDR Cont.
Donna Garland
Dwayne Jarman

Elizabeth Martinez
Erica Thomas

Heather Brink

Hoang Vu
Howard Frumkin
Janet Collins
Janice McMichael
Jeannette May, DDT
Joe Maloney
Johanna Mausolf
Josephine Henderson
Kaipo Akaka
Larry Cseh

Lauretta Pinchney
Lorraine Whitehair
Lisa Corso

Lydia Blasini-Alcia

Magon Sande
Margaret Kaniewski

Margie Scott-Cseh
Melanie Thomas, DCPC
Myra Tucker

Nancy Williams

Odessa Dubose

Patrice Kemp
Patricio Patrica
Patricia Poindexter
Peter Briss
Pollyanna Chavez
Rachel Ciccarone
Ralph Bryan
Rich Besser
Rhonda Smith

Ruth P

Sabrina Harper

Sakina Jatte

Shawna Coleman

Susan True, COTPER
Susan White
T. Rhonda Flagg
Tamara Kicera
Tanya Sharp
Tim Hack
Tom Finks
Veronica Danson
Veronica McCants
W. Roodly Archer
Walter L. Holt, DPSA
Walter Williams

Wanda King, COTPER
Yvonne Green

Opening Ceremony and Tribal Opening Remarks
Jefferson Keel began the day by welcoming the participants and introducing the co-chair, Linda Holt. He invited Bronson Hewahay to give an opening prayer.

Recognition of Carole Anne Heart's Contribution to Public Health
Chairman Trudell opened the discussion on the work and life of Carole Anne Heart. Chairman Trudell shared some memories of her life and work. In particular, she was a

great advocate for the position that Tribes had pre-paid for their healthcare with land. He noted that:

> It was guaranteed by treaty to have good health, education, and certain annuities to ensure
>
> > that we had subsistence for as long as the Tribes were Tribes. I think the term is that, 'as long as the rivers flow and the winds blow and the grass grows.' Well, sometimes you look around and you look at the pavement that is everywhere and the trees have all been cut down and the prairies have all been plowed under so…maybe that promise isn't as strong as it was back then.

Every day she fought for recognition that this promise has not been fulfilled in terms of health care. He invited the participants to honor her thoughts and participate in this day to discuss how the CDC can address the health needs of AI/AN people.

CDC Director's Welcoming Remarks
Julie L. Gerberding, Director, Centers for Disease Control and Prevention (CDC) and Administrator, Agency for Toxic Substances and Disease Registry (ATSDR)

Dr. Gerberding noted that:

> Access to information is a great equalizer for people everywhere because everyone can have knowledge, everyone can access information. Information is power, if we learn to use it in effective ways. For those of us in medicine I think it changes the whole way we think about how we go about solving health challenges because no longer is it the elite doctor who has the access to the information and the specialized vocabulary and the secrets that unlock health. Now everyone has access to that information and the role of doctor becomes much less the role of the knower and the all-powerful leader. The role of the doctor becomes the facilitator and partner and the interpreter. So we have the opportunity, I think, to learn in medicine how to go about operating in an environment where we function more as equals…when I was thinking about the problems of Tribal health…what I see as going on in the context of the doctor-patient environment is really going on in the larger way even in this room today. Because it's no longer, "come to CDC to get all the answers" or "come to CDC to get solutions to the problems" but we have to come together as equals and partners and we have to be candid. No one knows better than the people at the Tribal environment what their needs are, what their problems are, what their symptoms are, and what their desires and wishes are for the people to achieve the best outcomes. We at CDC have a lot, too. We know about science and we know about evidence and we have some practical tools to share experience and wisdom that we can bring and share but we can't either one of us do this alone. We really have to bring our collective perspectives together and bring into a quilt, in a sense, a much richer more robust environment with respect and integrity where we share, respectfully and with integrity, where we exchange ideas, where we try to synthesize new solutions where solutions don't exist and where we acknowledge

the reality of the things that we can't necessarily change ever or change at least right now. So I think the world of technology, communication, access is the world that needs to inform and help us as we go about our business today. We know from work that we've done in various centers at CDC that people in America aren't very satisfied with their health…what I can't tell you from this information is how do people in various Tribes see their health. We don't have the mechanism to really get that granularity when we're surveying people and we're trying to assess what do they need or want. I think one of the most important things that we might be able to do coming out of these meetings today is to make a commitment to do a better job of when we obtain information from people that we do a better job of making sure that information pertains to tribal communities so that we sample and stratify, look and ask and listen to people who don't always get represented in the big picture of some of the work we do so that we understand and have a better opportunity to appreciate them and realize what it is that individual people in various communities are hoping that we can accomplish better than we have accomplished in the past. There are of course scientific reasons why that's difficult but it's not impossible and there may be new and creative solutions to that given the wonderful technologies that we have today…

I think another thing that I hope could come out of the conversation today is a little bit better understanding of where each part of the conversation is starting. There's not one tribe. There's not really one CDC. There are many tribes with many different perspectives and yes they have a lot in common but they also have some important differences. I think you'll discover there's not just one CDC, you're going to be speaking to some of the leaders of the agency, today, who've come from their unique perspectives with their wisdom and science and accomplishments but we are not an agency of one, we're an agency of many parts. We're striving to become a whole that's greater than the sum of our parts by working together more collaboratively and sharing more outside of the organization but we're also not likely to be speaking with one voice…

I am familiar now with the problems of health to know that the people who are represented in the room today are people who have tremendous challenges with health disparities. CDC is functioning on the premise that it is our mission to accomplish four main goals. One of those goals is to protect people's health so that people across every life stage, and especially those people at greatest risk for health disparities, can have the best possible quality of health…

I think if you think about it all four of those goals really speak to the work that is ahead of us today. There are certainly opportunities to improve health across the life stages of people who are suffering from health disparities that exist in Tribal communities. There are certainly opportunities to improve the environments where people are working and living, I have visited enough locations across the country to know that there is a tremendous environmental disparity for many people living in tribal communities. I've visited in Alaska and I know that there

are people who still…have absolutely no plumbing for most of the year. These are things that would shock people in this country…I was shocked!

I think the issue of preparedness is one that doesn't always float to the surface because people are concerned about the urgent realities that affect their lives every day…but it is also important that we think about preparedness. We know, and I know Dr. Besser knows, that we've had challenges in many of our states in making sure that the resources that were given for preparedness in the state grant program are getting to the places at the community level where they're most needed…more importantly I think sharing in the planning and the development of effective preparedness plans and activities…that is a challenge that I think we've made progress on but I think we'll hear today that there's more work to do in that regard.

I hope you will share in the commitment to our goals because one of the things we've learned when we look at places where we have accomplished really hard things or overcome really difficult challenges in health, they have all started with this strong commitment to the goal.

I think that if we are able to define some goals that really pertain to tribal health in meaningful ways that speak to the people's desire. Their dreams, their aspirations for better health, pick some goals and then really understand that we need to visibly and publicly commit to those goals. We can't do everything, we can't solve every problem, but there are some things that can be solved. And then really concentrate on how we build the best capacities to accomplish those goals. How would we know that we are making success? And then commit to building that world that not just embraces all Tribal nations, but embraces governmental public health across the local, state and Federal level and all of the organizations...and entities that have something to contribute to accomplishing that goal.

She then went on to share the story of how the world eradicated smallpox when no one thought it could be done. They achieved success because they made the investment of what was necessary to complete the task. They also recognized that they had to build partnerships to solve the challenge. If we find goals that speak to what people need, we can visibly and publicly commit to those goals. We want to talk about problems of interest and discuss shared priorities then let's add that with our experiences to develop a reality we can all work together to address them. She closed with, "Let's find a shared vision and roll up our sleeves and go to work."

Participant's Discussion of the Director's Comments

Roger Trudell invited Dr. Gerberding to the Aberdeen Area and provided her with a copy of the Tribal Chairmen's Health Board letter inviting her to the spring TCAC meeting. Linda Holt restated the Committee's request.

Myra Tucker from the Division of Reproductive Health at CDC thanked Dr. Gerberding for her commitment to reducing infant mortality in Indian Communities and described how Maternal and Child Health priorities were established in the field. She invited the Tribal Epidemiologists present to stand for recognition.

Jefferson Keel noted that there are a number of things essential to discuss in a setting where we have a director of a large agency ready to listen. Many socio-economic factors contribute to a lack of healthcare or lack of access to care in Indian communities, including poverty, drugs, alcohol and crime. The global commitment of CDC is a contrast to the Tribal focus on local issues. He recommended that commitment be thought of in broader terms than simply listening. Resources are essential to address the issues that Tribal communities have identified as significant disparities. The local goal is to completely eliminate those disparities. He invited her to work together and talk about finding real solutions to those problems.

In response, Dr. Gerberding commented that candor is important in this exchange. CDC is facing a future budget cut of one-half billion dollars. Currently, almost every single dollar CDC gets comes with specific responsibilities from the Congress. Although she cannot advocate for her own views on this, she would prefer to use science and CDC's priorities to make budget decisions. Where CDC does have flexibility, such as immunization programs and preparedness, they have addressed AI/AN priorities. She stressed that what CDC does have is tremendous talent and assets. With current resources they can do better to work together with Tribes in describing priorities. She shared her experiences with positive storytelling among Tribal people and suggested Tribal people put energy into sharing those stories of success.

Linda Holt thanked her for this inaugural consultation and for bringing the TCAC together. She noted that CDC does need freedom to use its own ability and freedom to decide on program dollars. She will be testifying in support of this need in two weeks at the HHS budget consultation. She shared the following recommendations for follow-up:

1) Her timely response to TCAC recommendations shows that the communication system is working and that the partnership is being maintained.
2) Indian Country recognizes that wide collaboration is needed to address our issues. We are asking for equal access to the resources to do so. "We also see millions of dollars going outside of this country to help with those health disparities and we are seeing pennies coming into Indian Country to help with those health disparities."
3) CDC should work in collaboration with Tribes and other Federal agencies doing related work.

Cynthia Manuel introduced herself and asked Dr. Gerberding what kind of commitment her nation would have for border issues. They share a long border with Mexico and cannot address the needs of their people for border security and health care delivery.

Dr. Gerberding introduced that CDC has some cross-border health initiatives they can use to decrease the burden of care carried by Tribes. There is a system which can track the health of people crossing the border.

Sally Smith reported that Dr. Gerberding met a few years ago with NIHB in a historic first meeting between AI/AN people and CDC. She shared that, in Dillingham, the immunization rate in this very remote area is 90-100%. NIHB and CDC have a strong work relationship and a partnership for which she thanked Dr. Gerberding. She noted that it is essential to set aside personal agendas and share the work. She asserted the commitment of NIHB to continue to reach out across the geographic distance to every organization and build those partnerships. "We are Americans, and we must have the equal opportunity to live our lives."

Jerry Freddie commended Dr. Gerberding on her appearance on the Navajo radio station. He thanked her for this meeting and for the two previous days of conversations with her staff. Reviewing the history of Tribal consultation, he stated that;

> Several years ago, our ancestors and past Indian leaders went to the Federal Government and were referred to the BIA or the IHS. When former Secretary Tommy Thompson started meeting with them, we brought him to Window Rock…I really praise him for coming out to Indian Country. At that time the same question was posed to him. We're always being referred to the BIA or the IHS and he responded that there are other entities within the Federal government, especially within the department.

He shared how, since the consultation policy was approved, the face-to-face meetings of the TCAC supported by conference calls have revealed the issues. He asked that the TCAC staff review and categorize some of these excellent initiatives of CDC so leaders can take it back home and make it specific to local needs. He specifically requested copies of the presentations given earlier. He recommended that the CDC undertake to define the component parts of a healthy community. Many Native communities experience fragmentation of services and isolation. If Tribes can get aligned with CDCs vision and mission we can understand where the programs are being implemented to address AI/AN issues. He shared that, despite the huge amount of research cone in Native communities, the findings are not shared with them. He encouraged the CDC to promote community-based planning in health research and health planning.

Gaiashkibos introduced himself and invited Dr. Gerberding to visit the Bemidji Area. Outlining some of the realities of that Area, he stated his interested in showing her firsthand how well the Bemidji Area does more with less. Many tribes devote money from gaming dollars into the health of their people.

Dr. Gerberding closed with the mention that protecting the environment also protects our health. CDC is working to 'walk our talk' on environmental protection. If we could link the Tribal cultural respect for the environment with the respect for human health, we

could make a lot of progress. She challenged the participants to think about what steps we could take for our own health and environment.

Session Logistics and Overview of Agenda
Mike Snesrud (*Dakota/Mdewakanton Sioux*), Senior Tribal Liaison for Policy and Evaluation, CDC

Captain Snesrud noted that CDC has had its Tribal Consultation Policy in place since October of 2005. She invited the members of the tribal consultation policy group to stand for recognition. Dr. Gladys Renolds was an icon in advocating for the Tribes. CDC is carrying on its consultation activities through the assistance of the National Indian Health Board. She thanked Stacy Bohlen for her active engagement in this work. She recognized Mr. Lawrence Shorty and Ms. Lisa Neel for their hard work supporting this program. She also thanked the twelve area health boards for their contributions.

Other Agencies Introduced- Laura Caliguiri, Director of the Office of Intergovernmental Affairs

Ms. Caliguiri thanked everyone for coming. She noted that the passage of the Medicaid-like rates was moved through partly because of leaders' work on Tribal consultation. She reported that the prevention bus made twenty-two stops in Indian Country and had high turnout. Her colleagues put together an initiative called "Healthier Indian Country" where funding has been given out to follow up on some of the things they heard about in those visits.
In response to Jerry Freddie's comments, she shared that the Tribal consultation report of HHS lists all of the grants that are put out to Indian Country annually. Additionally, they are planning a three-day seminar with grants training and grant writing for AI/AN communities. In March the HHS budget consultation is planned in Washington, DC. She offered the assistance of Jeremy Marshall for the rest of this meeting and referred any questions to him.

Open Tribal Testimony
Roger Trudell invited his epidemiology staff to speak. Christine Rinki spoke on behalf of the issues that the Aberdeen Area is experiencing. They have two major health disparity areas: Maternal and Child Health and behavioral health. They have the highest disparities of Infant Mortality in the country but they have successfully enhanced the surveillance of these disparities through the local implementation of the Pregnancy Risk Assessment Monitoring System (PRAMS). Behavioral health is another local issue in that suicide is extremely elevated in their communities. These issues can be addressed and the Epidemiology Centers look forward to being leaders in disseminating best practices across the nation. The Aberdeen Area has profound health disparity issues but also great leaders.

Tim Gilbert from Alaska noted that the agreements they have with CDC have allowed them to address the H. pylori issues they experience. About 50% of their people live off the road system and enjoy a close, unbroken relationship to the land. Cancer and injuries

are significant causes of death for Alaska Natives. They have begun to describe this problem with more clarity using CDC funding.

Virginia Myers from the California Rural Indian Health Board's Epidemiology Center testified that the CDC should know that the health indicators of AI/AN are underreported. They found in their own Area that AI/AN statistical events are misclassified in primary records about 60% of the time. With this invisibility in health records, it is very hard to make a clear case for their health disparities.

The Seattle Indian Health Board representative mentioned that injury (both intentional and unintentional) is a high disparity in their Area. They have had many deaths due to overdose and other poisonings in the last two years.

Chester Antone suggested that life expectancy is reportedly increasing. He suggested that CDC should form a group on aging in AI/AN communities. His Area is suffering from a high rate of suicide. "We need research but from us, not for us." Border health is another issue of great concern. AI/AN are not necessarily involved in the cross-border work that in which the countries on this continent are participating.

Linda Holt noted that multi-agency collaborations are increasing and recommended again that CDC should become involved in them. She called on Joe Finkbonner to address the Portland Area's surveillance issues. He reported that the epidemiology center in Portland is one of the oldest ones. They have partnerships with their Tribes, the states and others, including the CDC, to bring services to the Area. Among other successes they have implemented the BRFFSS with the state of Washington. They work with their tribes to enhance their infrastructure, teaching statistical software to them in summer institutes. He noted that hard dollars are not the only way to help tribes: CDC can also offer training and other technical assistance. This format of technical assistance has worked well in Oregon and Idaho.

Focus Area #1 – Resource Allocations and Budget Formulation
Linda Holt opened the discussion of Focus Area #1 session by reviewing excerpts from the CDC/ TCAC charter.

Asking for a timely response to the recommendations of the TCAC, she noted that premature disability, illness, and death in Indian Country are elevated over that of other populations. As several of TCAC's recommendations have not been addressed by the CDC, more communication is needed. She continued to review her written testimony as submitted into the record.

H. Sally Smith testified to her pleasure in the opportunity to speak on Alaska Native issues.
The threat of HIV AIDS lies heavily on the world's people. The U.S. although not as drastically impacted as developing countries, has its own battle to fight. The AI/AN HIV epidemic is often not part of the picture in national HIV numbers. Although AI/AN are only 1% of HIV/AIDS cases in the US, AI/AN rank third in HIV rates after African

Americans and Hispanics. The rate has been higher than that for whites since 1995. In 2005, AI/AN people accounted for 23% of the 1,048 total Alaskan HIV cases while representing only 16% of the state's population. Alaska has the highest or second highest rate of Chlamydia infection in the U.S. It is reasonable to suggest that this data indicates that Alaska Native women are at high risk for HIV infection should they be exposed. Alaska's low HIV incidence keeps Native women's overall rate low, but they have the highest new infection rate of all Alaskans. As AI/AN people are grouped together in CDC reports, we can't look at Alaska Natives only, but there are indicators that the problem is getting worse among native people in Alaska. There are some programs working to address HIV/AIDS in Alaska Natives but they are not culturally-specific and don't address HIV prevention in our communities. The literature on HIV/AIDS in Natives is not well developed. Many AI/AN people have been misclassified in reports and we lack the basic epidemiology studies to address the associated issues in Alaska.

Recommendations:
1. Work to develop culturally tailored interventions.
2. Expand research on HIV risk and improve epidemiological systems to be more accurate.
3. 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.
4. Reconsider recent decisions for prevention programs in Indian Country. Include AI/AN in the Domestic HIV Testing Initiative. How will CDC assess "highest burden"?

Buford Rolin introduced himself and thanked the committee. Mentioning the passage through the senate of the Indian Health Care Improvement Act, he expressed his pleasure sharing the success of the Special Diabetes Program for Indians and the opportunity for the CDC to make an investment in this issue. The SDPI program is making a critical difference in the prevention and treatment of diabetes and cardiovascular disease for AI/AN people. He continued to review his report as submitted for the record.

Recommendations:
1) Tribes to be included among the partnerships that CDC relies upon to address diabetes.
2) CDC to become a partner in the extension of the SDPI program.
3) CDC to require states to show how they are working with tribes.
4) CDC to identify a separate line item for disease prevention and health promotion activities specifically for American Indians and Alaska Natives.
5) CDC to enhance commitment to working with AI/AN people. The 2009 request for funds to address diabetes is imply inadequate.

CDC Response to Focus Area #1
Bill Nichols, Director, Financial Management Office
Johanna Mausolf

Mr. Nichols noted his pleasure in assisting with the collaboration that CDC has with AI/AN. He commented that the President's budget is not the final budget for the year. There are some opportunities for some of the areas of concern to change. The likelihood that a budget will pass before November is slight. The government will probably be working on a continuation until next fall. He supplied a copy of his detailed analysis of the budget and reviewed some of the highlights. The total funding from CDC to AI/AN was about $112,436,428.00. The majority of those funds were through the Vaccines for Children program. His analysts report that the vaccine funding flowing through the states serves the Tribes but in light of the testimony he's heard today he invited reports from Indian Country on the reality of this access. Health Marketing is a new program and provides a small amount of funding that could be increased in the future. He reviewed how the funding relates to AI/AN people as a percentage of the entire U.S. population. Working with the Census data, he assumed we are about 2.5 million people. This led to detailed debate among the audience members.

Several tribal leaders reported that the Census estimates are very inaccurate and low.

Other CDC Discussion
Walter Williams said that CDC provided a detailed review of the budget at the January TCAC meeting. The general comment can be made that the recommendations that involve a specific operating unit are more advanced as far as action steps. He reported that CDC moved the recommendations via executive decision in October of 2007 and that an implementation plan is being developed.

Benny Ferro invited Sally Smith to meet with him and reported that he is the lead on the National HIV/AIDS awareness day for AI/AN.

Dawn Satterfield from the Diabetes Wellness Program thanked Chairman Rolin for his comments. She noted that CDC is planning some training and other activities and recently released some new posters for diabetes awareness, including thanking the AI/AN participants of the Diabetes studies. They are planning a mailing of all of the posters and a puppet set for all of the leaders here. All tribal programs can have up to 100 sets of books through IHS.

Ralph Bryan noted that measuring the population overall is a problem but also we should think strategically about using proportions as a rough guide for allocations. It's a floor not a ceiling. Mr. Nichols agreed that burden and disparity should also be addressed.

Focus Area #2 - Environmental Health in Indian Country
Kathy Hughes reported that she will be submitting her testimony in writing following the session. In her community, they are surrounded by the paper industry. This is difficult from an environmental perspective. They are on a learning curve when it comes to CDC and they sometimes don't even know what questions to ask to get their issues addressed. Water quality issues on the reservation are of great concern. They don't have the good fishing they used to have. They are working on cleaning up Duck Creek and other creeks to restore them to their natural state. Turtles and snapping turtles are now returning to

their streams. The fish are coming back but the Tribe is issuing fish advisories. Because of the situation with the water table they are seeking to create a treatment facility. The groundwater is going to be contaminated and the wells are going to have to go deeper in the next 10-15 years. There is a strong focus on improving environmental quality. Asthma is also a growing concern. They are already in touch with the EPA but they need to know how to combine their work with that Agency with the resources of the CDC.

Evelyn Acothley greeted the participants as a representative for Navajo area. She reported that the Navajo Nation has an unimproved road network and accessible health care is a challenge. They have about 300,000 people living on their reservation. Many homes lack basic amenities. Their number one health issue is sanitation. There are over 1,000 unregulated water sources in Navajo Nation. A recent survey in 2007 by CDC of these wells showed that many of them have uranium levels exceeding safety tolerances. Previous surveys of these wells showed that 70% had elevated N-CL levels. Deaths due to injuries are high in her community. Compared to the US population mortality of all cancer is lower than the all-US population but it is on the rise while cancer is receding in other communities. Diabetes is continuing to increase in Navajo. It is three times higher than in the US population and is escalating quickly. In addition, death due to alcoholism is 8 times higher than the general population. They also suffer from infrastructure limitations including lack of GIS capability and even basic phone service. She further noted that the lingering effects of uranium mining are still being felt on Navajo Nation. Recently a consortium of Federal agencies undertook a review of the mines and CDC should join them.

Chester Antone asked the CDC responders if the prevalent use of firewood in stoves could be harmful to residents. He expressed interest in the research possibly linking such exposure with the rise of Type II diabetes. He reported that there is a local wild plant that the people used to use for medicine. It no longer grows where it used to and the animals are behaving differently than they used to. Spring is coming later and has been more violent every year. He shared his concern that diseases could break out because humans are limiting animal movements across the border from Mexico with fencing.

Roger Trudell noted that, in the four states that he represents, the majority of the tribes are on the Missouri River on a dam system. They experience severe water shortages. They have one undimmed river called the Knight River that causes their creeks and streams to back up, taking tillable land out of use. It also causes many of their outlying communities to rely on wells. It costs about $80,000 to sink a well. Once the well is dug there are nitrates in the water from fertilizer.

Christine Rinki testified that the Cheyenne Sioux Tribe has formally expressed its mercury concerns to the CDC and has requested assistance from them.

Gaiashkibos shared that his father was born in 1902 in a wigwam. The world has changed quite a bit from the one his father was born into. Noting the clarity and purity of the water in the lakes of his Nation when he was a child, he stated that now the water is murky and people can’t drink it. His nation has always had a problem with ticks, but

now they have new ticks which appear to be carrying a new disease this is very painful. Additionally, the deer they rely on for meat now have patches on the hide where they were bitten. In the southern part of the state there is additionally a new wasting disease in the deer. They don't trust the Department of Natural Resources to assess whether the meat from such deer is safe and the people are eating it. There is also a fish virus where the fish are hemorrhaging and they are fearful it will destroy their fish supply. Mercury contamination advisories concern them. He visited Fairbanks, Alaska some time ago and spoke with Peter John about the warming of the earth and the changing of animal migrations. Mr. John foretold the changes that are just now being recognized by the American government. Gaiashkibos asked that the CDC do something to help them and find some solutions.

Tim Gilbert noted that there are many concerns and issues with regard to environmental health in Alaska. He plans to forward a white paper for the record. The participants made reference earlier today to homes without running water. With the CDC, Alaska Native researchers are now performing a study to document the health impacts of lacking such amenities in the home. Plumbing reduces respiratory diseases and gastro-intestinal diseases. Climate change is of primary concern to the Alaska Native people. The state has a list of at least nine villages at most risk of losing their land entirely due to the changing environment.

Lester Secatero shared that during the mining heyday in western New Mexico, they were shipping out the uranium in open train-cars. They would ship them through the reservation and residential areas and ranching areas. Navajo people now have a high rate of stomach cancer in that area. His people are very concerned because the mining companies are discussing reopening the mines.

CDC Response to Focus Area #2

Howard Frumkin, Director, National Center for Environmental Health (NCEH)/Agency for
Toxic Substances and Disease registry (ATSDR)
Peter Briss, Science Officer, Coordinating Center for Environmental Health and Injury Prevention (CCEHIP)

Howard Frumpkin commented that the presenters shared a remarkable cross-section of environmental health problems. He suggested that some of the keenest observers of climate change are people who live close to the land. He stated ATSDRs commitment to working with AI/AN people on their concerns. His notes listed specific priorities for each tribe mentioned but they also almost all included the need to collect data and analyze it. Every tribe needs skills for its people and tools to do such work. There is a broad range of activities possible to address these concerns and needs. He announced that the National Center for Environmental Health is very close to hiring a tribal liaison to focus on these issues.

Peter Briss thanked the presenters for taking the time to share their concerns with him and allowing him to take the time to listen to their perspectives.

Focus Area #3 - Public Health Preparedness and Emergency Response
Cynthia Manuel reported that, "We didn't cross the border…the border crossed us." The purchase of Arizona by the United States split their Nation. They have about 1,500 tribal members living in Mexico. They are planning a fence along their border to keep out vehicles. Despite this plan, she noted that their important ceremonies require moving across the border. They perform many narcotics seizures because drug smuggling is so frequent. They say 1,500 people a day cross from Mexico to the U.S. via the reservation. The total cost to their police department is estimated to be more than $2 Million annually. There is also a cost of human life: both of border-crossers and police. Other Emergency Management Issues include: the Western Hemisphere travel initiative, a planned Hazardous waste landfill in Mexico near their communities, the determination of mass evacuation routes, and needs in training, equipment, staff and funding.

Her colleague Chester Antone echoed her comments and noted that their Nation has brought these issues to the attention of CDC before.

Roger Trudell made the following recommendations:

1. CDC to enact an action plan to ensure that tribes are included in preparedness funding.
2. Tribes have needs that are beyond their population size, so when considering interventions funding, please use metrics other than population numbers impacted to distribute funding.
3. Tribes are not simply local governments and should not be treated as such in planning.
4. There's no question that states are better prepared than tribes because they have adequate staff and infrastructure: tribes do not enjoy this. CDC should ensure that funding streams and mechanisms ensure that we're at the same level of readiness as adjoining public health jurisdictions.
5. Greater role to ensure tribal access of state funds to tribes and that states bring tribes to the table in preparedness activities.
6. In some of our communities, our medical people are from outside our area and do not necessarily live on our reservations. We need adequate plans for our local health people (often CHRs) to help in the case of quarantine.

Kathy Hughes spoke from her written report. Her tribe established an office of emergency management in 2007. It has been designed to prepare for, respond to, and recover from threats to the community. The tribal government's leaders have undergone training in emergency preparedness. They developed resolutions in response to HSPD #21 to create an incident command system for the Oneida Tribe. She noted that following the requirements of the Federal government for full homeland protection are quite costly. Her Nation has made great strides in responding to these requirements and in protecting its people.

Jerry Freddie shared a story from his college days in which he had to address the biases of his classmates against Indians. He noted that:

> As Indian Leaders we have a challenge and our own socialization process. Some of us still have some traditional people and rely on our culture. And then there are some that have acculturated and assimilated with strung out lineages. Expertise from CDC is needed all over the U.S. and we are part of the US too. This resource is a good investment.

He shared that Native American veterans regularly travel to Washington DC on Veteran's day to offer a prayer for the safety of the Nation.

Minita Running Water of the Cheyenne Arapaho Tribe of Oklahoma introduced herself. She requested information on resources available to her Nation.

CDC Response to Focus Area #3
Richard Besser, Director, Coordinating Officer for Terrorism Preparedness and Emergency
Response (COTPER)
Donna Knutson, Acting Director, Division of State and Local Readiness (DSLR), COTPER
Susan True, Chief, Program Services Branch, DSLR/COTPER

Mr. Besser expressed his commitment to continuing to work with Tribal leadership on these issues. Planning that doesn't take into account all members of a community is inadequate and will result in an inappropriate response.

Addressing the recommendations on funding, he shared his ongoing commitment to work more proactively with states to encourage appropriate engagement across all levels of government. Funds for preparedness, nationally, are declining in all areas. We are only as prepared as our least prepared community, so it is important to make sure we understand what is the state of preparedness across all Tribes and identify where the gaps are.

(Other male presenter for CDC)
Presenter asked, 'What can we do to increase your understanding of medical countermeasures delivery and dispensing to your population? They know there are gaps and they are working to fill those gaps.

Donna Knutson reported that she spoke recently with ASTHO regarding including Tribal voices in their preparedness work. They are enthusiastic and she plans on connecting them with the TTPER.

Ralph noted that even in states where there has been an effort to transfer resources the parties frequently encounter process issues such as restrictive contract laws. He proposed that CDC may be in the position to assist with such bridge-building?

Mr. Besser noted that one challenge across the preparedness program in general is sharing promising practices.

Focus Area #4 – Partnering to Build Public Health Capacity in Indian Country
Linda Holt reported that Tribal leaders do not have travel funding to participate in the leader-to-leader conferences that CDC holds. Additionally, she recommended that CDC should develop an outreach film geared towards Indian Country.

Allan Harder voiced his concerns that direct funding for Tribes could create a silo effect on Tribes and fail to enhance local-level security planning impact. He analogized the current system to arranged marriages: the states and the Tribes did not choose each other as partners but now must work closely together. The Oklahoma Tribes have had a fairly good level of partnership with the state despite this. During our tour yesterday of the Director's Emergency Operations Center (DEOC), the guide informed the group that if a Tribe were to call him, he would refer them to the local state government. Also, partnership is a relationship- the Tribe/state/Fed interaction on this should be a real partnership, not a dictatorship relationship. Noting that colleges and universities across the country have CDC funding as well, he suggested that those partnership should be exploited as well as State/ Tribal ones.

Jennifer Lapointe echoed his concern regarding the Tribes having to work with DEOC via States is problematic.

Cynthia Manuel shared that she appreciated the chance to visit the broadcasting studio of CDC earlier this week. But she noted that not all AI/AN people have televisions so PSAs on local radio stations would be best for local outreach. Recent food recalls and the difficulty in getting those messages out showed a lack of real communication on our ground level.

Kathy Hughes recommended that CDC open up the full range of CDC educational materials to Tribes beyond the "Eagle" books.

Chester Antone recommended that CDC add standard funding language to all of its announcements to allow Tribes to apply for funding. Linda Holt supported his statement and expanded on it, recommending that CDC focus not only on eligibility, but on funding Tribes more directly overall.

Gloria Grim suggested that the Health Boards could serve a coordinating function for the tribes/ states. Allan Harder supported that the network is already in place for most Areas.

CDC Response to Focus Area #4
Dennis Lenaway, Director, Office of Standards and Emerging Issues in Practice, Office of Public
Health Practice (OCPHP)
Donna Garland, Director, Office of Enterprise Communications
Jay Bernhardt, Director, National Center for Health Marketing

Mr. Bernhardt noted the following potential coordination points:

1) Leaders to Leaders Conference in July 8- 9 of 2008 in Washington DC. This will allow us to expand the meeting's attendance. With respect to travel funding, I will bring that issue back to the meeting planners. We are cosponsoring the meeting this year with selected partner organizations: ASTHO and NACCHO. From a planning and participation perspective we'd be delighted to work with you on this. How we're going to fund the meeting at all is still up in the air, but as soon as we can answer you we will.
2) For Pan Flu: risk communication point of view, we very much are interested in continuing to work with you. CDC along with HHS and other parts of the Federal Government have increased our capacity to prepare for pan flu such as the checklist. He recommended the webpage www.panflu.gov and has a number of other activities underway. They are going into production on some targeted panflu videos in Indian Country. This is a small step but an important step. When it comes to communication and social marketing the materials are essential.
3) Pan flu messaging within CDC- a number of projects are underway to prepare materials for vulnerable audiences. We are building a message testing phase to that to make sure it is relevant.
4) We are responsible for managing cdc.gov and for all of CDCs external communications. We also run the CDC hotline. CDC info is a big project with English and Spanish on any health topic you might have. It is not fully operational but we are planning on standing it up. I encourage you to call it and try it and report it to us. If your answers aren't being met please let us know and give us feedback on that.
5) Other things to mention are: MMWR, community guide for preventive services, etc.
6) New thing coming up: CDC TV – a video program off of CDC.gov. Come back in May to review that.
7) Their center has a division of partnerships. Manage some of the core cooperative agreements with some of CDC's cross-cutting partners. Last week they released an announcement for non-profit, national organizations to apply for funding to work with CDC. Close date is April 1, 2008. There is contact information in the announcements.
8) Existing funding agrfeements with some existing partners. ASPH, etc. To the extend that they can be conveners they would like to connect tribes with partners.
9) Community Health Education Team- Active outreach to different organizations.
10) National Public Health Information (www.nphic.org) Includes some of their resources for information/ communication. Includes area for members and we may be able to get member access.
11) Public Health Law webpage.
12) National Conference on Health Communication and Media: August in Atlanta.

Dennis Lenaway noted that the key words he noted were: partnerships and capacity.

Donna Garland reported that her office protects the credibility of the organization. She committed to take the issue of DEOC back to the Agency and its connectivity with Tribes and additionally to getting a piece about this meeting into the CDC newsletter.

Wrap-Up
Linda Holt closed the meeting with a review of the recommendations noted above.